

# DIVERSITY AND COHESION

The integration of elderly immigrants in long-term care,  
Helsinki- Finland

Celine Seh Tassi Yunga

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Diaconia University of Applied Sciences

Diak-South, Järvenpää unit

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## ABSTRACT

Aging in a new country is quite challenging; immigrants have to cope with maintaining their culture and also adapting to the culture of the host society. For some, this transition is easy to achieve, while for others, especially those who migrated in their late adulthood, it is not an easy obstacle to overcome. Although Finland is a new country in terms of migration compared to other European countries, there are still a considerable number of immigrants living in Finland, with the vast majority in the Helsinki area. As the number of immigrants increases, so thus their ages, unfortunately very little information is available about the aging immigrant population in Finland. This study is aim at raising the awareness of immigrants' perception of elderly care, enumerating immigrants' concerns about institutional care and rraising the awareness of health care planners and providers of the particular needs of elderly immigrants.

The methodology employed was qualitative, by means of semi structured interviews. Two groups of interviews were carried out with 16 respondents. The interviews included a selected group of 8 nursing homes workers, who were selected based on multicultural background, length of working period (at least 3years) in institutional care units in Helsinki area. The focus group interviews were carried out with a homogenous (culture, ethnic, religion) group of 8 active elderly immigrants aged 50 and above living with family members.

The results revealed that, the elderly immigrants prefer homecare and care giving from family members than in institutional care homes. Cultural identity issues, communication barriers and religious issues were identified as possible challenges for the integration of elderly immigrants into long-term care.

Finally the health care services provided to the elderly immigrants should be culturally and linguistically adjusted, based on a client-centeredness approach. Thus, emphasizing the need for cultural competence on the part of healthcare and social service providers.

Keywords: Diversity, integration, elderly immigrants, long-term care.

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## 1 INTRODUCTION

The glaring outcome of economic growth and societal modernization process is visible in the international migration of people and thus ageing. Despite the fact that this phenomenon has influence the international population at different levels, its implications are thus clear: (1) the number of older people who have been international migrants and have cultural differences from the host population have grown and will undoubtedly increase during the coming decades; and (2) there is thus an increase in the need for, understanding and practically responding to the problems and structured disadvantages of older migrants in host societies (Warnes et al, 2004).

In the European context with Finland being no exception, data about the different elderly migrant groups is scarce since the focus of public policies has been predominantly on young migrants as workers, refugees and asylum seekers (Warnes et al, 2004).

In defining the concept of elderly immigrant, Ronström (1996), noted that the mark 'elderly immigrant' is a label since neither 'elder' nor 'immigrant' is adequately accurate (cited in Torres, 2006). It is therefore vital to note that, not all elderly immigrants are the same. Elderly migrants are thus an extremely heterogeneous group in social, cultural and economic terms. However, while some migrated especially to Europe as labour migrants in their youth or early adulthood and have aged as ethnic 'Others', some also came as elders and have been labelled 'othered' primarily on the basis of their advanced age.

Diversity and cohesion therefore, is about understanding each other and moving beyond simple tolerance to accepting and celebrating the rich extent of multiplicity contained within each individual. Acceptance of diversity and the interaction between cultures encourage pleasant relations between people, enrich their lives and provide them with creativity to respond to new challenges. It is not the denial, but rather, the recognition of differences that keeps a community together. Without a respect for differences, communities may turn to themselves, eventually leading to their breakup, decline or

disappearance, which may also result in an identity loss and provoke aggression towards others.

## 1.1 Aims and research question

The aim of the research is to make a contextual analysis of the growing and aging number of immigrants in the Finnish society, especially the Helsinki metropolitan area, with the purpose of:

- Raising the awareness of immigrants' perception of elderly care,
- Enumerating immigrants' concerns about institutional care,
- Raising the awareness of elderly-care planners and providers of the Particular needs of elderly immigrants.

The immigrant elderly in this context refers to those immigrants who were born and have aged in Finland, those who migrated to Finland as adults and those whose citizenship is granted due to family ties. Most importantly, I will pay attention to the immigrants whose religion and culture draw attention to diversity in the Finnish society.

My inspirations of the chosen field and topic is motivated by my particular interest in the wellbeing of elderly and have worked in elderly care centers and have acquired placement experiences working with both Finnish and immigrant elderly. Finally, the public agenda created by the media of the integration of certain Russian and Egyptian mothers whose children live in Finland also motivated my interest in this topic. Based on the above viewpoint and observations the research questions of this thesis work are:

1. What are the future challenges for the integration of elderly immigrant into long-term care?
2. What are immigrants' perceptions of elderly care?

## 2 DEFINITIONS OF CONCEPTS

### 2.1 Integration

The concept integration is generally referred to a process whereby, different elements are related to another in order to form a new structure and can also be related to a process of maintaining or improving relations within a system or structure. However, in sociological context, integration is viewed as steady, cooperative relations within a social system. This sociological theory of social system also involves concepts such as: system integration and social integration.

Furthermore, while system integration is referred to the outcome of the functioning of institutions, organisations and mechanisms, which includes the legal system, the state, markets and corporate actors. Social integration on the other hand looks at the inclusion of individuals in a system, especially in peoples attitude towards the society and how relationships are created by people in a society. Some researchers have argued that, in order to better understand the integration of immigrants in host societies, it is important to analyse integration in cases of social integration, which includes: structural integration, interactive integration, cultural integration and identification integration. (Heckmann & Schnapper, 2003.)

Structural integration focuses to the achievement of rights and the access to status and position in the core institutions of the host society. These include education and qualification systems, the economy and labour market, citizenship, the housing system, and health care system. Access to these system does not only improve the socioeconomic status of immigrants in host society, it also pave the way for influencing the political system, since the immigrants thus consist of a group that can easily be ignored by politicians.

Identification integration involves the willingness and choice of the immigrants to take part without identifying to the main institutions and to develop a feeling of belonging to

the host society. Indicators of identification integration includes: immigrant identification with and the feeling of belonging to a group within the host society.

Cultural integration: The acquisition of competences of the culture of the host society is very essential for immigrant systemization in that society. In this respect, the immigrants have to learn the language, culture and values of the host society. It is also important to note that this interaction is also a mutual process involving not only the immigrant, but also the host society has to learn to accommodate and adapt to this diversity.

Interactive integration refers to the core elements of cultural integration, above all communicative competencies. Interactive integration also involves incorporation into primary relationships and social network of the host society by the immigrants, which is of vital importance to the immigrants in acquiring the social and cultural capital necessary for competing in the institutions of the settlement society.

## 2.2 Long-term care

Long-term care usually refers to a series of services offered to people with disability or a chronic illness over a long period of time, which include medical and non -medical care. The care which can be provided in the community, at home, in nursing homes or in assisted living is usually intended to help meet personal or health care needs.

## 2.3 Elderly immigrants

The concept older persons and/or “elderly” are synonymously used and with the age connotation based on specific context and time. While in most western countries the acceptable chronological age is 65 years for an older person, 50 or 55 years is the accepted age referring to elderly persons in developing countries like Africa. Different groups of elderly immigrants have being identified, which includes: immigrants who



migrated as labour migrants in their youth or early adulthood and have aged in the host society, immigrants who migrated in their late adulthood and have gained legal status either due to family ties or for humanitarian reasons.

### 3 HEALTH AND SOCIAL CARE SERVICES FOR OLDER PEOPLE

In Finland the health and social care department is responsible for providing services for older people such as: mixed-type services, long-term institutional care and non-institutional services (home-help services and home nursing) .Long term care for the aged is offered in sheltered homes, in the inpatient wards of health centres, institutions for older people and through home care (Table1) (Salonen& Haverinen, 2003)

Although the laws guiding the arrangement of services are carried out at national level, every municipality has the responsibility of maintaining the functional capacity and provide rehabilitation of the aged people within its jurisdiction. This is made possible in collaboration with the municipality's health care service and social organizations. Moreover, the municipalities can also buy these services from public or private service providers or give service vouchers to clients to buy private services. (Primary Health Care Act 66/1972 & the Social Welfare Act 710/1982.)

According to section 19 of the Finnish constitution, which includes the right to social security, every citizen or permanently residence in Finland (who cannot self-afford a dignified life) is provided with adequate social, health and medical services by the public authorities. This thus implies that immigrants who fulfill the above criteria are also eligible for these services. These services provided to the elderly people, are enlisted by the municipal authorities in collaboration with the client and client family members, in a personal service and care plan, based on individual assessment of needs. (Ministry of Social Affairs and Health, 2001a)

With reference to finance, the main source for financing of health care and social welfare is 70% from municipal tax revenue, 20% from state subsidies and only 10% contributed by the client of the total cost of the services . For persons receiving home nursing, a monthly charge can be applied, which is based on personal and joined family income of the client, family size, the quantity and quality of services required. As regards to older person receiving residential home services, the client fees account for proximately one fifth of the total expenditure. (Salonen& Haverinen, 2003.)

Furthermore, in Finland family members who are caregivers also act as a source of support and assistance to older people. The care giver also receive support in terms of payment and/ or by arranging different health and social welfare services that support the specific care .Family carers are further entitle to support services such as pension credits, days off (substituted by municipalities assigned carers) as well as vacation.

Table 1: Long-term care options for older people

Intensive institutional care	Long-term hospitalization
	Nursing homes
Less intensive institutional care	Residential homes
	Short stay or respite care
	Sheltered housing
Community services	Day centers
	Nurse visits
Family support	Home help
	Cash benefit for carers
	Support groups for carers

Source: Peter Lloyd-Sherlock, 2005

## 4 THEORETICAL FRAME WORK

The migration of people from one country to another has its impact on both the size and composition of the host society. In addition, not only do the migrants have to adapt to the indigenous population (and their institutions), so does the host society have to adapt to the diversity that come along with migration. In the course of interpreting this phenomenon, social science has coined different concepts to refer to it namely: assimilation, incorporation, acculturation, absorption, multiculturalism and integration.

This chapter looks at the different models of integration of immigrants in host societies and the challenges they face in the course of integrating in the different settlement societies in Europe. With reference to the fact that there is no statistics about elderly immigrants' population in Finland, this chapter further looks at the general trends of migration in Finland to highlight the aspect of diversity in Finland. Concepts such as assimilation, integration, exclusion, multiculturalism are examined.

Castles and Miller (1998) have noticed that, political, social, economic and cultural changes always influence the design and implementation of migration policies within a specific context. These changes according to Healey (2010) are a result of highly complex processes of societal disintegrations and reintegration, affecting the lives of all people no matter their nationality or ethnic origins. Migration historically has been the process by which different ethnic, cultural, language, religious groups have come into contact and thus presented both migrants and host communities with many challenges. In the present-day era of globalization, the likelihood for such mixing has reached outstanding height to the extent that the challenges of coping with diversity are increasing and will further increase. Migrants are often perceived as the "other" and regarded with suspicion by receiving communities, at least during the initial period of settlement (Healey 2010, 151).

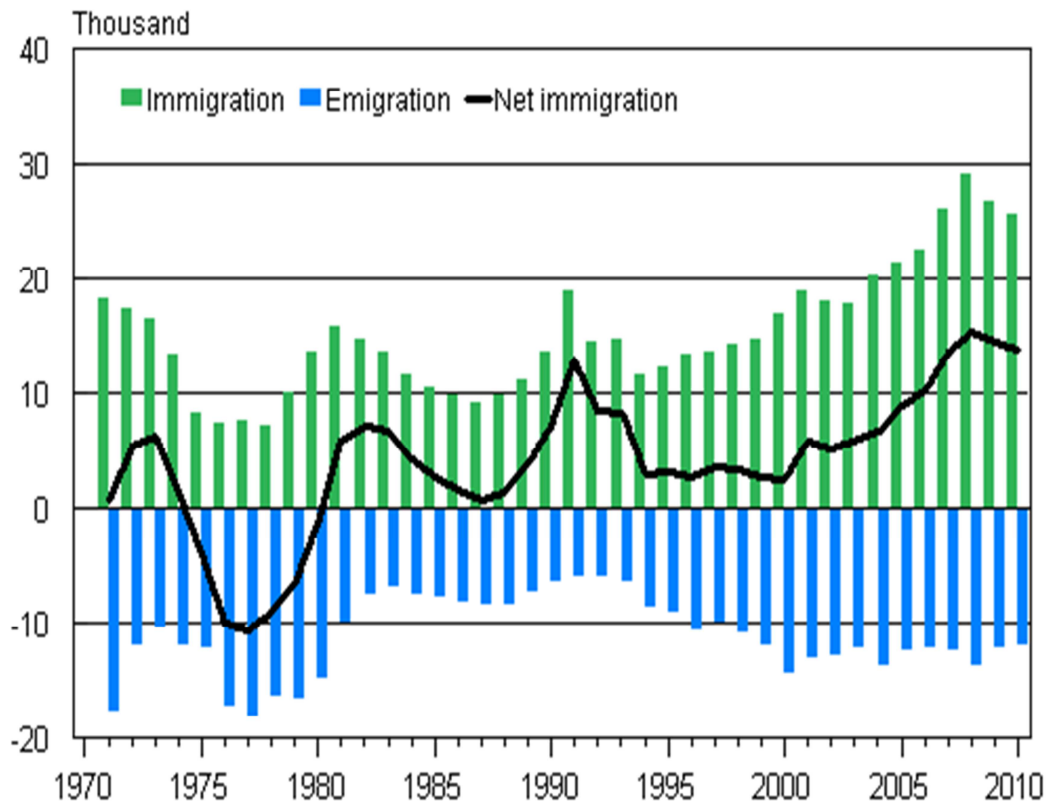
Furthermore, much of the debate and problems linked with modern migration is associated with the above mentioned issues. Castles and Miller (2003, 14) have also identified two innermost global issues, which have arisen from the mass population movements of the modern era which includes the regulation of international migration

on the one hand and its effects on increasing ethnic diversity on the other. Before going deep into reviewing literatures on integration, it is necessary to go back to the history of migration in Finland from the 1920s till present date.

#### 4.1 History of migration in Finland

Finland was an emigration country from the 17th century onwards (Tanner 2004). Between 1860 and 1920 around 300,000 Finns emigrated to the USA and Canada (Martikainen 2004, 193). After the Second World War emigration resumed (Heikkilä & Peltonen 2002) and many Finns left the country, particularly for Sweden in the 1960s and 1970s as workers during which some 500,000 of them have stayed (Martikainen 2004, 118). However, since the beginning of the 1980s, Finland has received more immigrants than emigrants have left the country. Looking at the table below, the percentage of immigrants in the total population was still low in the mid-1980s, only one percent but since then the number of resident immigrants has grown significantly, yet ranking Finland, especially in the European context, a relatively recent immigration country.

Figure1: Immigration, emigration and net immigration in 1971–2010



Source: Population and Cause of Death Statistics. Statistics Finland

In the recent immigration movement, the return migrants from the former Soviet Union are thus a significant part of the ‘supply driven’ immigration. Another significant part of such immigration is refugees and asylum seekers. Since 1990 Finland has received Somalis, thousands of Kurds from the Middle East and thousands of refugees fleeing from the Balkan conflicts.

The government usually fills the refugee quota through selecting vulnerable refugees from the region’s refugee camps. Chileans benefitted from such a quota in the 1970s,

Vietnamese in the 1980s and people from the Middle East's most conflict-torn areas, and Bosnia and Albania in the 1990s (Tanner 2011).

In the period 1990–1999, the Finnish government also encourages the asylum application, during which 18,292 applications were received and 6,574 people were granted some type of residence permit. In the period 2000–2005 these numbers were 18,920 and 3,762 respectively (Finnish immigration service). The trend has thus been an increase in applications (towards some 3,000 annually) and a decrease in 'favorable decisions' (towards some 600 annually). Countries of origin of applicants are diverse, but Finland received many from the Caucasus area of the former Soviet Union, the Horn of Africa and recently from Kosovo, Albanians and Roma people from Eastern Europe. Finland received over 10,000 asylum applications from the former Soviet Union and Russia between 1990 and September 2010 (Tanner 2011.)

Furthermore, immigration for family reasons (family reunion and new marriages) has gained importance in the course of time, currently being the major entrance title ranging between 2,000 and 3,000 annually (Government Report 2002, 7). According to Tanner (2004) and as shown in Table 2 below, Finland has also admitted in recent years tens of thousands of labor migrants who have first secured job contracts with Finnish employers. The newest Aliens Law of 2004 maintains the authority of offices of the Ministry of Labor over case-by-case evaluations of candidates' credentials, and the Ministry's recommendations depend on the labor market's needs. The Directorate of Immigration (under the Ministry of the Interior) then makes the ultimate decision. Registered students are now subject to a lighter process, and basically need only a temporary residence permits" (Tanner 2004, 3.)

Table 1. Residence Permit Decisions, 2010

Grounds for Application	Positive	Negative	Total
Employment	2987	865	3852
Self-employment	43	35	78
Persons of Finnish origin	494	276	770
Students	4490	505	4995
Other grounds	2649	218	2867
Family tie, marriage etc.	1754	540	2294
Family tie, children	2720	589	3309
Family tie, others	242	788	1030
Family members of Finnish citizens	943	182	1125
Total	16322	3998	20320

*Source:* Finnish Immigration Service.

Newly published statistics (Helsinki times, July 2009) and as showed in figure 1, Finland experienced record immigration levels in 2008. According to the national statistics agency, 29,100 people immigrated to Finland from foreign countries during 2008, while 13,650 people emigrated from the country. The net gain of 15,450 is the highest since the end of the Second World War.

In addition, the majority of immigrants have arrived from other European countries, mainly from the EU states. Regarding other continents, 2,258 people from Africa, 1,156 from North America, 5,384 from Asia, 303 from Oceania and 469 from South America last year moved to these shores. The largest numbers of people move here for work reasons. Finnish Immigration Service statistics show that residence permits were granted to 5,930 people on work-related grounds in 2009 (Statistics Finland, 2010.)



## 4.2 Models of integration of immigrants

The word inclusion refers to the process by which immigrants are incorporated into the receiving society. Governments have responded to the issue of integration of migrants in a variety of ways and there are various frameworks available to consider these approaches. Castles and Miller (1998) mentioned that it is necessary in examining the incorporation of migrants to consider not only government policies but also a range of social processes such as incorporation into social, economic and political structures; the degree and nature of migrant participation in societal institutions and the emergence of various forms of inequality. (Castles and Miller 1998, 247-250.)

Castle and Miller (1998) further identified four possible approaches to migrant integration, which included assimilation, integration, multiculturalism and exclusion.

Assimilation is often referred to incorporation of migrants into society through a one-sided process of adaptation in which migrants are expected to give up distinctive linguistic, cultural and social characteristics and become identical to the majority population (Castles 1998, 247.) This approach was dominant in the countries that experienced mass migration in the early postwar years and is inherent in human capital approaches to migration which imply that the State should leave all matters relating to migration to market system (Castles 1998, 248). Assimilation was seen as either a policy or analytical concept of the 1960s (Freeman 2004, 946; Zolberg 1997, 150). However, some commentators (Freeman 2004) have suggested that there is a need to reconsider the “assimilationist” model properly modified to account for the contemporary era, while others have detected evidence of a return to assimilation policies in Western democracies (Brubaker 2003; Freeman 2004, 946).

Integration has being referred to a “process of mutual accommodation involving immigrants and the majority population” (Castles 1998, 248). Immigrants are expected to cease over time to be distinctive in culture and behavior but there is also some adaptation on the part of the host society. Castles (1998, 248) shows that Australia,

Canada and the United States have adopted aspects of this approach in the period after assimilation approaches were rejected.

Exclusion on its part refers to where immigrants are incorporated legally and /or informally into some areas of society (especially the labor market) but not others such as the welfare system, political participation and citizenship (Castles 1998, 248). Germany and other European former guest worker countries have been examples of such approaches.

Another important model is multiculturalism which is often highlighted in contemporary debates and discussions of diversity. Though this concept has taken various shapes in different societies, it refers to the development of immigrant populations into ethnic communities that remain distinguishable from the majority population with regard to language, culture, social behavior etc, whereby immigrants are approved with relatively equal rights. As Castles (1998, 248), (cited in Castles & Miller1998) points out, “it implies the willingness of the majority group to accept or even welcome cultural differences and adapt institutions accordingly”.

In addition to the above mentioned models, other structures have been proposed for examining the incorporation of immigrant groups in destination societies. Soysal (1994) identifies models of migrant membership in the receiving state. On his part, he sighted firstly, the corporist model where migrants are incorporated as groups in structures sponsored by the State and where central authority is quite strong as is exemplified by Scandinavian countries.

Secondly, the liberal model whereby, migrants are incorporated as individuals mainly in the labor market, with a weak Central authority and stronger local level initiatives. The UK and Switzerland are examples. The statist is another model sited, where migrants are incorporated as individuals that hold on to a set of civic rules at state level as exemplified by France.

The forth model highlighted by Soysal (1994), is the fragmented model where migrants are partially incorporated into the labor market but the dominance of ancient groups

such as clan, family, church, etc. do not create any opportunities for other types of participation, examples of which are the Gulf countries and Japan.

From an analysis of each of these approaches in a number of countries Castles (1998, 263) has drawn five conclusions that, policies of temporary labor migration recruitment almost certainly lead to permanent settlement and the formation of ethnic groups. The character of ethnic groups is shaped by what the State does in the early stages of migration. Ethnic groups established by migration need their own associations, social networks, languages and culture. Successful integration requires active policies emanating from the State including settlement services, help in finding work, language training etc, thereby requesting the need of the State to introduce regulation for removing barriers that prevent the full participation of migrants in society (Castles, 1998.)

Castles (1998) further concluded that, multicultural policies constitute the best path toward migrant integration. However, he identifies the fact that it would be difficult for the new migration countries in Europe and Asia to adopt this policy and would further be made extremely difficult by the development of racist violence and the mobilization of the extreme right anti-migration forces.

#### 4.3 Challenges to integration of immigrants

The integration of migrants into destination societies and economies is an issue of significant and increasing public policy significance. It impacts across crucial national issues such as the maintenance and evolution of national identity, national sovereignty, political institutions, labor and housing markets, social welfare, security and education. Inclusion of migrants into the mainstream in these areas within destination countries can be hindered by:

Firstly, there is often the host populations' Perception, of the unwillingness of immigrants, to embrace aspects of the mainstream society. This can be worsened by immigrants living together in spatially concentrated ethnic communities. However, research carried out by Molina (1997) cited in( Heckmann & Schnapper 2003) on the

latter has indicated that, such communities can be highly effective in assisting newcomers economically and also foster their transition from origin to host society in a relatively trouble-free and efficient way without and at thereby reducing costs on government and community support systems.

Secondly, the exclusionist elements in social, education and other policies, which unfairly exclude immigrants from access to health, education and social security systems is also a factor.

Thirdly, elements within labor markets, which discriminate against immigrants by non-recognition of qualifications, exclusion from some jobs on the basis of background rather than qualifications or proven ability and experience Citizenship and residency qualification guidelines that restrict access of immigrants and their children (and subsequent generations), are possible hindrances.

Fourthly, racism and racial harassment cannot only be enormously distressing for immigrants but it can also be a substantial barrier to them adjusting to the host society. More so, immigrant groups' cultural and linguistic rights are not recognized in some host societies. These rights which can be seen by some destination groups as divisive, separate and "other" are also essential to the cohesiveness and meaningfulness of the lives of immigrants, the experience in countries like the United States, Canada and Australia has proven that multicultural and multilingual diversity can be both culturally enriching and economically beneficial to host nations. It is a well-established fact that negative, ethnic prejudices are quite strong among native Europeans ( Brika, Lemaine & Jackson, 1997) but it is known that other vulnerable groups, e.g. unemployed people, are also the subject of negative popular images (Fridberg & Ploug, 2000).

Furthermore, the reluctance to allow migration and settlement is often based on a general misunderstanding of migration trends. One of the most abiding fears expressed in destination countries is that migrant workers will take jobs away from nationals.

However, it is clear that this is not necessarily the case for a number of reasons. The first is that migrants are usually brought in to fill gaps in the local labor market (Healey 2010). These could be skill gaps, which the local training/education system has been

unable to fill, or they could be low status, low paid jobs that locals are unwilling to fill. Migrant workers are rarely encouraged to enter situations to compete directly with local workers. As such, the workers often can create more jobs by contributing to the economic growth of the destination country. Indeed, thorough research on the impacts of immigration on developmental in traditional immigration nations has shown that the impact of immigration on jobs for local populations is at worst kind and at best it creates jobs (Healey 2010.)

## 5 METHODOLOGY

Sarantakos (1998) views methodology as being “identical to a research model employed by a researcher in a particular project, including basic knowledge related to the subject and research methods in question and the framework employed in a particular context” (Sarantakos 1998). In the case of this research, the contact method was personal interviews which helped the researcher to guide the interviews, explore issues the situation requires. This method was chosen because personal interview can be used in any type of questionnaire and can be conducted rather fast.

### 5.1 Data collection methods and procedures

The study plan marked the type of method to be used. In this study, different data collection methods were used. Though most of the data was collected using a qualitative method, some of the questions were more or less quantitative and close-ended. The intention of using both open-ended and close-ended questions was for complementary and informational reasons to help foster the development of the research (Strauss & Corbin 1998, 34).

More so, the qualitative methodology of data collection used, was based on the theoretical assumption of the interpretative pattern. The choice of qualitative method was necessary because qualitative research enables researcher to attempt to understand meaning that people give to their deeds or social phenomena. The first part of the data collection was done through selective individual interviews with workers in long- term care units in nursing homes including practical nurses, social worker and sociologists. The aim was to recruit information-rich participants for the study (discriminate sampling) (Strauss & Corbin 1998, 211). The second data collection process was carried out by means of a focus group interview with the intention of gathering a more diverse perspective. In both interviews, detailed information about the study was distributed prior to data collection and verbal consent to participate was obtained from all participants.

## 5.2 Qualitative selective interviews

According to Stern (1980) a qualitative method of data collection can be used to explore substantive area which little is known or about much is known to gain fresh understandings. Qualitative interview is also good at bringing out elaborate details about phenomena such as thought processes, feelings and emotions that can be difficult to obtain through other conventional data collection methods, (cited in Strauss & Corbin 1998, 11.)

As complimented above, the first part of the qualitative interview was carried out selectively. The participants were selected based on three different categories such as: 1) Being a ``Keikkalainen`` or ``Varahenkilö`` (freelance worker or reserve worker respectively), 2) Must have provided elderly care services for at least two years and 3) is a foreigner or has multicultural experience. Keikkalainen or Varahenkilö refers to special group of workers with a contract that gives them the possibility to work in different wards within nursing homes. This is intended to provide more focus but diverse perspective of the subject matter and at the same time reducing the risk of bias or favouritism. The respondents were pre-informed of the interview and individual dates were scheduled to suit both parties according to their work schedule. During this research process and as shown in Table 2 below, eight elderly care workers were interviewed, consisting of one male, seven female and one Finnish worker.

## 5.3 Focus group interviews

Focus groups interviews are more structured small group interviews. The participants are called focus group in two ways. Firstly, because the respondents are similar in one way or the other, (culture, region, elderly or local official as a group). Secondly, the purpose of the interview is to gather information about a particular topic, which enables the development of a broader and deeper understanding rather than a quantitative summary. In this research, as highlighted in Table 3 below, the focus group consisted of eight elderly male immigrants aged between 50 to 70 years old who share similar culture and region. The respondents consisted of elderly immigrants (living with family

members) who migrated to Finland in their late adulthood for humanitarian reasons and for the purpose of family ties. Although the respondents have different arrival period in Finland, their general period of stay in Finland ranges from 5 to 20 years.

The interview lasted for one hour excluding an additional one hour time spent with the respondents before the interview. The respondents were chosen based on the researcher's networking and were informed on the date and time by one of their elite. Before the interview, the researcher joined the group 90 minutes before the scheduled time and participated in the respondent language lessons of the day. This was done with the main aim of enabling an acceptable, comfortable environment prior to the proper interview and to carry out observational analysis of the group dynamics. This pre-interview time mentioned above helped the researcher in easily identifying the dominant and dormant group members and further helped in creating a more inclusive participation during the interview.

For ethical considerations, the participants were informed of the purpose of the research and how the information will be used. The data was recorded and later transcribed. This process of recording the information helped the researcher to fully participate in the conversation flow and also helped the researcher to take note of non-verbal gestures expressing feelings which otherwise could not be recorded using an audio recorder. The questions, which were presented by the researcher in English, were translated to the rest of the participants in their native language and the responses were also transmitted to the researcher in English language by two translators who were also active participants of the group. In order to get a wider view about immigrant perceptions of elderly care in general, semi-structured interviews were conducted with the group members. This type of interview has proven to be a successful data collection method in other studies of migrants (Asanin and Wilson, 2008)



Table 2: characteristic of the data collection

Method of data collection	Individual interviews	Focus group interview
Number of interviewees	8 care workers	8 elderly immigrants
Duration of interview	45 mins each	Two hours
Age range	28 – 35 years old	50 -70 years old
Gender	7 female, 1 male	8 male
Nationality	Heterogeneous/ Diverse	Homogeneous

## 6 ANALYSIS OF DATA

The data collected was later examined by an approach known as microanalysis in order to generate initial categories including different properties, dimensions and also to suggest relationships among the different subcategories. (Strauss & Corbin 1998). Tools such as comparisons and conceptualizing were utilised to facilitate data analysis. Though the concept of microanalysis is usually referred to line-by-line analysis of documented material, in this research it was used to analyse paragraphs of statements made by the respondents, especially of information recorded during the interviewing process.

At the end of every interview, the information recorded was transcribed within a short period of time with the intention of not missing out any non-verbal clues to match with the recorded data. The researcher also scanned through personal memo looking for potential, relevant information and as complimented by Strauss and Corbin (1998), this method of analysis helps researchers to “systematically” discover significant dimensions, relate categories and subcategories and to expose the more delicate aspects of causality. (Strauss & Corbin 1998, 7.)

### 6.1 Conceptualizing

The data that was collected was further broken down into discrete incidents, ideas, events and various names were given to it. This method was highly used in analysing the information received from the focus group, since the translator was in most cases translating individual views. In addition, the concepts came about as a result of some of the imagery that was evoked in the mind of the researcher during the comparison and in most cases, the respondents vividly voiced it out during interview, an act otherwise termed “in vivo codes” by Glaser and Strauss (1976) cited in (Strauss & Corbin, 1998, 167).

## 6.2 Comparisons

Another microanalysis tool employed to facilitate coding process was the use of comparisons. The responses of different respondents to specific questions were compared to bring out their differences and similarities for further classification.

However, it is important to note that, the comparison in this research was not based on the number of individuals who revealed a particular concept but rather in how often a particular concept occurred and what it looked like under different circumstances. For instance, responses of the respondents (focus group and selective group) about the perception of elderly care were compared to bring out their similarities and differences.

## 7 ETHICAL CONSIDERATION AND CHALLENGES ENCOUNTERED

According to Mason (1996) cited in (Silverman2005), It is very important to examine at the problem formulating stage, the effects of ethical issues on the study population and how to overcome ethical problems. Mason (1996), further mentioned that, it is unethical in every discipline to gather information from participants without their approval and their expressed willingness and informed consent. `` Informed consent'' according to Mason implies that participants are made adequately aware of the type of information a researcher wants the participants, the reason for the information required and purpose it will serve, how they are expected to participate in the study, and how it will directly or indirectly affect them. (Silverman 2005, 257-258.)

As highlighted above, in the case of this research, the researcher made several contact sessions with the participants especially the focus group, prior to the scheduled date of the interview. Bearing in mind how important it is that the consent should be voluntary and without pressure of any kind, the participants of the individual interviews were also voluntarily selected.

Finally, this thesis work was approved by the researcher's school (Diaconia University of Applied Science, Järvenpää -unit). Being a part time health worker, the researcher was also binding to the Finish Act on primary home care. Section 13g clearly states the rights and limitation of the health care workers, especially to maintain the confidentiality of information on clients register except for the purpose organizing or delivering health care or medical care for the patient. (Primary Health Care Act 1429/2004).

The researcher also encountered a few challenges, which includes language barrier and gender inequality during data collection. Language barrier affected the flow of the data collected as most of the participants, especially the focus group participants, spoke only their native language. Though there were two interpreters available, direct and individual experiences which could have enhance the data collection were lacking.

Another challenge, which could also be considered as a limitation of the research was the imbalance of gender of the participants. Though looking at the general number of interviews, especially the focus group interview, it was difficult for the researcher to

contact female respondents who share similar characteristics with the focus group participants. As regards the individual interviews, it was quite easy to contact the female respondents as more female workers were available than men. The later statement further enhances previous researches carried out by Johansson and Anderson on healthcare in the Scandinavian, which shows that there are more women in caring professions than men (Johansson & Andersson, 2007).

## 8 FINDINGS

The views of the different groups interviewed were analyzed by comparing their responses based on different issues directly highlighted during the interview or obtained during the categorization process. Though some of the responses were similar in both groups interviewed, there were also some disparities, especially with regards to who is to provide and receive support or care and knowledge of long-term care. Issues such as cultural differences, religion, and language or communication barriers in long – term units were identified as possible future challenges for the integration of elderly immigrants in long-term care.

### 8.1 Immigrants' perception of elderly care

According to most of the interviewees (focus group), they would rather prefer to be taken care of by their family members than to be cared for in a nursing home. The social relations of the elderly immigrants are highly valued at every stage of their life and most especially as they get older.

...my family is me and I am my family, my brothers and sister, children, wife and grandchildren are very important to me....they are there for you in good and bad times. As you support them, so too they will remember you when you get old or sick and will take good care of you.

(Focus group respondent)

According to Lloyd-Sherlock (2010, 117) social relations refer to “informal social” protections, implying any “action that reduces vulnerability and risk deprivation. Referring to social protection, Lloyd-Sherlock further distinguishes three forms of support which are of very important for different aspects of wellbeing in latter life, namely :( 1) instrumental support; referring to providing general assistance of daily living (ADL) such as eating and dressing. They also include material support such as transfer of income and other goods and (3), psychological support which thus refers to emotional needs.

While it is generally accepted that living without social relations is very detrimental to older people's wellbeing (Cowgill, 1976), in many developing countries, it has been noted that most elderly people receive substantial amount of economic assistance from family members, due to the limitation of pension schemes (Aboderin,2004;Ofstedal et al, 2004; Scott,2008.) In addition, the United Nations also noted that;

Co-residence with adult residence is an important element of the flow of support between family members. This is particularly so with respect to informal support that depends on physical proximity such as assistance with activities of daily living.

(United Nations Population Division, 2005: xvii)

On the other hand, recent researches (Shroder-Butterfill and Kreger, 2005, 2007; Lloyd-Sherlock & Locke, 2008; Aboderin 2004; Van der Gest 2004b; Knodel et al, 2007) cited in (Lloyd-Sherlock, 2010), shows a decline in expenditure on elderly people by their family members. For instance, research carried in Accra – Ghana reveals a decline in the level of family support during older people's lifetime. This was partly attributed to Ghana's poor economic performance that affected material circumstances of the younger generation and also as a result of new higher taste and needs of the younger generation. Thus the youth's expenditure on foreign consumer goods had affected their capacity to support their older parents, thereby revealing signs of weakened norms of filial responsibility grounded in religious beliefs and community values.

More so, the findings also reveals that elderly immigrants who do not have children or family members living within same country, would rather prefer to be taken care of by kinship members, travel to relocate to meet children elsewhere than being taken to a nursing home.

According to the respondents, some of the reasons for lack of children were as a result of infertility, migration and death, as some of the elderly immigrants lost family members during wars in their home country. Referring to families and kinship, Lioyd-Sherlork further noted that they are highly "dynamic arrangements and varies over time".

Some researchers have argued that industrialization and some aspects of development do lead to a shift in extended to nuclear family structure. These changes have been noted to be of great consequences to both young and old people. However, though these shift of family structure is evident in Europe and Northern America (Ruggles, 1994), there are still evidence of strong extended families structures in some European countries like Italy (Murphy, 2008) cited in (Lloyd-Sherlock, 2010, 119.)

On the other hand, in most developing countries, though there is no reliable data showing that family structures are disintegrating over a long period of time, general analysis carried out by the United Nations concludes that the proportion of older people living with one or more children is declining globally and especially in developing countries (United Nations Population Division 2005.)

Another important discovery of this research in relation to elderly immigrants' perception of care was the different views expressed by the different groups of respondents (focus group and selective interviews) as to the caregivers to provide support.

I can always count on my family members for support and care when I am sick or as I grow older and frail....but as to who to take care of me umm...you know hygiene I mean , I would prefer my wife than my children, she is my wife and we have lived ...for long together

(Focus group respondent)

I would like to take care of my parents at home by myself ...in fact both parents if They will want me to do it ... I mean personal hygiene and stuff. After all they are my parents who also took care of me, so it's just normal to do same to them.

(Selected interview respondent)

The above reasons show that while family members might be willing to provide support to their older parents; acceptance care also depends on the type of support to be provided. This study thus reveals that the elderly immigrants in this research are more comfortable accepting support (ADL) from their spouse than from children.



### 8.1.1 Possible changes for the future integration of elderly immigrants into long-term care

The care of elderly people in new environments and long-term care institutions such as nursing homes was viewed by the respondents as a “taboo” and a more western individualistic of life style. Although some of the respondents (focus group respondents) had little knowledge about the structure and organization of long-term care units, they still identify issues such as; cultural difference, language and religious barriers as possible challenges they might face if taken to nursing homes.

### 8.1.2 Cultural identity issues

Culture is an imprecise concept so that a universal definition has been difficult to achieve. As Maude (2011) views it, culture is like a “kaleidoscope” that can be viewed differently by different professions. For instance, for a social psychologist, culture is perceived as a lens determining how people analyze and respond to situations, while for an anthropologist, culture is “an engine” driving a society’s belief and tradition from one generation to another (Maude 2011, 4).

More so, cultural identity consists of the peculiarities which a group of people share with others. The way in which a person sees or put his or herself is a constitutive part of his or her identity. According to some theorist, when understood as a specifically, collective phenomenon, identity denotes to a fundamental and consequential sameness among members of a group or category. Similarly, identity may be understood objectively (as sameness in itself) or subjectively (as experienced, felt or perceived sameness) and is expected to manifest itself in solidarity, share disposition, consciousness or in collective action (Brubaker & cooper 2000, 7).

As revealed by the respondents in this research, cultural identity, which is expressed in terms of collective ideologies and feelings about institutionalization as part of care of elderly people, is a far fetch but not an impossible dream which is difficult to absorb.

In our culture, we are told we have to take care of our parents ...it is just simple because they also took care of us.....taking our parents to be cared for in an Institution like this (nursing home) does not give a good impression about me to others. A child who does that to his parents is seen as irresponsible and not loving .If I Should put my mum here, I feel like she would lose her identity and living all her life as a patient.

(Selected interview respondent)

The above quotation thus implies that cultural meanings have real consequences for individual lives and identities. Individuals are fully involved in the perpetuation of cultural meanings, through various process of self-regulation. Moreover, research has proven that self-views are also consonant with the cultural patterning of the life –course (Cross & markus1991;Dittmann-Kohli, 1995a; Westerhof et al; 2003a; Freund and Smith, 1999). Other studies (Hooker, 1999; Westehof et al, 1998) have also revealed that health and psychophysical functioning become more important aspects of self-concept as people age.

Furthermore, this study also reveals that culture is not genetic, it is learned from people and social environment, it is “the software of the mind” and at the same time it is also ever changing and not static. Culture thus shapes identity through giving meaning to experience, making it possible for people to opt for one mode of subjectivity amongst others available. As expressed by a respondent:

In school I am told to be successful I have to go to school and get a job. At home I am told I have to also take care of my parents to show I am a good person...but if I put them in institutions I am seen as a bad person...But because of the image and impression that we stay at home and only eat their money, I want to wipe that out...the whole issue of job and money is a big problem...But I also have to safe my dignity. I am so confuse....it's easy to say but difficult to do because, how I'm I gonna take care of my own family and parents at the same time.

(Selected interview respondent)

In the above light, people's identities are not determined solely by their daily practices and the identity politics of different groups and institutions, but people's identity is also

defined or shaped by economic, social and political structures, such as globalization of economic activity and communication.

### 8.1.3 Religious issues

The word religion is traced to have Latin origins meaning to “bind together or “to re-read”. This thus implies that religion involves something rituals and binding the supernatural and natural. Religion is thus a very important element of an individual’s personal, cultural and structural belief, understanding and the way they act. Berger (1967) suggested three elements to religion which makes it a very important part of people’s identity, actions and spirituality. Firstly, religion is a form of culture that involves a shared set of ideas, world views, values, beliefs and norms of a particular group of people; secondly, it also includes ritualized practices and specific behavior for a group of people and thirdly, religion thus provide meaning and sense of purpose to a community.

According to the participants in this research, religious difference in terms of religious practice would be a possible future challenge to the integration of elderly immigrants into long-term care units.

My religion tells me what to do; it is part of me, as a Muslim I am supposed to pray five times a day. If I go to live in a care home with Finnish people, I might not have a place to pray. As I am supposed to do.....the place might have different program for people who live there....I cannot control what I do but follow orders...it will be difficult for me and I will not feel ok. But if all care homes have places for different to go and pray or if I have my own room, then I think I can pray

(Focus group respondent)

Our religion is our identity, it tells us how to dress, what to eat and drink, how to spend spare time. If I put my parents in here (nursing home) they will wear “osasto puku”and not hijab (veil) and if they dress in similar

dresses with other residence they will feel they are not themselves.(Selective interview respondent)

The above statements highlight the importance of religion to the respondents' lives and identity, especially the older generations. Some sociologists have also expanded on this issue, especially the role of religion in society. Stark and Glock (1998) have identified five different dimensions of religious commitment namely: religious practice dimension, the experience dimension, the knowledge and the consequential dimension.

According to Stark and Glock (1998) religious practice is manifested in rituals and devotion, such as private prayers and scripture reading. The experience dimension deals with individual religious experiences such as feeling of divine presence; while the knowledge dimension has to do with the knowledge that religious people are to have about dogmas, rituals and religious text; and finally the consequential dimension constituted the effect of religion in people's life. Though the application of the above five dimensions in other research (Gustafson, 1997) cited in (Fursetti & Repstad 2006, 15-28.) shows the knowledge and consequential dimensions to be of lowest statistical connection with the other dimensions. In this research all five dimension were interrelated and were identified to be of high significance to the respondents' identity and wellbeing.

#### 8.1.4 Communication issues

Communication is very vital for human existence because it is the basic means by which people interact with one another and with their environment. Individual are unique in their communication style, which is usually influenced by factors such as health, income, education, personality and culture. Although the effects of age alone is very minor in affecting every day conversation, for elderly people the ability to communicate is very important especially in their lifestyle adjustment which comes with retirement, loss of spouse or transfer to care homes.

According to the respondents in this research, communication challenge, most especially of difference in language was considered a future challenge in a multicultural long-term unit. Some of the respondents noted:

Language barrier is a big problem, I try to speak the finish language but it is very difficult, it is so different from our own language. For young people it can be easy to learn and understand easily, we are learning Finnish language now, but as old people our heads are not very open to new languages any more... It is every more difficult when you live in a place where the people do not speak your language and you too....do not really understand their own language. So you will not mix with people well.... you want to be by yourself, so u will want to be lonely and so later you will be depression. (Focus group respondent)

Another respondent also commented:

...It is really difficult, because even now, I go to hospital, language is still a problem, I need to go with somebody to explain my problems. It is not good you are sick. You explain to somebody to tell another person for you. No privacy I feel. Ok if am in care home with no family, I will have no help. My life will be terrible, nobody to really explain problems to. They might think I am a bad man or crazy person, but just that they don't understand what I want. (Focus group respondent)

In the above light language comprehension especially expressive language which refers to producing what is spoken or written becomes a great challenge as people get older. It has being noted that with most elderly people, a word finding to communicate particular messages is a challenge (Lewis 2002, 50-51). Language barrier, as exemplified in the above quotations can also lead to insecurity, misunderstanding lack of privacy especially when a third party is involved to translate information.

Moreover, older people who have spend most of their time with people from similar background with whom they share and speak similar languages, may find it difficult to move to an unfamiliar skill institution setting like nursing homes.

If you do not understand peoples' language and they do not understand yours, it is a big problem. The worst is if an elderly person becomes sick...like blindness, or has dementia or aphasia... communication is a big challenge then even for the staff. For example, I have worked in a ward of Swedish Finns, in their normal and youthful age, they could speak Finnish language very well, but because of ill health cause by dementia, all they can remember is Swedish language and so speak only Swedish language and imagine if it's an elderly immigrant in such situation and nobody knows his/her language. It will really be hard for the person and for the staff. (Selected interview respondent)

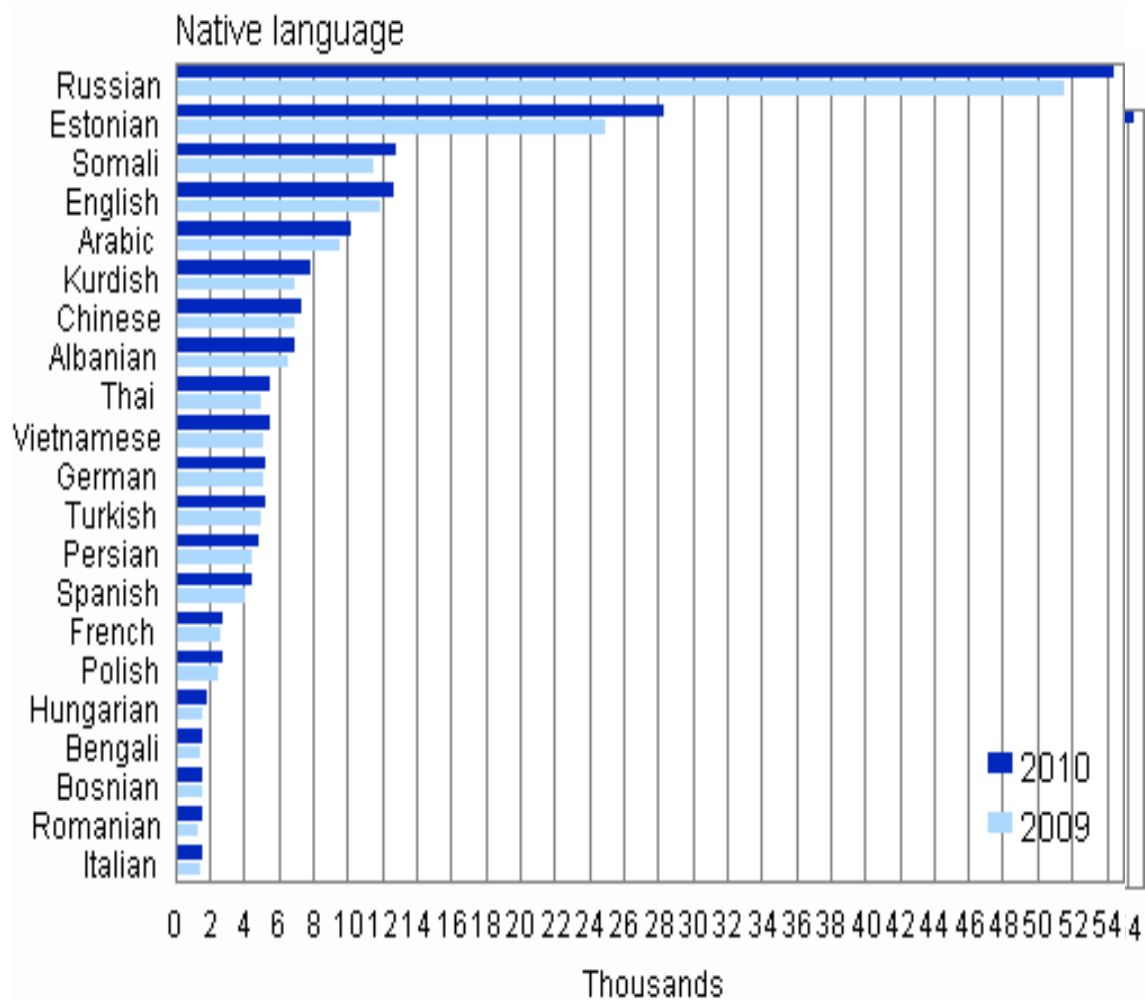
In addition to language, other non-language factor highlighted that could possibly aggravate the issues of communication barrier is ill health of the clients. Health conditions that affect communications are seen as not only problematic to staff members but also to the client and family members as well. As indicated by the respondents, when situations such as loss of memory and/ or the inability to verbally communicate feelings by residence are encountered, the results can be manifested in aggressive behavior from the client towards caregivers.

## 9 RECOMMENDATIONS

The term elderly immigrants have often been used to categorize groups of older migrants in most society. However, elderly immigrants are not a homogeneous but a diverse group of people with diverse needs .The findings of this research shows that, though little knowledge is known about institutional care by the elderly immigrants, they would rather prefer to be cared for at home and by their family members. Reasons for these decisions are attributed to a difference in their religious beliefs, language barriers and most importantly, cultural differences. It is important to note that, when a country's population of immigrants increases, so thus the ethnic, cultural and religious aspect of the country.

The 2010 population statistics in Finland (figure 2) shows a glaring picture of diversity in the different foreign citizens and language groups in Finland. This increase, though constitute 24 per cent in the total population, for a country of less than six million people, it is very significant and especially as majority of the groups (10.8 per cent) are residents in the capital city - Helsinki. As a country becomes more ethnically, linguistically and culturally diverse, health care systems and providers also need to reflect on and respond to diversity.

Largest groups of foreign-language speakers in 2009 and 2010



Source: Population Structure 2010, Statistics Finland

Moreover, it is widely known that peoples' beliefs and attitudes about health and medicines, is strongly influence by their culture or religion and may also affect their commitment to therapy. There is thus a need to appreciate these differences through the implementation of culturally adjusted care and person- centeredness, in other to improve equality access to health care and to avoid misunderstanding or miscommunication about health care.

## 9.1 Cultural adjusted care



The word culture has been viewed differently by social scientists that it has been difficult to arrive at a specific definition. However, culture has generally been viewed as learned behaviours and beliefs that are shared among groups from one generation to another. An appealing definition of culture has been that proposed by Purnell (2003) who sees culture as:

...the totality of socially transmitted behavioural patterns, arts, beliefs, values, customs, life ways, and all other products of human work and thought characteristics of a population of people that guide their worldview and decision making. These patterns may be explicit or implicit, are primarily learned and transmitted within the family, are shared by most members of the culture, and are emergent phenomena that change in response to global phenomena. Culture is learned first in the family, then in school, then in the community and other social organizations such as the church. (Purnell, 2003, 3)

The above definition also implies that culture is influenced and shaped by several factors such as ethnicity, race, nationality, religion and socioeconomic factors. Thus cultural competence in health care is very important, as it depicts the capability of systems to provide care to clients with diverse values, behaviours and beliefs, including channelling health care services to meet clients' social, cultural, and linguistic needs. According to Leininger (1991), cultural adjusted care is viewed as;

Those cognitively based assistive, supportive, facilitative, or enabling acts or decisions that are tailor-made to fit with an individual's, group's, or institution's cultural values, beliefs, and life ways in order to provide meaningful, beneficial, and satisfying health care, or well-being services" (Leininger, 1991b, 49).

However it is important to note that cultural adjusted care can only be achievable when expressions, cultural care values or representations are known and used competently. It is in the same light that Campinha-Bacote (2003) sees the process of cultural

competence as one which includes cultural knowledge, assessment, cultural encounter, cultural skills and cultural desire.

Cultural adjusted care is a growing phenomenon in most healthcare researches. A good example is a research carried out by Heikkila, Sarvima, Ekman (2006) on Finnish elderly immigrants in a nursing home in Sweden. The research findings reveals that, cultural congruency helps not only in bridging communication barriers and facilitating the individualization of care , it is also a good tool in creating solidarity and harmony between the staff and clients.

Finally, improving cultural competence and reducing ethnic and cultural disparities in health care could be achievable by improvement in aspects of systematic cultural competence, clinical cultural competence and organizational cultural competence. In areas of systematic cultural competence, health information should be proportionate to the language proficiency, health literacy and cultural norms of the health care receivers. While clinical cultural competence emphasis integrated cross-cultural training as part of professional development for all healthcare and social service providers, organizational cultural competence on the other hand, looks at the promotion and encouragement of minorities in the planning and execution of health care polices.

## 10 CONCLUSION

Although the sample size of this research is small (16 respondents), it is aimed at highlighting some of the future possible challenges in the integration of elderly immigrants into long term care, thus providing a clue to healthcare workers, municipalities and the majority of people interested in elderly care, about the needs and expectations of elderly immigrants. Furthermore, an important aspects of this research shows that, the elderly immigrants in this research have little or no actual knowledge, except stereotypes about nursing homes, there is therefore a high need for awareness and sensitization from health and social service provides, about the diverse health care and social services available to clients.

In addition, despite the widely held ideology that people's cultural beliefs do not only affects the way they interact with others but also affects their conceptualization of health, health care and social service delivery should be based on an integration of services with a focus on client-centeredness. It should be taken into account that culture is not static and that there are also subcultures within cultures. This is important in that, the generalization and delivery of services based on collective cultural or ethnic stereotype, is not only inappropriate but also fails to see the client as an individual with unique personal preferences.

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