“They come here because it’s a place of refuge”: Residential Care Facilities with Cultural Affiliations

By

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Abstract

With the increase in Canada’s seniors population (age 65 and over), there is a need to understand the residential requirements of this population. Almost 90 percent of seniors in Ontario reside in urban areas (Hodge 2008) and the majority live in the Greater Toronto Area. Of particular concern is the decrease in availability of informal care for aging and weakening individuals due to changes in economy and family relations. These changes are likely to result in a large influx of seniors into residential care facilities (RCFs) because not everyone is able to stay at home or is eligible to live in a long term care (LTC) facility. Seniors’ reasons for relocating as well as an analysis of their experiences after the move are required as the need for RCFs increases. Cultural and/or religious groups have become important providers of RCFs in Canada by offering necessary services for an aging population.

The goal of this thesis is to analyse the importance of culture and the built environment within a push-pull framework associated with the decision to move to an RCF through a case study. The guiding question of the research is: Why do seniors choose facilities with cultural affiliations? In 2013, interviews were conducted with 15 residents, who were currently residing in a Ukrainian RCF called Ivan Franko. The results show that seniors move because of certain limitations (e.g., health, difficulty doing housework, family events, etc.). When an older person decides that they want or need to move, they will move to a facility that provides a physical and social environment while reinforcing cultural values (i.e., built environment), assuming a place is available.

Acknowledging the limitations of a qualitative case study approach, the findings are important to consider as the multicultural population of the GTA and other large Canadian cities
continue to age. The growing demand for places in RCFs reflects social, cultural and religious needs of a diverse older population. A challenge will exist for cultural and religious not-for-profit voluntary organizations, the for-profit sector, and governments at all levels to seek new ways to develop facilities in the future.
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Introduction: Chapter 1

1.1 Context

With the increase in Canada’s senior population (age 65 and over), there is a need to understand better the residential requirements of this population. As of 2011, seniors accounted for 14.6 percent of the total population of Ontario; the senior population has increased from the 2006 Census (Census Canada 2011). Almost 90 percent of seniors in Ontario reside in urban areas (Hodge 2008). More specifically, Toronto, one of Canada’s largest urban centres, has 706,660 senior residents, a 99,635 person increase from 2006 (Census Canada 2011). The above data demonstrate that seniors represent a large portion of Ontario’s and Toronto’s urban population. With the baby boom population (born between 1946 and 1965) getting older, the senior population will increase correspondingly and there is major concern about the impact this group will have on the provincial health care system (Knickman and Snell 2002; McDonald 2011).

Of particular concern is the decrease in availability of informal care for aging and weakening individuals due to changes in the economy and family relations such as higher divorce rates, fewer Canadian-born children, and increasingly competitive job markets means fewer informal caregivers to support seniors (Boaz and Hu 1997; Keating et al. 2003). As well, not only will there be more seniors, but they will be living longer than in the past (Chappell and Hollander 2013). These changes are likely to result in a large influx of seniors into residential care facilities (RCFs) and long term care (LTC). Both types of facilities care for seniors with health problems that require various degrees of assistance, but RCFs are private, unregulated and relatively easy to access as long as one can afford the costs (Aminzadeh et al. 2004). LTCs, on
the other hand, are a mix of private, not-for-profit and publically owned and operated facilities, which provide 24 hour per day nursing care, are regulated by the Residential Care Act, and can only be accessed once a Community Care Access Centre (CCAC) has assessed the person and determined that their health status warrants entering a LTC.

As the demand for care facilities strains and will strain existing resources, there is a need for more housing as well as aging in place (Daly 2007); aging in place means that seniors are staying in their own homes after retirement. There is a life trajectory that may lead to LTC facilities, which provide 100 percent care support. However, there are options for seniors who do not require full support; these are called RCFs and offer slight care and social support. RCFs are marketed to older people who no longer want to live at home and want convenient access to social and more modest levels of health support (Daly 2007; Van Dijk 2004). Most RCFs are close to or in urban centres and are marketed to seniors as an alternative to aging in place emphasizing some combination of life style, support and in many cases, cultural or ethnic affinity.

Relocating in later life is different from moving in other stages of the life course. The choice to move is not only dependent on the senior; it often involves some consideration of the informal caregivers’ and/or family members’ perspectives (Silverstein and Angelelli 1998). The move is not always a choice but sometimes a necessity. Individuals’ needs change with age and more care may be required, especially when access to necessities change and seniors experience frailty.

It is critical that researchers explore seniors’ reasons for leaving the home, to find out which aspects of the home are inadequate for senior’s needs. As well, residential mobility and
immobility demonstrate the complexity of needs that factor into relocation. It is not just inadequate conditions that can result in a change but also major life course events (e.g., death of a spouse), economic decisions, emotional health and general dissatisfaction. Additionally, by knowing the rationale behind the selection process, improvements can be made to services and assistance provided within the facilities. Providing seniors with options that better suit their needs can improve their well-being and overall comfort within the residence, as well as prevent loneliness.

Currently, the literature places greater emphasis on aging in place (Gilleard, Hyde, and Higgs 2007). There is research about the institutional aging experience (Daly 2007; Prieto-Flores et al. 2011) but there is a need to understand the cultural experience within the relocation process to RCFs in the Canadian context. With the predicated increase in RCFs, there is a need to better understand seniors’ perspectives on their reasons for relocating to such facilities as well as their experiences after the move.¹

When studying RCFs, the context needs to be set for this form of housing, specifically in the GTA. In order to understand the research, it is crucial to examine the type of housing that is available between the home and the LTC facility. Through a Google search, RCFs within the GTA were identified; cultural and religious affiliations were deduced through the name of the facility. However, there are limitations to the method because it is only based on the name of the RCF, which excludes the actual services and care provided to residents. These homes develop because of a multicultural system in Canada as seniors enjoy cultural and/or religious services. Overall, there are approximately 140 facilities that would fall between the home and a LTC

¹ I plan to use the term “ethnic RCF” when describing facilities with ethnic and/or religious affiliations. This term will be used throughout the chapters unless quoting directly from someone else or when using the formal name of a facility.
facility. Out of all these facilities, nine homes are culturally and/or religiously affiliated. Based on the number, cultural and religious homes form a small portion of the total number of homes. Ivan Franko would be considered seniors’ apartments with enhanced services. There are seven homes within Mississauga and Brampton that would be considered seniors’ apartments with enhanced services, three are culturally affiliated. There is a growing number of RCFs that cater to culturally diverse groups (Pereira, Lazarowich and Wister 1996; Van Dijk 2004).

1.2 The Ukrainian Population in Canada

Canada is seen as a multicultural nation, and this diversity is now being represented in the elderly population. In 2001, 62.3 percent of the senior population in Toronto were immigrants (Turcotte and Schellenberg 2006). Almost half of the foreign-born elderly population is comprised of Eastern Europeans (Chappell et al. 2003). In Canada, seniors are not a homogenous population; they come from different cultures, races, and religions, and with various worldviews. My research focuses on Ukrainians as a cultural group.² Ukrainian Canadians aged over 65 are among the top five groups from an ethnic background other than British, French, or Canadian³ (Chappell et al. 2003, 124).

The aging experience of Ukrainian Canadians reflects their historical experience within Canada and the waves of immigration. All immigrants did not leave for the same reasons or because of the same living conditions (Satzewich 2002; for more exhaustive information see A History of Ukrainian Settlement in Canada, Stechishin 1992). At first, Ukrainian immigrants

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² While there are technical and legal reasons to draw distinctions among terms such as ethnic Ukrainians who are immigrants, Ukrainian-Canadians which implies Canadian citizenship, etc. throughout the remainder of the thesis, I use the terms Ukrainian and Ukrainian-Canadians interchangeably as a group of people residing in Canada who continue to acknowledge their Ukrainian heritage regardless of whether they are Canadian citizens.

³ Canadian is used in the census. The term relates to an individual or individuals who are not from any specific ethno-cultural background.
moved to rural areas in Western Canada as large plots of land were given as incentives (Prymak 1988). The first wave of immigrants consisted of mostly farmers. Nevertheless, from 1921 to 1971, there was a significant decrease in the immigrants coming who had work experience in “farming, fishing, forestry, and mining” (Wolowyna 1980, 61). Therefore, the second and third waves had fewer Ukrainian farmers and immigrants were drawn to urban centres, in the same way as the rest of the Canadian population (Darcovich 1980).

Over time, there was more significant movement of Ukrainians to Ontario and less to Western Canada. The movement included not only immigrants but also those who were already settled in Canada. This cultural group “made their presence felt within the province and, in all likelihood, they will continue to do so even more vigorously in the years to come, as increasingly better-educated second and third generations grow to maturity, all the while being socialized in Canadian society but nurtured in Ukrainian-Canadian homes” (Luciuk and Wynnyckyj 1988, 10). This quote demonstrates the importance of identity maintenance and cultivation to the Ukrainian-Canadian population. As well, it is important to note the importance the authors give to keeping identity visible within the home; home is seen as a place to practice and maintain the dual identity. Additionally, religion has played a significant role in the migration and identity-maintenance process; the first building constructed by the Ukrainian community in Toronto was the St. Josepht’s Ukrainian Catholic Church (Gregorovich 1988). The church was not just a place of worship but also a place to socialize and build a sense of community and identity (Gregorovich 1988).

In 1971, Toronto had the largest population of Ukrainians in Canada at 22,620 individuals (Gregorovich 1988). As of 2011, Toronto had 13,330 Ukrainians over the age of 65 and 15,200 Ukrainians between the ages of 55 and 64 (Statistics Canada 2011). In absolute
numbers, more Ukrainian seniors are aging in Toronto as opposed to other cities in Canada because Ukrainian people are choosing to live here. The group is aging and requires different types of services from the younger immigrants and generations. For these reasons, Ukrainian-Canadian seniors in Toronto are the primary focus of this case study.

Associating with a specific cultural group may provide individuals with access to resources to better cope better with the aging process (Berry and Kalin 1990) and to improve their quality of life (Hikoyeda and Wallace 2001). People within a cultural group “internalize, and share a heritage of, and a commitment to, unique social characteristics, cultural symbols, and behaviour patterns that are not fully understood or shared by outsiders” (Barresi and Stull 1993, 7; Day and Cohen 2000, 362). Different cultural backgrounds can sometimes create a barrier to formal health support, specifically language barriers between staff and residents (Chappell et al. 2003). It is such types of problems that can lead to an inadequate supply of health resources.

1.3 Research Goal and Question

My research focuses on current senior residents within a non-profit RCF in the Greater Toronto Area (GTA) that caters to Ukrainian seniors. The goal of this thesis is to analyse the importance of culture and the built environment within a push-pull framework associated with the decision to move to an RCF. The guiding question of the research is: Why do seniors choose facilities with cultural affiliations?

1.4 Conceptual Framework

Three major themes that will be highlighted throughout this thesis are aging, residential care facilities, and ethnicity, which will be informed by the literature in Chapter 2. These themes will be discussed by looking at how other authors have conceptualized and described theories of
ethnicity, migration, relocation, and belonging. As well, the main research question is guided by a conceptual framework, the push-pull approach with a focus on ethnicity and the built environment. The framework helps to explain the factors that are “pushing” seniors to move out of their homes and “pulling” them into RCFs with cultural affiliations.

Ethnicity plays a role in the way the environment is interpreted because space can take on cultural importance (Lai et al 2007). As well, the social environment can have elements that relate to culture and take on meaning based on their cultural importance. Ethnicity can be defined as “a social classification that categorizes different groups of people by particular cultural characteristics” (Li and Skop 2009, 615). This can include but is not limited to religion, food, dress, language, and homeland. Ethnicity originates from the concept of distinctiveness and difference within a particular social and physical environment (Li and Skop 2009). Therefore, ethnicity is an important concept to consider when studying a cultural group as they have a personal and group understanding of their identity and interaction with their surroundings.

The concept of ethnicity is important when exploring the reasoning behind seniors’ relocation from their home into an RCF. These reasons will be further examined through push-pull models. Push–pull models are a critical framework for understanding residential relocation processes, but scholarship on ethnicity can also illuminate the extremely personal decision to move into an RCF. Moving is a process that can take on different meanings to different individuals. There are various group elements at play (e.g., moving for family reasons or to be closer to friends), but it is moreover a personal reflection about the previous and current living environment.
The case study demonstrates that a push-pull model is an appropriate framework. The push-pull framework highlights the reasons behind leaving the home and choosing a substitute living arrangement. The above points will be explained in Chapter 2. Also, the above notions tie into the conceptual premise of healthy aging, which is about improving health for the long-term and helping the aging process be more comfortable. Healthy aging will be analyzed, in relation to the thesis, in Chapter 2.

1.5 Structure of the Thesis

There are five chapters in this thesis. In Chapter 2, a literature review is provided which amplifies on the ideas of the main themes introduced in this chapter and used throughout the thesis. The literature review explains the push-pull framework, immigrants and aging in Canada, types of push-pull factors that encourage seniors to relocate, the neoliberal state, and other conceptual premises used in the research. In Chapter 3, the methodology and approach are described and justified. Emphasis is placed on the case study as a methodology and its appropriateness to the project. As well, there is a description of the qualitative methods followed through the data collection and analysis process. Chapter 4 presents the results and analysis with evidence from interviews. Patterns, based on interviewees’ profiles, describe and analyze the participants’ demographic and personal information. Additionally, the analysis draws a connection to the push-pull factors presented in Chapter 2. Chapter 5, concludes the thesis and explains some of the limitations from this case study and the conceptual framework. A comparison is drawn to other ethnic groups and non-denominational groups.

This thesis will be helpful in highlighting community housing needs, in regards to RCFs, since seniors themselves explain their requirements and needs. The seniors’ perspective is often
forgotten as family and friends are often assumed to be the decision makers. It is important to move beyond this assumption and to ask who the primary decision makers are. Also, these findings can help understand the role of ethnicity during the retirement process. Individuals place emphasis on ethnicity and the impact it has on their daily routines; therefore, ethnicity plays a significant role when choosing a comfortable relocation destination.
Chapter 2: Literature Review

Within the scope of my research, RCFs are private institutions that offer supportive housing to seniors with declining health while providing minimal supervision and assistance, as these are relatively independent seniors (Aminzaheh et al. 2004). RCFs are important institutions because they provide seniors with a sense of independence within a semi-controlled environment. In this chapter, the theoretical approach will be discussed as well as the reasoning for choosing the push-pull theoretical framework; this concept profoundly shapes the research conducted. As well, the research context is set through ideas about immigrants and aging, push-pull factors for seniors relocating, and the neoliberal state. After exploring these larger concepts, the research is placed within a specific scope. Additionally, gaps in the literature are discussed as a way to demonstrate the importance of my research. All of the ideas and concepts are related back to the theoretical idea of healthy aging. The concept of healthy aging connects the ideas about seniors’ health to individuals who identify with an ethnic group. It is important because it shows the lens that will be used to look at the findings and explain the research.

2.1 Main Theoretical Framework

Studying seniors’ relocation process is complex. There are various life choices and experiences that can influence these choices. As well, some social experiences are ingrained in people’s thinking; therefore, it is difficult to separate these associations from past experiences. For this reason, it is important to set a context for people’s relocation choices. There are frameworks that have been identified in the residential mobility literature for seniors: person-environmental fit and push-pull (Erickson et al. 2006; Kahana et al. 2003; Sergeant and Ekerdt
All of these frameworks endeavour to identify the reasoning for moving but consider the moving process through various lenses with different focal points.

Environmental fit relates to a person’s ability to meet the expectations of the environment in which they live. If the person is beginning to struggle and is no longer able to complete the tasks necessary within that environment, it is a poor fit (Erickson et al. 2006). The environment is the housing situation for that aging individual, which establishes an interaction between the person and their environment (Golant 2011). All of this pertains to the individual’s residential satisfaction because it helps to identify the potential outcomes in the future (Kahana et al. 2003). Relocation is an emotional process because it can relate back to feeling like the housing space is inadequate in terms of residential comfort and mastery (Golant 2011); however, the person–environment fit concept does not necessarily explain why individuals pick one facility over another—the actual reasoning behind choosing a specific facility.

Nevertheless, an individual cannot conceptually be removed from their environment. The environment that seniors chose to live in as seniors is very much a reflection of their understanding of themselves and the ethnic relationship to the place they are living (Keating and Phillips 2008). Connections to self and culture demonstrates the type of environment that fits their needs because it has to do with the quality of life and the environment in relation to the individual. If the RCF is a good fit there is a level of satisfaction; satisfaction will mostly depend on the features and services provided in the facility. Nevertheless, the process of considering all factors involved in the potential move can be a highly stressful one; the individual needs to identify the flaws or dissatisfaction with their current living situation or conditions as well as consider the conveniences or positives in moving to a facility. When the benefits outweigh the flaws, relocation is often deemed necessary and is likely the best option. This study considers the
move from the perspective of the residents already living in a facility. These residents can reflect on their experiences and decide which push and/or pull factors forced or encouraged them to make the decision.

Given the theoretical frameworks that are used in the relocation literature, this thesis will focus on the push-pull model. Push factors explain the reasons for moving out of their home and pull factors describe the reasons or attractive features that encourage an individual to relocate (Golledge and Stimson 1997; Tyvimaa and Kemp 2011). The push-pull lens is important because it identifies the reasoning behind the relocation process (Tyvimaa and Kemp 2011) but it has various strengths and weaknesses that need to be considered. The push-pull approach can sometimes remove the importance of the physical and social environment. For this reason, this project also highlights the importance of the built environment as the environment can be a particular pull factor for individuals. Due to this inclusion, the strengths of the push-pull model outweigh the weaknesses because the seniors’ perspective is presented through their own reflection about relocating. Individuals’ experiences set the context and explain the environment while describing and dissecting the push-pull factors. The participants have a post-move perspective as they are already living in the RCF.

**2.2 Immigrants and Aging in Canada**

An individual can have two identities: social and self-identity. Every individual’s self-identity is unique because of their personal experiences. Social identity encompasses certain gender, cultural, ethnicity, and social class features (Peace, Holland and Kellaher 2006). Therefore, identity is complex because it incorporates who people are and who they will become in later life. The concept of identity potentially shows the challenges and needs individuals have
to maintain their identity with the help of certain socio-cultural factors: communities, practices, religion, etc. Being an immigrant is partly social and self-identity. The above factors—communities, cultural practices, and religion in relationship to one’s identity—will be discussed in this section in terms of immigrants and their various relocation and migration experiences throughout the life course.

According to Durst (2005, 257), there are two “demographic trends [that] have been underway: an aging population and a growth based upon immigration.” Immigrants are an important and large group in the Canadian population, so studying the aging experience among immigrants is an increasingly timely topic. For the purposes of this study, this does not necessarily refer to recent immigrants because individuals can arrive at different times in their life course. There are immigrants that became seniors in Canada while others came to Canada as seniors (Durst 2005). Throughout this study, the individuals who are immigrants have been in Canada for more than 50 years. Therefore, they have had time to build a sense of community in their lives in Canada with other Ukrainians.

Provincial differences need to be considered because there are some provinces that do not have a lot of immigrants, therefore affecting the potential demographic composition of RCFs in those provinces. For instance, in Newfoundland and Labrador only 2 percent of immigrants are over the age of 75; while in a province like Saskatchewan 53 percent of immigrants are over the age of 75 (Durst 2005). Purely on the basis of demographics, these two provinces potentially face very different concepts of ethnic aging and different challenges in supporting the needs of various ethnic groups. The incorporation of ideas about how to care for seniors needs to be unique to each location because places have diverse and unique experiences (Keating and
For this reason and others to follow, the findings cannot be generalized to different provinces or rural locations.

Social practices and rights are important as they build “solidarity- the sense of belonging to a community and shared heritage- as well as to effective participation as a member of the community” (Higgins 1999, 291). Ukrainians have demonstrated that they practice their social rights through religious and community organizations (Gregorovich 1988). As well, they built schools for their children to maintain ethnic practices and religious rituals while preserving their language amidst being educated in the local school system (Wynnyckyj 1989). Also, immigrants tend to choose Toronto as a place to live because of the established social connections and family and/or friends already living in an urban centre (Chui et al. 2007). For this reason, ethnic RCFs and LTCs are often close to the well-established social organizations, especially social organizations that cater to independent seniors. As well, ethnic RCFs and LTCs might not exist if there were no people needing or wanting cultural services and no immigrants moving to urban centres (Chui et al. 2007). These kinds of facilities build on the social and self identities residents have developed over the life course.

Ethnic environments can be a bonding experience or a continuation of social experiences that individuals have had throughout their lives (Day and Cohen 2000). Cultural care is important because it contributes to a helping environment and reflects the social and physical needs of a particular ethnic group (Leininger 1991). Ethnic facilities can provide cultural care by simply having the kind of food the individual would make at home for themselves (MacFarland 1997). Cultural care can positively affect a person’s health and well-being (Leininger 1991); therefore, facilities with an ethnic connection can be therapeutic for well-being (Day and Cohen 2000). The heightened well-being is attributed to the presence of people in the environment with
similar lived experiences, religion, politics, language, and values (Day and Cohen 2000; Kahana et al. 1993; Van Dijk 2004). The physical environment supports the various social expectations of the ethnic group. This type of support makes people feel appreciated and cared for. As well, it has been noted that cultural facilities reflect the life experiences and approaches of the residents through the provision of care (MacFarland 1997). Therefore, a supportive environment is necessary in facilities especially when it comes to ethnicity.

Individuals need to feel that they belong where they live. A sense of place is important and strongly relates to concepts of “rootedness, belonging, place identity, meaningfulness, place satisfaction, and emotional attachment” (Prietos- Flores et al. 2011, 1183). These ideas affect the individual’s residential satisfaction and therefore need to be present within an institution. Place plays an important role in well-being, and the social relations and engagement with others is necessary (Park 2009). For this reason, it is important to look at the physical and social environment because it has an impact on overall well-being (Cheng et al. 2011). Individuals find it easier to socialize and fit in with individuals who have the same language and worldviews as them (Kahana et al. 1993). This is a part of the social environment present within the physical environment of ethnic RCFs. The social environment will make a difference in the long run for seniors as they require social services and experiences within the RCF that they once used outside of the facility. These experiences will make them feel and age better (Day and Cohen 2000). Different cultures reflect on and understand aging differently, which affects the understanding of the physical and social environment.

Immigrants have already been exposed to a specific worldview and way of life that is different from the mainstream culture (Day and Cohen 2000). Understanding individuals’ experiences is important because it is necessary to consider that many immigrants come to the
GTA, as opposed to other destinations, in search of social support that ethnic areas provide. For instance, immigrants in a city like Toronto are drawn to specific parts of the city that reflect their ethnicity (e.g., Chinatown and Little Italy). Ethnic enclaves are places where immigrants can reminisce about their home country and keep their ethnic identity (McClinchey 2008). This closeness is a way to be with people who have had similar life experiences. Bloor West Village is known to have been and continues to be a hub for individuals who identify with being Ukrainian in Toronto. With age, the needs in life change but these social environments are a constant need if they were significant in the past.

Bloor West Village as a social and physical environment is an essential example in understanding identity and the need for belonging to the Ukrainian community. Having many ethnic individuals in one area who identify with a group can create businesses that further support these identities (e.g., banks, restaurants, and bakeries). Another space that is found to be very supportive is the church; it is seen not only as a place of worship but a place to socialize (Gregorovich 1988). There are many ethnic organizations and events that are based out of the church community centre and/or hall for all age groups. In all these environments, there is the possibility of receiving social support through mutual culture and language. These kinds of community features, if accessed throughout their lives, may be needed even when individuals relocate to a RCF. Therefore, when an aging individual is no longer able or allowed to drive they can still use these services because RCFs endeavour to provide these services. Service usage is determined by placement of businesses, level of individual independence, and the necessity of the service (e.g., dealing with their own banking). Banks, restaurants, and bakeries are examples of services that build a sense of place and belonging in regards to ethnicity. Seniors’ institutions that are culturally sensitive are beneficial to patrons, especially when it comes to ethnicity and
religion (Pereira, Lazarowich, and Wister 1996; Van Dijk 2004). According to Pereira, Lazarowich, and Wister (1996), it would be even more helpful to aging individuals if the institutions were located within ethnic enclaves. Some individuals may find it more encouraging to focus on what they already know, which refers to their culture from the country of origin. In Toronto, it is possible to find a social and physical environment appropriate for almost any individual.

2.3 The Neoliberal State

My study needs to be seen in the context of the neoliberal state. Nevertheless, the critical discussion about the neoliberal state is voluminous and I do not try to discuss this in the thesis. However, the brief analysis in this section is important to the growth of RCFs in an intended and unintended impact on neoliberal politics. Neoliberalism is defined as a process that sees “the government’s role as minimal, the market as the central determinant of social values, and the individual as the core unit of society” (Naiman 2004, 215). Cuts in social wages and a decrease in the government sector make the individual an active agent (Naiman 2004).

After the Second World War, there was much financial improvement which provided support to develop public welfare services (Ward-Griffin 2003). Therefore, seniors were provided with formal care and institutional options. Families were providing less care and did not need to plan medical needs or future housing options (Ward-Griffin 2003). In the early and mid-20th century, there were significant cuts to public funding and the provision of care was placed back onto families. As well, institutionalization is not the most attractive option (Ward-Griffin 2003).
An important document to consider when discussing health care is the 2002 Romanow report. It was a report that re-evaluated the principles of healthcare delivery in Canada and the recommendations for future funding and changes. Even though it highlights the need to build values in the health care system throughout Canada, it is worrisome for seniors who are planning to or need to relocate. Emphasis is placed on the concept of aging at home—“Homecare: The next essential service”—demonstrating that the government is trying to move away from institutionalization. There needs to be better regulation of care within facilities but until it is seen as an important relocation option for seniors this can be a challenge. Therefore, informal caregivers are most impacted because they provide most of the care within the home. In the section “Investing in Health Care Providers,” there is no mention of informal caregivers in regards to investing in primary caregivers or investing in formal care as a way to decrease the burden on informal caregivers. Separating informal and formal caregivers demonstrates that they are not seen as equals. Nevertheless, informal caregiving is recognized in “Home Care: The Next Essential Service” (Romanow 2002, vi) but the recommendations make no substantial difference to informal carers. The Romanow report was focused on improving the conditions of home care for aging individuals and providing support for quasi-formal health providers, with not enough emphasis placed on the informal carer and other housing options (i.e., RCFs or LTCs) for seniors which provide health care. Most importantly, there needs to be a focus on institutionalization. Broader determinants of health and housing have been minimally explored through government and policy.

An unintended consequence of the emphasis on home care in the Romanow Commission and subsequently across all provinces is how the neoliberal state has come to interpret the emphasis on aging in place and home care. Emphasizing home care has resulted in the reduction
of government funded services or the failure to keep up with the demand for formal home care services and replaces them with informal unpaid care. When the care is placed in the home, it has implications for the rights and responsibilities of women, who provide the bulk of informal care (Armstrong and Armstrong 2004). Neoliberalization of the health care system may be beneficial for the state but it provides many challenges for unpaid informal caregivers. Informal caregivers are usually family members or friends, specifically women. Changing or encouraging care to occur within the home affects mostly women as there is an underlying assumption that they are the default providers of care. The socio-cultural assumption is reinforced by economic realities; men tend to have a higher wage, therefore making it seem like the obvious option for women to be the sole carers as they can afford to sacrifice their paid job or be more flexible with their work schedule (Armstrong and Armstrong 2004). These changes create cuts to the social support provided to citizens and affect the family unit (Naiman 2004).

The main goal of the Canada Health Act “is to protect, promote and restore the physical and mental well-being of residents in Canada and to facilitate reasonable access to health services without financial or other barriers” (Canada Health Act 1984, c.6 s.3). Under the Canada Health Act essential hospital care is publically funded; however, long term care is not incorporated into this system of care (McGregor and Ronald 2011). The gap in the Canada Health Act has allowed provincial governments, not only to emphasize informal care in contrast formal care (see above), but also encouraged those governments which follow neoliberal agendas to emphasize for-profit participation in long term care in contrast to not-for-profit long term care. The differences between facilities that are for-profit and not-for-profit are crucial in understanding access to RCFs and where RCFs fit in the health care system. Not-for-profit means that the facility is owned by the government or is affiliated with a religious or volunteer
group. For-profit means that the facility is “owned by a corporation, private organization, or individual” that are making a profit from the endeavour (CUPE 2009, 14). Within Canada, there is a mixture of ownership between for-profit and not-for-profit. In Ontario, 53 percent of the beds in RCFs are for-profit (CUPE 2009). Due to this, the RCFs that are for-profit have their own plans and expectations around cost. The for-profit sector is expanding and this is creating an unbalanced system with not enough regulation or control over cost, service provision, and access.

In sum, individuals who choose to leave their homes and move to a RCF are dependent on whether they can access a not-for-profit RCF or can afford a for-profit RCF, which is how neoliberalism can affect the choice to move. Neoliberal policies also have implications for LTCs because the failure of provincial governments to invest in LTCs means that seniors who need to wait for a place in a LTC are likely to go into a RCF if they can afford to access one or remain in their homes where informal caregivers, mainly women, must bear the burden of providing care. There are many ways to look at neoliberal state but here the focus is on provincial and federal governments putting more emphasis on for-profit RCFs providing residential care. Resolving care is the motivation for this thesis.

2.4 The Move from the Home to a RCF: Home Environment

The home is often shown to be a positive place to age; however, as individuals age their health and standard of living may change and the individual may require more assistance. Within the home of an older person, the power dynamics can change (e.g., use of informal and formal services, no longer independent), the meaning of the home may be altered (e.g., death of a spouse or less able to maneuver in the space), and the neighbourhood can change (e.g., death of
peers, an influx of younger families, no longer able to volunteer, or loss of community services). With adequate health services available within the home for support many seniors can extend their ability to age at home (McDonald 2011). Aging at home allows seniors to stay independent and have a social connection to their environment (Wiles et al. 2012). Institutions can also provide these connections and independence because of the formal and informal support provided throughout the day. There are various determinants of relocation for seniors aging in the community. There are social, cultural, familial, financial, and health factors that need to be considered to understand better the reasoning for relocation.

According to Gonyea (2005), those who are married, especially in the oldest-old category, are more likely to have a larger average income and better overall health, therefore they are less likely to relocate. As well, having a larger income can relate back to having two people contributing income (e.g., two pensions). Older widowed men remarry more often and quicker than older women, as well they tend to marry younger women which increases their likelihood of receiving support from their spouse (Richards and Rankaduwa 2008; Weeks, Keefe, and MacDonald 2012). For this reason, married and older widowed men in relationships are more likely to continue living in the community. It is important to not only look at the push factors but also see why mostly widowed women live in RCFs. Women have a longer life expectancy than men on average. Therefore, they require housing for longer because they are living longer (Richards & Rankaduwa 2008).

Even though the focus of the research is the rationale behind choosing a RCF, it is important to look at the reasoning seniors provide for relocating more generally. This is because by looking at relocation factors, through the push-pull framework, scholars can identify the reasons for leaving the home. As well, residential mobility demonstrates the complexity behind
the need to relocate and choose another home. Lastly, by exploring the rationale guiding the selection process, improvements can be made to the services provided in RCFs and LTCs. Providing seniors with options that better suit their social, physical, and emotional needs can improve their well-being and overall comfort within their new residences. The themes that are regularly emphasized in the literature, in regards to seniors’ relocating, are health and limitations, beliefs and attitudes, the environment, and family members (Sergeant and Ekerdt 2008; Weeks, Keefe, and MacDonald 2012).

2.4.1 Health and Limitations

There are push factors that can make an individual leave the home. Poor health and functional limitations make spaces within the home less accessible and life at home more challenging. Therefore, seniors may require more care services within the home or a relocation option that provides adequate care. Housework seems to be the most common home care service received by seniors (Carriere 2006). Lacking the ability to do instrumental activities within the home and seniors’ daily life can create pressure to move to an institution (Longino et al. 1991; Robison et al. 2011). As well, the type of mobility is very important. Meyer and Speare (1985) explain four types of mobility (i.e., amenity mobility, assistance mobility, mobility in preparation for aging, and general mobility). Relocating based on assistance mobility draws a certain section of the senior population, those that are older, renters, and unmarried are more likely to move for assistance (Meyer and Speare 1985). Various seniors depending on their age, health, and financial standings may choose moves that fulfill their needs and wants (Longino et al. 1991; Meyer and Speare 1985). With age, the rationale for moving may change because the individual is constantly changing (Sergeant and Ekerdt 2008). Cost is another important limitation. Home care tends to be less expensive than institutional care (Sarma, Hawley, and Basu 2009). For this
reason, lower income seniors are less likely to change residences (Weeke, Keefe, and MacDonald 2012). This echoes Hayward’s findings (2004) that seniors who had “blue-collar” jobs were less likely to move than seniors who had “white-collar” jobs. Economic determinants of relocation are also a particular issue for women who tend to have smaller pension incomes (Richards and Rankaduwa 2008).

Changes in health can make an individual fear for their future and worry about being a burden on their family. Sometimes there is a need for an operation or certain body parts start functioning differently which can make an individual no longer be able to use the home space because of stairs and other security reasons (Tyvimaa and Kemp 2011). Therefore, over time individuals sometimes get ill and then they require an environment that can better support them (Robison et al. 2011).

### 2.4.2 Physical Environment

The physical environment within the home, internal conditions, and a feeling of safety can make individuals wonder about the appropriateness of the environment for aging. For example, the home can feel too large or require many home improvements, or changes in the neighbourhood can make a senior reconsider their living conditions (Sergeant and Ekerdt 2008). Changes in the use and understanding of the environment are a regular occurrence over time (Golant 2003). Changes in ability and health can give the environment different meaning, even if the environment itself has not changed. Residential mobility often occurs because of a loss in independence within the home setting (Golant 2011; Strohschein 2011).

A senior accumulates different life experiences throughout the life cycle that may have an impact on their understanding of well-being and relocation options available (Hayward 2004).
Issues with residential comfort and/or mastery can lead seniors to consider relocation options with various care opportunities. Nevertheless, the individual can use coping strategies (assimilative and accommodative) to make the space within the home work for them for a longer period of time (Golant 2011). These mechanisms for coping include taking action against the changes occurring with seniors’ overall health. However, over time these mechanisms may become ineffective because residential mastery and/or comfort decline within the home setting, no matter the amount of effort placed into coping. Coping mechanisms can make an individual with poor health and lack of satisfaction stay within the home longer than expected based on their ability to adapt to changes happening with age.

2.4.3 Family Members

Family members play an important part in the decision making process and their point of view can have a significant influence on relocation, especially if they are the informal caregivers or pay for formal services for their loved one. The loss of independence and lack of control over one’s life decisions tends to make seniors want to change their residence to a location where a greater range of care or formal care options are provided (Golant 2011). To take control over their care delivery and to avoid being dependent on their children, many seniors make adjustments. As well, the choice to move is not only dependent on the senior but takes into consideration the informal caregivers and/or family members’ perspectives (Sergeant and Ekerdt 2008; Silverstein and Angelelli 1998). Seniors’ relationships with their family members change as seniors become frailer with age; for this reason, the capacity of a family to provide matters. Family makes up most of the informal care being provided within the home to seniors. Even though the individual may feel independent, the above example demonstrates that some decisions require more opinions or feedback from family members.
2.4.4 Loss of a Spouse

Residential mobility is often associated with a loss of independence within the home setting (Golant 2011; Strohschein 2011). For instance, the loss of a spouse and the immediate grieving period can make the senior more likely to relocate (Strohschein 2011). This is because loneliness can develop; additionally, if the spouse had a caregiving role or maintained the home their loss can dramatically change the experience within the home for the spouse who is still alive. As well, the choice to move is not only dependent on the senior’s own evaluation of the situation but takes into consideration the informal caregivers’ and/or family members’ perspectives, as explored above (Silverstein and Angelelli 1998). Changes in social networks can impact attitudes, as has been demonstrated by the death of a spouse and family members becoming informal caregivers. For instance, the loss of a spouse and the immediate grieving period can make the senior more likely to relocate (Strohschein 2011). The loss of a spouse makes the widow/widower reinterpret the environment they are living in and change their roles within the space. As well, women tend to be disadvantaged after losing a spouse because of financial disruptions throughout their careers (Richards and Rankaduwa 2008). Women are more likely not to work their whole lives. Therefore, by having a spouse pass away, his pension might no longer be available and can lead to financial challenges (Richards and Rankaduwa 2008).

Overall, declining health and functional limitations can make space less accessible and life at home less comfortable (Golant 2011). As one becomes more frail and sick, they are less likely to be able to care for themselves and the physical surroundings. Secondly, the beliefs and attitudes towards aging and relocation are influenced by many external factors, for instance, societal, familial, and government perspectives (Sergeant and Ekerdt 2008). As well, the changes in social networks can impact attitudes (e.g., the death of a spouse and family members
becoming informal caregivers). Therefore, the caregivers may start making the decisions for the senior. As well, women experience relocation differently from men. For these reasons, the point of view of various individuals can play a role in the relocation process. Thirdly, the physical environment within the home, internal conditions, and a feeling of safety, can make individuals wonder about the appropriateness of the environment for aging. For example, the home may feel too large, need many home improvements or changes in the neighbourhood can make a senior reconsider their living conditions (Sergeant and Ekerdt 2008). These changes in the physical environment can also be related to the death of a spouse who was living within the space and gave meaning to that space (Strohschein 2011). Lastly, the point of view of family members has a significant impact, especially if they are the informal caregivers or pay for various services. Seniors’ relationships with their family members change into more care-providing relationships as seniors get frailer with age and are no longer able to care for themselves. For this reason, the level of care and support provided by family and/or friends matters in the decision making process. Also, the loss of independence makes seniors want more control and for this reason they may change their residence as a way to maintain some level of independence over their lives (Golant 2011).

2.5 The Move from the Home to a RCF: The Built Environment at RCF

RCFs provide a social and physical environment where individuals are cared for but maintain their independence within a controlled setting. This is unlike a LTC facility because 24-hour care is not provided. As well, the reasons seniors are encouraged to move to RCFs must correlate with their personal needs and wants (Golant 1991). It is supposed to be a place that feels like a home; a certain level of familiarity and comfort should be provided. Therefore, individuals have various reasons for moving and choosing a specific RCF. Pull factors can help
explain and analyze these reasons. Everyone has distinct experiences in the community and in their lives, which are reflected in their choice of facility. The role of ethnicity and religion are very important and are social experiences that get transferred to the aging experience, a way of continuing and maintaining worldviews (Van Dijk 2004).

RCFs are not just physical places— they are social environments that build and reflect people’s identity. Nevertheless, even if individuals identify with a specific nationality like Dutch this does not mean that there are no differences within this group. For instance, there is a differentiation between Catholic and Calvinist Dutch (Van Dijk 2004). Additionally, people from various classes may feel that they experienced life differently from others.

### 2.5.1 Social and Cultural Connections

There are pull factors that draw people to the RCF. A feature to consider within the RCF is a sense of belonging and the satisfaction it provides to the residents in terms of decreasing loneliness. Satisfaction with the care provided in a facility has been studied in conjunction with the notion of loneliness (Prieto-Flores et al. 2011). Loneliness is a common problem especially among those seniors about to relocate. Nevertheless, facilities build a sense of community spirit. This is important because community spirit then builds a sense of belonging and is an effective way to prevent loneliness (Tyvimaa and Kemp 2011). Having a social environment that reflects the senior’s identity is a way to pull people into RCFs.

Belonging to an ethnic group throughout the life course can be an important part of individuals’ identity. This is because it provides a sense of belonging and community. There are individuals who are more introverted but still feel part of a larger group. The many environments within ethnic communities have been termed ethnoscapes, which are “material manifestations of
ethnicity that are reflected in the built environment such as commercial enterprises, social and religious institutions, building style” (Li and Skop 2009, 615). These material items build upon emotional connection and representation to the space. Ethnic enclaves in Toronto are environments that might be considered ethnoscapes which are then reflected in the physical environment in RCFs. Additionally, the staff in an ethnic RCF are likely to demonstrate the social norms and attitudes within that culture which reflect the seniors’ previous life experiences but also the food and activities need to be culturally appropriate (Van Dijk 2004). For instance, Chinese people place a lot of emphasis on filial piety and this custom needs to be reflected in the aging and relocation experience (Lan 2002; Zhan, Feng, & Luo 2008).

Religion connects back to the church which is seen as a place of worship but also a place to socialize; it relates to pull factors because it is a component of cultural belonging especially in the Ukrainian-Canadian community. There are features that are unique to each ethnic group. Ukrainians have two main streams of Christianity: Orthodox and Catholic, which are tied to their ethnic identity (Wynnyckyj 1989). Certain services or groups in the community emphasize the connection yet separation between the two. The ethnically affiliated RCF in this study has created an opportunity for seniors to be active participants in both. Additionally, both streams of Christianity within the Ukrainian tradition follow the Julian calendar so all holidays are practiced based on this timeframe as well as a few cultural traditions that are exercised. For instance, for Christmas there is an expectation of a twelve-course meal served with certain cultural rituals and for Easter the traditional breakfast is served which requires the food to be blessed before breakfast. Individuals practiced these customs within their own homes so it is necessary to understand how important these rituals can be to seniors living in RCFs. The staff, which is familiar with these customs, understands the importance of these rituals. In sum, Ukrainians have
their own specific traditions that also need to be considered as integral to their ethnic identity. Relatedly, it is important to note that even within an ethnic group there are differences in relation to people’s needs (Disman and Disman 1995).

Receiving a referral to a specific facility can be important even if an individual is familiar with a facility. This is because hearing about the facility through a referee identifies people’s experiences within the social and physical space (Robison et al. 2011). Seniors may find that other individuals experience the same types of problems and require assistance in a facility. As well, some form of familiarity seems to be comforting for individuals especially if they enjoy the location (Bekhet, Zauszniewski, and Nakhla 2009; Stimson and McCrea 2004). Familiarity with the potential facility is an important pull factor.

**2.5.2 Location of Facility**

Family is considered to be very important to individuals when moving to a facility (Erickson et al. 2006). There are many parents that prefer to be closer to their adult children even if the children no longer require their care or support. The idea of keeping the family unit close together makes some individuals feel more comfortable with their changing surroundings, health, and age. As well, there are family traditions that happen every year; by being closer to the rest of the family, even if the senior gets sicker with time, they can still take part in these social events and customs. Proximity to family seems to be one of the main factors pushing individuals to live in specific locations (Bekhet, Zauszniewski, and Nakhla 2009). Seniors living in RCFs may want to be active participants in their children’s lives no matter how old they are. As well, if they live closer to their family they have the opportunity to visit more frequently and maintain regular involvement in the family’s affairs.
There are family members who are the primary informal care providers. Nevertheless, as more women have entered the workforce and women make up most of the primary caregivers, more seniors will require institutional care (Sarma, Hawley, & Basu 2009). Therefore, this may encourage the senior to move to a facility that provides all the necessary services. Seniors feel relieved that their family no longer has to provide the primary care (Crisp et al. 2012).

The distance to various amenities near the facility like grocery stores, medical facilities, and hospitals can be the deciding factors for choosing to live in a facility (Tyvimaa and Gibler 2012). If it is conveniently located then the residents can maintain a level of independence, availability, and security (Tyvimaa and Gibler 2012). Therefore, it seems that individuals who are able to provide basic care for themselves would like to maintain that independence. However, if the individuals were to be in a home by themselves, they would have to do more than just the basic errands and potentially drive to various locations.

2.5.3 Easier Life

Individuals have emphasized that moving to a facility can make their life easier because there are a lot of conveniences and less problems to worry about (Tyvimaa and Kemp 2011). For instance, staff deals with the outdoor requirements and maintenance (Crisp et al. 2012). These are household tasks that become increasingly burdensome within the home. Conveniences within a facility make it a supportive environment for maintaining independence (Crisp et al. 2012). After a certain age medical support is a feature that is very necessary because it makes individuals feel that, when needed, they will receive the care required (Crisp et al. 2012). To move for an easier life can stem from ideas about the future. Seniors may feel that they need to think into the future and make the next steps (Erickson et al. 2006), expecting that they will need
help and assistance because of anticipated health changes. Having an easier life is also about planning for future changes and needs because not all individuals want to leave it up to family to decide. They want to play a role in the decision-making process while they are still able.

Individuals can see when the place they are living becomes unmanageable, their health declines, and/or they are becoming removed from a social environment. Therefore, by using a push-pull framework it allows the concepts of changes and relocation in later life to be explained through a complex web of reasons by the senior. There are challenges to relocation because an individual has to be able to identify themselves as a person who requires change. Most individuals find moving to be a difficult experience especially if they were attached to the previous home through the social and physical environment. Push-pull factors help to explore the relocation process from the seniors’ perspective.

2.6 Identifying Gaps in the Literature

The literature demonstrates a focus on push-pull factors from the seniors’ perspective but there is limited information about seniors from an ethnic group who are in a RCF, especially from a geographic perspective. Currently, the literature places greater emphasis on aging in place (Dyck et al. 2005; Gillearde, Hyde, and Higgs 2007; Wiles et al. 2012). There is more research about ethnic needs and LTCs (Hikoyeda and Wallace 2001; Kaplan and Shore 1993) and most of the research has been conducted in the U.S or abroad (Stimson and McCrea 2004; Tyvimaa and Kemp 2011). Therefore, there is a need to understand the ethnic experience within the relocation process to RCFs in the Canadian context. As well, there is information about cultural care in the context of providing medical care and social work (Kropf, Nackerud, and Gorokhovski 1999; MacFarland 1997; Sitzman and Wright Eichelberger 2011, 101-108) but these ideas need to be
discussed outside of medical social work perspectives. It is not just about having staff that understands the individual’s ethnic needs but also understanding their way of life.

Seniors move into a facility for a longer period time and require homelike qualities that make the space feel less like an institution (Kane and Cutler 2009). These homelike qualities can include: food, language, culturally relevant entertainment, use of space, familiar decoration, and peers with similar backgrounds. By taking on a push-pull framework, it is easier to understand the qualities the individuals need the most within an RCF. Using the push-pull framework for individuals who have already moved demonstrates the strength of certain factors which provided the last pull or push to move into an RCF. The research will gather data on these relevant topics to better understand RCFs and the relocation process for seniors.

2.7 Conceptual Premise

Healthy aging goes beyond physical health; it includes social, cultural, and economic factors. It is important for individuals to have a place to stay where these factors are taken into consideration. Healthy aging is an all-encompassing approach that highlights the importance of having all of these features provided in the living environment within the community; it is defined as “a lifelong process of optimizing opportunities for improving and preserving health and physical, social and mental wellness, independence, quality of life and enhancing successful life-course transitions” (Health Canada 2002). Most importantly, it is about having smooth life-course transitions. Therefore, healthy aging is a process throughout a person’s life and requires an individual to have the necessary social and physical environment to move into the next stage of life. Social support networks can be emotionally stimulating and necessary because it allows an individual to feel connected to others (Barratt et al. 2006). Nevertheless, there is more
emphasis on staying in the community and less analysis about how to maintain these same qualities in an institution that is still part of the social and physical place. For ethnically tied seniors, these supportive environments and tools need to be easy to access (Durst 2005).

All of the above push-pull factors, the social and physical environment, and ethnicity connect back to healthy aging. Healthy aging is a way of understanding the importance of seniors’ everyday needs and maintaining well-being throughout their life. Living in a facility still requires independence and social connections to their fellow residents and citizens. Therefore, in order for health aging to occur, seniors cannot feel that they are isolated from the community just because they are in an institution. Institutions need to reflect the same community values and promote social, mental, and physical well-being. The push-pull factors may be a way of demonstrating that healthy aging is no longer possible in the individual’s current situation but with change healthy aging can be restored and/or continued.

2.8 Conclusion

I focus on the main theoretical framework which is push-pull with a focus on ethnicity and built environment. The findings demonstrate that there is a gap in the literature that requires further research about choosing an RCF from a cultural perspective in a Canadian context and how it can be broken down into push and pull factors. Factors need to be dissected as they can demonstrate the importance of culture in the relocation process and how to choose a RCF. As well, there are many past experiences—which connect to immigration, ethnicity, and social and physical environments—that shape seniors’ ideas about appropriate RCFs and highlight the importance of healthy aging. Healthy aging needs to be continued throughout the life course but it will look differently depending on the individual’s health status and the relocation destination.
In Chapter 4, the results from the case study will be analyzed in relation to the above literature as a way to connect back to common themes and factors. The literature shows which push and pull factors are most prevalent for ethnically connected seniors. All of these ideas help to shape and better understand the experiences of seniors during the relocation process. While the main emphasis in the following chapters is on individuals, push and pull factors that led to their moves to a RCF and the importance of healthy aging, it is also important to acknowledge that they do in the context of a neoliberal state that has constructed a system of which emphasizes home care over institutional care, informal care over government paid formal care, for-profit over not-for profit RCFs and LTCs.
Methodology: Chapter 3

This chapter describes the research design, methodology, and analysis used for the study of a culturally affiliated RCF. As well, there is a description provided about the Ukrainian RCF as a way to set the context. In Chapter 1, an explanation was presented about the importance of studying a cultural group like Ukrainian people and understanding the rationale for selecting an RCF. Consequently, in this chapter, emphasis is placed on the importance of the location of the RCF in regards to access to grocery stores and the bank, all of which are walking distance. As well, there is a brief description of the history of the RCF and the services provided for the residents. The rest of the chapter describes the data collection process; namely in relation to recruitment of and interviews with residents. Finally, the analysis of the data is explained in relation to the qualitative data collected through interviews.

3.1 Qualitative Approach

Qualitative research gathering techniques were used, such as interviewing. The semi-structured interview orally captured the experiences and choices provided to the participants within the RCF and during their retirement (Northey, Tepperman, and Albanese 2012; Winchester and Rofe 2010). By having semi-structured interviews, interviews are less formal and participants are able to discuss any information they think is relevant, even if a question was not asked about the subject matter (Bryman and Teevan 2005). As well, participants are more comfortable during the interview. A qualitative approach records the main themes and ideas from the participants’ perspectives (Richards 2005; Winchester and Rofe 2010). This is important as the questions that were asked required the participants’ opinions and experiences rather than the opinion of family, friends, and/or informal caregivers (see Appendix F and G).
Quantitative methods dominated in the study of geography until the mid-twentieth century (DeLyser 2010). As well, after the 1970s, the ideas of scientific objectivity changed and were questioned in relation to interviewing (McDowell 2010). The focus placed on numbers and statistics was altered. Qualitative data were used in addition to numerical data to measure the patterns in research. Therefore, “statistical analysis looks at the regularities and patterns of outcomes while qualitative methods examine the mechanisms, processes and practices in intensive detail” (Delyser 2010, 5). Increasingly over time, qualitative methods and their outcomes without the use of quantitative data have been accepted as the basis for gathering evidence in human geography. For this reason, the research conducted will focus on qualitative methods because the focus is on the processes taking place during the relocation of older Ukrainians to a RCF in the GTA.

Interviewing, as a qualitative technique, focuses on the importance of the interviewees’ experience and concerns (Bryman and Teevan 2005). According to DeLyser et al. (2010), it is not enough to just do semi-structured interviews and state a few of the features of the larger environment. By looking at features at the micro level, it helps to unpack the knowledge gathered from interviews or at least place the interviewees’ responses in a context. Therefore, interviewing has become an essential qualitative tool that helps to portray better the interests of the interviewees and place their responses into a specific context that relates back to the research.

3.2 Placing Myself in Relation to the Research

Reflexivity, as a researcher, places the individual in relation to their research and states their positionality. Being reflexive is significant to the research experience because it is a “deliberate attempt to situate one’s knowledge, to emphasize that such knowledge is not
detached from the world, that the researcher embodies a range of affects, social meanings, and power” (Kobayashi 2009, 139). Therefore, my Ukrainian-Canadian identity affects the research experience and the familiarity I bring into the interview. All research, transcription, and analysis were done by me. I am fluent in Ukrainian therefore I was able to conduct the interviews. Words and expressions can get lost in translation and, by knowing the language, colloquial terms and idioms were understood. I have volunteered in this facility since 2011 and worked there over one summer break. Most participants have seen me in the facility. Also, if participants were interested in knowing my religious and cultural background during interviews, I stated them. Due to all of the above, interviewees may have shared more with me than they would have with other interviewers as I may have been seen as an insider (Mullings 1999).

3.3 The Case Study

A case study approach was chosen because this is a qualitative research tool that explores “a phenomenon within its context using a variety of data sources” (Baxter and Jack 2008, 544). The context in this research project is aging in ethnic RCFs. As well, the main research question was about “why” this phenomenon occurs. By looking at a “why” question, a case study approach can be considered (Yin 2003). Additionally, context is very important because the residents living arrangement and choices for moving are considered within an ethnic environment, which can be related back to the overall phenomenon (Yin 2003).

The advantages of using a case study approach are that it is not about the method but rather about the phenomenon being analyzed (Willig 2008). Also, by looking at a case study, it is possible to pick out the main themes and individuals’ behaviours (Hancock and Algozzin 2011). The disadvantages of using this approach are that this research project only considers one case
study, which can provide a limited description and understanding about people’s experiences. As well, it is difficult to record all the details thoroughly because each case study has many features to consider (Baxter and Jack 2008, 544).

Based on this research project, a case study approach was the best way to do the research because it encourages the researcher to spend time asking additional questions and understand better the case study context (Hancock and Algozzin 2011). This is important because unexpected information may be uncovered.

3.4 Ukrainian Residential Care Facility

Ivan Franko Home, in Oakville (see Figure 1), provides assisted and independent retirement living services. The home is deeply connected to Ukrainian ethnic traditions as service providers speak predominantly in Ukrainian to the patrons; as well, the library, museum, food, holidays, and interior design all display Ukrainian traditions (see Figure 2). Figure 2 shows the main dining room, which highlights Ukrainian traditions through the interior design. There is a blend of heritage and modern elements throughout the facility. Additionally, Ukrainian religious masses take place in the chapel every Sunday and during important religious holidays, which can fall on a weekday. As well, throughout the week, the chapel remains open for patrons for silent prayer.

The home was built in 1982 and founded by Eugenia Pasternak, who created a home environment with a connection to Ukrainian and Canadian living (Ivan Franko Homes 2013). Currently, there are approximately 80 seniors who are independent and do not require 24 hour assistance (Ivan Franko Homes 2013). All together, there are 65 suites, 20 private rooms, and 45 apartments. Monthly rents are based on the number of bedrooms and service requirements. A
bachelor apartment costs $930/month, a 1-bedroom costs $1,050/month, and a 2-bedroom costs $1,250/month. Private rooms with a private bathroom and support for daily living (e.g., food, housekeeping, laundry, room cleaning, medication, etc) cost $1,945/month. As well, individuals who would like to receive meals daily pay in addition to their rent. Dining halls are located on each of the three floors (Ivan Franko Homes 2013). There are two common meeting places: the winter garden atrium on the main floor and the sitting area on the second floor, which is where movies, exercise, singing, and physiotherapy take place. The whole estate is on 11 acres of land and includes an orchard, gardens, walking paths, gazebos, and a fish pond (Ivan Franko Homes 2013) (see Figure 3). As well, across the street there is a Ukrainian bank and around the corner there is an Eastern European supermarket. As well, a block away is Longo’s grocery store (see Figure 1).

3.5 Participants’ Information

Eight females took part in the interview and seven males. The average age was 89; with the oldest participant being 99 years old and the youngest being 84 years old. In regards to their current marital status, 10 were widowed, 1 was single, and 4 were married, which consisted of 2 couples. Their level of education varied as they had different life experiences and some individuals were not able to finish school due to the war, which led to schools being shut down. As a result, 1 person had not completed school; 4 individuals finished elementary school; 5 individuals finished high school (1 of those individuals was 4 months from completion before the war broke out); 5 individuals finished post-secondary schooling (1=College, 3= University, and 1= Master’s). As well, 13 individuals are immigrants, but no one would be labelled as a recent immigrant because they came earlier in their life. Most of the individuals, if not all, can speak English but most chose to have the interview in Ukrainian.
It was important to know about the participants’ child/children because throughout the interviews children were seen as still having responsibilities towards their parents even when they are in a RCF. As well, within the interviews, the subject of family did come up quite often. The question was: “Do you have any children and/or grandchildren? If yes, how many?”. In regards to the participants, 4 had no children (3 of which had a deceased child), 2 had an only child (male= 1; female= 1), and 9 participants had 2 or more children (male= 1; female= 4; and mixed= 4). Twelve participants had grandchildren and 3 had no grandchildren.

Prior to moving, most individuals lived alone, meaning by themselves or with a spouse. Also, not all individuals were or are married to an individual who would identify as Ukrainian. There were participants who were married to non-Ukrainians but they moved into the facility after their spouse passed away. Since most individuals move when they were widowed, it might be the case that individuals do not move with their spouse because seniors tend to move when they are alone. For this reason, the Ukrainian spouse chooses the RCF they feel most comfortable moving into and best represents their needs. If the Ukrainian spouse was to pass away before the non-Ukrainian spouse, the choice of RCF may have been different based on different cultural, social, and personal experiences. Nevertheless, it is difficult to make any conclusive statements because the non-Ukrainian spouses did have a voice in the interview and no questions were asked about this topic during the interviews. The only evidence that can be considered is based on the conversations with the spouse.

Lastly, most individuals have live in the facility 4 or more years (a total of 7 participants), 4 were there between 2 and 3 years, and 2 were there between 1 and 1.5 years. There were 2 individuals that did not state their specific duration but they have lived in the facility over 1 year.
In regards to their previous living situation prior to moving into the RCF, most individuals lived alone with a spouse but were widowed prior to relocating.

Interestingly, a few residents thought about writing their life history as a way to pass this knowledge onto their children and/or future generations. Writing about their life may be a way of them reflecting on their past and anticipating the future because they are the only ones who know the full experience.

3.6 Data Collection

The project focused on senior residents who currently reside within a non-profit residential care facilities (RCF) which caters to Ukrainians. Ethics approval was provided by Queen’s University Research Ethics Boards in June 2013 (see Appendix A). Participants (n=15) were recruited in person, within the facility. Prior to recruiting, permission was granted from the RCF and suggestions were provided about the best way to recruit participants (recommended areas within the facility). Individuals with cognitive impairment were not included as the goal was to collect information from the perspective of the senior who was able to explain their experiences. Therefore, the administration was consulted and their advice was considered. Those who agreed or were interested in participating received a hard copy of the Letter of Information (see Appendix B and C), the Informed Consent Form (see Appendix D and E) and were provided with a brief description about the research questions (see Appendix F and G), if required. The interview featured a combination of closed and open-ended questions about services, needs, participation in activities, and the reasons for moving out of their homes and into this specific RCF.
3.6.1 Recruitment of Participants

Participants were recruited with limited assistance from the administration, although administrators suggested ways to recruit participants. Recruiting began with an introduction by the administration in a monthly residents committee meeting. During this time, a brief description was provided about the project, the reasoning for wanting to interview residents within this RCF, the significance of their involvement, and an explanation about their involvement being voluntary. The meeting led to a snowball technique because all interviewees heard about the project from the six patrons who attended this meeting. As well, throughout the two week interview process, I volunteered within the RCF and made sure to be visible to the patrons in case anyone had follow-up questions or was interested to hear about the project. This way, I was available for most of the day in case there were individuals who wanted to speak with me or make an appointment. The individuals within the home spoke to their peers about the project and began making appointments. The interview location was chosen by the participant but most preferred to have it within their room (home).

3.6.2 Interviews with Seniors

The interviews were conducted in a space within the RCF that made the individual comfortable (i.e. their room, a meeting room within the facility, outside on the grounds, on their personal balcony). Although more females live in care facilities (for reasons stated in the previous chapters) no preference was given to a specific gender or age (Weeke, Keefe, & Macdonald 2012). Only those individuals who could give formal consent by themselves participated in the project; hence, cognitively impaired older adults did not participate. Since the data were collected from the perspective of the seniors, they had to be able to explain their
experiences. Some of the interviews were done with two people (spouses) and the interviewees were coded in chapter 4 as Interview X – Person 1 or Interviewee X – Person 2. Additionally, individuals were allowed to conduct the interview in Ukrainian and/or English. With the consent of participants, most interviews were digitally recorded and transcribed (12 out of 15). As well, the recorded Ukrainian interviews were translated before they could be transcribed.

The participants were provided with a written (i.e., Interview Consent Form) and oral explanation of their right to withdraw. Participants were given the opportunity to exercise this right at any time during the research process, including during and after the survey or interview. Participants were informed that there are no consequences for withdrawing from the research and that information associated with their participation would not be used in the research and would be destroyed after seven years.

The interview had four parts: the demographic information, previous living information, RCF information, and additional suggestions. Starting with demographic information allowed the participant to share personal information, as this created a participant profile. As well, the topic of children and grandchildren, which came up in this section, sometimes explained the importance of family to the participant as well as the family’s role in their lives. Additionally, the question about professions, also included in the demographic section, sometimes triggered memories and details about their role in the community and/or involvement. By providing the participants with an introduction to each section, they were aware of the topic of interest. Furthermore, the participants were able to concentrate on one topic at a time. The whole interview set the context for the RCF questions. By having these other sections prior to the RCF questions, some individuals had the opportunity to reflect on their experience throughout the interview.
Certain limitations and challenges arose during the recruitment and interview stage due to socio-cultural attributes and both physical and cognitive decline that comes with aging. The residents who were less social had a decreased chance of hearing about the research through the snowball technique and/or may have been reluctant to have an interview with a stranger. Individuals who may be experiencing cognitive and physical decline may have a different perspective from the individuals who are more active in the residential home. Grasping this difference is significant because the individuals who participated in the interview are a healthier and more socially active part of the population. Additionally, since many individuals grew up in a country at war or had experiences that made them wary of others, they may have not wanted to share their point of view with a stranger. Most interviewees knew about my involvement in the facility and may have been worried about sharing negative views about the facility. Lastly, this research only reveals the Ukrainian-Canadian experience; there are other cultural groups from different regions and countries that may have had different experiences which need to be explored.

3.7 Analyzing Findings

Translating and transcription occurred at the same time, and all transcriptions were reviewed after they were completed. The data were saved in a Microsoft Word file. Content analysis was the technique used to identify codes through both latent and manifest content analysis (Dunn 2010). Transcripts were coded and analyzed based on the replies to specific interview questions that were first identified on paper and then reworked in a Microsoft Word document. This helped with coding as themes were developed based on the questions and themes were developed verbatim as well as from previous literature. Certain themes are question-specific (i.e. highlighting either the pull or push experience). Nevertheless, there was an overlap
between questions, and the themes were similar if not exactly the same. After transcribing and coding the interviews, participant profiles were created, which identified the participants’ personal information (immigration, sex, age, gender, education level, number of children and grandchildren, number of years in facility, level of satisfaction) in an Excel file. As well, the averages and/or patterns in the numbers were recorded. Therefore, the analysis was repeated and reviewed throughout the process. Interviewees are named based on their interview number; no pseudonyms were necessary. Dunn (2010, 126) highlights a five step approach to coding and analysis: “develop preliminary coding system, prepare the transcript for analysis, ascribe codes to text, retrieve similarly coded text, and review the data by themes.” Most importantly, the analysis process requires review and drawing relationships between themes and codes used by different speakers.

3.8 Conclusion

The findings are presented in Chapter 4, which is where the data connects to ethnicity, built environment, and the push-pull framework by highlighting the seniors’ experiences through the people who live in an ethnic RCF. As well, patterns are recorded and explained in relation to the main themes and the participants. The methods used help to breakdown the push-pull framework and understand the process of relocation in later life. The findings help to answer my main question and think critically about the ethnic aging experience through the themes presented in the interviews. The last chapter will reflect on the findings and the conceptual premise while looking into the future of ethnic RCFs in the GTA.
Chapter 4- Results and Analysis

In Chapter 4, results from the case study are presented and analyzed. Therefore, the findings describe the evidence or themes that emerged from the interviews. By having the participants speak for themselves through their own quotes and ideas the main points are stated in a qualitative manner. These findings are the basis for the push and pull factors explored in this chapter. In Chapter 2, a push-pull framework was highlighted, explaining how it is a suitable framework within which to organize the findings. With this framework, in Chapter 4, emphasis will be placed on the “pull” factors because that is how the participants explained their relocation process; from here, some “push” factors will be discussed. Throughout the interview process, pull factors were mainly discussed by the interviewees. Push and pull factors are dissected based on the main themes and codes, and on the amount interviewees talked about these factors. The main themes are influenced by cultural, social, and emotional experiences. Factors stated closer to the beginning of this chapter are the ones that interviewees highlighted with the most frequency. This is a way of showing the hierarchy in thinking about these factors, as not all factors have the same importance to all individuals or lead or force an individual to relocate. Focus is placed on the residents’ experiences moving from their homes into an RCF. Lastly, demographic information is used to show the breakdown of the residents and common patterns in the RCF as well as averages that are noticeable in the participants. It is imperative to have an understanding of the group being studied because their personal information can have an influence on the factors that they find to be significant in the relocation process.

4.1 Push and Pull Factors

The physical and social environment can be dissected into various pull and push factors that make individuals notice that they are lacking something within their homes and require
change. When certain pull and push factors are present and the management of self becomes
difficult, participants feel that a change is necessary. These are the pull factors for moving into
culturally affiliated RCFs: easier life, being familiar with a facility, people with ethnic
similarities, greenery, organization within a facility, placement, and religion. Some of these
features influence the built environment and give it meaning to the residents. The built
environment is an important feature because it includes both the internal and external landscapes
around the building and the grounds. As well, the landscape transforms based on the season and
occasion. For instance, in the summer months, the greenery and orchard are often used as a
backdrop for residents walking outdoors. The residents then socialize, sing, and play cards with
fellow residents and family outdoors (Figure 3).

The winter garden (placed on the main floor of the building) is utilized for bingo,
concerts, and group events. During the winter months, there are sitting areas and long hallways
for people to walk, throughout the whole building. Also, for group exercise, singing, and movie
watching, on the second floor, there is an area that is very important include a page about the
built env). The built environment takes on different meaning at different times of the year and
depends on the social situation. These situations and meanings are the pull that individuals need
to see in order to relocate into a cultural RCF.

On the other hand, these are the push factors that lead or make individuals move out of
their homes: planning for the future, health, age, outdoor work, and living alone. As well, it is
important to consider the reasoning behind these push and pull factors, which include life and
cultural experiences. Through the interviews, it seems that the pull factors have provided an
“emotionally therapeutic landscape” (Martin et al. 2005) and/or make space for the individuals’
identity in a social and physical environment, which allows the individuals to feel happier, safer,
and more comfortable. Therefore, not only is the additional green space therapeutic but so is the social environment. In relation to the case study, the pull factors are listed and described below, followed by push factors; both are connected to interviewees’ personal statements.

4.2 Pull Factors

4.2.1 Easier Life

Ideas about moving to have a simpler life, as demonstrated in the literature review, are a likely reason for relocating. Individuals strive to have an easier life as they age. This is because individuals have a lot to deal with at home, when they are living in their own private residence. Having a place where all of the amenities are provided can be a helpful and convenient living experience. The person no longer has to worry about the tasks that need to be completed in the same way they had to at home, because it is no longer their responsibility; the responsibility has shifted as they are paying residents who benefit from having a secure environment and easier way of life provided for them. Easier living is a “pull” factor, as demonstrated by Participant #10. The person’s life is no longer the same but there are a lot of advantages because it becomes easier and everyday tasks are taken care of.

Well, you know what, in regards to what I like, to tell you the truth, this kind of living. It could be because I knew about this home; we would come here often. (Participant #10)

Family are also part of the process but, surprisingly, they were not the sole decision-makers and did not play as big of a role as expected during the relocation process. Only one individual stated that their child made the decision for them to relocate. Nevertheless, children are still important in this process as they worry about their parents’ well-being. They want their parents to live a life that is “easier” and fulfills all of their needs. The children state their
opinions during the relocation process. To some degree, this could be related to them potentially being primary informal caregivers if parents do not relocate.

My daughter thought it was too dangerous for me to live by myself… that life would be easier here. (Participant #8)

Easier life ties to convenient living. “Convenient” can relate to a number of factors, such as having tasks done for them and not having to worry about them. For instance, breakfast, lunch, and dinner served to them gives them the freedom of not having to shop for groceries. Also, at any time, individuals can be added to the meal plan list if they feel that they no longer want to cook for themselves. Interestingly, breakfast is the most common meal residents make themselves, which could be because it is the easiest meal to prepare. Therefore, they are still able to take care of their food needs but there are certain conveniences like having lunch and supper ready that makes it attractive to live in an RCF. Needs are taken care of without having any stress or worry.

4.2.2 Being Familiar with the Facility before Moving

When looking at the factors that influence the choice to move, beyond the cultural pull, having others recommend the facility, volunteering at the facility, and/ or knowing about the facility before moving are all common reasons for wanting to relocate to a specific RCF. It seems that having prior knowledge about the facility allows the moving process to be easier and less stressful for the mover.

I knew a lot about the place and I came here before. Also, I saw other Ukrainian homes for seniors. I had friends who lived at La Rose and once or twice I went to the one in Scarborough. There’s a Ukrainian one there ... Yes, out of the three options, I liked this one the most. (Participant #7)
This is significant because it implies that having first-hand knowledge about a RCF makes seniors more comfortable and happy with moving into a RCF. The prior knowledge allows the facility to be a credible option. As well, the participants who got a recommendation about the facility received it from their friends and/or family.

Having this previous experience with the RCF can make the move seem more natural and a part of the aging and social process. Individuals do not see it as intimidating because they know individuals who are or have been in the facility. Familiarity leads to a positive reputation for the RCF and is necessary in order to allow individuals to fit into the social and physical environment. Therefore, the senior draws positive associations with the RCF, especially when they interacted in the RCF in the past. As well, the food, culture, and some of the workers are familiar, all of which the seniors have experienced outside of the facility (i.e., in the cultural environment) or when they were volunteering. For this reason, the RCF feels more like a home than a closed space to age and to approach the end of one’s life. There are many individuals who volunteered in the facility before and continue to volunteer their time. Being acquainted with these tasks and knowing what needs to be done can make the residents feel like productive members in the structured environment of the RCF but also as if they are at home, without the obligations.

By previously knowing the administration (i.e., before they move in) or the way things are run can make someone sure that they are making the right decision because they know all of their options. Also, they have peers in their lives who themselves are looking for an appropriate RCF. These experiences are important as they shape the way residents view the facility. For instance, many individuals know the sister nursing home (i.e., the nursing home under the same facility name) and know that they were placed into the right home as they are still able to care for
themselves in a secure environment. They feel that they made the right decision because they can compare it to other Ukrainian and/or non-Ukrainian facilities, all of which makes this RCF stand out to them in a positive manner. It is seen as a different and affirmative aging residence with features that can satisfy the individuals making the move.

4.2.3 “Our People”

The idea of “our people” is centred on a common upbringing, heritage, language, history, life experiences, and sense of national pride. Many of the participants either discussed various elements of this concept or the concept as a whole, meaning that they knew the significance of “our people” and thought it was represented in the RCF. When focusing on the relevance of a cultural retirement home, more individuals found themselves reviewing the qualities that help highlight the concept of “our people” within the RCF. In this section, “our people” is defined as a way of grouping people who are from the same cultural group, follow similar customs, share common values, and seek a sense of national pride (e.g., when discussing politics and language) (Li and Skop 2009).

The idea of a shared cultural history was commonly presented within the interviews. For instance, individuals often talked about historical events that happened in Ukraine and/or during their migration to Canada and there was an expectation that everyone knows what they are talking about. The interviewees talked about the immigration process and their life during the war (World War II). These types of experiences influence their identity especially in the social and physical environment of the RCF where most individuals had similar encounters. For this reason, there is a connection between individuals because of their past and need to talk about the past to understand their current selves.
My people! They aren’t different nationalities; no one disturbs you, no one steps on your toes, and you can talk or say or sing in your own language. It is all ours, just how I grew up at home. (Participant #14)

Many individuals donated money and/or time to Ukraine through social causes and/or to their families, although involvement in the Ukrainian community before and after moving takes on different roles because the individual may be experiencing mobility restrictions. Also, many individuals demonstrated a lifelong connection to “back home” or to their Motherland.

We were part of the Ukrainian Public Service and we helped in Ukraine. (Participant #5-Person #2)

Individuals who were involved had a sense of pride in being involved and found it necessary to tell me about their experiences and contributions. Nevertheless, only 5 individuals identified living in areas that had a significant Ukrainian population. This is important because only 1 out of these 5 stated that they used to live in a Ukrainian environment before moving to the RCF, meaning that the area was labelled as a Ukrainian environment. Nevertheless, individuals drive or were driven to their volunteer involvements. Prior to moving to the RCF, the individuals moved into a condominium with their spouse:

We bought ours there. A lot of Ukrainians lived there. (Participant #10)

Therefore, the individuals could have been driving to social gatherings where they had access to the Ukrainian activities and the community. There are many seniors within the RCF who have been involved in the community currently and in the past. By living in the RCF, they can continue their cultural involvement and maintain those connections with individuals who are interested in the same activities. All individuals who expressed an interest in volunteering were
allowed to participate. Volunteering is still an option for those residing in the RCF. The continuity of help exists in the RCF setting as it is passed on from previous experiences. Therefore, involvement in the ethnic community before moving helps to understand the need to continue the participation. There is a need to have a similar social space within the RCF to continue activities that were always a part of their social environment. In particular, most of the women that I interviewed were involved in the Ukrainian community in some manner and those that were not involved were mostly men.

The first part of the title for this project, “They come here because it is a place of refuge,” was eloquently stated by participant #6. This is very telling because most residents are immigrants and travelled to Canada through displaced persons camps, so they were considered refugees. By considering the RCF as a place of refuge, it can be seen as a parallel to the type of places these individuals had in their lives that provided them with a place to stay and a sense of security (i.e., displaced persons camps or a home within Canada). Interviewees felt that being familiar and comfortable with the surroundings created a pleasant space. Having a place that is comforting and safe can allow the aging experience to be satisfying as the individuals is cared for and needs are fulfilled, as shown above.

All of the participants that were immigrants came to Canada at an earlier age; they are not recent immigrants. This is significant because it demonstrates that they are mostly persons who have lived in Canada a long time and are now living in the facility.

4.2.4 Greenery

The green landscape as a safe walking space allows all residents to connect back to nature in a private and physical environment. Some individuals relate this to the outdoor space they had
at home and the importance it had within their lifestyle. For instance, there were individuals who liked to garden and plant trees in their backyards. When people are retired they have the time to do the activities they like and for most people the green space was one of the locations for doing various activities. There is a beautiful and large orchard and garden in the back of the facility and in front there is a lot of greenery that is well maintained. Green space seems to be a significant feature that residents like to use and appreciate having in an urban RCF. As well, it is a spot that is safe and secure from the street traffic and the public because it is gated. There are sitting areas dispersed around the space in shaded and non-shaded areas. Green space is a feature that draws interested individuals to the facility and is it used by residents mostly during the summer months (see Appendix 3).

I picked the one that everyone said would be best; that you can walk around the orchard and go outside. For instance, there is a facility, I forgot where it is, and people say that the flowers are blooming but can you walk around an orchard? Here you walk around and it is completely different. (Participant #12)

The space is seen as welcoming and rural environment especially when considering the benefits of having this haven in a city. Some individuals had large amounts of green space at home and found this to be a deciding factor in choosing their RCF. Therefore, it is not enough to merely consider the features inside the facility, as the outdoor amenities are also part of the decision process. The RCF needs to have an all-encompassing positive atmosphere.

4.2.5 Organization within Facility

The facility as a physical space has to provide services and care throughout the day and every day. The staff is seen as an imperative part of the service provision process because they make the individuals’ stay more comfortable and convenient. They provide residents with
privacy, cleaning, meals, laundry, entertainment, activities, and overall care. The staff keeps everything organized and handles the needs of the seniors.

The way of paying for services inside the facility allow the seniors to afford having house cleaning and meals prepared. Therefore, knowing the financial spending explains certain organizational ideas within the RCF and how the care gets distributed. Having a pension is seen to be a significant type of support that was highlighted by most individuals. Monetary donations to the facility are seen as a commitment and as an active way to be involved and support the RCF. For this reason, people who donate to the facility feel that they should have certain benefits. Participant #3 [Person 1 & 2- Wife & Husband] talk about people paying for the facility and donating money; based on these commitments the administration at the RCF give back through services and care for the residents. There is a reciprocal relationship between the administration/staff and the residents. People feel that they are doing their part so then the administration/staff do theirs.

Interestingly, many individuals are volunteering within the facility; the involvement makes them feel valued and active. Everyone seems to be keeping busy and finding tasks that they would do at home but without the obligation, a way of being a helping hand but not because they need to be obliging. Therefore, living in a RCF is very different from living at home because the stress is no longer placed on the resident. They can maintain their independence and comfort but someone else deals with the obligations of taking care of the space.

I am always more than willing to volunteer but there is no obligation like there is in your own home. (Participant #5- P1)
Not surprisingly, based on the information stated about males’ involvement in the Ukrainian community, most of the individuals that were not involved in the RCF were men.

4.2.6 Placement

The location of the facility provides residents with an “ethnoscape” as there are various cultural facilities that within walking distance (i.e. grocery stores and a bank). As discussed in Chapter 2, an ethnoscape provides individuals with the comfort of having services that connect back to their ethnic needs. These services allow the individuals to feel satisfied about their surroundings because the more independent individuals can leave to purchase items they see as necessary because of the ethnic connections. Van Dijk (2004) demonstrates that having food and activities that are culturally appropriate is a significant feature that needs to be considered within RCFs.

And for supper, I’ll make soup fast because....I can’t think of the name of the store because I don’t go very often, they’ve got borsch. (Participant #9)

Independent living makes the individual experience life in the RCF differently. Interviewees placed emphasis on the importance of being independent and healthy because they can take care of their own needs and use the space inside and around the facility in a way that benefits their needs. Individuals who are able to make their own decisions only require minimal support. Some individuals still drive so the location for them encompasses a larger radius because they can drive to services and appointments that are further away but within a reasonable distance. For all of these reasons, the location is vital to the experience of creating a social and physical space. The individuals who are still able to take care of their own needs can use the space as they see fit. For instance, there is a bus stop in front of the facility, which may
be beneficial for those that cannot drive and are healthy. Essentially, the individuals who are able benefit from the location and use the services that are available to them outside of the RCF.

Interestingly, most participants did not state that it was necessary to live close to family but most of these individuals talked about where their children were living. Therefore, they might not even know how much of an influence this had on their decision making process. Also, most individuals are from the GTA so they may not have planned to move anywhere outside of the GTA, which is where most of their family lives. By thinking about living in the GTA, they did not have to consider family closeness because they were not relocating that far. Only one individual stated moving a longer distance to live in the RCF to be closer to family. A convenient location means more than just stores and services. Additionally, individuals use informal support in various ways (e.g., monetary support from children, driving service, ironing). These informal services are still used but not as primary services for care.

4.2.7 Religion

Religion plays a role in their everyday lives; many individuals made reference to God during their interview. Using religious terminology during the interview demonstrates that this is part of individuals’ worldview. They view the world and their experiences through a religious lens that connect back to their life in the RCF. Participant #14 stated:

There is nothing that I don’t enjoy [...]. I live as if I’m in Heaven behind God’s doors. (Participant #14)

Expressing that life in an RCF is like living “in heaven behind God’s doors” is a powerful statement. For a religious person, this is the life everyone is working towards—to be a good person in his/her life so that he/she can have eternity in Heaven. Considering the RCF to be
comparable to the ultimate religious experience demonstrates that the individual’s needs are looked after and completely fulfilled.

The connection to religion often led to discussions about the chapel that is in the RCF. Having a chapel onsite was an important pull factor for many individuals. As well, there were individuals who were less involved but they still had a connection to the ethnic community through the church. Church seems to be the focal point in the community and most individuals considered themselves religious and/or stated involvement in religious practices. Complete involvement in all social events and organizations is not necessary in order to fit into the community. Even if the church is the only place a person participates in social interactions, the individual can still maintain a connection to the ethnic community.

The only activity we participated in was going to church, the one on Cawthra. I was a very private person and so was my husband. We never pushed our way into the community, people knew who we were and that was enough for us. Also, I really didn’t have time. I was at a mature age and still had to take care of my grandchildren; it wasn’t very easy. (Participant #11)

Religion was brought up in every interview in some way. For instance, a few participants spoke about God while others explained their commitment to the church. The religion for the majority of participants was Christianity and all of the individuals fell into two main streams of Christianity: Orthodox and Catholic. Nevertheless, the emphasis during interviews was placed on religion as a whole. No one self identified as an atheist.

The religious centres tend to have different activities which allow for social and cultural involvement. Individuals feel they can relate to the people and feel comfortable in the environment; as well, people can be constantly busy and involved. It seems that people’s involvement was a way of them accomplishing tasks for the good of the group. If there was a
need in the community (e.g., the church needed benches), the people who were involved would solve these problems with community volunteer work. As well, constantly keeping busy was part of the group dynamic for those that were involved.

Always was something to do. And pierogies, like here, we’re sometimes asked to come and help make them. We made pierogies there, baked goods and at the bazaar I would help sell them. We had the seniors’ club. There we did everything, played bingo and earned money to buy things. The church needed benches so we bought them. I would never just sit and think, there was always something to do. (Participant #14)

Religion is an important pull factor because it relates back to an individual’s worldview and ideology, as well as explains the individual’s involvement in the community. If they are part of a church, most of the time they choose to contribute to the ethnic community. Therefore, ethnicity can be the larger grouping and, within that theme, religion can be identified as a theme. As well, interviewees discussed the separation between Catholic and Orthodox in the Ukrainian community but no one saw this as a negative factor. Most found that this difference was well represented in the RCF church mass because different priests came to conduct mass. Therefore, religion was not dividing the community. Almost everyone spoke about the significance of religion and the religious space in their everyday lives because they interact with the space. Nevertheless, all of those individuals did not necessarily state that religion was the main pull factor.

The above pull factors are vital in understanding the RCF as a current and future living space for residents who live there and hope to live there. The social and physical environment links to their identity and understanding of home before relocating because there are many similarities between the two places. Surprisingly, money did not play a significant role in the relocation process as only a couple of seniors identified the RCF as an affordable option. There
may have been more individuals who felt the same way but thought that this was not even necessary to explain and/or thought there were more significant pull factors that influenced their relocation choice. No one spoke about the RCF being too expensive.

4.3 Push Factors

4.3.1 Pre-planning: Avoiding the Waiting Game

As seniors get older, they notice that it is difficult to just wait for their health and/or financial status to get worse and for there to be an increase in dependency on others. It is easier to plan for the future and for the worst case scenario, in a realistic manner. Seniors know that it is no surprise that with time they will no longer be able to drive and depend on an automobile to do their errands or attend social activities. For this reason, the seniors interviewed actively planned for their future; it allowed them to be in control of the relocation process before it was too late and a change needed to occur.

We are older. I could not live without a car, I did not walk anywhere. We took that into consideration because there will come a day when I can no longer drive. We would be helpless. You cannot get around by foot because everything is far away. We thought about our options. (Participant #5-Person #2)

Pre-planning is an effective way of guaranteeing that all of the seniors’ expectations are met because they are the ones deciding. Also, it gives people time to do comparative shopping and consider all of their options. Therefore, the push factor involves considering their future limitations.

Most individuals had been on the waiting list and waited for an opening. For this reason, going through a pre-planning process was convenient because they made sure that they had time
to wait for an opening and/or were healthy enough that they could wait. Being on the waiting list seems to be part of the relocation process, in this situation. As well, a few individuals had to find temporary accommodations with children or informal caregivers. Having secondary options is not available to everyone so they tend to pre-plan earlier, especially if they do not have any children and/or family available. They had to be aware of their options because immediately relocating to the RCF of their choice may not have been a choice. Even if they made this decision a long time ago, relocation requires vacancies in the RCF to make room for new residents.

Getting older makes most individuals think about their future and how long they will still feel able to do necessary tasks of daily living. Also, it seems that even if a person is healthy, their age can be a deciding factor as they start to feel that there needs to be a limit to their living at home.

He would always bring me 5-6 baskets from the garden and I would always have to make something. Then I had to put it into the freezer or marinate certain foods. At 91, no way. [Participant #5- Person 1]

Certain tasks become redundant and tiring. The person starts to be aware of their limitations and/or annoyances within the home environment. By planning for the future, the individual can see the benefit of not having to do previous tasks and not be the one who is solely responsible. Participant #5 felt that they needed a break from their daily home tasks and knew that relocating would provide them with the necessary comforts.
4.3.2 Health

Declining health status can make the living environment at home very challenging and limiting. For instance, the individual may not be comfortable with using the stairs or worries about having an accident and not having the necessary support. The physical space itself becomes secluded and unsafe because the individual has to avoid doing risky tasks. As well, health decline can lead to an individual no longer being able to drive. Therefore, the individual is unable to use their living space the same way they did in the past. The responsibility, in relation to health status, becomes too much for most individuals and makes the individual feel that relocation needs to occur.

I’m satisfied because I had to leave my house, was sick and that was too much responsibility. (Participant #4)

The space of their home changes and removes a person’s independence. Moving into a facility can allow an individual to regain necessary independence in a secure environment. If an individual starts experiencing challenges, they require a change of place because it is very difficult to live at home and be dependent on others. It is much easier to have the care provided in a closer proximity so that it is accessible. Within an RCF, convenient access to care is possible.

In other situations, some participants’ health started worsening and they thought that certain responsibilities within the home were no longer possible. Illness changes one’s perspective about domestic chores. Therefore, with time and as health worsens, it might push the individual to feel inadequate within their own home.
I got sick. Bad knees...and the doctor was going to cut my knee then I started taking Glucosamine. So he [the doctor] said: “Don’t you dare get up on a step or climb a ladder”. I can’t clean the leaves, I can’t get under the....fix the stuff, etc. I still hobbled in the snow and I said: “This is crazy”. (Participant #6)

Health problems give domestic space a different meaning; also, the outdoor tasks are used as a way to measure the person’s ability to work within the space. The tasks that were once possible were no longer feasible or a good idea. To some individuals, the outdoor space started to be seen as a challenge instead of pleasant green space.

Many individuals felt that the outdoor work around their homes was becoming overwhelming and required too much regular attention and physical labour. Having less work and responsibilities in the facility is definitely a benefit. Most individuals feel that the work at home is dependent on the person keeping up with the responsibilities because everything requires constant attention. It is really challenging to keep everything maintained; some people also view this work as an unnecessary burden. There are a few interviewees who had neighbours or young individuals come and help them with their outdoor responsibilities, but this cumulative pressure eventually contributes to the pool of “push” factors that compels seniors to move out of their homes.

### 4.3.3 Living Alone

Various individuals felt that living by themselves within a home environment was lonely and that it was not healthy for them. Participant #6 lived alone most of his/her life and analyzed the experience within the home environment.

No it’s not good for anybody [...]. Anyways, it’s no good to be alone but you have to really pick. (Participant #6)
This individual found that throughout his/her life living by oneself was lonely and felt that everyone needs someone within their living environment. Most individuals had lived with a spouse but were currently widowed which led to them living alone for a period of time. Some felt that a move was necessary because it was far lonelier to live alone in the same space they shared with a spouse. Therefore, the space took on a different meaning.

I lived by myself for 7 months, that’s all. I couldn’t take it. (Participant #9)

Living with a spouse seems to be an important way of explaining the dynamics at home. This is because the space was defined by those individuals (both spouses) living inside of the home and the type of relationship they had built together. Out of all the participants only two individuals stated being lonesome and/or found it challenging emotionally to live without their spouse after their death. Interestingly, no one else spoke about the emotional experience of losing a spouse, more participants talked about the physical changes [i.e. the person no longer being around]. However, this does not mean that individuals do not find the death of their spouse to be an emotional process and a life altering occurrence. Some individuals had been widowed for a long time and had been living at home by themselves. Therefore, for most participants “living alone” was not the primary push factor because they were still functioning within the home environment.

4.4 Level of Satisfaction

Level of satisfaction has to do with age. According to many of the interviewees, being older does not give them the opportunity to be fully satisfied. Life gets more complicated, challenging, and unhealthy. Therefore, the individual’s age can take away from the satisfaction process as aging seems to take away a certain enjoyment of life. Life will never be fully
satisfying because of all the regular challenges. This is interesting because a few participants stated this during the interview. Therefore, they seem to be aware that life itself is not exactly the same as it used to be. Overall, 9 interviewees considered themselves “Satisfied” and 6 interviewees were “Very Satisfied”, which means that all individuals found themselves in a place that is a good fit for their needs and wants.

Not all the individuals are receiving exactly what they want (i.e., room or additional services). These limitations tend to relate to peoples’ financial situations, the availability of rooms, and the waiting process. Therefore, the broader process of moving seniors in Ontario can affect some of these dissatisfactions because it is a problem with the system and not necessarily this RCF specifically. Surprisingly, more people did not dislike the food, which is a common complaint in other facilities. Based on everyone’s current evaluation of the RCF, none of the participants felt that the facility was completely inadequate and that they would move out.

4.4.1 “You have to accept that you are going to die here”

Within these facilities, there needs to be positive or neutral dialogue about death. This is a topic that came up quite regularly, especially in relation to a higher power and religion. In this specific situation, the interviewee stated the bigger purpose in their life through a religious connection to death and afterlife. There is a spiritual lens through which to view these ideas of death. Participant #6, and a few others, stated that the RCF was “a good place to die.” There seems to be a slight fear among those that still have not moved into an RCF because to them an RCF is a place where people go to die. Nevertheless, this is not necessarily how it is viewed by the current residents, which means that they think the RCF must be the ultimate satisfying relocation option. The way people understand death and dying, and the way they tie it back to the
RCF is another factor that influences their satisfaction. They see dying as part of the bigger life picture but that does not mean that the facility has to be a constant reminder about the end. Therefore, this is seen as another milestone in life but there is no need to constantly advertise that people will be dying.

Everything is very good here. That’s why I came here because I knew about it for more than 20 years, when they were still building and it still wasn’t open. I already knew about it because I came to buy apples [...]. I already knew that this would be my resting spot [laughs]. [Participant #14]

The concept of death relates to the relocation satisfaction because it was highlighted by a few residents that living in an RCF connects to the reasoning behind relocating. The individuals want to be in a suitable final location.

4.5 Suggestions for Improvement

The founder of the facility is seen as a significant figure head in the community and her work and devotion to the Ukrainian-Canadian community is appreciated and praised. The RCF functions like a positive Ukrainian home. It seems that a sense of pride and recognition is necessary to the past as a way to understand how the RCF was developed. Ms. Pasternak made a commitment to a good cause and a lot of the residents know this history; therefore, they acknowledge and respect it.

Therefore, I think that it was a good idea to build retirement homes and I think that our Ms. Pasternak needs great recognition for coming up with this idea. [Participant #11]

Within the facility, there are opportunities to be active and volunteer as most interests seem to be considered. Nevertheless, there are a few features which should be added, according to the residents. The question that was asked: “Do you have any suggestions for ways of
improving the facility for everyone who lives here?”. The most common suggestion was to build a new RCF on the current grounds so that more of the people on waiting list can receive adequate housing. Individuals are aware that funding is the biggest barrier to this plan but that it is a necessary addition. Also, a lot of individuals donate to the RCF as a way to improve housing for the whole community.

There were individuals who talked about improving the food options/variety and adding more entertainment. Individuals wanted more social gatherings, performances, and trips to happen more frequently. They do not want to be bored and want to feel that their days are busy and active. There are individuals who are still independent and mobile so these ideas about activity fit with their ability levels.

4.6 Conclusion

Living in a culturally affiliated RCF does influence the relocation process and the push and pull factors surrounding the relocation process. As well, in most situations it makes the relocation process less intimidating or life-altering as an individual feels that they fit into this social and physical environment and have good reason(s) for moving. None of the individuals stated that they were coerced into moving to the RCF. Most individuals emphasized that they moved out of their home because it was a rational and thought out change. Participants felt cultural connections to the other residents and to the RCF. Therefore, it was the best option for their level of need and care requirements. Also, most individuals felt that they were moving to better their future and living conditions. By making the decision themselves, they were removing any unintentional risk and/or forcing others (i.e., family and friends) to make this decision for them; this was a preventative approach for most individuals. They did not want to burden others
with these decisions and they themselves knew best which features within a RCF they required. Most of interviewees knew about the RCF before moving and/or received recommendations from others. This type of referral system is significant as most individuals are choosing the RCF to be their last residence or at least considering that to be a possibility. For this reason, knowing that the space is representative of their needs and wants made the RCF a comfortable and safe environment.

It is noteworthy that seniors are choosing facilities based on their personal and cultural needs if they are part of or identify with a cultural group. Culture has a significant role in the selection process if individuals define themselves as part of the group. All individuals demonstrated the importance of culture to their aging requirements. Interestingly, most individuals relocated after their spouse passed away.

It is important to note that seniors in the study who were born in Ukraine have a strong connection to the Motherland especially those that were forced to leave at a younger age. Also, most of the immigrants maintained social relations with others who identified with being Ukrainian in Canada, as well as family and friends in Ukraine. These connections make RCFs like Ivan Franko important to ethnic groups. According to the results, cultural RCFs are beneficial to seniors who are relocating into an institution because they feel more comfortable staying within a place that is similar to their home environment. Seniors who experienced immigration were more likely to relocate to the RCF, but former immigrants are not the only residents of this RCF. Individuals are moving into the RCF because they identify as Ukrainian-Canadians.
There is a significant social importance in aging in a cultural environment; there seems to be a mutual respect and understanding of aging and cultural needs among residents, staff, and administration. For this reason, cultural RCFs should be supported because seniors do find them to be important for their social identity and some interviewees who have been in homes with no cultural affiliation felt that they did not fit in or felt that they could not socialize adequately. At this time, culturally affiliated RCFs and nursing homes could have social, emotional, and financial benefits to individuals as demonstrated in the literature review. The RCF is affordable for most individuals and provides everyone with features (i.e. church, food, and language) that they find important and part of their identity. Immigrants in urban areas tend to be friends with individuals from the same cultural group who are nearby, within their home environment and/or neighbourhood. These individuals can have a mutual Ukrainian-Canadian identity while living in the community.

In the following chapter, concluding thoughts and remarks will be explained in relation to the findings and the literature. As well, the results will be connected back to the conceptual framework. Further linkages will be made to policy, in the Canadian context, through the themes developed in the results and the literature review.
Conclusion

The reasons for staying and/or leaving one’s home demonstrate the complexity behind the relocation process. It is not just inadequate housing conditions that can result in a change but factors such as emotions, ethnicity, beliefs, health, age, and family members can influence a move. The immediate physical environment and personal factors (e.g., age, current housing is meeting expectations, larger income) tend to determine if a senior chooses to relocate (Weeks, Keefe, and MacDonald 2012). Additionally, by knowing the explanation behind the selection process, improvements can be made to the services provided both within the home and the various RCF and LTC facilities. Improvements can provide seniors with options that better suit their needs that can improve their well-being and overall comfort within their current and future residences.

Seniors get to a stage in their lives when they are no longer able to stay at home because of certain limitations (e.g., health, difficulty doing housework, family, etc). When these factors get out of control it is important to make a change (Golant 1991). Also, when they notice that life at home is getting complicated and challenging a change may be necessary. The choice to move into a facility will depend on their personal experiences (e.g., culture, religion, location, etc). With these ideas in mind, they choose the facility that best reflects their understanding of culture, as well as physical and social environment. They want to feel comfortable, accepted, and have people with whom they can socialize. The selection process is challenging because there are many factors that need to be considered, both “push” and “pull”. As well, the goal is to feel that they belong and will not be lonely in the new environment. Even if people are introverted, they want to know that they can fit in. These ideas make all RCFs a different social and physical experience because no two facilities will be exactly the same if there are different people who are
drawn to live in a specific RCF and those that are currently living there. As well, not all seniors are the sole decision makers in the relocation process.

The push and pull factors and framework presented in this thesis are significant as they demonstrate the choices seniors make and the options they have when moving out of their homes into RCFs. As well, these ideas demonstrate the complexity of the relocation process and seniors needs. They are individuals who require the same amount of attention just like any other demographic group not just because of the baby boom but because of their personal experiences, and social and physical requirements.

By taking a qualitative approach through semi-structured interviews, the seniors’ experiences were recognized; their understanding of the RCF and its environment is explained. Throughout the thesis, built environment and ethnicity are the overarching themes emerging from the interviews and the literature. Consequently, it is easier to draw the links between people’s experiences and the themes. The social and physical environment within the RCF is dissected and analyzed in relation to aging and relocation. This facility is an example of a RCF that is a pull factor for a particular group.

5.1 Limitations

The use of a case study does have limitations because it is difficult to record all the details thoroughly as each case study has many features to consider and this is only one facility in the whole community. The sample is not representative of all older Ukrainians (i.e., the sample is likely of older persons who are either cash or asset rich and can afford to move). Interviews were conducted with fifteen of the residents so generalizations cannot be made about all the residents or about all the facilities in the community. The facility is not representative of
all RCFs (differences among for-profit, not-for-profit and government; differences among ethnicity affiliated facilities). I interviewed people who already moved so recall bias could apply. Interviewees may not remember all of the reasons or might only remember the positives or negatives. People rationalize the decisions they made; therefore, they might try to show why it was a great idea. I do not know whether people in the community would have chosen this facility because people were not surveyed before moving or prior to considering a move. Due to the strong group identity, older people who were more critical of some aspects of the RCF may see my positionality as a problem. People may have been willing to open up to me, based on my positionality, but some residents, who had negative feedback about the RCF, could have felt that I was too close to the administration of the facility. Finally, the sample does not take into account older people who are less outgoing.

5.2 Policy Implications and Moving Forward

There is a paradox to all of this; a country like Canada that promotes multiculturalism and inclusivity may be exclusive by having RCFs with ethnic and religious affiliations. This is because certain individuals who do not belong to the group may not feel there is space for them in the institution. As well, even those that do identify with the group can feel that there is no space for a spouse or some of their friends who do not belong to the group. Nevertheless, according to the interviews, individuals do seem to benefit from these ethnically and/or religiously affiliated facilities. They seem to feel well-represented because the identity they had throughout their lives is practiced and recognized within the RCF. As well, residents are respected by the staff and administration within the RCF as they understand the cultural and/or religious background of the residents. Many individuals found this environment to be safe and secure. According to Disman and Disman (1995), Ukrainian seniors who lived in a homogenous
facility in Toronto received higher scores in personal and social adjustment than those Ukrainian seniors living in the community. On the other hand, there are communities throughout Canada that have small groups of people from one ethnic group; therefore, it might be beneficial to have multicultural facilities for several groups in other locations (Disman and Disman 1995).

Immigrants after a certain age may find it difficult to truly find their place in a dominant culture because they were conditioned to speak and act in the same way as the citizens of the country from which they came. The concept of refuge plays into the idea of finding a safe place to stay as a senior as it relates to the relocation as a recent immigrant. Being an immigrant when one is older can sometimes be challenging emotionally and culturally. The immigrant experience is significant in ethnic RCFs as the facilities support a connection to the country of origin and group people with the same social needs and wants. By having these facilities, individuals do not have to feel like outsiders and can speak in their preferred language. As demonstrated in the literature review, immigrants enjoy having services that reflect their cultural, language, and religious needs; in the same way that social class is used as a distinct factor in other facilities. There are individuals who have more money to spend during their retirement and would like better access to a variety of services that meet their personal needs. In the same way, there are individuals with a specific ethnic identity and life experiences that require personalized attention and support in later life.

All of this does not mean that over time cultural RCFs will stay the same because the cultural and Canadian identity changes with every generation. The next generation of immigrants are different, require different resources, and may define their cultural experience differently from current older immigrants. As well, immigrants’ children may feel differently about their ethnic and Canadian identity than their parents and have their own understanding of language,
food, church, etc. Consequently, they may not require exactly the same kind of facilities or services as they age and move into a RCF. They will still require care but the care and support should be personalized to their needs and wants, with time. Their standard of living may increase, which can change the economic possibilities as a person grows older and requires a change in location. Even though the next generations may be classified through a similar cultural identity as their parents, their social and physical experiences throughout the life course will be unique to them and may need to be reflected in the RCF. It is important to consider how this form of housing will look with the second and third generation. There were individuals in the RCF who were not immigrants and still identified with a Ukrainian-Canadian identity. Currently, there seems to be a need to develop a wide range of these facilities for all senior groups as the RCF caters to the residents’ values, needs, and identity. As long as there is no discrimination, the facilities will be helpful and positive for healthy aging. There cannot be discrimination; for instance, if there is someone from a different cultural and/or religious group that would like to move into the facility whether they want to be part of the group.

Healthy aging takes into consideration social and cultural experiences and the benefits it can have on an aging individual; it goes beyond physical health. The ideas presented in this thesis do not only relate to Ukrainians but individuals from various cultural and religious backgrounds. This is because the experiences are not solely related to one group; many individuals understand these push-pull factors. By thinking about the bigger picture, the needs of many can be considered and help support healthy aging. The main idea is to allow individuals to feel comfortable with their changing lives and make space for their needs. Having an individual be fully satisfied in their housing is significant because their well-being will be positively affected. Healthy aging should be the goal when creating housing and services for seniors; the
everyday needs have to be provided in a reasonable manner that considers the person’s individuality but also connections to a group and/or identity.

Moving forward, if there is, and there most likely will be a growing demand for ethnically and/or religiously affiliated facilities, these facilities should be promoted and supported. Connection to an ethnic group exists for many seniors therefore Canadian policy should sustain these types of facilities (Van Dijk 2004). Seniors from “ethnic minorities are more likely to use services designed for and run by their own communities” (Morrison 1995 in Van Dijk 2004, 32). Having policy and financial support from higher levels of government would decrease the wait time in some of these facilities because infrastructure expansion would be possible. The wait times in culturally and religiously affiliated facilities can be quite long (Green 2013). Therefore, the future changes in senior demographics will lead to changes in future needs for seniors. The future will need to make space for everyone to feel at home even when they are living in an RCF. Having a cultural lens will help make this possible for the diverse senior population in Canada.

5.3 Future Research

There is a need to compare these findings with other ethnic and/or non-denominational groups. By comparing to other ethnic groups, especially visible minority, the similarities and difference between groups will be better understood. As well, not all immigrants have the same experience in Canada before retirement, it would be interesting to observe and understand the importance of previous life experiences and their connection to future housing expectations. Having a non-denominational facility as the “control” would allow for comparison and greater generalization of findings. Also, it is important to have a study focus on the type of facility: not-
for-profit or for-profit with the concept of cultural facilities because different push-pull factors might arise as income and social status might be highlighted. This would be significant because it would demonstrate the complexity of the relocation factors and the connection to the individual’s life course.

As Canada’s population ages and continues to grow, the need for various forms of housing will also continue to grow. This thesis demonstrates that cultural RCFs have a role to play in supporting healthy aging in Canada’s older population.
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Figure 1 - RCF Location

**LEGEND:**

- Ivan Franko
- Eastern European Grocery Store
- Ukrainian Bank
- Longo’s
Figure 2- Dining Room Interior Design

Figure 3- The Grounds
Appendix A- Queen’s University Research Ethics Board, Letter of Approval

June 03, 2013

Miss Natallia Hatjah
Master’s Student
Department of Geography
Queen’s University
Kingston, ON K7L 3N6

GREB Ref #: G GEO-151-13; Romeo # 6009784
Title: “G GEO-151-13 Seniors within Residential Care Homes: What is Most Important?”

Dear Miss Hatjah:

The General Research Ethics Board (GREB), by means of a delegated board review, has cleared your proposal entitled "G GEO-151-13 Seniors within Residential Care Homes: What is Most Important?" for ethical compliance with the Tri-Council Guidelines (TCPS) and Queen’s ethics policies. In accordance with the Tri-Council Guidelines (article D.1.6) and Senate Terms of Reference (article G), your project has been cleared for one year. At the end of each year, the GREB will ask if your project has been completed and if not, what changes have occurred or will occur in the next year.

You are reminded of your obligation to advise the GREB, with a copy to your unit REB, of any adverse event(s) that occur during this one year period (access this form at https://eservices.queensu.ca/romeo_researcher/ and click Events - GREB Adverse Event Report). An adverse event includes, but is not limited to, a complaint, a change or unexpected event that alters the level of risk for the researcher or participants or situation that requires a substantial change in approach to a participant(s). You are also advised that all adverse events must be reported to the GREB within 48 hours.

You are also reminded that all changes that might affect human participants must be cleared by the GREB. For example you must report changes to the level of risk, applicant characteristics, and implementation of new procedures. To make an amendment, access the application at https://eservices.queensu.ca/romeo_researcher/ and click Events - GREB Amendment to Approved Study Form. These changes will automatically be sent to the Ethics Coordinator, Gail Irving, at the Office of Research Services or irvingg@queensu.ca for further review and clearance by the GREB or GREB Chair.

On behalf of the General Research Ethics Board, I wish you continued success in your research.

Yours sincerely,

John D. Freeman
Ph.D.
Professor and Acting Chair
General Research Ethics Board

cc: Dr. Mark Rosenberg, Faculty Supervisor
   Dr. Mark Rosenberg / Dr. Anne Godlewska, Co-Chairs, Unit REB
   Joan Knox, Dept. Admin.
Appendix B- Letter of Information in English

Seniors within Residential Care Homes

Department of Geography, Queen’s University, Mackintosh-Corry Hall, Kingston, Ontario K7L 3N6, (613) 533-6000 (ext. 75768) e-mail: 12nh12@queensu.ca

Date

Dear Participant:
I am writing to request your participation in the Seniors within Residential Care Homes project, based out of the Department of Geography at Queen’s University.

The importance of the project is that it examines how people living within residential care facilities experience care and services, and if their needs are fulfilled in these institutions. As well, the situation that led to this change in residence. The project focuses on the experiences of individuals who live in facilities with no religious or ethnic ties or facilities created by well-established ethnic and religious groups that target religious or ethnic groups. The primary source of information is interviews.

You are receiving this letter of information because you indicated an interest in participating in this project. Your participation will involve an interview which will last between 30 and 60 minutes conducted by me, Natalia Harhaj, at the time most convenient for you. The decision to participate, along with the nature of the answers, will not impact your standing at the home or quality of care you receive as this interview is confidential. During the interview, you can refuse to answer any question. You may end your participation in the interview at any time without any consequences and your responses to that point will not be used. With your written consent, the interview will be recorded and a translator may be present during the interview. Your name and identifying information will be kept confidential and information from the interview will be kept in a secure location at Queen’s University and will be destroyed following completion of the project. The project has been approved by the Queen’s University General Research Ethics Board.

Responses from the interview with you and other residents will be used to develop a better understanding of the needs and wants associated with living in residential care facilities. A summary of the findings will be made available to the residential care facility in the form of a report, and results will be presented at conferences and published in scientific journals.

If you are willing to participate or if you have any questions, please telephone or e-mail me at the contact information provided at the top of the page. Attached are two copies of an Informed Consent Form, one for you to complete and return at the beginning of the interview and another for your own records. As well, you can contact Dr. Mark Rosenberg, thesis supervisor, (613 533-6046, or mark.rosenberg@queensu.ca) with general questions about the project and Dr. John Freeman, acting chair of the General Research Ethics Board (chair.GREB@queensu.ca or 613-533-6000 ext. 77298) with any concerns about research ethics. I understand that your experiences within the residence and the relocation process may be very personal and sensitive in nature. I appreciate that you have offered to share them with me.

Thank you, sincerely, for your consideration.
Natalia Harhaj, MA Student
Дата:

Шановний учаснику/учаснице:

Я б хотіла попросити Вас про участь у проекті про Пансіони для Сеньорів, здійсненому на географічному факультеті з Queen's University в Kingston.

Проект досліджує як люди, що живуть у пансіонах, думають про опіку та підтримку в цих домах і чи вони є вдоволені і яка ситуація привела до зміни домівки. Цей проект спеціально розрізнює пансіони, що не мають релігійних або етнічних зв'язків і також ті, що мають релігійні або етнічні зв'язки. Джерело інформації для дослідження береться з інтерв'ю з особами, які постійно проживають в цих пансіонах.

Ви отримали цей лист тому, що Ви є зацікавлені брати участь в цьому проекті. Участь у проекті складається з інтерв'ю, яке триває 30 – 60 хвилин і є проведене мною, Наталяю Гаргай, в часі найбільш зручному для Вас. Ваше рішення про участь і відповіді в інтерв'ю не вплине на Ваше положення або якість допомоги в пансіоні тому, що інтерв'ю є секретне. Під час інтерв'ю, Ви можете відмовити відповідати на будь-яке питання. Ви можете закінчити Вашу участь в інтерв'ю в будь-якому моменті без наслідків і Ваші відповіді не будуть використовувані. Ваше ім'я та інформація, яка ідентифікує Вас буде зберігана у таємниці. Також інформація з інтерв'ю буде зберігана в безпечному місці в Queen's University і буде знищена після сім років. Проект був затвердженим через мій університет, Queen’s University General Research Ethics Board.

Відповіді з інтерв'ю з Вами і іншими мешканцями будуть використані з метою, щоб зрозуміти потреби і бажання пов'язані з проживанням у пансіоні. Результати цього проекту будуть відправлені до адміністрації. Результати також будуть представлені на конференціях і опубліковані в наукових журналах.

Якщо Ви хочете взяти участь, або якщо у Вас питання про проект, будь ласка, заарганізуйте або вишліть електронну пошту до мене (інформація зазначена у верхній частині сторінки). Отримуєте дві зшиті копії, одна для Ваших власних записів, а друга щоб Ви заповнили і повернули до мене на початку інтерв'ю. Ви можете звернутися з питаннями до Dr. Mark Rosenberg, науковий керівник, (613 533-6046 або mark.rosenberg@queensu.ca) або до Dr. John Freeman, який виконує обов'язки голови Генеральної Ради Досліджень Етики (chair.GREB@queensu.ca або 613-533-6000 ext. 77298) з усіма питаннями про етики наукових досліджень. Я розумію, що питання інтерв'ю можуть бути дуже особистими і емоційними, за то я щиро дякую Вам за Вашу участь.

Дякую за Ваш час і увагу.
Наталя Гаргай
MA Student
Appendix D- Consent Form for Participants in English

Seniors within Residential Care Homes

Department of Geography, Queen’s University,
Mackintosh-Corry Hall, Kingston, Ontario K7L 3N6,
(613) 533-6000 (ext. 75768) e-mail: 12nh12@queensu.ca

The Seniors within Residential Care Homes project examines how people living within residential care facilities experience care and support in these homes, over the course of their stay. This study is specifically looking at experiences within facilities with no religious or ethnic ties and facilities created by well-established ethnic and religious groups that target religious or ethnic groups. The source of information for the research is taken from interviews with persons who are permanent residents within these facilities. The project has been approved by the Queen's University General Research Ethics Board.

I, ______________________________ (please insert your name) have read the attached Letter of Information and have had all questions answered to my satisfaction, and I agree to participate in an interview under the following conditions:

1) I understand that my involvement in the project consists of a 30-60 minute interview.

2) I understand that the purpose of the project is to examine the range of needs and services required by an individual living within a residential care facility.

3) I understand that my participation is voluntary and I can refuse any question at any time.

4) I understand that I can end my participation in the interview at any time and any information provided by me to the research project will be destroyed.

5) I understand that my name and identifying information including any contextual information or commentary likely to identify me will not be used in any presentation or publication of the research; however, I understand that, given the small size of the residential care facility community, there is the possibility that other members may know about my participation in the project.

6) I understand that all information from the interview will be kept in a secure location restricted to Natalia Harhaj and destroyed after seven years.

7) I understand that I can contact Natalia Harhaj, (613 533-6000 ext. 75768, or 12nh12@queensu.ca) or Dr. Mark Rosenberg, thesis supervisor, (613 533-6046, or mark.rosenberg@queensu.ca) with general questions about the project and Dr. John Freeman, acting chair of the General Research Ethics Board (chair.GREB@queensu.ca or 613-533-6000 ext. 77298) with any concerns about research ethics.

8) I understand that the interview questions may be very personal and sensitive in nature and if I need to talk more about my experiences with a counselor after or during the project, I can contact [name and number of social worker in RCF].

I agree that:

9) This interview may be digitally recorded. Yes _____ No _____

10) My responses in this interview may be used in the
presentation and publication of results with the use of a pseudonym (false name) and without attribution to me personally. Yes _____ No _____

Name: ______________________________
Signature: __________________________
Date: _______________________________
Пансіони для Сеньорів

Department of Geography, Queen’s University,
Mackintosh-Corry Hall, Kingston, Ontario K7L 3N6,
(613) 533-6000 (ext. 75768) e-mail: 12nh12@queensu.ca

Проект про Пансіони для Сеньорів досліджує як люди, що живуть в пансіонах, думають про опіку та підтримку в цих домах. Цей проект спеціально розрізнює пансіони, що не мають релігійні або етнічні зв’язки і також такі, що мають релігійні або етнічні зв’язки. Джерелом інформації для дослідження береться з інтерв’ю з особами, які постійно проживають в цих пансіонах. Проект був затвердженим через мій університет, Queen’s University General Research Ethics Board.

Я, __________________ (будь ласка, напишіть Ваше ім’я) прочитала/прочитав цей лист про проєкт і дістала/дістала відповіді на всі мої запитання, також я згоджуюся брати участь в інтерв’ю за такими умовами:

1) Я розумію, що моя/мій участь у проекті складається з інтерв’ю, яке є 30 – 60 хвилин.
2) Я розумію, що метою проекту є вивчення спектру потреб і послуг сеньорів в пансіонах.
3) Я розумію, що моя/мій участь є добровільним і я можу відмовити відповідати на будь-яке питання в будь-якому часі.
4) Я розумію, що я можу завершити свою участь в інтерв’ю в будь-якому часі і тоді моя інформація буде знищена.
5) Я розумію, що моє ім’я і ідентифікуючої інформації які ідентифікують мене не будуть використовувані в презентації або публікації. Також, я розумію, що пансіон є невеликий і є можливість, що інші члени можуть знати про мою участь у проекті.
6) Я розумію, що вся інформація з інтерв’ю буде зберігатися в безпечному місці через Наталію Гаргай і знищене після п’ятнадцяти років.
7) Я розумію, що я можу сконтактоватися з Наталіюю Гаргай (613 331-2303 або 12nh12@queensu.ca) або з Dr. Mark Rosenberg, науковий керівник, (613 533-6046 або mark.rosenberg@queensu.ca) із загальними питаннями про проект і до Dr. John Freeman, який виконує обов’язки голови Генеральної Ради Досліджень Етики (chair.GREB@queensu.ca або 613-533-6000 ext. 77298) з усіма турботами про етику наукових досліджень.
8) Я розумію, що питання інтерв’ю можуть бути дуже особистими і емоційними, отже, якщо мені потрібно більше поговорити про мої досвіди, я можу сконтактоватися з консультантом після або під час проекту [name and number of social worker in RCF].

Я згідна/згідний це:

9) Це інтерв’ю може бути нагриване. Так _____ Ні _____
10) Мої відповіді в цьому інтерв’ю можуть бути використані у презентації та публікації з використанням псевдоніму
(вигаданого ім'я), без вказівки авторства і для мене особисто. Так _____ Ні _____

Ім'я: ______________________________
Підпис: ______________________________
Дата: ________________________________
Appendix F - Questionnaire in English

Seniors within Residential Care Homes

Department of Geography, Queen’s University,
Mackintosh-Corry Hall, Kingston, Ontario K7L 3N6,
(613) 533-6000 (ext. 75768) e-mail: 12nh12@queensu.ca

Thank you for agreeing to participate in the Seniors within Residential Care Homes Project. I want to begin by asking a few questions about you and the nature and duration of your stay within the Residential Care Facility. Please remember that you do not have to answer any questions that make you uncomfortable. You can stop the interview at any time. The interview will begin only after you have had the chance to read and sign the informed consent form and any questions or concerns about the research project have been addressed.

Part A: Demographic information

1) What is your age?

2) What is your current marital status?

<table>
<thead>
<tr>
<th>Married</th>
<th>Common Law</th>
<th>Widowed</th>
<th>Separated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divorced</td>
<td>Single</td>
<td>Never Married</td>
<td></td>
</tr>
</tbody>
</table>

3) What is your highest level of education?

| Less than secondary school | Secondary school graduation |
| Post-secondary education | Graduate or post-graduate |

4) What was your occupation?

5) Do you have any children and/or grandchildren? If yes, how many?

Part B: Previous Residence Information

6) Now we will talk about your previous home, the one you lived in prior to moving to this facility. What type of place was it? And with whom did you live?
7) Thinking back to your last home, did you receive or provide any form of care or support?

8) Thinking back to where you lived in the community, what neighbourhood was it and/or where was your home located?

9) While you lived in the neighbourhood, were you involved in your local community? If yes, how so?

10) What made you move from that location?

Part C: Residential Care Facility (RCF)

11) Now I would like to discuss your experience living within the RCF. How long have you lived here?

12) Why did you choose this specific RCF?

13) Do you receive any care or help? If yes, what kind of care do you receive on a weekly basis?

14) What types of activities do you participate in over the course of a week?  
a) Are there any activities that take place outside of the facility?

15) Tell me what you like and what you don’t like about the facility.

16) With all things considered, how would you rate your satisfaction?  
Very Satisfied       Slightly Satisfied       Neutral/Fine       Slightly Unsatisfied       Very Unsatisfied
17) Do you have any suggestions for ways of improving the facility for everyone who lives here?

**Part D: Final Questions**

18) When thinking about all your experiences, is there anything else that you would like to add as a way of better understanding life in a RCF?

19) A summary of the findings will be sent to the facility; do you want to receive your own copy?

20) Do you have any questions for me?

Thank you for your time and consideration.
Appendix G- Questionnaire in Ukrainian

Пансіони для Сеньорів

Department of Geography, Queen’s University,
Mackintosh-Corry Hall, Kingston, Ontario K7L 3N6,
(613) 533-6000 (ext. 75768) e-mail: 12nh12@queensu.ca

Дякую за Вашу участь в проекті про Пансіони для Сеньорів. У мене є кілька питань про Ваше перебування в Пансіоні Івана Франка. Будь ласка, пам'ятайте, що Вам не треба відповідати на незручне питання. Також Ви можете зупинити інтерв'ю в будь-якому моменті. Інтерв'ю почнеться після того, як Ви прочитате і підпишете форму згоди та питання або сумніви з приводу проекту були вирішени.

Розділ А: Демографічна інформація

21) Вік-

22) Сімейне становище-

<table>
<thead>
<tr>
<th>Заміжня/ вдова вдовець</th>
<th>Розведена/ розведений</th>
<th>Незамужня/ нежонатий</th>
</tr>
</thead>
<tbody>
<tr>
<td>одружений</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23) Рівень освіти-

<table>
<thead>
<tr>
<th>Не закінчили середню школу</th>
<th>Закінчили середню школу</th>
</tr>
</thead>
<tbody>
<tr>
<td>Університет або коледж</td>
<td>Ступінь магістра або доктората</td>
</tr>
</tbody>
</table>

24) Професія-

25) Чи є у Вас діти та онуки? Як так, то скільки?

Розділ Б: Інформація про попередню домівку
26) Тепер поговоримо про Вашу попередню домівку, там де Ви мешкали перед тим, як Ви прийшли до пансіону Івана Франка. В якій домівці Ви мешкали? І з ким Ви жили?

27) Згадуючи про Вашу останню домівку, чи Ви отримали від бу́ть-кого або передавали бу́ть-кому будь-яку форму допомоги або підтримки?

28) В якому районі була Ваша домівка?

29) У той час, як Ви жили в тому районі, чи Ви брали участь у місцевому співтоваристві? Якщо так, що Ви робили?

30) Що змусило Вас переміщатися від цього місця?

Розділ В: Пансіон Івана Франка

31) Тепер я б хотіла обговорити Ваш досвід про життя в пансіоні. Коли Ви тут прийшли жити?

32) Чому Ви вибрали цеї пансіон?

33) Чи Ви отримуєте допомогу? Якщо так, то яку допомогу Ви отримуєте щотижня?

34) В яких видах діяльності Ви берете участь протягом тижня? 
   b) Чи є якісь діяльності, які проводяться за межами пансіону?

35) Скажіть, що Вам подобається і що Вам не подобається у цьому пансіоні?
36) З урахуванням всіх обставин, як би Ви оцінили Ваше задоволення?

Дуже задоволені  Задоволені  Нейтрально  Незадоволені

Дуже незадоволені

37) Чи є у Вас пропозиції, як вдосконалити пансіон для всіх хто тут живуть?

Розділ Г: Прикінцеві питання

38) Коли Ви думаете про всі Ваші переживання, чи є щось що Ви б хотіли додати, щоб я могла краще зрозуміти Ваше життя в пансіоні?

39) Результати цього проекту будуть відправлені до адміністрації, чи Ви хочете отримати свою власну копію?

40) Чи є у Вас питання?

Дякую за Ваш час і увагу.