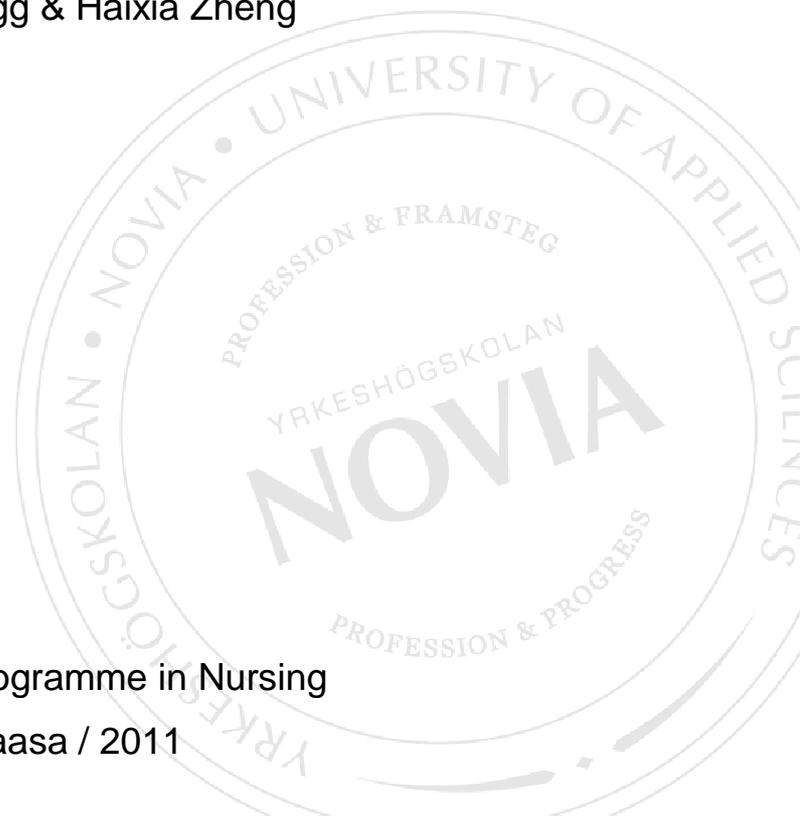




**Health Promotion Activities for Elderly Foreigners**  
**A study about Third Sector Organization and their Health Promotional**  
**Activities for Elderly Foreigners in the Ostrobothnia Region**

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### Summary

The objective of this study is to find out the presence of available activities offered by the Third Sector Organizations for elderly from minorities in the Ostrobothnia Region. This study aims at raising awareness of health promotion and well-being. Therefore, the intention was to increase the knowledge and awareness about the Third Sector organizations and their health promotional activities in the Ostrobothnia Region.

The qualitative method was used and the respondents have conducted semi-structured interviews for five organizations around the Ostrobothnia region. Outcomes were analyzed through content analysis which made it possible to draw conclusions inductively.

The main findings were abundant health promotional activities that are offered by organizations in the Ostrobothnia Region but they are not designed for elderly foreigners. One of the barriers discussed was regarding the language as most foreigners coming to Finland do not speak Finnish or Swedish. Most of the organizations have answered that they do not have any foreign elderly participating in their organization and realized that the presence of foreign elderly from minorities and their needs could be a further challenge and that they have planned to discuss the situation.

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Language: English Key words: Elderly foreigners, Health Promotional Activities, Third sector organizations, Health Promotion, Elderly care

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## Table of Contents

1. Introduction .....	1
2. Aim of Study and Research Questions.....	3
3. Literature Review .....	4
3.1 The Third Sector .....	4
3.2 Immigrants and Health .....	5
3.3 Changing Definitions of Health and Health Promotion .....	7
3.3.1 Evaluating Health Promotion .....	8
3.4 Health Promotional Activities.....	9
3.4.1 Advantages and Disadvantages of Health Promotional Activities .....	12
3.5 Barriers and Facilitators to Health Promotional Activity.....	15
3.6 Activities Provided by NPOs and Their Effect on Mental Health.....	17
4. Theoretical Background of Framework .....	18
5. Methodology.....	21
5.1 Data Collection .....	22
5.2 Data Analysis .....	24
6. Ethical Consideration .....	27
7. Conduction of the Study .....	28
8. Result of the Study.....	29
8.1 Final Findings .....	33
9. Critical Review.....	34
10. Discussion .....	36
References	
Appendices	
Figure	

## 1. Introduction

Globalization has been responsible for expanding the foreigner population in diversified multicultural groups. The total number of immigrants who come to Finland due to marriage, work or study is 23 686 from 2006 to 2010. Until 2010, the number of those who immigrated to Finland as refugees is 37587 and 181 as asylum-seekers since 1973. More Finnish citizenships are granted to people such as Ingrians who are the “returning nationals” or of other Finnish origin and to others due to family reunification (Ministry of the Interior, 2010).

Being an immigrant is a risk factor for severe mental illness, such as schizophrenia (Cantor-Graae and Selten, 2005), suicide (Westman, et al., 2006) and moderate mental ill health (Lindert, et al., 2008). According to several researches (Fazel, *et al.*,2005; Gerritsen, *et al.*,2006; Laban, *et al.*,2004; Porter and Haslam, 2005), being an asylum seeker or a refugee is also associated with mental ill health, such as posttraumatic stress disorder (PTSD) and depression. There has been considerable inconsistency in reported rates of PTSD, ranging from 7% to 86% according to some estimates (Fawzi, et al., 1997).

Elderly foreigners, such as immigrants, refugees and asylum-seekers, nowadays are facing physical (International Federation of Social Workers, 2008), psychological (Graham, Murray and Schweitzer, 2008) and social (Wu and Hart, 2002) challenges. Lindeman (2005) made a comment on “successful aging” by Dr. Rowe and Dr. Kahn and summarized a definition of successful aging, breaking this into three components. First, one must promote a lower risk of disease and disease-related disability by adopting lifestyle changes that prevent diseases. Secondly, an individual must maintain a pattern of physical and mental activity, and lastly, one needs to keep an active engagement with life. A person needs to be part of a social network of family and friends which is a reliable predictor of health and

longevity. An individual needs both to offer and receive social support, not only instrumental, i.e., direct assistance, but socio-emotional, i.e., getting respect, independence and self-esteem.

Pender (1996, p.188) wrote in her book that regular exercise has numerous effects on the human body. Physical activity continues to be a key factor for the prevention and management of many risk factors, chronic diseases and functional disabilities associated with ageing up to old age (Blumenthal and Gullette, 2002; Paterson, et al.,2004). Older people often report health problems as the main barrier to physical exercise (Schutzer and Graves, 2004). According to Goldberg and King (2007), health goals such as weight control and cardiovascular health are also important for older adults, moderate physical activities have been highly recommended for older age groups. Dipietro (2001) stated reasons are both the high prevalence of a sedentary lifestyle and a higher prevalence of chronic diseases and disabilities. Moreover, even moderate physical activity can yield important health benefits for maintaining functional ability and independence.

Dipietro (2001) stated that there are many factors influencing the prevalence of physical exercise such as gender, socio-economic status, education and social support by family or friends. As globalization develops leading to health problems among elderly foreigners who have higher chances of getting physical, psychological and social problems, questions such as what kind of life do the elderly foreigners have now and do they get enough support as well as do they also have any social activities in their daily life are motivating factors that lead the respondents into choosing the topic for our thesis.

## **2. Aim of Study and Research Questions**

The primary aim of this study is to find out available activities or accessibility to activities that are organized by Third Sector Organizations, actions aimed at promoting health and well-being among elderly of foreign minorities. The secondary aim is to raise awareness of different third sector organizations and their elderly activities in the Ostrobothnia region.

Research questions are as follows:

- Do the activities have the probability of promoting health and well-being among the elderly of foreign minorities?
- What kind of activities do the Third Sector Organizations offer to the elderly of foreign minorities living in the Ostrobothnia region?
- What are the potential barriers to health promotion activities among this group of elderly?

### **3. Literature Review**

Literature review is the process in which researchers gather evidence and knowledge pertaining to the subject matter of the research study. The researchers usually start by using a computer and searching bibliographic databases with keywords that help them retrieve journal articles with relevance to their research study. It is important that the written research review be summarized in the researchers' own words and when read will give the readers an objective composition of the material. (Polit and Beck, 2008, pp. 94, 120-121)

The respondents in this study have started by gathering scientific literature from the EBSCO and CINAHL databases using keywords such as health promotion, health promotion activities, elderly care and health promotion, elderly immigrants and third sector organization. The respondents has also used other sources such as books, publications from the U.N. and WHO internet sites discussing global health promotion for older people as well as the Finnish Immigration Authority and Statistics Finland.

#### **3.1 The Third Sector**

The third sector has developed in Europe largely due to the continual growth of public intervention and has become a source of action models that generates public services. The services offered by these organizations vary in degree from country to country. However, there is one resounding theme in all third sector organizations be it a charity, voluntary agency or advocacy group. It is that the third sector is "not-for-profit". (Evers and Laville, 2004, pp. 13-14)

Most structures of society have a private or non-profit sector which is sometimes referred to as the "third sector". Third sector organizations have

cultural, health, educational, artistic, religious, political, and philanthropic and other social goals. These organizations aim to serve the general public for example in times of disasters such as the relief efforts of the Red Cross. They have humanistic goals and are often praised for their selfless and caring endeavors. (Werther and Berman, 2001, pp. 3-4)

Third sector organizations are unique in that they do not seek to make a profit. These organizations remain faithful to their creed in serving the public good. The third sector is philanthropic in nature. Their activities are not centered in making a profit and they are also not subject to democratic governance, however in the recent years they have been used by the government in helping implement policies by providing special services to parts of the population like healthcare and education. (Werther and Berman, 2001, pp. 3-4)

### **3.2 Immigrants and Health**

“Globally, the proportion of older people is growing faster than any other age group” Hutton (2008) wrote in his report for the World Health Organization about the need for action and policies concerning the elderly in times of crises. According to the WHO in 2000 about 600 million people worldwide were aged 60 years or older and this figure is expected to increase significantly by 2050. This means that more people will be suffering from chronic degenerative diseases affecting family structures and increasing the demands on health care, finance and governmental policies. (International Federation of Social Workers, 2008)

The growth in the number of generally prevailing diseases corresponds to the gradual physiological decline of the human body. (Abrass, 1990) This statement is supported by Farley (2006) in his research where he states that the human body deteriorates at a cellular level as we age and this is

evidenced by the emergence of chronic cardiovascular disease such as atherosclerosis, hypertension, myocardial infarction or respiratory diseases such as chronic obstructive pulmonary disease or asthma, neurological diseases and various cancers. He further wrote that cellular deterioration is part of the normal aging process and does not impede the older adult from living a full active life. However, he added that recovery time is slower and takes longer when the elderly becomes sick or indisposed and this should be taken into consideration by nurses when planning their care.

According to Spallek et al. (2010), a large part of the European population consists of immigrants and they suffer from the same health problems just like those who are naturally born citizens of any European country. Infectious diseases are still an issue in regards to migration but one of the growing concerns today is whether migrants can avail of the same preventive services and preventive offers as the rest of the population. The health of migrants is usually affected by adverse conditions such as different nutritional exposure, lower quality healthcare, war, torture, violence, hunger, separation from families, racism from host countries and other negative barriers.

European health systems are slowly adapting and meeting the needs of immigrants such as screening for tuberculosis for refugees and asylum seekers. In Germany, there is existing evidence that low participation in prevention programs by immigrants can be due to barriers such as lack of German language skills that make communication difficult with medical staff, literacy, low socio-economic background, ethnicity and diverse cultural backgrounds. (Spallek, et al., 2010)

The mental health of the older immigrant population has also been a growing concern especially as they grow more frail and dependent on others. A research conducted among elderly immigrants carried out in the U.K. by Rait et al. 1996 (in Livingston and Sembhi, 2003), found that factors such as

socio-economic deprivation, ageing and their immigrant status make this ethnic group of older people vulnerable to mental illness.

Migrant groups of older people occupying the lowest socio-economic position in society who have received little or no formal education were found to be vulnerable to dementia, depression, psychosis and suicide. It is important to note that there was early detection among those who received support from their families and communities as opposed to those who lived alone and received no social support. In a comparison study done between black and white community residents, it was also found that black older people are more likely to have dementia than the white older people and the addition of comorbid diseases such as history of stroke, diabetes and hypertension was present among the black older population. (Livingston and Sembhi, 2003)

### **3.3 Changing Definitions of Health and Health Promotion**

The World Health Organization (WHO) defined health in 1946 as “a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity.” Belmont and Harris (2002, p195) wrote that the meaning of health is continually evolving. They added that modern sciences and medicine have made it possible for people with various diseases and medical conditions to be termed healthy as they manage to live a normal life span. Health is therefore seen as more intricate and multidimensional than when it was first defined by the WHO. This view is supported by Pender (1996, p.35) who states that it is inaccurate to simplify the meaning of health by generalizing it with morbidity and mortality in the 21<sup>st</sup> century. The WHO later on expounded on its meaning that health is seen as a resource for daily life and not as objective of living (WHO, 1986).

It is the constant changing definition of health that has lead to changing views of health promotion. (Pender, et al., 1996, p10) In the first International

Conference on Health Promotion (WHO, 1986), the meaning of health promotion is defined as “the process of enabling people to increase control over and to improve their health”. It encompasses building healthy public policy, creating supportive environments, strengthening community actions, developing personal and social skills and reorienting health services. It further stated that health promotion involves not only the individual concerned but his or her family as well as the whole community. Pender (1996, p.12) stated in her book that health promotion is aimed at changing and rectifying the poor level of well-being of a person and realizing that persons present full potential and health promoting behavior can ultimately end in gaining positive health results for the client, enabling them to have a good quality of life.

The Bangkok Charter for Health Promotion has redefined the Ottawa Charter to make health promotion into a regulative and legislative approach to manage the challenges of global health. (WHO 2005) An initiative to promote health and preventing diseases involving government officials, business and private sectors, various professional groups, different academic institutions and researchers with an aim of setting health goals and objectives every 10 years was started in 1979. This initiative is still ongoing with the development and implementation of Healthy People 2020 setting inspirational goals such as increasing quality and years of life which has a resulting increase in the interest on health promotion. (Pender, et al., 1996, p.35)

### **3.3.1 Evaluating Health Promotion**

Evaluation is important in determining the success or failure of an intervention or a program and according to Tones and Green (2006, p.315), two standards are used to measure this. These are ‘effectiveness’ and ‘efficiency’. Effectiveness refers to how the program has achieved its goals and efficiency is a measure of effectiveness, that is, how the program has been successful in comparison to other programs or methods. An example of

determining the efficiency of health promotion programs is calculating the relative financial costs of other interventions for economic effectiveness such as:

*“A hypertension and screening program resulted in a saving of 7.81 dollar invested. A group discussion used to educate patients on controlling their asthma achieved a cost-benefit ratio of 1:5” (Tones and Green, 2006, p.315)*

Evaluation is essential in making sure that health promotion activities are achieving their desired effect and in determining if the initial nursing objectives have been met. (Naidoo and Wills, 1994, pp.3-34) The question of ‘does health promotion work?’ has been asked and Naidoo and Wills wrote that there is an overwhelming weight of evidence supported by three surveys done by Gatherer et al., 1979; Bell et al., 1985; Green and Lewis, 1986 (in Naidoo and Wills, 1994), proving that health promotion does work in spite of unrealistic measures of success such as demonstrable cost benefits and reduced mortality rates.

Pender, et al. (1996, p.32) summarized that evaluating health promotion programs tells us what is most effective in promoting wellness and behavioral changes as well as showing what program works and what does not. The evaluation process is complex and time-consuming but the information gained can be useful in implementing health promotion programs that give the most favorable outcome to the clients and the community, increase scientific knowledge on health promotion and give accountability to funding agencies and information to policy makers.

### **3.4 Health Promotional Activities**

Pender wrote in her book regarding health promotion that regular physical activity is important in maintaining a productive life. However, a report conducted on the patterns of physical activity among North Americans has concluded that people have the tendency to become more sedentary in their

lifestyle as they grow older and this has presented a challenge to various health care professionals in understanding the determinants to the lack of participation in physical activity in people as well as to create interventions that influence them to develop a healthy habit that involves engaging in regular exercise throughout their lifetime. (Pender, 1996, p.186)

Health promotional activities specifically designed to promote healthy ageing and social inclusion were identified in a study conducted by Goodman, et al. (2007). Among these activities were programs that were made for the purpose of lowering the risk of coronary heart disease through healthy living that encouraged the elderly to quit smoking and improve their diet and nutritional intake. Other health promotional activities identified in the study included gym-oriented exercises, Tai-Chi, dancing, chair-based exercises, walking, swimming, and educational classes conducted by cardiac rehabilitation specialists that teach the elderly fall prevention. (Goodman, et al., 2007)

The New York Department of Aging have released a publication in which they offered in numerous health care centers surrounding the state of New York health education and wellness programs that are designed for adults 60 years and older. These programs include regularly scheduled discussion groups that help members share their life experiences with one another, senior strollers and walking clubs, blood pressure screenings, routine medical testing, a one-on-one listening program assigning trained 'friendly listeners' to an elderly in need that addresses the issue of isolation and loneliness as well as exercise classes and stress management groups. (Health Promotion Activities at Senior Center, 2006)

Another study identified other health promotional activities of older adults living in a continuing care retirement community such as participation of older women in mammography and pelvic exam/ cervical smear test, breast examinations, annual fecal blood test, prostate examination for men, 30

minutes of moderate exercise, low cholesterol diet, moderate alcohol intake, reduction in nicotine intake for smokers or smoking cessation (Resnick, 2002). These health promotional activities are designed mostly for disease prevention and early detection of diseases in older adults, aimed at lengthening life expectancy and enhancing quality of life.

A research conducted by Keyhani, et al. (2007) has enumerated several preventive health services offered to elderly male veterans with comorbid conditions such as diabetes mellitus, myocardial infarction, history of stroke, COPD/asthma and cancer. These preventive health services were influenza vaccinations, pneumococcal vaccinations, serum cholesterol measuring and prostate cancer screening. It has been concluded that health promotional and health disease prevention activities improve the quality of life for the elderly by relieving stress and unnecessary pain.

Young and Dinan (2005) advocate regular physical activity for older people to help in the prevention of diseases. Older adults should engage in supervised exercise programs that develop strength, endurance, flexibility and coordination that are also enjoyable. An ideal combination of activities in the form of regular recreational walking and swimming is recommended by the researchers to the elderly. Other forms of exercise can include weight and circuit training, step exercise, chair exercises, dancing, tai chi, tennis and bowling.

The Ministry of Health, Labor and Welfare of Japan has published an exercise and physical activity guide for health promotion where they have divided physical activity into two classifications of which the first one is exercise and the second classification is called non-exercise activity (Tabata, 2007). They have further sub-divided the two classifications in which exercise can be either moderate or high-intensity exercise such as brisk walking, jogging, swimming and tennis or low-intensity exercise such as stretching.

Non-exercise activity is also divided into either moderate or high-intensity non-exercise activity where walking, cleaning the floors, gardening, car washing, walking up and down the stairs and playing with children fall under this category, while standing, cooking, doing laundry or playing the piano can be called low-intensity non-exercise activity (Tabata, 2007). The guide emphasized that the association between endurance and muscle strength lowers the risk of developing lifestyle-related diseases. A form of exercise focusing on building endurance or muscle strength or a combination of the two is recommended.

A study conducted on the needs, barriers and planned health promotional activities in Clubhouse Programs in North America specified health promotional activities provided by ICCD<sup>1</sup> clubhouses such as opportunities for physical exercise, nutritional education, health education, weight loss programs, stress management, smoking cessation, health screenings and risk assessments. The clubhouses also offered other services to their members such as vocational support and employment in the community, housing, advocacy, assistance with accessing health care, substance use services and social support. (McKay and Pelletier, 2007)

### **3.4.1 Advantages and Disadvantages of Health Promotional Activities**

A study aimed at examining factors regarding the pros and cons of engaging in physical activity among elderly ethnic adults identified numerous health benefits associated with engaging in physical activity such as reducing the risk of dying from cardiovascular diseases, easing the symptoms of depression and anxiety and helping in the management of diseases such as diabetes and hypertension. (Belza, et al., 2004)

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<sup>1</sup> ICCD means International Center for Clubhouse Development (McKay and Pelletier, 2007)

The benefits to old people were specifically enumerated in the research study done by Goodman, et al. (2007). Engaging in regular exercise entails bone density maintenance and reduction of risks for accidents, falls and fractures. In addition, physical activity can improve mood, reduce and help control weight, lower blood pressure and lower the risk of developing diabetes and other diseases.

Physical activity has numerous benefits and one of these is the prevention of diseases such as osteoporosis, diabetes mellitus, hypertension, heart diseases, depression, anxiety and cancers. Another benefit is the prevention of disability such as those caused by falls and also prevention of fecal impaction, development of deep vein thrombosis and edema. Exercise also helps relieve pain suffering and sleeping problems and helps in reducing falls and fractures. Recreational exercise gives older people opportunities for socialization that helps in the prevention of isolation that causes depression and anxiety. Physical training also improves functional abilities of those suffering from intermittent claudicating, chronic bronchitis, asthma, heart failure and angina pectoris. (Young and Dinan, 2005)

One of the disadvantages in engaging in health promotional activity is the paradoxical nature of chronic diseases in which even though they serve as major motivators for physical activity, they also serve as hindrances to older people when they get sick because these elderly are physically unable to participate in programs they enjoy and this leads depression and anxiety. (Belza, et al., 2004) The paradoxical nature of engaging in exercise for the purpose of fall prevention also manifests negatively when older people mention fear of falling and suffering from fractures due to doing exercise, which adds stress and anxiety to their mental health.

Initiatives were taken to promote health in older people in the study conducted by Goodman, et al. (2007). However, none included the elderly of other races and ethnicity even though the study showed that they comprised

half of the population where it was being conducted. Another negative aspect that emerged in the study was the lack of communication and information-sharing among the different organizations and professionals involved. This barrier proved to be a deterrent to the participation level of the targeted individuals due to the confusion caused by inaccessibility to clear and precise information regarding available activities.

The research showed that the group of professionals involved in providing health promotional activities targeted for the elderly comprised mostly self-employed sports and fitness instructors, special-interest professionals and ordinary people working in health care and community centers. Professionals specifically trained and possessing educational background especially in training exercises for the elderly was not common. However, some health-care professionals with the right education and training would on occasion provide chair-based exercises to old people and doctors would give referrals to various qualified groups providing their expertise in geriatric care. (Goodman, et al., 2007)

Although these programs and schemes designed for providing health promotion among the elderly were mostly short-term and aborted due to disorganization within the group and lack of funding, it has been concluded that a measure of success has been attained among the elderly participating in the health promotional activities offered by the organizations. (Goodman, et al., 2007)

Emerging issues such as transportation, accommodation and safety were factors that influenced the decision of the elderly whether to join or not join in the health promotional activities offered. It has been summed up at the end of the study conducted by the group that the benefits gained by the elderly from health promotional activities give us an overwhelming cause to continue to provide them with health promotional activities, and the organizations

providing them need to be well-funded and properly organized to achieve a successful and lasting outcome. (Goodman, et al., 2007)

### **3.5 Barriers and Facilitators to Health Promotional Activity**

Elderly ethnic adults who are managing chronic diseases such as diabetes, arthritis, hypertension and pain are well-informed and know that exercise together with the right nutrition, being socially and mentally active as well as being emotionally healthy are important in successfully managing their diseases. Nevertheless, even though they were aware of the benefits of exercise and especially combined with their health needs, the ethnic minority communities that comprised the subjects of the study conducted by Belza, et al. (2004) were found to live a partly sedentary lifestyle.

The result of the study identified walking as the most common form of exercise. Engaging in a 30 minute walk with friends is a strong motivator among African-Americans. Among the Chinese minority, walking is inclusive in their morning routine that involves stretching, arm swinging and tai-chi. They view exercise as an essential part of their life that promotes long life and gives them happiness. The Filipinos and Latinos both included music and dancing in keeping physically active. Physical activity for them is a socializing event and also important in maintaining good humor. The Vietnamese view physical activity as important in maintaining good health and also include housework as a form of exercise. However, geographic isolation such as living far from friends and living in unsafe places to walk was cited as a barrier to physical activity by this group. (Belza, et al., 2004)

All groups of elderly involved in the study enumerated the reasons for doing physical activity such as a stress reliever, being helpful for digestion and blood circulation, relieving pain and lowering the need for medication use as well as very good aid in socialization and maintaining friendships. (Belza, et

al., 2004) Familial support, both in the form of active participation such as providing transportation to programs and buying exercise equipment and in the form of emotional and verbal encouragement, is also a strong motivator in helping the elderly engage in physical activity.

The lack of participation in physical activity or exercise is the result of low self-esteem particularly in cases involving American Indian/Alaskan natives. This group of ethnic elderly expressed a feeling of isolation and not being able to fit in especially with others who are non-Indian, and would like to participate in activities involving others of the same ethnic backgrounds as themselves. Other hindrances to engaging in physical exercise that were cited by everyone were the “weather, safety in the neighborhood, fear of crime, cost of programs and inadequate availability, frequency and affordable transportation”. Some dramatic fears were of rape, robbery, kidnapping or being a target of terrorists. (Belza, et al., 2004) The chronic diseases that they have also prevent them from being physically active. However, others thought that being physically active will lead to falls and fractures or exacerbate their symptoms and pain while some health care providers advised them that due to their age and condition it was best not to exercise.

Different ethnic groups show different influencing factors regarding engaging in various physical activities. However, there is a commonality of doing exercise as part of their management of chronic diseases. Identifying the biological, psychological, social and environmental factors that influence the participation in physical activity of an elderly ethnic adult may help in developing interventions that can change a sedentary lifestyle into a healthier and physically active one. (Belza, et al., 2004)

McKay and Pelletier (2007) have identified barriers to health promotional activities for both the clubhouse facility and its members in their study about health promotion in clubhouse programs. The barriers were mostly cost-

related and the main barrier to members was the inability to pay for the programs or activities and membership. Others barriers included lack of motivation, current health problems, lack of social support and transportation, and social stigma. The biggest barriers within the facilities were lack of funding and staff resources.

Older ethnic immigrant people living in the U.K. and suffering from mental illness such as dementia often receive care at home by their spouses or other female relatives, which is known to add stress within the family. Factors such as accessibility, perception of usefulness, distress caused by language barriers, stigma and beliefs in racism were among the reasons why they were not able to utilize health promotional activities offered by government agencies and non-profit organizations. (Livingston and Sembhi, 2003)

A study in Germany has shown that immigrants have higher prevalence of suffering from infectious disease during migration, and the presence of infectious diseases such as HIV or hepatitis can be barriers to participation in health promotional programs. Other barriers identified were cultural and religious origins, length of residency in Germany, language, gender and education and social status of the immigrants. (Spallek, et al., 2010)

### **3.6 Activities Provided by NPOs<sup>2</sup> and Their Effect on Mental Health**

Health promotional activities have an undeniably enormous impact on the mental health of the elderly and third party sectors or non-profit organizations are said to be mostly responsible in providing activities that promote mental health and well-being among the elderly. These organizations are an important part of the community and are essential in providing opportunities

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<sup>2</sup> NPO means Non-Profit Organization, it is a more common term used generally when talking about third sector organizations (Boyle, et al., 2007)

to its elderly population in promoting health. Aside from improving the physical and mental well-being of the members of the community, Boyle, et al. (2007) wrote that they also aim at giving “empowerment, support and advocacy” to the elderly.

Third sector parties or non-profit organizations have been broadening their involvement and responsibilities and extending the services they provide, such as “case management, screening for depression, massage therapy, home medication assistance, transport and supported accommodation”, as stated further by Boyle, et al. (2007). They also provide common activities such as teas, lunches and community barbeques that greatly affect social inclusion and prevent social isolation among the elderly.

However, similar obstacles have been identified that have a resounding negative theme when it comes to health promotional activities run by health and community centers. Although privately funded, most third sector parties or NPOs do not have infinite financial resources, which often limit their success. The organization is usually run by one or two paid staff and they mostly depend on the time and effort given by volunteers. Barriers to active participation by the elderly such as the issue of accommodation were still present and often not resolved. And although it is acknowledged that the organizations are functional in giving services that address the mental health problems of the elderly, findings in the study indicate a need of further education of the volunteer personal working within the organization to prove them to be more efficient in providing health promotional activities to the elderly. (Boyle, et al., 2007)

#### **4. Theoretical Background of Framework**

Health care has slowly evolved in the past couple of decades from the solely

concentrated treatment of diseases and moving to include determination resulting from scientific studies that raise the awareness of healthy living and putting into action these various studies ensuring an end result of good quality of life. This is further substantiated by international organizations such as the WHO (World Health Organization) and the different governments of industrialized nations by actively defining needs of their population and creating functional policies that support health promotion. (Pender, 1996, p.3)

The last quarter century has seen a shift in how nursing is viewed through the development of theories that redefine the profession into a more scientific paradigm. King (1994) further explains that making health promotion comprehensible is important in allowing nurses to identify and make methodological observations regarding health promotion that have great significance in the development of this discipline.

Pender's early work entitled *A Conceptual Model for Preventive Health Behavior* has provided the groundwork in investigations regarding how people made choices pertaining to their health. Identified decision-making markers lead to the development of the first Health Promotion Model in 1982, which has then been continuously revised and updated. (Sakraida, 2010, p. 434)

According to Pender (1996, p.188), health promotion is all about taking a positive and active approach towards achieving and maintaining a high level of health and well-being. It is designed to help especially those with chronic diseases or disabilities in living a productive life and involves an active participation in health promoting activities. In her book, she outlined numerous positive effects of regular exercise.

Exercise has positive effects on the cardiopulmonary and blood chemistry in the blood such as reducing systolic and diastolic blood pressure, increasing

oxygen content, decreasing cholesterol and serum triglycerides, increasing high lipoproteins, our peripheral blood circulation and return, increase blood supply to the heart, myocardial efficiency and heart rate recovery after exercise. Its oncologic effects in the body as well as in the immune system are that it reduces incidences of certain types of cancer, improves prognosis for post-treatment for cancer and increases the circulation of leukocytes. (Pender, 1996, p.188)

In our metabolic and endocrine systems, exercise improves glucose tolerance, decreases body fat and our body's adverse reaction to psychosocial stressors, increases endogenous opioid peptides, especially beta-endorphins, enhances oxidation of fatty acids and increases the metabolic rate in the body. In our musculoskeletal system, exercise increases lean muscle fat and maintains bone mass as well as prevents and improves chronic joint and back pains, and lastly increases muscle strength and endurance. The psychosocial effect of exercise is improved mental image of oneself and general mood, decrease in anxiety and depression, improved mental alertness and psychological well-being. (Pender, 1996, p.188)

Understanding factors that directly affect active participation in health promoting activities helps us in achieving successful intervention especially among the elderly, Pender (1996, p.192-196) further wrote in her book. The ultimate goal of the Health Promotion Model is the adaptation of health promoting behaviors that accentuate quality of life, which has pertinence to nurses and the nursing profession. The model also serves as a guide for further research and policy development especially in the nursing discipline. (Sakraida, 2010, p.434)

The Health Promotion Model designed by Pender seeks to describe the complexity of the human being which is manifested by their different characteristics and experiences and how these factors influence how they

interact with their environment in relation to their health. Pender identified three personal factors which are biological, psychological, and socio-economic factors. These can act as predictors to how a human being can or will respond to a given situation. The biological factors can be a persons' age, gender, physical strength or agility and the psychological factors can be how a person perceives his or her own personal health as well as the level of their self-esteem. Lastly, socio-cultural factors can be the persons' race or ethnicity, whether they are affluent or live in poverty and the level of education they have attained. All of these variables can be motivational factors or barriers to how a person makes decisions on activities regarding their health. (Sakraida, 2010, p.435)

Biological, psychological and socio-cultural individual factors as well as other related concepts such as assumed perceptions of hindrances and barriers to the activity, assumptions of benefits gained from the activity, personal belief in one's competency in achieving certain goals, personal feeling and even anxiety regarding physical activities, presence or lack of social support, assumptions and awareness of the whole situation and the environment are examples that influence the persons decision-making regarding health and participation in health promotional activities. (Sakraida, 2010, p.435)

## **5. Methodology**

The respondents have chosen to use a qualitative research method in the course of making the thesis. The reason for using this method is because it is the most common method employed in the field of nursing as it aims to gather a deeper understanding of human behavior or a phenomenon and seeks to provide the reasons behind it. Qualitative research strives to understand the complexity of human nature by conducting naturalistic methods of inquiry through collection and analysis of narrative materials. A characteristic of a qualitative research design which made it ideal for the

respondents' research was the flexibility of a qualitative research. It involves the merging of various methodologies, it tends to be holistic, it is focused on understanding a phenomenon and not making a prediction of the phenomenon, and it requires the researcher to be intensely involved in the process and be in the field. (Polit and Hungler, 1999, pp.13, 239)

Qualitative research, according to Reswick (1994), is interpretative and gathers descriptive data and then speculates on a theory. The qualitative methods used mainly include observation, in-depth individual interview, focus group, biographical method consisting of histories and narratives and analysis of documents and texts. (Ritchie and Lewis, 2003, pp.110-111)

By using an open-ended questionnaire guide (Appendix II) when conducting in-depth interviews, the respondents were able to identify themes that developed after the data has been collected. Themes develop during the gathering and analysis of qualitative data. According to Polit and Hungler (1999, p.580), "the researcher derives themes from the narrative materials, goes back to the materials with the themes in mind and sees if it fits then refines the themes when necessary." In the final stage of the research, the researcher weaves the themes together or seeks a pattern of interconnected themes to make an overall description or understanding of the whole data.

## **5.1 Data Collection**

Qualitative research studies use qualitative data that are usually narrative in nature. The researchers obtain narrative information from interviewing participants, or by making notes on how the subjects behave in natural settings, or by obtaining other narrative records such as diaries. These narratives are rich in detail and are time-consuming in collecting. (Polit and Hungler, 1999, pp.29-30)

Data collection in a qualitative research usually requires the researcher to go out in the field for sources of data but it is also possible to use other viable sources for data. The primary method of data collection is through conducting interviews. Another method is through observations of a subject or the phenomenon being studied. Qualitative researchers collect a large amount of data also through others means such as documents, records, artifacts, photographs and so on. (Polit and Beck, 2008, p.532) The respondents of this research has gathered data from articles, books and reliable internet sites concerning the subject matter and used the data gathered to formulate the questions on the questionnaires that were used as guidelines when we conducted the interviews.

All qualitative data collection will have some intention of structure. However, the extent to which the structure or content of data collection will be set in advance varies, depending on the specifics of the study. Open-ended questions are often used in qualitative interviews, which can encourage interviewees or participants to lead and shape their own narratives derived from their individual experiences and context. The researcher plays an active role in moving the discussion through a specific area of people's thoughts and experiences even though they could move into these areas spontaneously. This type of data collection is used to focus on a specific event or process and is concerned with what happened and how. (Ritchie and Lewis, 2003, pp.110-111)

There are three main types of data collection method that can be employed during a research. Self-reports, observations and bio-physiologic measures can be designed accordingly by the researchers, however, they should aim to collect the highest possible quality data that is in relation to the research questions. In a qualitative study where interviews are conducted, good interviewing techniques are essential, such as providing privacy and a quiet environment during the interview, clarification of comments and showing acceptance of the responses. Transcribing tape-recorded interviews as soon

as possible to maintain data integrity and reduce biases are also essential. (Polit and Hungler, 1999, pp.315, 326-327)

The respondents have chosen to use semi-structured instruments consisting of open-ended questions as a method in the data collection process. A qualitative research can use a structured approach in the form of a formal, written instrument called a questionnaire. In an open-ended questionnaire, the interviewees are asked to respond to questions in their own words. (Polit and Hungler, 1999, p.334)

Open-ended questionnaires have both advantages and disadvantages. It is time-consuming and very hard to analyze the answers to open-ended questions. Open-ended questions on the other hand give the person being interviewed the freedom to express themselves spontaneously and elaborate fully their answers and opinions if they are interested in the topic and are verbally expressive. However, other interviewees can be more shy and withdrawn in answering the questions and would need more time and prompting and encouragement from the interviewer. (Polit and Hungler, 1999, p.335)

## **5.2 Data Analysis**

Analyzing qualitative data is very challenging and mostly involves very intensive hard work that requires a researcher to have insight, creativity, ingenuity and conceptual sensitivity. The purpose of qualitative analysis is to organize and provide order to the large amount of data gathered so that emerging themes or categories are identified and then weaved together to form an integrated picture of the phenomena being studied. (Polit and Beck, 2008, p556)

Transcribing qualitative data is the first and essential step. Verbatim transcription of data sources, mainly from audio-taped interviews and field notes, is a critical process in preparing for data analysis. Meanwhile, researchers need to ensure that transcriptions are accurate to reflect validly the completion of the interviewees' experience as it can facilitate analysis. Transcription conventions are essential to follow, such as differentiating the informants from the interviewers, noting nonlinguistic utterances and emphasizing important words. Transcription errors are almost inevitable, which means researchers need to check the accuracy of transcribed data. (Polit and Beck, 2008, pp.508-509)

Developing a category scheme is the second step to organize the data by developing a method to classify and index it. Data must be transformed to smaller and more manageable units that can be retrieved and rechecked. The most widely used method is to develop a category scheme and then code data based on categories. Qualitative analysts must perform a careful reading of data and identify the underlying concepts and clusters of concepts in order to develop a high-level category scheme. Related concepts are often grouped together to facilitate the coding process in developing a category scheme afterwards. In conceptual categories, researchers must break the data into segments, closely examine them and compare them to other segments in similarities and dissimilarities to decide what the meanings of phenomena are. Important concepts that merge from close examination of data are then given a label which forms the elements for a category scheme. (Polit and Beck, 2008, p.510)

Coding data, the third phase, is based on fully developing a category scheme. Researchers may have difficulty in determining the most proper code, or not fully grasp the underlying meaning of some aspects of data. Rereading is performed until they grasp data nuances. Once researchers find out that the initial category scheme is incomplete, it is risky to assume that category is absent in materials that have already been coded. In such a

situation, researchers need to reread all the previously coded materials to have a complete understanding and grasp of the category. In addition, narrative sources are usually not linear. It is recommended that one person codes the entire data set to ensure coding consistency through interviews and observations. However, two or more people can conduct interviews early in the coding process, if possible, to enhance reliability. (Polit and Beck, 2008, p.511)

Researchers strive to weave the thematic pieces together into an integrated whole. The various themes need to be interrelated to provide an overall structure to the data. The integration task is a difficult one since it demands creativity and intellectual rigor if it is to be successful. Qualitative analysis is an inductive process that involves determining the pervasiveness of key ideas. (Polit and Beck, 2008, p.517)

According to Polit and Beck (2008), the qualitative data analysis has shown challenges resulting from three major issues. Firstly, there are no universal rules which can be used for analyzing qualitative data. Secondly, an enormous amount of work is required to organize and make sense of pages and pages of narrative materials. Moreover, some aspects that can be critiqued are the following; whether researchers made good judgments in coding the narrative materials; whether researchers took adequate steps to verify inferences and conclusions; whether the researchers have used one approach too consistently and have been faithful to the completeness of its procedures. The final challenge is to reduce data for reporting purposes. Researchers must make a balance to maintain the conciseness, richness and evidentiary value of their data. On the other hand, a qualitative analysis based on rich narratives is usually easier to understand and more interpretative than quantitative analysis. (Polit and Beck, 2008, p.530)

## **6. Ethical Consideration**

Researchers must always ensure that the rights of study participants are protected, especially if they involve human beings in a study research. In the past many human rights violations and ethical transgressions have occurred which lead to the establishment of the code of ethics. Ethical dilemmas still occur especially in the medical field that the code of ethics serves as a guide to researchers in their study. (Polit and Beck, 2008, p.152)

Researchers have an obligation not to subject study participants to unnecessary risk or harm. Participants have the right to protection from exploitation. They should have the right to self-determination and right to full disclosure. Study participants also have a right to fair treatment and privacy. It is also important that participants have adequate information and understanding about the research and have the right to consent to or decline participation in the study. Confidentiality and anonymity should always be guaranteed in the research study (Polit and Beck, 2008, pp.52-162). (See Appendix I)

One of the principle elements provided in the ICN Code of Ethics for Nurses is between nurses and people that provide guidelines that protect human rights, and specifies providing information for informed consent and using recording and information management that protects and safeguards confidentiality. Another element of the code between nurses and the profession is the provision of guidelines and standards in relation to nursing research. Nurses should be responsible and held accountable for maintaining a reasonable nursing practice that protects the safety, dignity and rights of the people as well as implementing reasonable standards in nursing practice, research, management and education. (The ICN Code of Ethics for Nurses, 2000)

The respondents have taken ethical principles into consideration when conducting the interviews. The study participants were informed about the purpose of the study when contact was first initiated and interviews with them were arranged and then when they were given the letters of confidentiality and anonymity guarantee as well as copies of questionnaires during the interview. (Appendix I & II) They were given the respondents' telephone numbers in case they needed any further clarification and the respondents made sure the study participants had given informed consent before starting the interviews. Further assurances were given that the tape-recorded interviews would be erased from the recorder after they had been transcribed onto paper and the paper interviews would be disposed of in the proper manner after the research paper was finished.

The starting point of this study refers to health promotion as one of the fundamental responsibilities of a nurse as outlined in the International Code of Ethics for Nurses. It is the nurse's responsibility to promote a healthy lifestyle that would empower patients and alleviate or minimize suffering that is associated with diseases. (The ICN Code of Ethics for Nurses, 2000)

## **7. Conduction of the Study**

The respondents have contacted key personnel of third sector organizations in the Ostrobothnia region and explained in English about the research but added that the interview can also be conducted in Swedish if necessary. This study is ordered by the project "Leading for a Change – Putting the Elderly in the Center". Copies of a questionnaire guide together with the letters of confidentiality were given to the informants. The informants were given oral information about the aims and purpose of the research before the interview started and were told that it would be tape-recorded for accuracy.

Five informants have graciously granted interviews to the respondents. Some of the interviews were conducted in one hour while another was done in less than 30 minutes and some interviews with informants who were interested in the subject matter took longer. All of the interviews were then carefully transcribed verbatim into the computer and then printed onto paper. One interview was conducted in Swedish and had to be transcribed from Swedish and then translated into English but the other four interviews were conducted in English. The respondents have gathered 52 A4-sized pages of transcribed data from the interviews including one translation from Swedish to English. Using the principles of content analysis as a guide, the collected data was repeatedly read until patterns or themes started to form or emerge.

## **8. Result of the Study**

The analysis of the data gathered during the analysis stage of the study is commonly referred to as the result. The data is studied, and its relevance to the aims and subject of the research together with the theoretical framework are all put together and interconnected, and then carefully interpreted by the researcher. During the interpretation phase, five aspects are given a large amount of consideration: accuracy, importance, meaning, the extent to which the data can be generalized and its implication. (Polit and Hungler, 1999, p.561)

It is important to the researcher that the results are accurate. To maintain the accuracy of the report the researcher must carefully evaluate the quality of the data, the reliability of its sources and whether there were biases present. (Polit and Hungler, 1999, p.562) The respondents kept to the accuracy of the interview by translating all the interviews carefully word by word. The informants that were interviewed were key members of the organizations that they represented. The importance and meaning of the themes that emerged

support the research questions that the respondents wished to be addressed.

### **Health Promotional Activities**

The informants answered that their organization did offer health promotional activities and most of the activities mentioned were familiar to the respondents based on the scientific material gathered for the literature review. Some had recreational socializing and physical activities in common. Everyone has commented positively on the activities and agreed that it is important for the elderly to maintain a good and healthy social contact and be physically active.

*“Yes, they are singing and they have lunch here . . . we think it’s very important.”*

*“They are going to restaurant for lunch, they are going to picnic and walk around here and to the harbor”*

*“They sitz dance<sup>3</sup>”*

*“They have memory training.”*

*“They have group walks in the summer by the beach or park, going to the theater, church programs, planting seeds in pots and taking it home with them, watercolor painting, knitting, handicrafts . . .”*

*“They can go to the theater, they can do sport, or they can sing or they can have third small group in group talking.”*

*“Yes, there they go dancing, puzzles . . .”*

### **The Presence of Potential Barriers**

The informants are aware of the potential barriers that can limit a person from availing themselves of the activities offered by the organizations, however, they do not have any solutions as they are just starting to address

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<sup>3</sup> Sitz dance: sitting on the chair and dancing. (one Informant we interviewed)

these problems. They remarked that the problems are being addressed by those in authority and that it is out of the hands of the organization.

*“It’s quite difficult to reach the people aged from 40 to 60 . . . they are building their own society with internet like Facebook . . . so we are facing a new kind of challenge.”*

*“We don’t offer transportation.”*

*“I should say that there would be a big issue about the language.”*

*“So they are very isolated and loneliness. They don’t go outside and they are at home.”*

*“People don’t know about this because there is no advertisement.”*

*“One foreigner elderly, she said she doesn’t need any elderly from the old land because she has her own family, children and relatives.”*

### **Financial Support**

Every organization costs money even if it is a charity organization. The informants said that they are financed privately and also get money from the government although some of the elderly pay a minimal amount out of their own pocket to join. Some of the informants mentioned that although the services are free they could not accommodate everyone and spaces are limited.

*“They come here, they only pay for the Invataxi, and they are paying for lunch but not for coffee.”*

*“Our service are free.”*

*“All pensioners here pay a little membership fee of 10 euros per year.”*

*“. . . there is also activities at senior center, it is free who is 65 and older, it doesn’t cost anything.”*

*“Something coming from Kela is about rehabilitation.”*

### **Cooperation with Other Organizations**

The informants are mostly working independently as an organization but are in contact with doctors and health care personnel in the hospitals. One informant said that her organization is responsible for organizing some seminars and training and education for the other organizations.

*“And in this model we are working closely with municipal and private home nursing, the community and medical center.”*

*“We always cooperate with health care center or hospital.”*

*“Not yet but we are thinking about it and are going to ask Vasa Stad if we could start that.”*

*“So we are doing the cooperation that we can do more together and not to sectorized working”*

### **Presence of Foreign Elderly**

The respondents were surprised to find out that there was presence of foreign elderly participating at least in some organizations. However as expected, the other organizations did not have any foreign elderly within their membership group but they have expressed the fact that this is a situation that they are aware of and might have to address in the near future.

*“No, we do not have any in our organization.”*

*“But we don’t have any specially focusing on foreigners or immigrants.”*

*“Now that I remember, we do have some foreign immigrants. . .”*

*“No.”*

*“There are some immigrants . . .”*

### **Future Plans for Foreign Elderly**

It has been discussed that because there have been no foreign elderly that are in need of the services provided by the organizations, this problem is not a priority, but that the management in the organizations are aware that this

could present a future problem and have confirmed during the interviews that they were thinking about it but nothing beyond that.

*“Yes, we have discussed that but everyone of us knows this will come in the future in this kind of service and this kind of foreningen<sup>4</sup>.”*

*“Not for us, but I think Vasa Stad is thinking about this . . .”*

*“I must admit we haven’t planned anything . . .”*

*“They said they are thinking about it and they are planning about it but they haven’t put it into action yet.”*

*“We have discussed about it.”*

## **8.1 Final Findings**

The respondents have found an interesting result from an interview that was completely unique in its own. One of the informants explained that the group of elderly in her organization undertook a special project and with the help of a professional movie-maker, using clay figures that they made of themselves, this group made an animation movie using their personalities and imagination in the movie. When the movie was done, the informant said that the group was very proud of their accomplishment but was surprised that they were able to undertake a project at their age.

The respondents found all major findings to be inconclusive due to the lack of availability of scientific research material relating to the subject matter. Also the aim of the research can only be partially addressed since different organizations have different agendas and none has specifically addressed the group of foreign elderly living in the Ostrobothnia region.

Even though the respondents have found that there are a lot of health promotional activities offered by third sector organizations, these activities

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<sup>4</sup> *Foreningen means the organization.(the informant we interviewed)*

are mostly designed and offered for Finnish citizens. The respondents have agreed that third sector organizations in the Ostrobothnia region are aware that the elderly foreigners living in the area might have need of their services in the future. Thinking about and discussing the future needs will help prepare third sector organizations in meeting their needs.

## **9. Critical Review**

Qualitative research is very hard to critique since different critics have different criteria of evaluating quality in qualitative research. Polit and Beck wrote in their book that “good qualitative work is both descriptively sound and explicit, and interpretively rich and innovative.” High quality in a qualitative research is measured by its trustworthiness. The respondents have used four criteria for developing trustworthiness by Lincoln and Guba (in Polit and Beck, 2008, p.584). These four criteria are credibility, dependability, confirmability and transferability.

Credibility refers to the confidence in the accuracy of the interpretation or findings of the data. According to Lincoln and Guba (in Polit and Hungler, 1999), the researcher could undertake several activities that could produce credible data. Prolonged engagement is the first and important activity and it means giving a sufficient amount of time in gathering data for preparation and checking for any misinformation. Another important activity that provides credibility is persistent observation and this means that the researcher is very focused on the aspects of the interview, especially parts that are very relevant to the topic of research. (Polit and Hungler,1999, p.427)

The credibility of the study has been addressed by the respondents by following the recommendation of Lincoln and Guba (in Polit and Beck, 2008). The respondents have gathered scientific materials about third sector

organizations and the health promotional activities they offered to the elderly and the barriers to these activities. Then the respondents sat down and using the information gathered from these materials formed the questions to be asked during the interviews. We also checked that the informants were valid key personnel in the organization they represented. During the interviews we focused on the topic of the research and tape-recorded the whole interview in order to be accurate in transcribing it.

Dependability, according to Lincoln and Guba in Polit (in Polit and Beck, 2008), refers to “the stability of data over time and conditions and is somewhat analogous to reliability in quantitative studies.” This means that if the study was repeated, would the findings be similar with the same participants and conducted in the same context? Both credibility and dependability go hand in hand, meaning that the study cannot be credible if it is not dependable or that it is not dependable if it is not found credible. (Polit and Beck, 2008, p.585)

Based on the answers given by the informants during the interviews, the respondents are confident that the findings will not change over time and if conducted with the same participants and conducted in the same context. The issue raised during the research study has been found to be not an immediate problem; therefore there is no rush in trying to provide an immediate solution.

Confirmability based on the criteria by the Lincoln-Guba (in Polit and Beck 2008) framework means that the data gathered is objective and provided by the informant and not in any way influenced by the researchers' biases, perspectives and motivations. (Polit and Beck, 2008, p.585) The respondents have addressed the issue of confirmability by tape-recording all the interviews and transcribing carefully word for word onto the computer and then onto paper the interviews so that the interpretations are not influenced by the respondents' own opinions.

Another criterion to be addressed is transferability and according to Lincoln and Guba in Polit and Beck (2008, p.585), this means that there is a potential that the findings can be applied in another setting or group. The respondents do not have sufficient data to enable others interested in making an extrapolation of the findings so this criterion cannot be fulfilled.

The last criterion is about authenticity and this means that the researchers has conveyed the lives narrated in the interviews realistically. The respondents have used quotations to show how the informants narrated the information and by using their own words we believe we have conveyed authenticity in the research. (Polit and Beck,2008, p.585)

## **10. Discussion**

In a qualitative study the discussion is when the results of the study are given meaning and one seeks to understand why the results are the way they are. The interpretation of the results, implications and study limitations are the three elements that are used as guidelines to form the body of the discussion section in the research. (Polit and Hungler, 1999, p.93)

The respondents' primary aim in this research study has been to find out what health promotional activities were provided by third sector organizations for foreign elderly as well as accessibility to these activities. The secondary aim was to raise awareness of different third sector organizations and their elderly activities in the Ostrobothnia region.

The respondents started by gathering a large amount of scientific data from the EBSCO and CINAHL databases. However, we found out that there was not a lot of research material that had relevance to our research topic or that

the research studies that were relevant were only available to students in abstract forms.

Some research studies that we have gathered about health promotional programs provided by the third sector in the United States, Australia and Asia have provided the respondents with information about successful health promotional activities such as weight training, dancing, chair exercises, walking, tai-chi and swimming. These research materials give support to our use of Pender's Health Promotion Model which advocates having a positive and active approach in life to maintain a high level of health and well-being. (Pender, 1996, p.188) Based on the data analysis, there is a similarity in the health promotional activities offered by third sector organizations everywhere. Socialization such as sharing meals and going to theaters and participating in physical activities such as chair-based exercise and group walks are important to maintain the health and well-being of the elderly.

Research studies done in the U.K. and Germany as well as some parts of the United States also provided the respondents with information about barriers or perceived barriers to health promotion. This further provides support to Pender's Health Promotion Model, in that by identifying external and internal barriers, the nurse can then help in facilitating health goals for the client. (Pender, 1996, p.179) Identified barriers such as lack of funds and transportation, the language, isolation and loneliness, are reflected in the answers of the informants during the interviews. Limited accessibility to these activities provided by third sector organizations is also a common barrier. Whether this is partly due to lack of funds or transportation or awareness and knowledge about the organization and the activities they offer is an important issue that the respondents believe should be addressed.

One noticeable thematic result is the lack of foreign or elderly immigrant participation in the activities offered by the third sector organizations in the

Ostrobothnia region. One informant has said that they only offer a limited amount of participation in their organization and that it is specifically designed for Swedish-speakers only. All of the informants explained the lack of foreign elderly participation in their organization by saying that there has not been a need among this group of elderly for their services as of yet, but they are aware this might happen in the foreseeable future.

In this study, the respondents were not able to fulfill the aims outlined in the research because there was not enough information about elderly from minorities living in Ostrobothnia. The respondents were also not able to find answers to the research questions due to the lack of elderly foreign minority and ethnic group participation in third sector organizations in the Ostrobothnia region.

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## APPENDIX I

Information letter for the research

Dear informants,

31.03.2011

We are nursing students from Novia University of Applied Sciences in Ostrobothnia, Finland. We are participating in a project entitled “Leading for a Change – Putting the Elderly in the Center” and as part of the project we are conducting a study about health promotional activities for elderly minorities. The aim of the study is to find out available activities or accessibility to activities that are organized by Third Sector Organizations aimed at promoting health and well-being among elderly minority and ethnic groups.

Your input and opinions as part of a third sector organization are valuable in the completion of our study. We will conduct the interview in the English language and will tape-record the interview for analysis purpose, and destroy the tape after the analysis is done. Your rights of **privacy** and **confidentiality** will be maintained throughout the study and we hope that you will feel comfortable in giving your honest opinions. If you prefer not to answer any particular question/s, please feel free to say so. If you have any questions concerning the interview, please do not hesitate to contact us. We will be happy to answer your questions.

Thank you for participating,

Yours sincerely,

Jane M. Hägg

Haixia Zheng

+358405266269

+358440430198

## APPENDIX II

### Questions for interviewing the organizations

1. Can you tell a little bit about the organization? (What is the name of this organization? Why has it been established? What is its purpose? Where is it located? Are there other similar places in Ostrobothnia?)
2. Can you tell me about yourself? (How did you get involved with the organization? Why did you get involved? How do you feel about it?)
3. What kind of activities do you offer to foreign elderly minorities living in Ostrobothnia? (If not, what kind of activity do you plan for this group in the future?)
4. What are the potential barriers to health promotion activities among this group of elderly?
  4. (a) Tell us about the people who use your services or avail of the activities you offer? Are there other elderly people outside Ostrobothnia that use your services and avail of the activities offered?
  4. (b) Does the weather in Finland affect the participation of the elderly in the activities that you offer? Do you cancel the scheduled activity in cases of really bad weather or do you provide alternatives for them? What are they?
  4. (c) Do you provide transportation for your clients? (If not, do you go and visit them?)
  4. (d) Do the activities or services you offer cost money? (Does the government or any charitable organization provide financial help to the elderly clients?)
5. How does the organization plan for the elderly people coming from Africa, Asia etc...How will the organization communicate with them?

Thank you for your participation

## APPENDIX III (a)



HADB41

### BESTÄLLNING AV LÄRDOMSPROV

1. Enhet/avdelning, organisation, adressuppgifter Projekt Medvårdna
2. E-mail adress Yvonne.hellw@sofuk.fi
3. Projektets syfte och innehåll aim The primary aim of the study is to find out available activities or accessibility to activities that are organized by the third sector organizations, actions are at promoting health and well-being among elderly minority. The secondary aim is to raise awareness of different third sector organizations and their elderly activities in Vasa Region.
4. Projektet skall utmynna i \_\_\_\_\_
5. Lämplig tidpunkt för projektets utförande 1.9.2010 - 29.8.2011
6. Projektansvarig på enheten/avdelningen \_\_\_\_\_
7. Deltar avdelningspersonalen i projektet.  Ja  Nej
8. Önskemål om antal studerande som deltar i projektet 2 students
9. Projektet finansieras av beställaren\*.  Helt  Delvis  Inte alls
10. Övrigt \_\_\_\_\_

Ort/Datum 26.8.2011 Vasa

Namnunderskrift Yvonne Hellw

Tjänsteställning Projektledare Medvårdna

Beställningen skickas till

Yrkehögskolan Novia  
Hälsovård och det sociala området  
Seriegatan 2,  
65 320 Vasa

\* separat avtal uppgörs vid behov.

## APPENDIX III (b)



### UPPDRAGSAVTAL MELLAN STUDERANDE OCH UPPDRAGSGIVARE

#### Uppdragsgivare

Namn Projekt Medvårdarna  
Kontaktperson Gronne Hilli  
Kontaktuppgifter gronne.hilli@esjvk.fi

#### Studerande

Namn Jane Hägg, Haixia Zheng  
Kontaktuppgifter Jane.Hagg@novia.fi  
Utbildningsprogram Nursing 08

#### Handledare

Uppdragsgivaren: Namn ~~Rika Levy-Halmbury~~  
Kontaktuppgifter ~~rika.levy-halmbury@novia.fi~~

Yrkeshögskolan Novia: Namn Rika Levy-Halmbury  
Kontaktuppgifter rika.levy-halmbury@novia.fi

#### Examensarbetet

Syfte The primary aim of this study is to find available activities or accessibility to activities that are organized by Third Sector Organizations, actions aim at promoting health and well-being among elderly minority. The secondary aim is to raise awareness of different third sector organizations and their elderly activities in Vasa region.  
Arbetsrubrik Health Promotion Activities for Elderly Foreigners A Study about third Sector Organization and their Health Promotional Activities for Elderly Foreigners in Vasa Region.  
Upplägg och tidsdisposition

#### Upphovsrätt

Upphovs- och äganderätten till examensarbetets resultat tillhör alltid den/de studerande. Uppdragsgivaren ges med detta avtal oinskränkt rätt att använda examensarbetets resultat Ja  Nej

#### Övriga villkor

Uppdragsgivaren betalar antingen Yrkeshögskolan Novia eller den studerande för examensarbetet Ja  Nej

Uppdragsgivaren har för avsikt att utnyttja resultaten i sin verksamhet

Ja  Nej

För övriga villkor som exempelvis tystnadsplikt, publicering eller ekonomisk ersättning avtalas separat.

Datum och underskrift

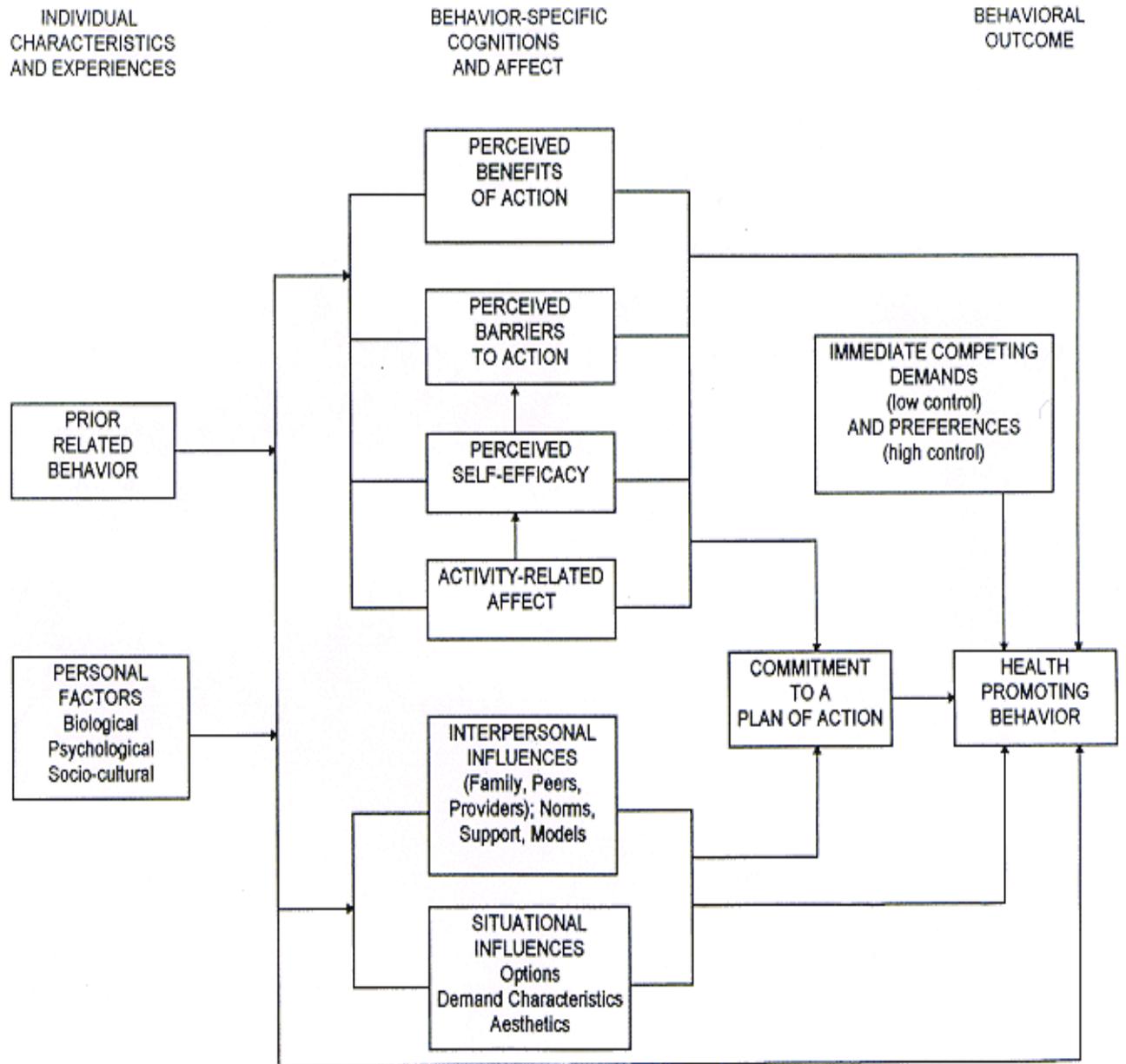
26.6.2011

Gronne Hilli  
Uppdragsgivare

Jane Hägg Haixia Zheng  
Jane Hägg Haixia Zheng  
Studerande

PA/representant YH Novia

**Figure 1**



Revised Health Promotion Model

Revised Health Promotion Model 1996 cited in Pender, 1996, p 67.