東華三院
Tung Wah Group of Hospitals

探討及提升香港與上海長者靈性研究

A Study on Assessing and Enhancing Spirituality among Elders in Hong Kong and Shanghai

心安理得

滿足

希望

喜樂

自在

In collaboration with

香 港 大 學
THE UNIVERSITY OF HONG KONG

Acknowledgement

The issue of ageing population in Hong Kong is becoming more prominent that TWGHs, with "to care for the elderly" as one of the major parts of our mission, is aware of the long-term benefit in exploring the quintessential need of the elderly in our community. In order to render more effectively our multifarious elderly services, TWGHs initiated "A Study on Assessing and Enhancing Spirituality among Elders in Hong Kong and Shanghai" in 2009.

Upon the accomplishment of the Study, I would like to express our sincere gratitude to Dr. Vivian Lou Wei-qun, Assistant Professor of Social Work and Social Administration Department and Associate Director of the Sau Po Centre on Ageing at the University of Hong Kong, for taking the leading role of principal investigator in this unprecedented research project which explore and enhance spirituality among Chinese elders. Her expert input and devotion were indispensable to the successful completion of this study. We were also honored to have Professor Gui Shi-xun, from the Institute of Population Studies at East China Normal University, Shanghai, to collaborate on this meaningful study. As a well-known professor in population study and ageing policy in China, Professor Gui provided much insight and guidance during the whole research process. Besides, we wish to convey our special appreciation to Professor Daniel Shek Tan-lei, Chair Professor of Applied Social Studies in the Department of Applied Social Sciences at Hong Kong Polytechnic University, who has furnished us with valuable professional advice whilst being the research consultant of this project.

Last but not least, we must express our heartfelt thanks to the elderly and expert participants in this research project. Without their candid contributions, the goals of this pioneering study could not have been achieved.

The results of this study have definitely inspired new service directions and brought new impetus to the continuous improvement of spiritual care services for the elderly. We are committed to applying the findings and recommendations of this study into TWGHs elderly services so as to fulfill our mission to enhancing the right of the elderly population to enjoy lives of dignity and happiness. We also hope the study's suggestion to nourish a social environment of respect for elders will be echoed by people from all walks of life.

(Chang Juo Hwa, Charles)
Chairman
Board of Directors
Tung Wah Group of Hospitals
June 2011

Preface

To achieve holistic care for our elders, it is suggested that efforts to enhance spiritual well-being be integrated into the existing framework of elderly policy and service provision in Hong Kong. Conceptualizations and assessments of spirituality are influenced by cultural and social contexts. Under the collective cultural tradition, Chinese elders have largely led relation-oriented and family-centered lives, within which the interdependence of human beings in collective groups, such as families and friendship networks, is emphasized. Relation-orientation is manifested at multiple-levels of Chinese society, from institutions and organizations, to families, where rules and expectations shape individual behavior. Hence, it is reasonable to assume that the spiritual pursuits of Chinese elders are influenced by interdependence and relation-orientation.

Considering the afore-mentioned cultural factors, a conceptual model of spirituality for Chinese elders was proposed. After a series of studies, a process model of spirituality for Chinese elders was defined. According to this process model, a sense of meaningfulness is composed of three key elements: spiritual well-being, meaning of life, and transcendent forces. Transcendent forces are generated from a dynamic sense of purpose in harmonious person-environment relationships, including individuals' relationships with themselves, their family members, people other than their families, and their environments. This model is characterized by cultural sensitivity and has a relational but non-religious nature. It fills a gap in the international literature on spirituality studies of people with Chinese cultural backgrounds. It can also be used as a reference, to generate intervention programs in social work practice with a collective cultural context.

This research project offered valuable opportunities to assess the spiritual needs of elders from two metropolitan cities in China - Hong Kong and Shanghai. Collaborating with Shanghai on the exchange of social service experiences and ideas was, indeed, a memorable and positive experience. It is hoped that combining and leveraging the strengths of these two cities will exert a synergistic effect on the promotion of the spiritual well-being of elders and serve as a reference for the future development of support services and policies related to spirituality of elders in both cities. More joint efforts by different Chinese communities should be encouraged to sustain momentum in the development of spiritual care for elders. The research, itself, started the ball rolling and will surely shed light on meeting the neglected need for spiritual care.

Research Team
June 2011

前　言

　　在中國內地大多數長者不信仰宗教的情況下，如何關心他們的心靈健康，使他們歡度晚年和幸福養老，不僅具有重要的理論意義，而且對於完善政府關愛長者的政策措施，拓寬社會和家庭關愛長者的視野，搞好全方位的養老服務，提高長者的生活品質，具有重要的應用價值。

　　東華三院社會服務科安老服務部自2005年起就推出「圓滿人生服務」，在「四全照顧」的服務理念中，強調開展「身、心、社、靈」的全人照顧。為了深入探討本土化的長者靈性問題，進一步搞好對長者的靈性服務，他們在2010年專門設立了靈性研究項目。一年多來，在香港大學樓瑋群助理教授和東華三院安老服務部徐李健明主任的精心組織下，專案組成員從對靈性的內涵理解、長者靈性所涉及的主要方面、調查問卷設計、調查員培訓、資料錄入清理，一直到撰寫研究報告，都積極參與、同心合力、優勢互補，達到了預期目標。

　　應樓瑋群教授和徐李健明主任的熱情邀請，我及其指導的研究生有幸參與這個項目，在上海開展長者靈性研究的調查，從中學習到東華三院同工的開拓進取、愛崗敬業、樂於奉獻、真誠待人的優秀品質。我相信該研究專案成果對豐富國際文獻中中國文化背景的靈性研究，更好指導華人長者靈性關懷的服務實踐，將會增添輝煌的一頁。

華東師範大學人口研究所終身教授桂世勛

二零一一年六月

Foreword

It is common to see people showing behavior within the realm of spirituality: some people go to church on Sunday while some people pray to Buddha in time of crises; young people always ask questions about meaning of life and they quest for the ultimate truth; people with disabilities or illnesses commonly ask questions surrounding life and death; policy makers always ask how we can give more hope to the new generations. Unfortunately, despite its importance in human behavior and the Chinese culture, scientific studies of spirituality have been very limited in different Chinese communities (Shek, 2010b, in press). As pointed out by Shek (2010a), the study of Chinese spirituality is also limited in different stages of the life cycle.

Against the above background, this project is a ground breaking attempt in the Chinese culture. There are several unique features of this project. First, interdependence and relation-orientation are added to broaden our understanding of Chinese spirituality. Second, based on an integration of the literature and empirical evidence, a process model of Chinese spirituality was proposed which has important service implications in the intervention contexts. Third, based on the quantitative and qualitative data collected, the Spirituality Scale for Chinese Elders (SSCE) was developed and validated. In view of the lack of psychosocial measures in the Chinese contexts, this is an important addition to the literature. In sum, this is a truly pioneer piece of work which is highly useful to researchers and practitioners in the field of gerontology. It is indeed my honor to be the research consultant for this project.

Daniel T.L. Shek, PhD, FHKPS, BBS, JP
Chair Professor, The Hong Kong Polytechnic University, Hong Kong
Advisory Professor, East China Normal University, Shanghai
Honorary Professor, Kiang Wu Nursing College of Macau, Macau
Adjunct Professor, University of Kentucky College of Medicine, USA
June 2011

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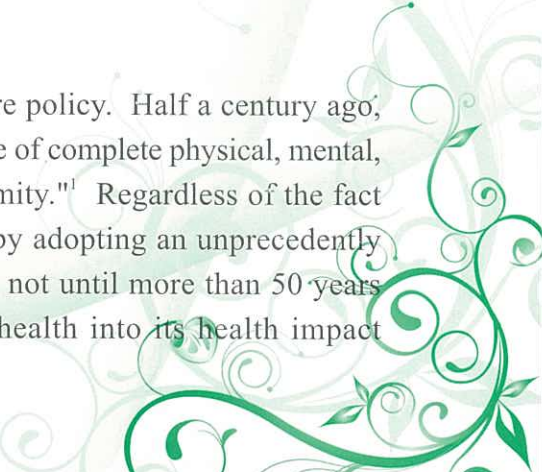
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INTRODUCTION

How can spirituality contribute to the holistic well-being of Chinese elders? Inspired by curiosity and passion for enhancing the quality of elders' lives, we experienced a rich and substantial journey, together with elders, their family members, and health care professionals and workers, searching for and discovering the meaning of spirituality among Chinese elders. Our expedition has opened the door to harmony and peace in our relations with ourselves and others, which may have been previously limited by personal difficulties, interpersonal barriers, and/or situational circumstances. The journey has also brought us in touch with a sense of what it means to experience optimal being, an understanding that may have been restricted by feelings of indifference, reproachfulness, and hopelessness. This experience generated enthusiasm and passion that further fueled our journey. We wish to share with you what we have undergone, reflected on, and learned about the conceptualization and assessment of spirituality among Chinese elders.

We define spirituality as a dynamic process of pursuing a sense of meaning, which is in line with broader definitions of spirituality that differentiate spirituality from religiosity. In this executive summary, you will perceive the richness and evolving nature of conceptualizations of spirituality and witness the development of a measure called the Spirituality Scale for Chinese Elders (SSCE). Due to space limitations, we will not emphasize the details of our investigation, but will highlight, instead, the most significant findings. However, details are available, upon request. Last, but not least, we recognize that we have been influenced by the living traditions of Chinese people in our respective Chinese communities of Hong Kong and Shanghai.
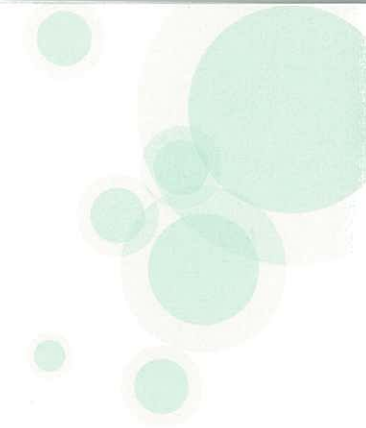
The executive summary contains five sections. The first section defines spirituality and briefly reviews and summarizes its importance to the well-being of elders. Sections two to four describe the key findings of a three-phase analysis that included qualitative enquiry, expert consensus, and quantitative examination. The fifth and last section concludes with a discussion of the findings and recommendations for further research.

WHAT IS SPIRITUALITY?

Spirituality has long been ignored or excluded from health care policy. Half a century ago, the World Health Organization (WHO) (1948) defined health as "a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity."[1] Regardless of the fact that this definition marked a breakthrough in definitions of health by adopting an unprecedently broad scope that went beyond physical health and/or illness, it was not until more than 50 years later that the WHO (2003) incorporated spiritual dimensions of health into its health impact assessments.[2]
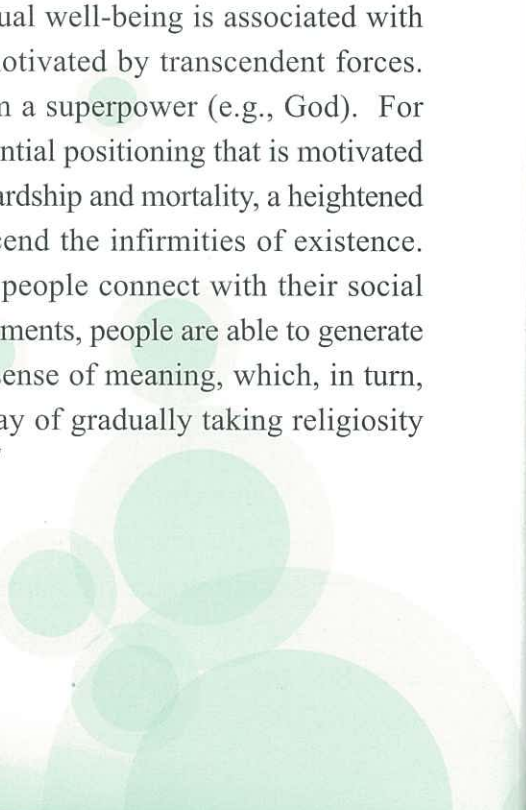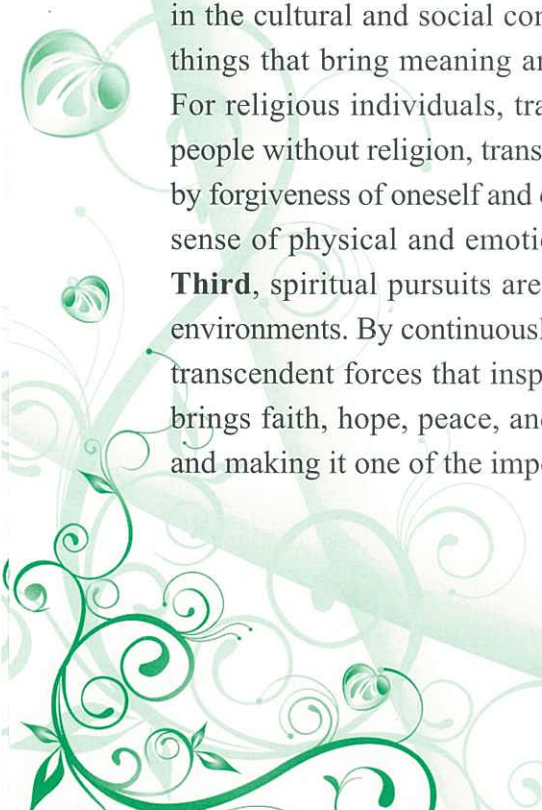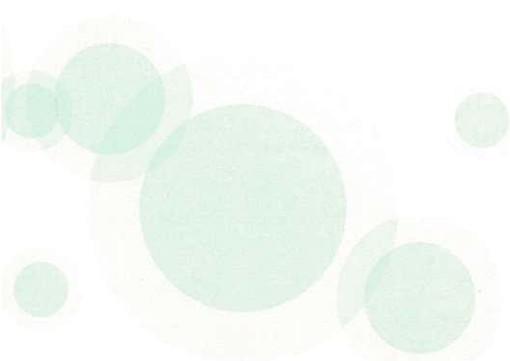
While spiritual pursuits have long been a feature of human history, they are most often confined to religion and enacted in churches and/or religious organizations. It was not until a few decades ago that health care professionals started to examine and practice holistic care in health care interventions.[3] Holistic care approaches advocate the targeting of four interconnected dimensions of human need: physical, psychological, social, and spiritual. Apart from the body-mind and person-in-environment elements characterized by bio-psycho-social dimensions, the spiritual dimension is recognized for its unique contribution to quality of life among elders through meaning-making and achieving a sense of optimal being.

In the past few decades, spiritual care has been increasingly recognized as important in the provision of human services in social and health care settings.[4] There is a well-developed body of literature identifying the beneficial effects of spiritual well-being on quality of life. Spiritual well-being benefits physical health and psychological well-being. Moreover, spirituality is an important coping strategy adopted by people experiencing life crises, such as chronic illnesses or cancers, and facing the end of life.[5]

Regardless of enthusiastic findings on spirituality's beneficial health effects, there has been no consensus on how to define and measure spirituality.[6] A review of the literature revealed three observations that guided our journey as we evolved a conceptualization of spirituality among Chinese elders. **First**, spirituality refers to subjective interpretations of a sense of meaning that are embedded in the cultural and social contexts of individuals. **Second**, spiritual well-being is associated with things that bring meaning and purpose to an existence that is motivated by transcendent forces. For religious individuals, transcendent forces usually come from a superpower (e.g., God). For people without religion, transcendent forces may come from existential positioning that is motivated by forgiveness of oneself and others, awareness and acceptance of hardship and mortality, a heightened sense of physical and emotional wellbeing, and ability to transcend the infirmities of existence. **Third**, spiritual pursuits are crystallized in daily practice when people connect with their social environments. By continuously interacting with their social environments, people are able to generate transcendent forces that inspire and motivate them to achieve a sense of meaning, which, in turn, brings faith, hope, peace, and empowerment. Spirituality is a way of gradually taking religiosity and making it one of the important cornerstones of quality of life.[7]

What is the Chinese understanding of meaning of life and optimal being? What are the purposes of Chinese people's existence? How is the meaning of life preserved and manifested in Chinese elders' daily connections with their social environments? A recent review showed that studies on Chinese spirituality are still rare.[8] Hence, with the above questions in mind, Tung Wah Group of Hospitals (TWGHs) and The University of Hong Kong (HKU) collaborated to conduct the present study and examine the underlying conceptual structure and measurement of spirituality among Chinese elders. Our results pave the way for the future development of efforts to provide spiritual support and enhancement to Chinese elders.

The research project was initiated in November 2009 and included three phases. **Phase one** consisted of a qualitative research. Focus groups and in-depth interviews were used to elicit the meaning of spirituality, from the perspective of Chinese elders and people having close relationships with Chinese elders. **Phase two** was a Delphi study aimed at reaching expert consensus on the meaning of spirituality among Chinese elders. **Phase three** was a quantitative research aimed at validating the Spirituality Scale for Chinese Elders (SSCE). Having considered that historical and social context would be an important part of our conceptualization of spirituality among Chinese elders, we purposefully targeted both Hong Kong and Shanghai, with a hope of synthesizing and comparing the life experiences of Chinese elders in these cities, in relation to their spiritual pursuits.

Shanghai, as one of the most developed cities in China, has always been regarded as a promising city for cross-boarder and international comparisons. At the cross-boarder level, Hong Kong and Shanghai share similar demographic profiles and developmental goals. At the international level, Shanghai has often been regarded as a model for other cities undergoing social development.[9] However, it is also true that Shanghai and Hong Kong are under different administrations and welfare regimes. Table 1 highlights the key social-cultural characteristics of Shanghai and Hong Kong.
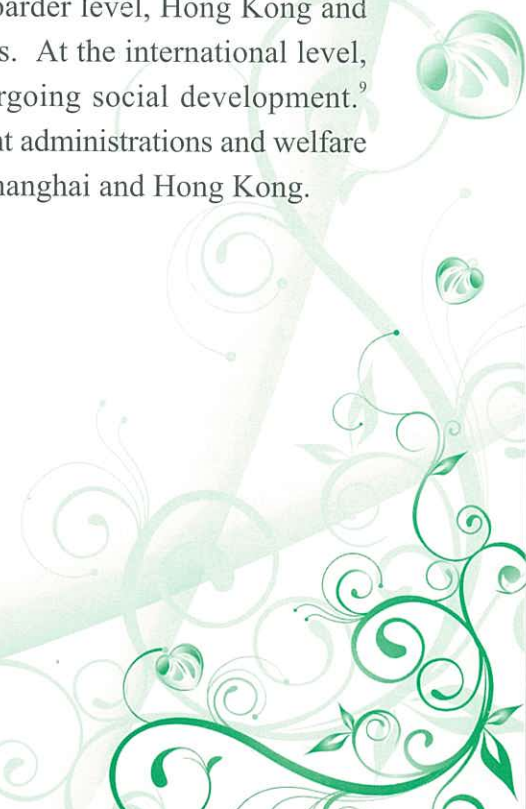
Table 1

A comparison of the social-cultural characteristics of Hong Kong and Shanghai:

	Hong Kong	Shanghai
Aging population (60 or above)	1,317,400 (18.6%)	3,310,200 (23.4%)
Life expectancy	80.0 (male) / 85.9 (female)	79.8 (male) / 84.4 (female)
Living arrangement		
Single	10.7%	11.2%
Older couple	22.7%	23.2%
Live with children/grandchildren	63.1%	62.7%
Other	3.4%	2.9%
Law	No (done by moral obligation)	Yes
Income protection		
Pension	Around 4%	Around 75%
Social security[a]	9.3%	3.6%
Elder living in Institutional facilities[b]	75,198 (5.70%)	97,841 (2.96%)
Health care	Highly subsidized acute care and public hospitals	Medical insurance Community health centre Jiating Bingchuang (家庭病床)

Notes. [a] Social security Shanghai = Minimum Standard of Living Scheme, Hong Kong = Comprehensive Social Assistance Scheme. Both are means - tested financial support schemes targeting people living in poor families.

[b] There are no eligibility criterion for entering into institutional facilities in Shanghai. Hence, elders with various health statuses are staying in institutions. It was estimated that less than 20% of institutional residents had long-term care needs, which was not the case in Hong Kong.[10]

QUALITATIVE ENQUIRY

Our qualitative enquiry started in January 2010. Altogether, eight focus groups were held - four in Hong Kong and four in Shanghai. In both cities, we invited key stakeholders to participate: (1) residential home-dwelling elders, (2) community-dwelling elders, (3) family caregivers for elders, and (4) social service staff who catered for elders. In addition, three in-depth interviews with elders were held in Hong Kong. All participants were recruited from residential homes and community centres in TWGHs in Hong Kong and three street offices in Shanghai. A total of 67 participants joined either focus groups or in-depth interviews, which were guided by a semi-structured interview guideline that aimed to elicit participants' views and experiences of spirituality (e.g. a sense of meaning).

The start of our journey did bring us into a world of new inspiration. Spirituality, or a sense of meaning, has not been a subject of discussion in Chinese elders' daily lives. Participants were invited to participate in a journey of discovery that opened the door to a new layer of life experiences - less verbally communicated, but certainly sensed. Participants expressed the view that traditional values had an impact on their interpretations of the meaning of life, noting that this was generated by connections to daily life experiences that changed throughout their lives. When approaching the late-life stage, the life achievements of family members, children in particular, were regarded as optimal and meant a lot to elders.[10]

"啲仔孫令到佢好有動力呀，‘我熬到今時今日啲仔女都唔錯呀，啲孫幾錫我呀，就開心…" (配偶照顧者，女)。 *(Children and grandchildren provide him with life energy. 'Now, our children all have their own lives, and our grandchildren love us very much.' Then, he feels very happy - Spouse caregiver, Female.)*

By contrast, children's lack of achievement could have a negative impact on sense of meaningfulness. The following narratives illustrated this:

"…會俾傳統嘅思想去影響呀，…，即喺比如兒女乜都好啦，好孝順呀，好聽話呀，有乜野發生呀，但喺掉番轉啲兒女好大事大非呀，又坐過監，或者呀又吸過毒呀嗰啲，即喺你就會覺得好多好多波折呀，咁其實會好影響佢呢自己去睇…囉。" (院舍職員，女) *([Elders] are affected by cultural traditions ... For example, when their children are filial and develop well [they feel happy]. On the contrary, when their children commit crimes, abuse drugs, or experience a lot of ups and downs, then elders have different views - Staff from residential care facility, Female.)*

Participants confirmed our assumption that social and cultural context had an impact on spiritual pursuit and/or sense of meaning. Then, where do transcendent forces come from? Participants revealed that they came from existential positioning that was motivated by traditional moral standards that defined how individuals should relate to themselves and others, by awareness and acceptance of life's hardships and mortality, by a heightened sense of physical and emotional wellbeing, and by the ability to transcend the infirmities of existence.

"我呢，主要幾個字就講晒，做人呢知足常樂，我要求好高呀，自己做得嘅野盡自己力量去做，唔好貪心，就喺咁樣，我喺簡單…" (院舍長者，女) (*I am very simple - we should be satisfied with our lives. I demand a lot of myself. I try my very best and am not greedy. That's it - Residential facility resident, Female.*)

"即係你以前就因為工作啦，因為生活啦，咁你就無咁多時間去考慮呢啲野啦，咁而家呢你而家得閒左你就可以安排下自己嘅生活，咁你安排得好啲嘅話，咁充實啲嘅話，個人都開心啲啦，唔洗一日到黑都話依度痛，你話痛就更有嘅，到咁上下年紀好話唔好聽機器都退化都壞啦，我哋機能都退化咗好多囉，咁但係你適當嘅治療，你自己又做適當嘅鍛鍊呢，對你自己機能嘅身體又有咗幫助囉。" (配偶照顧者，女)。(You were too busy to give a thought to the meaning of life in the past; but now you have plenty of time to plan for your life, and you are likely to be happier and less bothered by pain if you have a plan to make your life fulfilling. Physical decline and pain are simply inevitable at our age, but as long as you receive appropriate treatment, and exercise adequately, it helps with your physical health - Spouse caregiver, Female.)

"好多人話糖尿，又話嘜嘜，我話我唔擔心嘅，我話人生只有一次死咪死囉，總之放開壞抱，唔好當自己有病我話，總言之依時去囉到藥食，就依時去食藥，自己依時檢討注意自己嘅身體，注意自己嘅健康…。" (社區長者，女) (Many other people who have diabetes are worried about it, but I'm not worried. I can only live my life once and death is no big deal to me; I just want to be open and not take up the role of a sick person. For me, getting my prescription drugs and taking the medication on time, and checking my own condition regularly to keep myself healthy, are the happiest things in my life - Community-dwelling older person, Female.)

"唔好話去尋些過去，則喺人呢你唔好想發達，最緊要身體健康，呢啲發都發唔到嘅，命裡有時就終須有，命裡無時莫強求。都係咁講，我意思呢都係咁講。" (院舍長者，男) (There is nothing special apart from that; just don't dwell on the past and daydream about getting

rich. Being healthy is of the utmost importance, and you can't ask for it. What I mean is that whatever is yours will be yours eventually, and don't beg for anything that you can't have - Residential facility resident, Male.)

Spiritual pursuits were crystallized in daily practices when elders connected with their social environments, including family members, friends, neighbours, and formal caregivers. We frequently encountered elders and family members who shared a sense of peacefulness and harmony that was linked to their existential spiritual positioning.

"和平呀，唔好搞咁多事幹呀，咁呀我鍾意囉，成日罵人呢我就覺得…" (院舍長者，女) (*Peaceful. Don't bring conflicts. Then, I like it. If people always induce conflicts, I feel [bad]* - Residential facility resident, Female.)

"靈性即係唔好成日同人地嗌交呀，冇唧氣呀，大家和和氣氣呀…" (院舍長者，女) (*Spirituality refers to avoiding interpersonal conflicts with others, keeping harmonious relationships* - Residential facility resident, Female.)

A total of 20 hours of audio recordings led to more than 220,000 words of full transcription. Guided by a thematic analysis process, open coding was independently conducted by 2 research team members, generating more than 400 themes. Six members of the research team were involved in the exile coding process, in which categories of themes were generated based on open codes. After conducting concept mapping, key theme categories emerged, with a pool of items in each. Initial refinement efforts focused on (1) combining and eliminating redundant items; (2) editing items, to develop the clearest and simplest language possible; and (3) eliminating items with vague or ambiguous terms. Then, a pool of 102 items was developed and organized according to the key themes of spirituality. Hence, we come to an initial conceptualization of spirituality while considering the Chinese collective cultural tradition, which is characterized by interdependence and relationship-orientation, with a limited religious element.[12]

EXPERTISE CONSENSUS

Having developed our initial conceptualization of spirituality, we carried out a two-round Delphi exercise between May 2010 and July 2010 with an expert panel of 16 members from 3 Chinese communities on Mainland China and in Taiwan and Hong Kong.

Panel members were asked to rate the degree of each item's relevance and also provide their comments or suggestions on the Chinese conceptualization of spirituality. We obtained positive results from the Delphi process and also received very constructive comments from the panelists.[13] What followed were two meetings of our experts, held to further refine the items in each category. These were joined by eight participants with social work, nursing, and medical backgrounds in Hong Kong. For each theme category, consensus was reached on the most relevant items, which led to a first draft of the Spirituality Scale for Chinese Elders (SSCE). This draft was further discussed by our research team members. Further refinements were made on (1) wordings that made little sense in the Shanghai context; (2) wordings that were still ambiguous; and (3) the logical presentation of the items. Eventually, a 99-item draft of the SSCE was developed.

The two initial stages of our journey led us to a conceptual model of spirituality among Chinese elders (Figure 1) and also provided evidence on the content validity of the SSCE. Table 2 illustrates the key components of the model and their respective operational definitions.
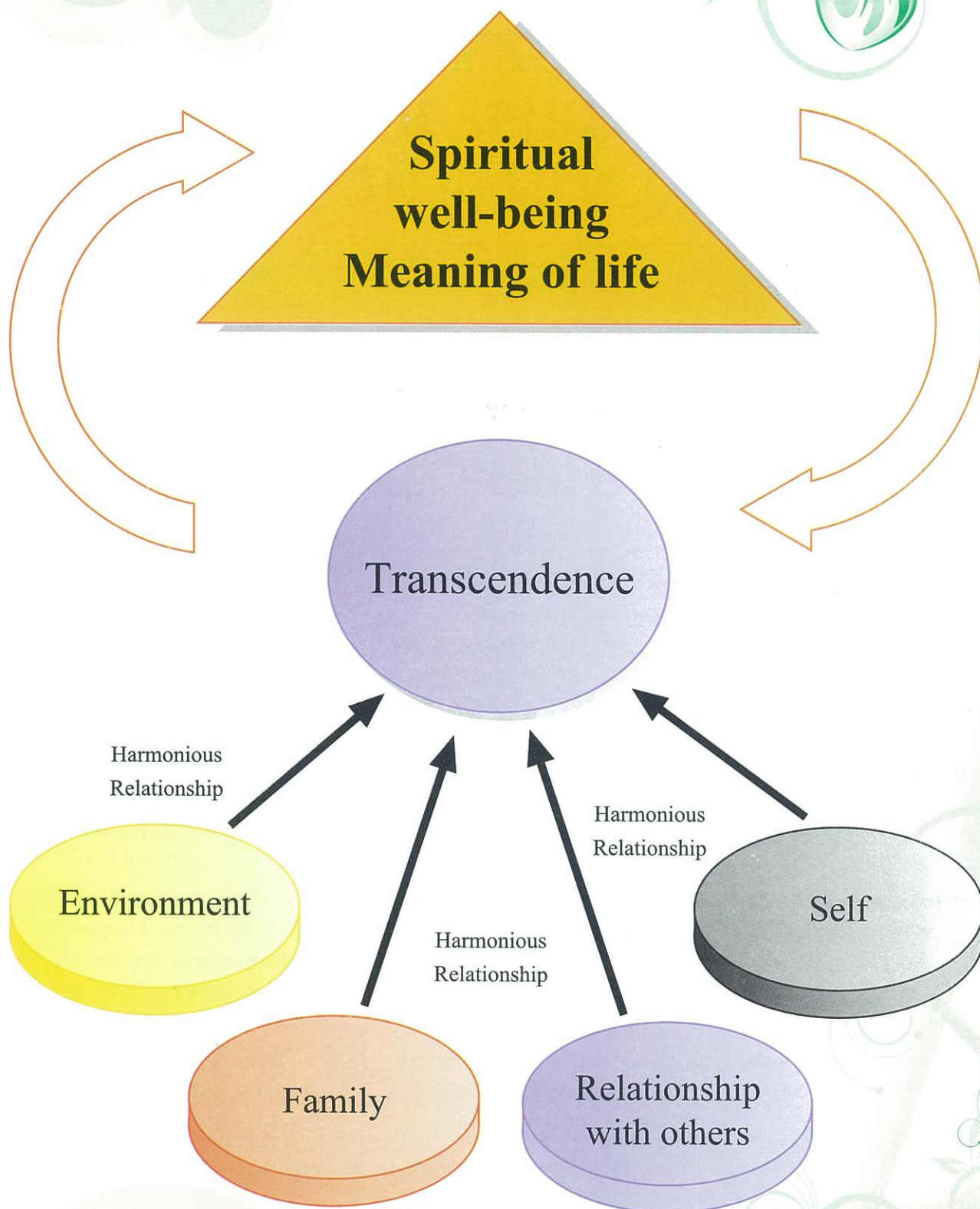
Figure 1: A Conceptual Model of Spirituality among Chinese Elders

Table 2

Key components of the Spiritual Process Model

Name of the component	Operational definition	Item illustration
Spiritual well-being	Affective aspect of obtaining sense of meaningfulness	* Peace * Joy * Contentment
Meaning of life	Cognitive evaluation of sense of meaningfulness	* I feel I have a meaningful life. * Every day I feel I have the life energy I need to continue. * For me, every day is a new day.
Transcendence	Transcendent forces that come from people's existential positioning and are motivated by recognizing previous life experiences, awareness of hardship, a heightened sense of hope, and the ability to transcend present existence	* I feel proud of my previous life. * I feel hopeful for my life. * I will plan for my future.
Relationship with self	A sense of self-care on physical and psychological aspects of life	* I take care of my physical health. * I keep a balanced diet. * I am concerned my psychological well-being.
Relationship with family	A sense of mutual care and appreciation between elders and their family members	* Family members take the initiative to care for me. * Family members support me in pursuing my own life. * I appreciate my family members.
Relationship with people other than family members	A sense of mutual support between elders and people around them, including friends and others	* My friends and I mutually care for and support each other. * When I have difficulties, I have friends to help me. * I have conflicts with people around me.
Relationship with environment	A sense of concern with and fitting in well with the environment	* I take care of myself as the seasons change. * I have a clean and neat living environment. * I am often concerned what happens in society.

QUANTITATIVE EXAMINATION - VALIDATION OF SPIRITUALITY SCALE FOR CHINESE ELDERS

We then moved to our third stage, further examining the reliability and validity of the SSCE. Between November 2010 and January 2011, a survey was launched. 825 participants were recruited from residential homes or community centres of TWGHs in Hong Kong and through street offices in 2 districts in Shanghai. On top of the SSCE, measures from the WHO Quality of Life Scale, Purpose in Life Scale, and Positive and Negative Affect Scale (PANAS) were included, as well as self-rated health, loneliness, financial strain, and demographic characteristics.[14-16]

Sample Characteristics

Table 3 lists the socio-demographic characteristics of survey participants. Concerning the Hong Kong sample (N=620), 23.9% of respondents were male. Respondents were relatively old, with 53.7% aged 80 or above and a mean age of 78.02 (10.74) years. They were mainly widowed (58.5%) or married (32.9%), and most were illiterate or had only received primary education (72.9%). In regard to religious belief, the statistics were quite even, with 27.9% of respondents having no religion, 29.2% reporting traditional Chinese beliefs, and 23.8% identifying as Christian and Catholic. The past occupations of respondents were mainly technical worker (23.1%) and family worker (18.3%). Their financial income consisted primarily of family support (45.6%), followed by Comprehensive Social Security Assistance (CSSA) (40.4%) and Old Age Allowance (OAA) (40.1%). With respect to the Shanghai sample (N=205), 48.8% were male. Shanghai respondents were all living in their communities and were, therefore, younger than their counterparts from Hong Kong, with 43.9% aged between 50-69 and 54.1% aged between 70-79. The mean age was 70 (5.88) years. The majority of respondents were married (78.0%), and their education levels were relatively higher than those of the Hong Kong respondents, with 83.4% having completed junior secondary education. Unlike Hong Kong respondents, over three-fourths of Shanghai respondents had no religion. Their predominant past occupations were technical worker (34.6%) and government employee (19.5%), and their financial income mainly come from pensions (98.5%).

Table 3

Key Socio-Demographic Characteristics of Participants by City and Setting

	Hong Kong		Shanghai	Total
	Community	Residential	Community	
	Freq (%)	Freq (%)	Freq (%)	Freq (%)
Gender				
Male	92 (28.8)	56 (18.7)	100 (48.8)	248 (30.1)
Female	228 (71.3)	244 (81.3)	105 (51.2)	577 (69.9)
Age				
50-69	106 (33.1)	6 (2.0)	90 (43.9)	202 (24.5)
70-79	116 (36.3)	59 (19.7)	111 (54.1)	286 (34.7)
80 or above	98 (30.6)	235 (78.3)	4 (2.0)	337 (40.8)
Marital status				
Widowed	129 (40.3)	234 (78)	36 (17.6)	399 (48.3)
Married	164 (51.3)	40 (13.3)	160 (78.0)	364 (44.2)
Other	27 (8.4)	26 (8.7)	9 (4.4)	62 (7.5)
Education				
No formal education	78 (24.4)	152 (50.7)	15 (7.3)	245 (29.7)
Primary education	105 (32.8)	117 (39.0)	21 (10.2)	243 (29.5)
Junior secondary education	61 (19.1)	25 (8.3)	43 (21.0)	129 (15.5)
Senior secondary education	45 (14.1)	4 (1.3)	73 (35.6)	122 (14.8)
Post-secondary/Tertiary education	31 (9.7)	2 (0.7)	53 (25.8)	86 (10.4)

Reliability and Validity of the SSCE

The reliability of the SSCE was judged by internal consistency coefficients, listed in Table 4. The reliability of all components was satisfactory.

Table 4

Reliability of the SSCE components

Components	Number of items	Hong Kong Cronbach's alpha (N)	Shanghai Cronbach's alpha (N)	Combined sample Cronbach's alpha (N)
Spiritual well-being	8	.776 (619)	.765 (205)	.765 (824)
Meaning of life	5	.737 (620)	.824 (205)	.758 (825)
Transcendence	6	.675 (619)	.738 (205)	.703 (824)
Relationship with self	4	.700 (618)	.767 (205)	.710 (823)
Relationship with family	8	.897 (614)	.860 (205)	.891 (819)
Relationship with people other than family members	7	.678 (613)	.603 (205)	.665 (818)
Relationship with environment	6	.699 (616)	.690 (204)	.696 (820)

Confirmatory factor analysis (CFA) was applied to each of the SSCE components, and the results are presented in Table 5. Measurement models for the SSCE components were all well-fit, as indicated by the model fit indices: SRMR and R-RMSEA < .01, R-DFI > .09. In CFA, it is ideal that chi-square be insignificant. However, since chi-square is associated with sample size, and larger sample sizes tend to lead to significant chi-square, despite adequate model fit, we accept these results as satisfactory.[17]

Table 5

CFA of measurement models of SSCE sub-scales

	Model	R-chi square (df)	p-value	SRMR	R-CFI	R-RMSEA
Spiritual well-being	2 factors[a]	68.67 (19)	<0.001	0.048	0.924	0.056
Meaning of life	1 factor	31.42 (5)	<0.001	0.040	0.959	0.080
Transcendence	1 factor	38.63 (9)	<0.001	0.036	0.953	0.063
Relationship with self	1 factor	2.73 (2)	0.26	0.015	0.998	0.021
Relationship with family	1 factor	63.97 (19)	<0.001	0.029	0.969	0.054
Relationship with people other than family members	2 factors[b]	36.12 (13)	<0.001	0.042	0.950	0.047
Relationship with environment	1 factor	66.52 (9)	<0.001	0.064	0.905	0.088

Notes. a Spiritual well-being consists of two factors, one referring to positive affection and another to negative affection. These two factors have a moderately positive correlation of $r = .513$;

b Relationship with people other than family consists of two factors, one referring to relationship with friends and another to relationship with other people. These two factors have a moderately positive correlation of $r = .623$.

Correlation coefficients were computed for the SSCE component scores and scores on the WHOQoL, Purpose in Life, and PANAS scales (Table 6). The results showed that most of the SSCE components significantly and positively correlated with the WHOQoL, Purpose in Life, and PANAS scales, which were closely related to spiritual health. This gave SSCE satisfactory criterion-related validity.

Table 6

Correlation coefficients for SSCE core components and WHO quality of life (QoL) subscales, Purpose in Life scale, and psychological well-being scale

	PANAS	Purpose in Life	QoL Overall quality of life (Q1)	QoL Overall health (Q2)	QoL Physiological	QoL Psychological	QoL Social	QoL Environmental
Spiritual well-being	.607	.534	.429	.352	.467	.647	.429	.475
Meaning of life	.473	.534	.218	.288	.300	.460	.313	.265
Transcendence	.470	.351	.106	.110	.189	.351	.194	.059
Relationship with self	.243	.286	.243	.192	.231	.348	.232	.291
Relationship with family	.346	.326	.305	.205	.181	.424	.347	.311
Relationship with people other than family members	.436	.402	.231	.208	.305	.459	.533	.305
Relationship with environment	.258	.303	.345	.179	.294	.415	.294	.496

Psychometrics of the SSCE

Differences between cities (Hong Kong vs. Shanghai) and settings (community vs. residential dwelling) on key components of the SSCE were examined (Table 7). Residential participants reported less of a sense of meaning in life, compared to their community-dwelling counterparts. Shanghai participants reported significantly higher levels of transcendence, compared to Hong Kong community-dwelling participants, who again reported significantly higher levels of transcendence, compared to residential-dwelling participants. In regard to person-environment relationships, Shanghai participants reported the highest levels of relationship with family, followed by Hong Kong community-dwelling participants. The lowest level was reported by Hong Kong residential-dwelling participants. Hong Kong community-dwelling participants reported significantly higher scores on relationship with friends and relationship with environment, compared to their residential-dwelling counterparts.

Table 7

Mean and standardized deviation of SSCE components by city and setting

	Hong Kong community Mean (SD)	Shanghai community Mean (SD)	Hong Kong residential Mean (SD)
Spiritual well-being (8-40)	34.5 (4.77)	33.9 (4.12)	34.9 (5.17)
Meaning of life (5-25)	20.09 (3.85)	20.21 (4.27)	18.17 (4.82)
Transcendence (6-30)	20.74 (4.93)	22.73 (4.44)	17.43 (4.92)
Relationship with self (4-20)	16.89 (2.42)	16.54 (2.58)	16.73 (3.12)
Relationship with family (8-40)	32.33 (6.90)	34.59 (4.75)	33.88 (5.97)
Relationship with people other than family (7-35)	28.80 (3.65)	29.10 (3.29)	27.89 (4.59)
Relationship with environment (6-30)	25.49 (3.44)	24.99 (3.33)	26.63 (2.97)

Spirituality Process Model

Structural equation modeling was adopted to test the relationship between key components of the SSCE and led to a Spirituality Process Model (Figure 2). A sense of meaning was reflected by three core elements: spiritual well-being (affective aspect), meaning of life (cognitive aspect), and transcendence. Affective and cognitive aspects of a sense of meaning are interrelated and led by transcendent forces. A sense of meaning was generated by harmonious relationships between individuals and their environments. It further revealed that relationships with self, family, and friends are primary relationships that can motivate transcendent forces; while the effects of relationship with environment and people other than family and friends are enacted when they are associated with positive and harmonious relationships with the three primary relationships

Spirituality

Spiritual Well-being ⟷ Meaning of Life

Transcendence

Harmonious Relationship

Relationship with Self ⟷ Relationship with Family ⟷ Relationship with Friends

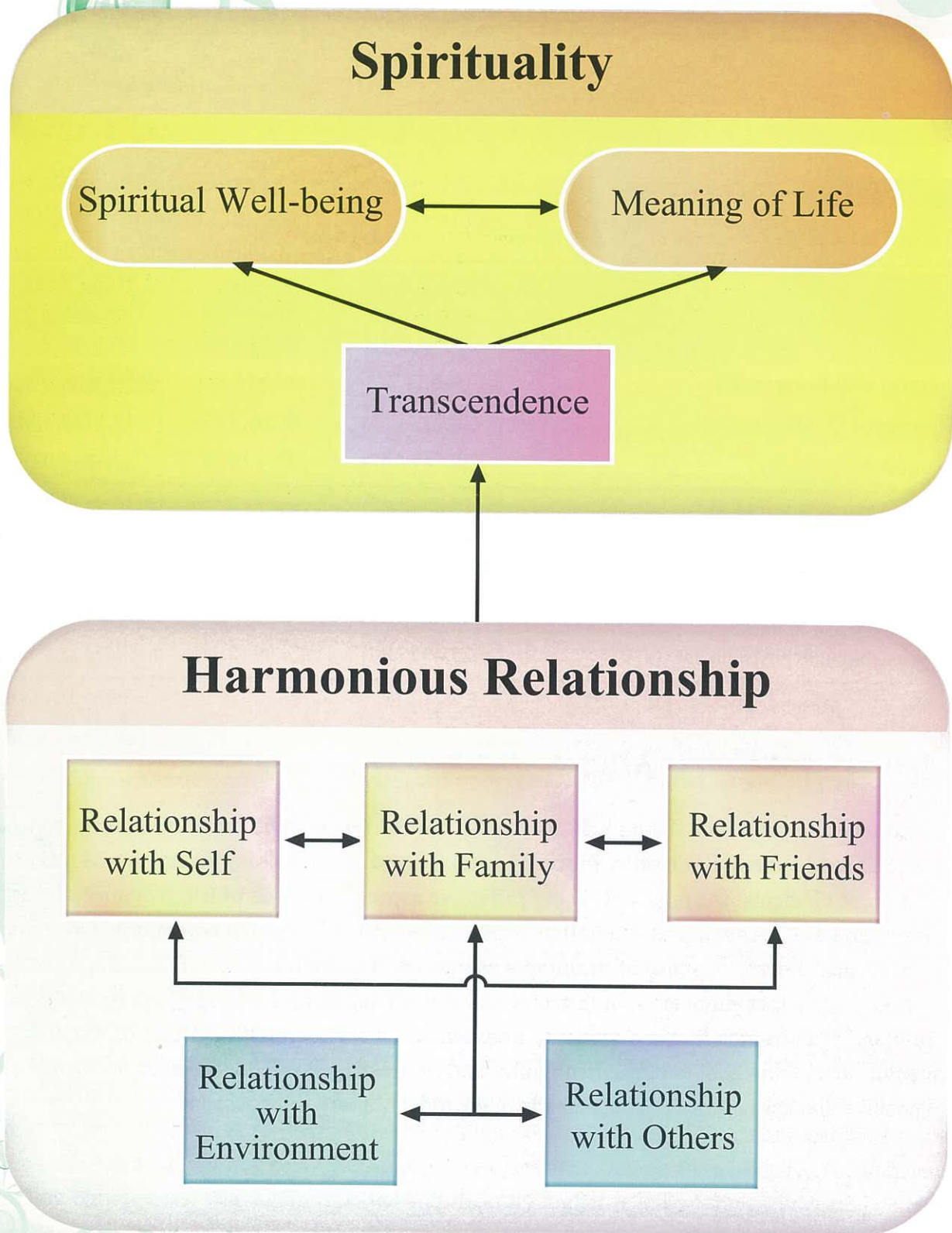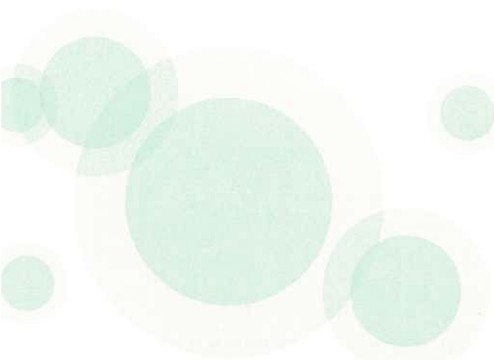Relationship with Environment ⟷ Relationship with Others

Figure 2: Spirituality Process Model

Bearing the structural model in mind, it is suggested that transcendent forces are crucial to achievement of a sense of meaning, and it is noted that **good relationships with self, family, and friends** are the three most important person-environment connections in the generation of transcendent forces.

Who is at risk of reporting lower levels of transcendence? Further analysis showed that participants' financial conditions, physical health, and psychological well-being all had significant effects on their transcendence scores. Participants who relied on social security schemes (e.g., CSSA in Hong Kong, Minimum Standard of Living Scheme (MSLS) in Shanghai) reported significantly lower scores on transcendence that did those who did not rely on such schemes. On the contrary, participants who had pensions reported significantly higher scores on transcendence, compared to those who did not have pensions. Participants who rated their health as poor or very poor reported significantly lower scores on transcendence than those who reported better health. Moreover, participants who frequently felt lonely obtained significantly lower scores on transcendence, compared to their counterparts who reported never or seldom feeling lonely in the week before the survey.
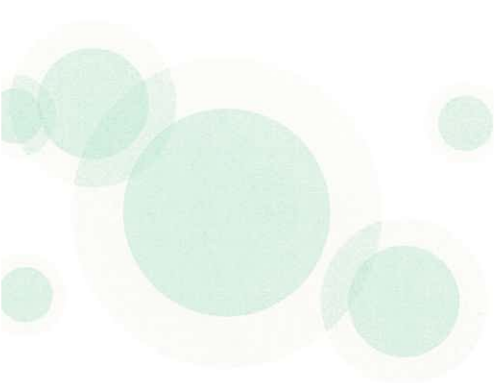
In regard to the three primary person-environment relationships, participants who did not have pensions and lived on social security reported significantly poorer relationships with their families. Moreover, those who reported poor health and frequently felt lonely also obtained significantly lower scores on relationship with self, family, and friends.

DISCUSSION AND RECOMMENDATIONS

1. "Care for the Elderly", a strategic policy objective of the Hong Kong SAR government stated in 1997, aims at improving the quality of life of Hong Kong's elderly population and provide them with a sense of security (老有所養), sense of belonging (老有所屬), and feeling of health and worthiness (老有所為). Findings of the present study suggest the significance of the spiritual dimension which has a direct bearing on elders' quality of life. Traditionally, the physical needs of elders are taken care of by health care professionals; their psycho-social needs, by social work professionals; and their spiritual needs, by religious organizations. However, fragmentation of service provision fails to fulfill these multiple needs of elders and holistic care is expedient. Hence, *we advocate the need to provide elders with a sense of meaning (老有所樂), that is to facilitate elders to establish harmonious relationship with surrounding systems and searching their meaning and purpose in life, as well as the necessity of distinguishing spiritual needs from physical and psycho-social needs, in the elderly care system.*[3, 12]

2. The conceptualization of spirituality is in line with the Chinese collective cultural tradition, which is family-oriented and relationship-directed and includes a very limited religious element. Traditional Confucian values have also guided Chinese elders toward complex social relations.[8, 13] *To achieve spiritual well-being, it is important to cultivate, maintain, and continue developing the transcendent forces leading to spiritual well-being. For elders without religious beliefs, transcendent forces can be generated by existential positioning, as well as by "appreciating and affirming past life experiences, actively participating in life in the present, and appropriately arranging life in the future"* (欣賞及肯定自己的過去、積極活好現在、妥善安排將來的日子).

3. Spiritual pursuit is a dynamic process as people connect with their social environment. *Maintaining harmonious relationships is a way of generating transcendent forces for achieving a sense of meaning and optimal being in life.* Hence, placing greater emphasis on helping elders to expand harmonious relationship with different systems can improve their spirituality and foster holistic care. It is also worth mentioning that Chinese people are socialized to apply different rules and expectations to different relationships, as noted by the famous sociologist Fei Xiaotong.[18] In this regard, *self, family and friends serve as the most important source of meaning-generating relationship for elders and four implications can* be drawn:

3.1 First, family members, children in particular, can enhance their parents' spiritual needs. Although material or instrumental support may be regarded as filial behavior, the elders
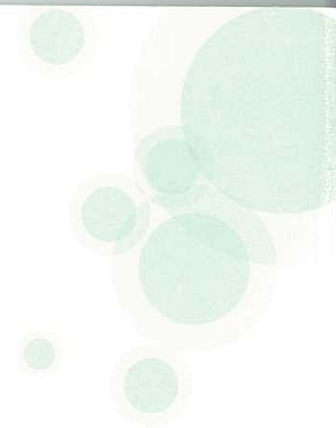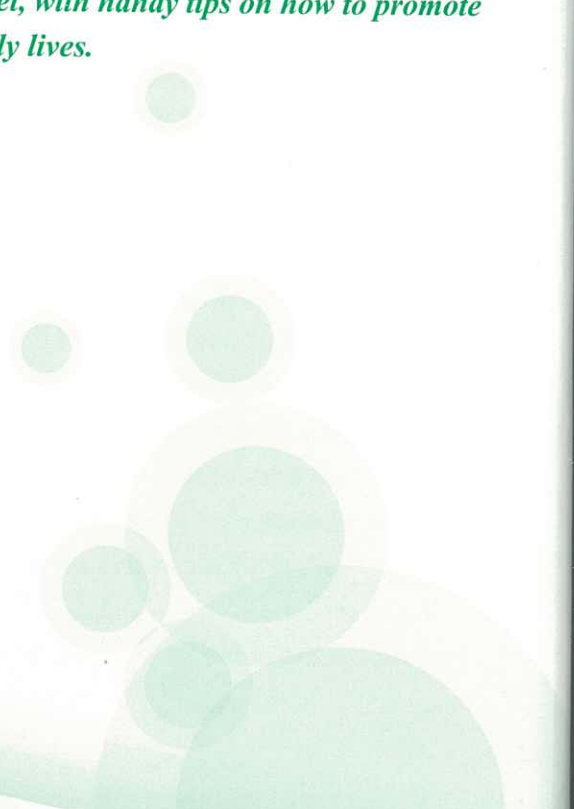
expect constant and unconditional attention, companionship, and respect initiated by children. It is considered essential for elders to generate transcendent forces that can better their spiritual well-being. When there are changes in living arrangement, for example, moving the elders to a residential home, it is extremely important for the children to take up the role as the shared carers instead of simply shifting the care responsibility to care workers of the residential home. Similarly it is equally important for elders to show appreciation to the love and care expressed by their children whenever possible. Besides, *reconciliation or forgiveness is encouraged if there is embedded negative or ambivalent feelings in the past hindering the establishment of harmonious and close relationship within family.*

3.2 The second most important primary relationship is friendship. Social networks of elders can shrink due to the loss of a spouse or other family members and/or friends. Thus, *purposeful social networking strategies can be adopted for establishing a long-lasting relationship between the elders and volunteers and complementing or replacing the elder' old support network.*

3.3 The third most important primary relationship is with the self. Chinese people tend to have interdependent self-constructs. It is noticed that they care for their family members and friends, more than themselves. Usually, it is the family of the elders who is expected to take care of them. However, nowadays with long working hours and nuclear family system, elders are expected to be more independent in caring for themselves, to live with chronic diseases, to change their living arrangement and to master new technology. Hence, *interventions that can enhance elder's resilience by raising their awareness and equipping them with new life skills are recommended.*

3.4 It is noteworthy that our findings show that relationship with environment and relationship with people are unable to generate transcendent forces directly. The forces can only be generated through harmonious relationship with self, family, and friends. As such, caring professionals should act as a bridge between elders and their families and friends, but not replacing their families and friends. The present study has also revealed that spirituality has been neglected among elders and their families and among formal caregivers including professionals. Hence, it is important for *formal caregivers to equip themselves with knowledge of spirituality so that they can be more sensitive to attend to the spiritual needs of the elders under their care.*

4. Poor financial condition, poor physical health and psychological well-being are associated with a lower score on transcendence. *Greater spiritual well-being must be secured by welfare regimes that ensure financial security, a sense of belonging to families and social networks,* and presence of social atmosphere of respect for elders. A universal income protection system, legal protection, and strong sense of belonging to family and social networks are to be advocated. The present cross-regional study in both Hong Kong and Shanghai also suggests that traditional Chinese culture has played a significant role in shaping elders' ideas of spirituality while the social-cultural factors may affect the spiritual pursuits. Thus, a cross-regional study is recommended for in-depth examination of factors that may influence spiritual pursuits in different Chinese context. Moreover, as an infancy stage of study, further studies on spirituality among Chinese elders are also suggested.

5. Apart from raising awareness of stakeholders of social service towards the spiritual needs of elders, it is equally important to promote public education on the evidence-based practice addressing to these needs. Definitely, the birth of the Spirituality Scale for Chinese Elders (SSCE) is only a start and TWGHs is going to formulate and implement a spiritual enhancement intervention program in the near future. *We understand that enhancement and sustainability of the spiritual well-being of elders require collaborative effort of service providers AND everyone who cares for the elders. We sincerely invite you to work hand in hand with us towards this end and please refer to the attached leaflet, with handy tips on how to promote the spiritual well-being of Chinese elders in their daily lives.*

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東華三院社會服務科安老服務部
香港大學社會行政及社會工作學系
探討及提升長者靈性的研究：生命意義與整合
華人長者靈性量表（專業版）
Spirituality Scale for Chinese Elders (Long Version)

姓名：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿　　　日期：＿＿＿＿＿＿＿＿＿＿＿＿

評估員：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

指導語：

這問卷是問及您現時的靈性的狀況，問卷將分為兩個部份，第一部分將會問及您個人的生命意義和生活狀態及與各個系統的關係；第二部份是問及您靈性健康的狀況，請回答內頁所有問題。

我們所關注的是您在<u>過去兩個星期</u>的生活，請以您自己個人的感受作選擇準則，在五個答案選項中選擇適合的答案。如果您不能肯定那一個答案最合適，請您選擇您認為較接近的一個。

第一部分：

以下的問題主要喺關於您嘅生命意義同生活狀態嘅描述。當我讀出題目之後，請您根據您喺<u>過去兩個星期</u>嘅實際情況，喺五個答案選項中（總是、經常、有時、偶爾、從不）選擇適合嘅答案：

例如：當我問您 "我感到生命十分充實"，咁您想番您<u>過去兩個星期</u>嘅情況，如果您 "有時" 感到您嘅生命十分充實，咁就請您喺該題目回答 "有時"。如果您對以上嘅舉例無疑問，請準備好，現在開始喇。

【讀出第一部分的題目，按被訪者的答案，於下面的方格（□）內加✓號】

	總是	經常	有時	偶爾	從不
例題：我感到生命十分充實	□	□	✓	□	□

	總是	經常	有時	偶爾	從不
1. 我的家庭給予我生存的力量	□	□	□	□	□
2. 我感到生命十分有意義	□	□	□	□	□
3. 我每天都充滿繼續生活(活下去)的力量	□	□	□	□	□

	總是	經常	有時	偶爾	從不
4 對我來說，每日都是新的一日	☐	☐	☐	☐	☐
5 我覺得自己有生存的價值	☐	☐	☐	☐	☐
6 我為我過去的人生感到自豪	☐	☐	☐	☐	☐
7 我能夠跟得上社會發展的步伐	☐	☐	☐	☐	☐
8 我覺得人生充滿希望	☐	☐	☐	☐	☐
9 我有精神寄託	☐	☐	☐	☐	☐
10 當社會上有不幸的天災人禍，我更珍惜身邊的人和事	☐	☐	☐	☐	☐
11 我懂得為自己籌劃將來的事	☐	☐	☐	☐	☐
12 我關注自己的身體狀況	☐	☐	☐	☐	☐
13 我注意飲食均衡	☐	☐	☐	☐	☐
14 我懂得愛惜自己	☐	☐	☐	☐	☐
15 我關注自己的心理健康狀況	☐	☐	☐	☐	☐
16 家人主動關心我	☐	☐	☐	☐	☐
17 家人對我好	☐	☐	☐	☐	☐
18 家人支持我追求自己生活	☐	☐	☐	☐	☐
19 家人尊重我	☐	☐	☐	☐	☐
20 我有一個完整的家庭	☐	☐	☐	☐	☐
21 我欣賞家人	☐	☐	☐	☐	☐
22 當我想起我的家人，我感到滿意	☐	☐	☐	☐	☐
23 我與家人和睦相處	☐	☐	☐	☐	☐
24 我與朋友互相關懷，互相支持	☐	☐	☐	☐	☐
25 我喜歡結識新朋友	☐	☐	☐	☐	☐
26 我覺得朋友不給我面子	☐	☐	☐	☐	☐
27 我有困難時，有朋友可以幫到我	☐	☐	☐	☐	☐
28 我和身邊人互不理睬	☐	☐	☐	☐	☐
29 我滿意和身邊人的關係	☐	☐	☐	☐	☐
30 我與身邊人發生磨擦	☐	☐	☐	☐	☐
31 我保持生活有規律	☐	☐	☐	☐	☐
32 回顧我的一生，我已盡力做好自己的本份	☐	☐	☐	☐	☐
33 我會因應四季的變化而照顧自己	☐	☐	☐	☐	☐
34 我居住的地方很整潔	☐	☐	☐	☐	☐
35 我擁有舒適的生活環境	☐	☐	☐	☐	☐
36 我經常留意社會上發生的事	☐	☐	☐	☐	☐

以下問題喺一啲有關感受同情緒嘅字句，當我讀出題目之後，請您想番您<u>過去兩個星期</u>嘅實際情況，在五個答案選項（非常、有一些、一般、輕微的、沒有）中選擇適合嘅答案：

例如：當我問您"高興"，咁您想番您<u>過去兩個星期</u>嘅情況，如果您"非常"地感受到"高興"，那麼就請您回答"非常"。如果您對以上嘅舉例無疑問，請準備好，現在開始喇。

【讀出第二部分的題目，按被訪者的答案，於下面的方格（□）內加✓號】

	非常	有一些	一般	輕微的	沒有
例題：高興	✓	□	□	□	□

	非常	有一些	一般	輕微的	沒有
1. 心安理得	□	□	□	□	□
2. 心灰意冷	□	□	□	□	□
3. 平安	□	□	□	□	□
4. 絕望	□	□	□	□	□
5. 滿足	□	□	□	□	□
6. 自在	□	□	□	□	□
7. 喜樂	□	□	□	□	□
8. 怨天尤人	□	□	□	□	□

~問卷完~

RESEARCH TEAM

Team Leader

Mrs. Amy K. M. TSUI

Assistant Community Services Secretary
(Elderly Services)
Elderly Services Section
Community Services Division
Tung Wah Group of Hospitals

Members :

Mr. S.H. LAM

District Coordinator (Tai Po and North)
Community Services Division
Tung Wah Group of Hospitals

Ms. Catherine L. Y. CHAN

Supervisor
Wilson T.S. Wang District Elderly
Community Centre
Tung Wah Group of Hospitals

Ms. Angela C. K. WUN

Community Service Officer II
(Elderly Services)
Elderly Services Section
Community Services Division
Tung Wah Group of Hospitals

Ms. Shirley S.Y. FOK

Service Manager
(Endless Care Services)
Elderly Services Section
Community Services Division
Tung Wah Group of Hospitals

Ms. Karen S. H. MA

Service Officer
(Endless Care Services)
Elderly Services Section
Community Services Division
Tung Wah Group of Hospitals

Principal Investigator

Dr. Vivian W. Q. LOU

Assistant Professor
Department of Social Work & Social
Administration
Associate Director
Sau Po Centre on Ageing
The University of Hong Kong

Consultant

Prof. Daniel T. L. SHEK

Chair Professor
Department of Applied Social Sciences
The Polytechnic University of Hong Kong

Collaborator

Prof. Shi-xun GUI

Tenured Professor
Institute of Population Studies
East China Normal University, Shanghai

Research Assistant

Ms. Iris K.N. CHAN

Research Assistant
Department of Social Work & Social
Administration
The University of Hong Kong

東華三院
Tung Wah Group of Hospitals

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