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IMPACTS OF RESIDENTIAL RELOCATION ON STRESS,  
COPING AND QUALITY OF LIFE AMONG OLDER PERSONS  
IN HONG KONG

by  
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submitted in partial fulfillment  
of the requirements for the Degree of  
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## ABSTRACT

### **Impacts of Residential Relocation on Stress, Coping and Quality of Life among Older Persons in Hong Kong**

by

**CHAN Siu Pan Benny**

**Master of Philosophy**

Residential relocation could potentially be injurious to older persons. Indeed, much of the research literature in Western societies points out that involuntary residential relocation may exert undesirable impacts on older persons' lives. Those impacts could be even greater if the relocation was forced upon the individual one person. Therefore, the purpose of this research is to investigate the impacts of involuntary residential relocation on older persons' quality of life, stress and coping in Hong Kong. From a review of the literature, it was hypothesized that there will be perceived stress during and after the process of residential relocation, and satisfaction with relocation arrangement and quality of elderly life are related.

This research method adopted was a one-shot group pretest-posttest experimental design with a panel study, having the dual purposes of explanation and description. Structured and semi-structured questionnaires were used to collect quantitative data and qualitative data in order to test the hypotheses, and provide subsequent policy information for the service and care providers. A total of 85 and 74 older persons were interviewed in the pretest (male=19 and female=66) and the posttest (male=15 and female=59) respectively. They were recruited from two public housing estates: Valley Road Estate and Ho Man Tin Estate, and almost all of them were finally relocated to Ho Man Tin South, effectively a relatively short-distance intra-urban relocation.

Most of the hypotheses of the study could be supported. The findings indicate that the respondents perceived stress from the relocation and associated financial strains from the costs. The greatest stress they faced was the processes before the actual move. Moreover, the results also revealed that their quality of life, both in the pretest and posttest studies, was statistically and significantly correlated to their stress, coping strategies and satisfaction with the existing housing. In addition, more than half of the respondents expressed the view that the non-government organizations gave them the greatest help or assistance in this stressful life event. Nonetheless, the respondents

showed that they experienced higher levels of stress and lower satisfaction with new estate after the move in spite of the objectivity better living conditions. They also indicated that they had a lower quality of life and poorer coping strategies after the move. Thus, it appears that residential relocation is not generally favorable for successful ageing.

Furthermore, the female respondents and older persons who lived alone reported that they experienced more problems in the move than other respondents. The older residents from Valley Road Estate had greater satisfaction with the new housing than those from Ho Man Tin Estate perhaps because their residential environmental improvement were greater, offsetting some stresses of the move. Last but not least, some constructive suggestions were offered to all players, including the Housing Authority, the NGOs, the older persons and their families.

I declare that this thesis <<Impacts of Residential Relocation on Stress, Coping and Quality of Life among Older Persons in Hong Kong>> is the product of my own research and has not been published in any other publication.

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CHAN Siu Pan Benny  
September 2001

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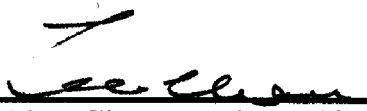
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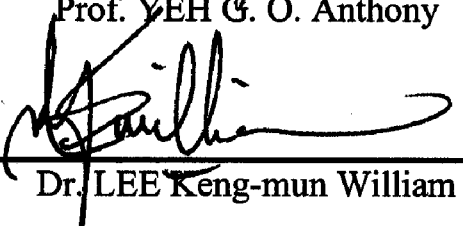
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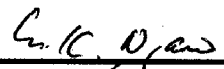
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## **List of Abbreviations**

- ELCHK : Evangelical Lutheran Church of Hong Kong  
HA : The Hong Kong Housing Authority  
NAAC : Neighbourhood Advice-Action Council  
NGOs : Non-government Organizations  
QOL : Quality of Life  
SWD : Social Welfare Department

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# **Chapter 1: Introduction: Urban renewal and older persons**

## **1.1 Introduction**

In Hong Kong, like many other developed countries (such as Japan, the United States and many in Europe), the proportion of older people in the population has increased considerably. This implies that demographic ageing is advancing more and more and the age dependency ratio also increases continually (Ikels, 1983; 周, 1986; Raiten, 1989; 郭, 1990; 安老事務委員會, 2001). In Hong Kong in 1971, only 7.4% of the whole population was aged 60 or above, which percentage increased to 10.2% in 1981, 13% in 1991 and 15% in mid-2000 (Population Census, Various Years; Hong Kong Monthly Digest of Statistics, 2001). It is reasonable to say that such increases are not solely caused by the modernization and innovation of medical service, but also by improvement in nutrition and other aspects of social welfare and housing. The increasing percentages mean it is crucial to carry out some effective measures to satisfy the needs of older persons in order to improve their living standards and quality of life. Housing is regarded as an essential element in older people's quality of life (Chi et al., 1998) and without appropriate housing services, they may be forced into difficulty.

Hong Kong has initiated many different housing schemes for older persons and their families, such as the Single Elderly Persons Priority Scheme and the Families with Elderly Persons Priority Scheme, under which older persons have been encouraged to move into public housing. According to the 1996 Population By-Census, 395,647 older persons of 60 years of age or above lived in rental units provided by the Hong Kong Housing Authority (HA) and the Hong Kong Housing Society; it constituted



44.5% of this age group (Population Census, 1996) and they became a vital part of residents in public housing service (Hong Kong Housing Authority, 1993). Additional care should be paid to arrange their housing affairs in order to improve their living conditions under the new or original housing arrangement, or otherwise, they will suffer even if new public housing is provided.

## **1.2 Urban renewal**

Urban renewal, often involving demolition or replacement of existing building and upgrading urban facilities, has many impacts (Hallman, 1964; Brand and Smith, 1974; Brenner and Schulz, 1977). Together with technological progress and improved living standards, urban renewal makes it necessary for the HA (the largest public housing provider in Hong Kong) to build more new public housing units in order to replace the existing substandard and old estates (such as Ho Man Tin Estate, Shek Lei Estate, Valley Road Estate and Shek Kip Mei Estate) (Hong Kong Housing Authority, 1999), and to satisfy the extra demand arising from the increasing general population. In order to satisfy the public's needs and expectations, new housing with improved design, facilities and social settings, with continuous efforts are essential. Residential relocation for residents in old estates is often thus inevitable and involuntary, and attention to details is extremely important for them, especially for older residents involved who may have lived *in situ* for many years (Brody et al., 1974; Phillips & Yeh, 1999).

Involuntary residential relocation has meant that many residents have not been able to stay in the old areas and they face moving. This may be regarded as stressful and even hazardous for older residents because they do not have sufficient money to finance the move and it is felt that they may find it difficult to adapt to the new areas. So, many of

them are concerned and even reluctant to move. This phenomenon may frequently happen to people with poor financial status and low social status and these people are common among Hong Kong's elderly population (王, 1998; 王, 1998; 張, 1999). By contrast, voluntary residential relocation may be more desirable and welcomed. This would mean people could choose whether to stay in the old area or not. Most relocatees can benefit from the upgraded living environment and they might be more prepared to meet the changes in the new area. Research in the United States has found that some older persons would like to change their residence and even migrate when they retire. They may for instance choose to move to Florida, with its mild climate for retirement. However, most retirees in Hong Kong do not have such a wide choice, and often do not have firm retirement protection.

Hong Kong's public housing catered for more than half (52%) of Hong Kong's population: in 2000, 32% lived in public rental housing provided by the HA and 20% lived in housing which they purchased through the HA's various subsidized home ownership schemes (Hong Kong Housing Authority, 2000). Moreover, public housing performs some social functions, such as narrowing the gap between the poor and the rich and increasing the competitiveness of Hong Kong indirectly (Kwitko, 1988). In 1987, the government had considered some social and financial factors in society and announced that most old public housing estates should be redeveloped and decided on a series of redevelopment programmes that would be carried out. This action could provide a better living environment for citizens and maintain a balance among the development of different kinds of housing. Nonetheless, such redevelopment is desirable as many existing flats are substandard. For example, they do not provide lifts, individual toilets or sufficient living space (香港房屋委員會, 1987, 1993, 1994). In fact, most current residents think that better housing could benefit them greatly,

especially those who have lived in some estates over twenty years. It seems that new public housing units can improve people's living standards with well-equipped housing units and a well-designed environment. But such residential relocation may not be so attractive to some older persons.

Many older people did not accompany their younger relatives to new housing units in the past. There are several reasons for their remaining in some old estates. First, cheaper rents encourage them to tolerate the estates even though their environments and facilities are sometimes poor. Secondly, older people often do not have any provident fund and retirement protection and their adult children rarely contribute much money to them which makes them less able to move or own their units (張, 1999). Older people, moreover, are familiar with their old social and physical settings (Hallman, 1964 and Joyce, 1964) and their adaptability may be low in a new and strange environment. Furthermore, the rise of the nuclear family and high land prices policy also make the young generation to give up their old parents (Brand et al., 1974; Ikels, 1983; 周, 1986; 郭, 1990; Ng, 1999). Additionally, some older people have a deterioration of their health status, such as in vision, hearing and mobility, which can give older people difficulty in adapting to the new living environment (Hallman, 1964). Therefore, many older people can still be found in some old estates even though these estates need to be redeveloped. So, some people may say that residential relocation, from old and substandard housing to the new ones, will disproportionately influence older residents and perhaps negatively.

### **1.3 Relocation stress and coping**

Many older people are felt not to like “change”, which may be regarded as challenge, disaster or a stressful event (Novick, 1967; Baglioni, 1989; Dimond, 1990; Gandee,

1998; Maas et al., 1999). When older people are forced to face or experience “change”, they may feel scared and uncomfortable (Baglioni, 1989). It is well-documented that “change” is a life event that can cause stress (Aldrich, 1964; Brody et al., 1974) and losses (Dimond, 1987; Aldwin, 1990; Sullender, 1999), and that residential relocation is a change, or even a great change (Holmas and Rache, 1967; Ben-Sira, 1991; Gandee, 1998; Sullender, 1999; Hatch, 2000). According to some published literature, older people have greater difficulties when they live in a new and strange environment than their familiar ones and they may be unable to handle themselves adequately. They may also suffer substantial stress from such residential relocation (Brody et al., 1974; Baglioni; 1989; Dimond, 1990). For example, they may be worried about the rents of new housing or of losing their friends and interests in new residential areas (香港大學社會工作及社會行政學系 及 香港基督教女青年會, 1998). Residential relocation may, actually, damage one’s social relationships as old social networks cannot be maintained (Joyce, 1964; Macdonald and Wells, 1981; Dimond et al., 1987; Aldwin, 1990) and their economic power will also be alleviated as unexpected expenditure arise (Hallman, 1964; Joyce, 1964; Dimond et al., 1987; Ben-Sira, 1991; Krause and Liang, 1993), such as to buy new furniture and for removal fees. Such “hassles” can greatly tax the capabilities of older people, which further make them unable to maintain their quality of life, handle their daily affairs, make simple decisions and be independent.

Thus, new housing arrangements under residential relocation bring not only positive effects (such as an improved living environment) (Tesch et al., 1989; McCabe, 1990; Edrahim and Harwood, 1992; Reinadry, 1995), but may also bring undesirable ones for older residents, such as broken or disrupted social relationships and declines in health (Aldich, 1964; Brody et al., 1974; Borup et al., 1979; Macdonald and Wells,

1981; Kahana and Kahana, 1983; Dimond et al., 1987; Bagloni, 1989; Aldwin, 1990; McCabe, 1990; Ben-Sira, 1991; Reinardy, 1995; Johnson, 1996; Gandee, 1998; 香港大學社會工作及社會行政學系 及 香港基督教女青年會, 1998). In addition, the nature of residential relocation also impacts on elderly people differently: voluntary relocation is expected to have more desirable outcomes (Botwinick and Wittels, 1974; Brenner and Schulz, 1977; Kahana and Kahana, 1983; Bagloni, 1989) and those of involuntary relocation seems not to be so welcomed (Hallman, 1964; Brody et al., 1974; Brenner and Schulz, 1977; Dimond et al., 1987; Bagloni, 1989; McCabe, 1990; Johnson, 1996). However, we must not ignore the role of “coping”. If better coping techniques are adopted under stress, the effects of stress could be alleviated or otherwise, relocation stress can be disastrous.

#### **1.4 Aims of the current study**

It should be recognized that “life is never free from stress” (Stephens, 1990), with no exception for older persons. Indeed, it is expected that older residents might perceive stress from many uncertainties about the future and especially from the process of residential relocation if they were to be involuntarily relocated from their old residential areas to new ones. In fact, the new living environment may change the life style of elderly people entirely: for example, it can break down their well-established social relationships, deep-rooted emotional attachments and longstanding social activities.

Unfortunately, some changes in the new living environments may also be hazardous for older persons, such as great changes in social and physical settings, if their adaptability is low. It could be evidenced by some older residents who committed suicide a few years ago as they had thought that they could not bear the new rents

(there had been an increment) in new public housing (香港大學社會工作及社會行政學系 及 香港基督教女青年會, 1998). It shows that such changes can actually make older persons subject to higher levels of stress, if they do not know how to, or do not have sufficient resources to, cope with the changes. They might suffer seriously from this stressful event.

So we should also be concerned about the coping strategies adopted by older persons and the impacts from informal support sources (relatives, friends and social network) which are vital to determine their coping strategies, during the processes of residential relocation. If their coping strategies are effective, they will probably be capable of solving the difficulties and they should perceive a lower level of stress. (Gore, 1981; Norris, 1990; Ben-Sira, 1991; Ng, 1999; Siu and Phillips, 2000) Then the quality of older residents' lives can be improved as a better living environment is provided.

The endeavors of the HA to improve public housing should be noted, in turn, which can help to upgrade quality of older people's lives. After evaluating the quality of public housing and housing service for older persons, the HA has developed several housing schemes. For example, the Single Elderly Priority Scheme and the Elderly Persons Priority Scheme may shorten the waiting time of applicants, and the Families with Elderly Persons Priority Scheme and the Special Scheme for Families with Elderly Person can offer incentives for adult children to live with parents. Moreover, if the HA plans housing for older persons, it carefully considers the designs in terms of facilities and community care and services (Wai, 1999). In addition, the Estate Liaison Officer Scheme has also been adopted in several public housing estates where higher proportions of the older residents can be found, such as Choi Hung Estate. This scheme assigns some staff in those estates to provide basic assistance to older residents

and to look after them when they in need, so that their quality of life can be enhanced. Furthermore, the well-designed interior of public housing should also be appreciated. The HA, on the other hand, has put great effort into modifying the new living environment for older persons since it observed the needs and weakness of some elderly people to some extent. It is also believed that older persons may have a higher quality of life when they move into new public housing rather than staying in the old area, assuming other things remain constant. This research, however, is also interested in the help provided by the HA, such as special working teams assigned or concessions/compromises are made to assist them in this process. The research investigates the kinds of help and assistance offered to older residents. If appropriate housing services and arrangements can be carried out, their quality of life will be improved and the level of stress from this life event will be alleviated.

In this research, the main research question was formulated as follows:

**What are the impacts of involuntary residential relocation on stress and coping, and quality of life among older residents?**

A one-shot group pretest and post-test study was conducted in order to achieve the more specific research objectives, which were:

- 1) to investigate the impacts of residential relocation on the quality of life of older people,
- 2) to identify the impacts of upgraded living environment on their quality of life when older persons move to new environments,

- 3) to identify and understand the difficulties and stressors that older persons perceive before and after relocation,
- 4) to examine if there is any difference in quality of life before and after relocation,
- 5) to examine how far residential relocation can be regarded as a source of stress, and one that may disrupt successful ageing,
- 6) to find out the coping strategies that are frequently adopted by older residents in overcoming problems and difficulties,
- 7) to uncover any significant merits and demerits of the old and new public housing units,
- 8) to understand older residents' attitudes toward residential relocation,
- 9) to understand the strengths and weaknesses of both parties, the HA and older people, in the whole process of residential relocation and how these weakness and strengths may affect older peoples' quality of life,
- 10) finally, to make recommendations to official and non-governmental organizations concerned in upgrading the quality of older persons' lives and the living environment provided.



### **1.5 Significance of the study**

This research is concerned not only with the roles of residential relocation and stress, but also with those of coping with the quality of elderly life and successful ageing. Potentially, the stress from residential relocation can be alleviated by their appropriate and alternative coping strategies and adaptive abilities (Macdonald and Wells, 1981; Krause, 1990), such as those heavily dependent on one's cognitive ability, knowledge, personality, social support and the nature of the relocation (Slater, 1995; Krause, 1990; Hatch, 2000). In Hong Kong, the service and quality of public housing have improved persistently as can be evidenced by the decreasing proportion of overcrowded families, from 4% to 17%, of all households, and the increasing average living space of tenants, witnessing a quarter increase over the last decade (Hong Kong Housing Authority, 2000). Therefore, it is reasonable to expect that if everyone lives in better housing, his or her quality of life will be upgraded. It is thus interesting to investigate the impacts of residential relocation on stress and coping, in turn on the quality of elderly people's lives in Hong Kong and their successful ageing after moving. If the negative impacts of stress from the new living environment of elderly people with poor coping strategies outweigh the positive impacts of better public housing, their quality of life and successful ageing will be altered negatively.

This research employed a one-shot group pretest and posttest design. The focus of the research is on the relocation of older people from environments to new environments. Even though much literature and research could be found on how residential relocation influenced older persons, yet most was only concerned with their changes in mortality (Aldrich, 1964; Novick, 1967; Botwinck and Wittels, 1974; Borup et al., 1979; Baglioni, 1989; Baum et al., 1994), and most of them are related to "institution to institution" or "home to institution" relocation (Novick, 1967; Botwinck and Wittels,

1974; Brenner and Schulz, 1977; Macdonal, 1981), rather than concerning their quality of life that relates to home-to-home relocation (Hallman, 1964; Borup et al., 1979). Thus, this study is undertaken to explore the effects of involuntary residential relocation on stress, coping and the quality of older persons' life before and after the move. The study wanted to find out to what extent that relocation can be regarded as a potential source of stress that may induce changes and loss such as of old linkages. It attempted to investigate what the role of the HA is in the process of relocation, the stressors the elderly face, and how they cope with them. Furthermore, after a period of relocation, it attempted to find out how the new public housing affected the elderly respondents, which cannot be identified in a solely cross-sectional design. Finally, if possible, this research wishes to see if successful ageing is or not being disrupted by the process of residential relocation.

This research should be meaningful, significant and practical because many older residents of public housing will continue to be relocated in the near future as all public housing estates are getting older and older and will be redeveloped on a rotational basis. The results of this study could indicate the main problems that older residents would face in the residential relocation from old public housing estates to new public housing estates. Therefore, with due policy implementation, unnecessary negative outcomes from the process could be minimized in the future. This is the main policy contribution of this research.

It should be noted that this research aims to establish a model or theoretical framework specific for intra-district relocation. It may be, of course, also applied to inter-district relocation. A well-tested and validated model could be used as a reference for future

studies as there are currently many models or frameworks involving different variables.

The structure of the thesis is as follows. After the introduction, the relevant literature review will be examined in Chapter 2. The methodology adopted (including mode of research, research design, sampling methods, hypotheses, model, etc.) will be mentioned in Chapter 3. Chapters 4 and 5 will summarize the findings from the research in terms of quantitative analysis and qualitative analysis respectively. Finally, a discussion on the interpretation and significance of the findings will be carried out in Chapter 6 and conclusions and limitations to this research and recommendations will be examined in the last chapter, Chapter 7.

## **Chapter 2: A review of residential relocation and environment**

### **2.1 Introduction**

Residential relocation may be regarded as a change of place of residence, either locally or of longer distance, which may be self-initiated, involuntary or even compulsory. It is often but not always associated in cities with urban development or renewal projects. Residential relocation among elderly people is becoming critical since it may influence their remaining lives. The following review of the literature emphasizes residential relocation, quality of life, stress, coping, successful ageing and the related issues, in order to provide a context for the research study. In particular, it reviews literature concerning the environmental needs of older people, as a key context for the research focus on the impacts of residential relocation, since residential relocation inevitably is likely to imply some environmental changes.

### **2.2 Potential effects of residential relocation**

Baglioni (1989) notes that one of life's potentially stressful events is residential relocation. If older people were more vulnerable to the undesirable effects of stress than other age groups, their length of adjustment to relocation might be more extended and intensive. He also suggested that, among older people, the profound impacts and consequences of residential relocation appeared to be determined by a complex interaction of personal, environmental and social variables. Moreover, previous residential history, health, marital status, race, economic status, social integration, income and whether a person owned or rented his/her home have been associated with the desire and decision to relocate. Actually, he found that the stress experienced by

older persons because of relocation would result in worse personal and social adjustment relative to those who had not been relocated. In addition, he found that there were some differences between involuntary and voluntary residential relocation. He discovered that involuntary relocation was an especially stressful experience for older persons whose ties were generally more firmly established and who might be less adaptable or more resistant to change than younger persons might. On the other hand, voluntary relocation might be regarded as senior housing projects, which provided similar settings for their living. It consisted of return migration to the community of one's youth, or migration to one of Sunbelt states, or it consisted of relocation within the same community. Desirable effects of improved housing, morale, functional health and living environment could be attained under such relocation arrangements.

Baglioni further contended that relocation had long been recognized as being a potentially stressful life event. As such, it might be expected to have unwanted impacts on the well being of the individuals involved. He also showed that relocation had great impacts on the increase in death rates and the deterioration in functional health and psychological well being.

Further, according to Ben-Sira (1991), the demands inherent in the abrupt change in an individual's life situation due to residential relocation were likely to disrupt older people's emotional homeostasis (or balance) and become more severe stressors. Moreover, relocation was regarded as a consequence of earlier traumatic changes in physical, material and emotional spheres of life such as disability, reduction of income, diminution of the family.

Research in the USA suggests that three life-shaping characteristics of residential location may impose effects on residents, especially older residents: lack of physical-social structure, underpopulation, and unknown conditions and threats of loss of familiar settings (Norris-Baker, 1999). Concerning the lack of physical-social structures, the older residents seemed to be more vulnerable to such losses and this phenomenon was more obvious in small towns. Moreover, residents in small towns had greater difficulty in finding alternatives for the services and activities that could replace the original functions and personal meanings if such setting retreated progressively. Under-population, on the other hand, provided a chance for elderly people to play more roles as when they were young because the young generation had left in their areas. This situation was good for the elderly people, if they were healthy and competent, as it could enhance their self-esteem and self-confidence. However, it might impose unreasonable pressure on the frail elderly, and negative outcomes, such as ill health and involuntary participation, were more likely results. Finally, unknown conditions and threats of setting loss also implied negative consequences for the residents. For instance, they were required to try their best to reserve some settings. Those ideas were also closely related to the relocation of elderly people that Norris-Baker outlined.

Sullender (1999) noted that the loss and initial change of residence was regarded as the marker event that symbolized the loss of independence, especially for elderly people who also experienced another loss, in the second half of their lives, such as loss of income and of mobility. Sullender suggested that residence changes were closely related to one's independence. Because elderly people would move from lower levels of disabilities and mobility limitations when they were "young old" (at that time they could live independently), to higher levels when they were "old old", and in such

period as they required intensive medical care and could not live independently. He indicated that such differences in their levels of independence, disabilities and mobility implied the possibility of residential change. If older persons were healthy and could manage to live independently, for example, they could live alone in a tower, but this might require them to climb stairs. However, if they suffered from chronic illness, this increased the chance of disabilities and lowered mobility greatly. The older persons seemed to be unable to live alone as they could no longer manage their daily living. Residential change was necessary and, for example, they might move involuntarily or voluntarily into a home for the aged or, at least, into a building with an elevator. Sullender, therefore, suggested that a positive attitude toward a decline in health and mobility was essential and early planning for those changes was necessary and desirable.

### **2.3 Classical views and research on residential relocation**

There is a long history of the study of residential relocation, some of which is set in the migration literature. However, that affecting older people has gradually been set in a context of migration and residential care, rather than the forced relocation from old to new urban environments.

Hallman (1964) suggested that residential relocation existed as the needs of urban renewal and highway programs tended to be concentrated in some older areas of the cities, hitting hardest the low income and lowest status groups of the society. He thought that older people and their families also encountered different problems in pre-relocation and post-relocation periods. On the side of the elderly, even though they were required to move, the assigned housing units or accommodation might be unsuitable for them and older people were quite reluctant to move, especially those

who had established a social network in the original. Older people, moreover, always encountered great difficulties in relocation as they were usually people with lower income or no income. Finally, their poor health status restricted their participation in the process and willingness to move. On the side of the families, financial dependency, family adjustment and children's education were their main concerns.

Similarly, Joyce (1964) recognized that older persons were often worried about different and complex problems in residential relocation. Again, he focused on the health, economic and sociological aspects that the relocatee faced. He emphasized that sometimes the relocated housing units might fail to meet the recognized standards concerning public transportation facilities. In addition, Joyce contended that a central relocation system was the most effective in meeting the needs of the relocated families and individuals.

Niebanck (1964) wrote that relocation not only urged more than just a break in the person's routine, but also affected his life pattern which in turn might modify self-perception and his relation to society. In fact, if relocation could be properly managed, it might represent a kind of release from dependence or deprivation, or it might be a means to better housing.

Brenner and Schulz showed that there were three main kinds of residential relocation for the aged: "home-to-institution", "institution-to-institution", and "home-to-home" (1977). They found that most relocation for the aged were caused by urban renewal, debilitating physical decline and decreased financial status, but on the other hand, the researchers judged that controllability and predictability were two key mediators to respond to the stress from relocation. Controllability included behavioral control - the



availability of a response might directly influence or change the objective characteristics of a threatening event, cognitive control - the processing of potentially threatening information in such a manner as to reduce the net long-term stress and /or psychic cost of adaptation, and decisional control – the range of choices or numbers of options opened to an individual. Predictability was regarded as negatively related to the severity of environmental change experienced by relocatees and directly related to the amount of preparation given to individuals before the move, and thus it was not difficult to understand that the greater the choice the individual had, the less undesirable the effects of relocation and the more predictable a new environment was and consequently the less undesirable effects of relocation. Generally speaking, if the individual felt the stressful event was predictable and/or controllable, negative responses would likely be lessened and a voluntary relocation be more favorable than an involuntary one, especially when someone was relocated involuntarily from home-to-institution as a dissimilar setting was found which implied a lower level of predictability and controllability.

It has been recognized, on the other hand, that “home-to-home” relocation, in most cases, was more beneficial to the relocatees as greater predictability and controllability could be exercised, which could greatly alleviate the uncertainties from the move (Brenner and Schulz, 1977). Moreover, the improved living environment in the new location was not only a positive outcome from the relocation, but could also offset the stress from this life event.

Much research concerning the residential relocation of older persons was related to its impacts on mortality and morbidity, or to finding out what the effects of relocation on older persons involved. However, Aldrich (1964) had undertaken detailed early

analysis of how personality factors influenced the mortality of them following relocation, particularly within three months of the move. A hundred and eight-two residents were the subjects in his research. The highest death rate could be found in the group of residents who were psychotic or near-psychotic. Moreover, the death rate of the residents who denied their physical disabilities and who were compulsive, depressed and neurotic was three times higher than that of residents who had a satisfactory adjustment to the new environment and twice as great as residents' adjustment which were characterized as demanding and hostile behavior. Emotional reaction to the threat of relocation and psychological adjustment to institutionalization, on the other hand, were significantly associated with the survival of older persons following relocation. Last but not least, the research found that only one resident died among twenty residents who were angry, anxious, or had a philosophical reaction to the news of relocation. However, six residents died in a group of twenty-four who reacted to that news with depression, denial, or regression or who were psychotic. Thus, these results provide some support to the suggestion of a relationship between personality factors and the residents' survival, following relocation.

Participation in decision-making and preservation of familiar relationships were viewed as two of the key factors in minimizing the stress of older residents in the relocation process (Novick, 1967). With a need for expansion, Montreal's Maimonides Hospital and Home for the Aged was moved with the old residents. A total of one hundred and twenty-five residents were involved in the relocation and it might be regarded as a positive one as a larger place and better facilities could be found in the new institution. Actually, fear of the unknown, preservation of a satisfying relationship, retention of emotionally meaningful belongings and spatial

arrangements in the new place were seen as key factors influencing the mortality rate of the residents: thus, specific actions were carried out to combat such uncertainties.

Four years prior to relocation, a “Patients’ Club” was set up with open participation for patients who were interested and willing to join. One of the aims of the club was to encourage patients to participate, with staff and other members, in the process of assessing existing services and in planning improvements in programs. Through the work of the Club, the discontent and uncertainties of the residents could be successfully expressed; it greatly alleviated their fear as solutions for them were implemented. On the other hand, familiar relationships could be continued after the move since most staff in the old place was retained in the new institution. Social services staff also discussed with all residents individually to know who were their neighbors preferred in the new area. Furthermore, residents’ children were also informed of the importance of regular visits to parents for the first few months of the move. Additionally, special arrangements for frail residents and well-designed living arrangements could not be ignored in the process. In short, all actions mentioned were protective and contributive for the good of the residents’ lives, to lessen their emotional shock from this stressful life event.

The aftermath of voluntary relocation induced by urban renewal has been studied by Brand and Smith (1974). This post-relocation study gave the emphasis on the relationship between life adjustment and the health of elderly people and forced residential relocation. An experimental group with sixty-eight elderly people and a control group with sixty-nine elderly people were involved in the research; whites, blacks and Chinese could also be found in the study. In order to assess their status, recorded chronic conditions were used to measure their health and their life adjustment

was measured by contacts with family members, friends and participation in community activities. Actually, several implications could be obtained from the study. First, it indicated that there was no difference between experimental and control groups after the move, but the latter group had a higher level of satisfaction than the former. White and female respondents, on the other hand, had greater dissatisfaction than black and male respondents in the events, respectively. Moreover, subjects with poor health had lower levels of life satisfaction within the relocated group. Furthermore, contact with friends and family members was less in the experimental group after the move. In short, Smith and Brand noted that the elderly might perceive stress from involuntary residential relocation, such event exerting undesirable impacts on their personal adjustment, especially on elderly people with poor health. In addition, it is contended that the relocated elderly people ignored the impact from improved living environment and the comparison before and after the relocation was a cross-sectional study only.

Botwinick and Wittels (1974) attempted to show that there was “no-effect” from voluntary relocation on some elderly people who were relatively healthy. There were two new and well-equipped apartment complexes and these were more sheltered than rental apartments or typical private homes in the old area. However, there were too many applicants for limited places, and Botwinick and his colleague would like to make the comparison between the movers and non-movers (whose applications were not successful). The focus of the research was the death rate between the movers and non-movers and that between movers and the population at large. In fact, the research concluded that the type of relocation discussed here did not induce greater risk of dying; to some extent, it might decrease such risk. The results also implied that risk of death from residential relocation was quite different from one group to another. People

experiencing a higher level of disabilities would like to perceive the greatest risk when they were relocated, especially in involuntary relocation. However, their research did not disclose such points since the subjects involved had been assessed medically which indicated that their health status was satisfactory.

Brody et al. (1974) focused on the changes in older persons' overall adjustment and attitudes toward the move and personality traits/reactions in their research about residential relocation. A total of 48 older persons involved in the research were interviewed at four different times during the process of relocation, a week before the move, two weeks, four and eight months after the move. In their research, they discovered that their overall adjustment had been decreased sharply two weeks after the move and was increased to the original level (when they had not been informed about the move) eight months after the move. About the changes in the attitudes toward the move, it indicated that most of the negative attitudes had been reversed by two weeks after the move and such negative attitudes disappeared four months after the move. Concerning the changes in their personality traits, before they were informed about the move, they had been rated on average as having mild to moderate levels of depression, resistance, anger and demandingness, etc. All variables reflected increases in stress, especially anxiety and depression, after they were informed about the move. Moreover, the research showed that there were correlations between personality variables and overall adjustment, and personality variables and attitudes toward the move. Finally, Brody and colleagues contended that care and specialized services for the older persons during the move should be highlighted, especially when relocation was inevitable.

Similarly, Borup et al. (1979) conducted research that focused on the effects of relocation on elderly people's mortality. The background to their research was that there were certain new regulations for nursing homes which forced some nursing homes to close down and the resident patients were consequently forced to move. Five hundred and twenty-nine patients were interviewed from such nursing homes and regarded as an experimental group, and the control group consisted of four hundred and fifty-five drawing patients from nursing homes where they did not experience relocation. Their research found that significant differences could be found between the control and experimental group, for example, the former group experienced higher mortality than the experimental group. Moreover, they also found that there were great differences between female and male patients who experienced relocation. Additionally, their research also discovered that handicapped and non-handicapped patients were not different from each other in the probability of death after relocation.

Macdonald and Wells (1981) conducted research on residential relocation of older persons in Toronto. Fifty-six residents had been interviewed before the move and only forty-five of them could be interviewed again after the move. Their research focused on the impacts of residential relocation on their life satisfaction, physical and mental deterioration and social networks as these were thought to be important factors for successful adaptation to relocation. It was an inter-institution relocation study and a quantitative method was adopted. They discovered that relocation made those old residents face the disruption of the primary relationship network and a reduction in life satisfaction. Moreover, old residents also experienced mental disorganization, confusion, apathy and behavioral deterioration. They also highlighted that the number of close relationships (with staff and friends) outside the home was significantly

correlated with the change in life satisfaction scores (by LSIZ) and the former was particularly essential in minimizing negative effects of relocating older persons.

Kahana and Kahana (1983) also discussed on residential relocation and the relationship between environment and changes. They contended that environments not only could pose impediments, constraints and complicated problems for the elderly people, but also offered them continuity and comfort. In fact, environmental changes could thus greatly threaten a person's stability, in terms of negative psychological and physical consequences, and the attitudes of elderly people towards them were negative. However, environmental changes could be emphasized as a potential path for personal control and hope for improving the future when one is aged, particularly for a voluntary move. Kahana and Kahana gave an example about residential relocation that voluntary relocation could encourage the aged to plan for a more satisfying future, by increasing person-environment fit and by upgrading their living conditions.

This example concerned a group of elderly people who needed to relocate from the United States to Israel; they effectively searched for environmental changes, challenge and discontinuity. For ideological reasons, they were willing to give up established homes to try to integrate themselves into a place with a quite different culture. Actually, making great readaptation and facing hardships were expected but they still wanted to actualize their prayers and religious wishes. Surprisingly, more than two-fifth of the movers that their health status was improved after the move, compared to one-fifth before the move. Moreover, hassles and stresses from the move were outweighed by their satisfaction from the accomplishment of their dreams and the euphoria linked to a sense of internal control. Last but not least, religious participation, volunteer work and contribution to the community were found as important and

meaningful outlets for those relocators and they could also perceive higher level of satisfaction after the move. From this research, it is not difficult to understand the positive impacts of residential relocation for elderly people if they moved voluntarily, even with a great distance.

Dimond et al. (1987) conducted another longitudinal study on residential relocation of older persons. The research was conducted in Utah, USA, when a large copper mining company had announced the closure of the small town called Lark. Obviously, such old residents faced relocation involuntarily, which was regarded as more destructive for their well-being. The research involved three stages of data collection, one before the move and two after, which aimed at knowing their changes within a short period after the move. Only 37 older persons participated in this research and all of them moved from a small town with only a post office and one Latter-day Saints church to a place with most public services. Better housing with increment in rents and loss of strong social ties were the typical differences after the move. Several implications can be drawn from this study. For example, involuntary relocation induced some losses and negative feelings with decreased health, self-esteem, and mood. On the other hand, women were expected to be at greater risk than men from the unwelcome consequences of relocation, e.g. a broken social network might be more harmful to women.

#### **2.4 Quality of life and successful ageing**

Quality of life and successful ageing are two contemporary concepts closely linked for older persons. Some themes are emerging although the literature about them and relocation is very limited to date.



King and Stewart (1994) contended that, since health issues were one of the key concerns of older persons, the conceptual definition of quality of life of older persons should contain “global, subjective ratings of life quality (satisfaction); other internal subjective states such as psychological distress/well-being, pain and discomfort, energy/fatigue, self-esteem, and sense of mastery/control; ability to function cognitively, physically, socially, sexually; ability to function involving usual daily activities including self-maintenance and self-care activities; and perceived health” (King and Stewart, 1994, p.28-29). Moreover, they suggested that, when people grow older, several roles, such as work and childcare, diminished in importance naturally and were substituted by other more discretionary activities, e.g. recreation and hobbies. Thus, it was reasonable to think that discretionary activities were regarded as playing more vital roles relatively in assessing the quality of older people’s lives. Additionally, they concluded that the major categories of determinants of quality of life were social environment, lifestyle, health care, clinical status, community environment, and socioeconomic, personality, and demographic characteristics.

Raphael (1998) also placed emphasis on the linkages between quality of life of elderly people and the work of health promotion and rehabilitation. Raphael contended that there were four main reasons for the health promoters and rehabilitation workers focused on their QOL. The first reason was that QOL might be viewed as a determinant of the form that ageing took for a particular individual, as QOL was a benchmark to distinguish them into normal ageing, optimal ageing, and sick or pathological ageing, and the differences in their health status could be indicated. Secondly, QOL was recognized as a health promotion and rehabilitation outcome, and improved QOL might be a welcome target of health promotion activities. Actually, QOL, especially related to health, not only had the potential to enhance the efficacy of

rehabilitation and health care efforts, but also as an indicator to evaluate the effects of interventions carried out by rehabilitation staff and health care providers. Moreover, QOL was a good indicator to reflect the needs of older adults, which was vital for policy makers, health providers and promoters and consumers themselves. Finally, the relationship between QOL and the role of environment with health promotion and rehabilitation efforts was also highlighted, since QOL was concerned with societal and environmental factors to personal traits, such behaviors, belief and attitudes. Thus, QOL could reflect individuals' response to, and perception of, their environment and the work of governmental services and policies and other institutions could be directed on QOL of individuals.

Butler and Wolkenstein (1992) recognized that the importance of quality of life, especially of healthy elderly people, and that it was important for physicians to provide appropriate medical services and treatment for them. In fact, there were many uncertainties about such issues: for example, what QOL consisted of and what determined it. Moreover, discrepancies existed between the perceptions of physicians regarding their QOL and of older healthy patients on QOL. Thus, they conducted a research which contained a survey and focus group interview to find out what were the contents of QOL of healthy elderly people and "healthy elderly people" were defined as people who were sixty-five or over and self-sufficient enough to manage themselves in their own apartments with minimal supervision.

They found that there were three main components of QOL of healthy elderly people. The first was related to external factors and things people could do, such as "the ability to drive", "going on tours and events", "doing arts and crafts", "having good companionship", "the ability to live with ideas of events around one", etc. The second

component was the inner world of the self, which not only referred to personal attitudes and feelings, but also to the need for perceived physical and psychological independence. The foci on self-esteem, self-sufficiency, life satisfaction and one's attitude and outlook on life were also within the scope of this component. Finally, a third component was related to elderly people's coping abilities and relaxation strategies. They would like to understand to manage their changes, such as decline in physical health, in later life.

Apart from the three dimensions suggested by the subjects, Butler and Wolkenstein also thought that there were eight physician behaviors which could enhance the elderly people's QOL. For example, elderly people suggested that physicians should also pay attention to the importance of their families as the knowledge was essential because they had always provided care for them. Another suggestion was fostering greater health care provision interface; they stressed that greater interaction among physicians, nurses, nutritionists, pharmacists, and other health carers and providers regarding potential drug interaction was highly desirable since it could detract from QOL of elderly people. Their study actually showed that elderly people's attitudes towards their health and QOL were very positive, and the concept of Quality of Life from this group was quite meaningful. It not only could play as "a yardstick in terms of the stability of important relationships and activities and as a measure of their coping/adapting capacities", but also could narrow the distance between caregivers and elderly people on some specific issues.

As there are often said to be substantial educational, cultural and social differences between Chinese and Western older people, Iris Chi et al. (1998) conducted preliminary research to find out the self-perceived quality of life (QOL) in Hong Kong.

Chi and colleagues also sought some definitions of QOL, which were relevant to gerontological approach and health was always valued as the key determinant in those definitions. For example, health and functional status, social contacts, activities, emotional well-being and adequacy of material circumstances were identified as key components of QOL for a group of elderly who were 65 or above living in the community in London (Farquhar, 1995). A total of six elderly people with a mean age of 78.3 were recruited for a focus group interview and it indicated that several components were agreed as “quality of life”. In fact, “good life” equated the term of Quality of Life as the elderly people could not catch the meaning of this term exactly. Physical and functional as well as psychological well-being were viewed as two key components. Physical and functional well-being meant good health and was equal to the ability to walk, eat, run, and sleep and suffering fewer illness and less pain; it also implied that the ability to participate in activities of daily living and perform normal life roles. Moreover, leisure was also included in functional well-being, noting their desire and need to keep active and pass time meaningfully, having positive effects on their physical health and psychological well-being. Life satisfaction and happiness, on the other hand, were included in the domain of psychological well-being. Some factors had certain impacts on life satisfaction, such as social contacts and absence of economic worries, and their happiness was expected to be influenced by engaging in social activities and living with an active lifestyle.

Social and economic well-being were found to be other important components in their quality of life, the former containing social interaction, and social network and support. Researchers reported that social interaction was highly emphasized in the interview, which was assumed to be helpful as a coping strategy and as catalyzer for bad mood. Nonetheless, family, friend and government were viewed as three main social supports

for the subjects. Money and housing, on the other hand, were key components in the domain of economic well-being. Money was so important for them because of the high cost of living in Hong Kong. Even if the basic needs were met, money was still essential for their social activities and valued leisure. Actually, the importance of housing in this domain could not be ignored. Five other factors, however, were identified as possible elements in the domain of psychological well-being; they were self-perceived coping ability, sense of role fulfillment, sense of personal autonomy, self-pride and self-concept.

General speaking, Chi and colleagues found that, contrary to what is often thought, the differences between elderly people in Western societies and Chinese elderly people in Hong Kong were not obvious. It could be explained by the effects of industrialization which not only occurred in Western societies, but also in Chinese, had similar impacts on their lives. Moreover, elderly people in both societies also had similar life experiences and forms of deprivation and hardship during the war years, for example, which might also result in similar life expectations. Finally, Chinese subjects ranked physical and functional and economic well-being as the most important and second most important domain in the quality of life respectively.

Baltes and Baltes (1993) stated that it might be a contradiction between “success” and “ageing”, since the former might indicate gains, a positive balance and winning a game; and the latter might imply loss, decline and approaching death. Such contradiction, however, might be viewed as a drive for further probing analysis of the elderly people lives. Baltes and Baltes actually noted that multicriteria approach was necessary in defining successful ageing and they listed some criteria for successful ageing and those were the outcomes or current criteria, such as length of life, mental

health, social competence and productivity, personal control and life satisfaction. On the other hand, they suggested several tactics to attain successful ageing. Engagement in a healthy life-style, for example, seemed to be essential because it could lower the probability of pathological ageing conditions. Another example was of educational, health-related and motivational activities; the formation and nurturing of social convoys were advised to strengthen older persons' reserve capacities. It was important to emphasize their reserve capacities, since the greater capacities, the higher intention to achieve successful ageing. Last but not least, the enriching and compensatory role of knowledge and technology and limits to reserve capacity were regarded as other tactics which could be supported as the older persons would need special compensatory supports to alleviate their wounds for the loss in adaptive capacities.

Kahn and Rowe (1998) noted that there were three essential components of successful ageing which were closely linked. Such components were low risk of disease and disease-related disability, high mental and physical function, and active engagement with life. Actually, a hierarchical order could be found among them. The absence of disability and disease could strengthen the maintenance of mental and physical function and in turn an active engagement with life was highly encouraged. In the domain of avoiding disease and disability, regarded as the most important domain, Rowe and Kahn contended that it was not difficult to observe that existing medical services focused on "reparation" (i.e. curature) rather than prevention; this phenomenon was more obvious in geriatric services. Moreover, the patients and health care providers always ignored some signs, which were also invisible or silent, and might imply future illness and diseases. Naturally, prevention should be highlighted and enforced to overcome them.

Maintaining good mental and physical functioning was the second important domain under successful ageing. Kahn and Rowe believed that the primary goal of many elderly people was to be independent, at least meaning that elderly people could manage their daily living. In fact, the capability to manage their living was heavily dependent on their mental and physical functioning, and thus it was not strange that elderly people were too sensitive or oversensitive on the loss of their functional capability. However, there was no need to worry so much since such losses could be prevented and regained, and it was not solely controlled by genetic factors. The third important domain was continued engagement with life which not only stressed the close relationships with other people, but also the participation in purposeful and meaningful activities. There is no denying that involvement in social activities with friends and family was viewed as a strong predictor of longevity. If people did not have so much interaction with friends and family, they were more likely to suffer from illness and shorter longevity. Elderly people could enjoy such interactions by giving and receiving social support, including instrumental and socio-emotional support. Engaging in those activities, were all appreciated, whether paid or unpaid; running a household and child rearing were two typical examples. It seemed quite easy to achieve successful ageing if all advice could be managed, and the medical service and health care were actually very important in assisting elderly people to successful ageing.

### **2.5 Ageing, stress, coping and adaptation**

As stress and coping can influence the level of adaptation, it is reasonable to assume that when high levels of stress accompanying poor coping, lower adaptation skills can result, which in turn induces negative impacts on quality of life. In fact, residential relocation is highly regarded as a stressor.

Older persons were found to be particularly vulnerable to the negative effects of stress on health and such stressors will be appraised as more stressful and threatening with increasing age (Aldwin, 1990). He also pointed out that older adults tended to rate life events as being more stressful than did younger persons and suggested that environmental changes brought greater adverse effects on aged people. Moreover, life events, such as residential relocation, appeared to be harmful for the health of elderly people especially tending to be those that involved disruption of social network and bereavement.

Stress has been recognized as one of the major determinants of well-being (Krause, 1990). He highlighted social support as a kind of coping resource in handling the deleterious impacts or troubles of different stressors. He also stated that stressful events imposed their undesirable impacts on people primarily by diminishing their feelings of self-worth and by eroding their sense of mastery or personal control, but they could be overcome by the power of social support. With such support, elderly people came to feel that the problems could be overcome and controlled.

Aldwin et al. (1996) tried to demonstrate age differences in stress and coping. They discovered that old people were more likely to report few daily stressors since they played fewer roles than younger adults as the latter played more social roles, and more hassles resulted. Rearing children and old parents, and work-related matters, for example, were always the main concerns of the young adults and health problems were relatively important for the older persons. Older people, moreover, always recognized problems as less stressful because they had more coping strategies and resources in handling such problems. Actually, when elderly people faced problems, they used



fewer escapist and hostile strategies to cope with them. In fact, escapism, such as using drugs and wishful thinking, was regarded as the least efficacious and effective way.

The main causes of stress in older persons, their reactions to it, effects of stressors, and stress management strategies have been highlighted (Gandee et al. 1998). First, change was regarded as the major cause of stress, especially some changes exerted disagreeable and sudden impact on people's lives. Loss of personal friends or family members through death and changes in one's living environment were recognized as general life changes, which might induce long-lasting distress. Other changes included fear of death and loss of strength also caused by illness and chronic health problems. Secondly, some physiological responses were common reactions under prolonged stress: increases in heart rate and blood pressure, and increased muscle tension, anxiety and depression were typical examples. Prolonged stress was also associated with insomnia, increased irritability and changes in quality of interpersonal relationship. Finally, Gandee and co-authors suggested several ways of combating the unwanted responses and/or effects from prolonged stress. Regular exercise, for example, was emphasized since it was found to exert positive impacts on older adults' mental health and it could also improve self-efficacy and perceived control. Exercise could alleviate the levels of stress, improve perceived self-esteem and mental outlook in some subjects who participated in jogging/walking. In addition, diaphragmatic breathing strategies, meditation and autogenic training were also advised to help. Last but not least, considering changes in life as positive challenges was a way to minimize the stressors that could bring change to our lives and the will to survive. In fact, the degree of resources, and tactics for the use of these resources were also very important in handling stress.

Aldwin (1991) noted how age influenced coping strategies of older people and he highlighted the effects of age on coping strategies. As age increased, elderly people tended to experience different kinds of problems when facing different stressors, especially when they had more health problems and a sense of bereavement, such as the loss of spouse and old residential areas. Thus, age required older persons to adopt more and different coping strategies than the young. Moreover, he suggested that older individuals were not passive copers and they tended to use fewer escapist and hostile strategies. Their attitudes toward stress seemed to be quite positive.

The success and the appropriateness of coping strategies might well depend on the nature of the “problem” with which one was being challenged, and there might be no “best way” for solving a particular problem for all individuals (Slater, 1995). Slater suggested that an inability to cope was likely to result in a sense of undermined autonomy and individuality, and a rise in symptoms of anxiety, frustration, depression, or poor sleep. He recognized that the most effective and efficient strategy was “active cognitive coping”, which meant giving conscious thought to the problem and its solution rather than responding in a habitual manner. This showed that the success or failure of coping depends on different factors, such as the nature of the problem. If the elderly encountered relocation, their success with coping strategies depended on how relocation influenced them. But failing to cope would likely induce negative effects, such as anxiety and even suicide.

Apart from his viewpoint on the residential change of elderly people, Sullender (1999) also had some ideas on the loss of control in later life. Loss of control or personal power might imply the loss of independence, too. He suggested that most events to some extent could be or could not be, controlled by ourselves entirely; in some cases,

people might determine whether they should assert themselves and try to mediate or modify the course of events, but in other cases, they might accept these occurrences passively. Actually, many elderly faced life events which seemed to be out of their control and they tended to be despairing and apathetic as they occurred. Opposite to external locus of control, internal locus of control could help people view events as controllable by themselves; in turn, they had greater intention to change and improve the situations and respond more actively. Moreover, they found that elderly people could manage loss and change if they felt that they had some measure of control over events.

Older persons were expected to face different kinds of changes, such as role losses, geographical relocation, loss of spouse and bereavement, and their capability to adapt to such changes and issues were involved. Hatch (2000) stressed that social relationship, mental health and coping, and physical conditions and mortality were key factors for adaptation when people were old, and Hatch, at the same time, put more emphasis on gender differences in those aspects. First, researchers discovered that people who were better integrated into society always had better adaptation when they interacted with others more frequently. If people lived alone or did not have family members, however, they were expected to adapt poorly and needed of aid. Moreover, perceived quality of interaction and numbers of confidants were also highlighted as they were determinants for good adaptive ability.

Secondly, mental health was viewed as the most commonly used measure in their adaptation, which focused on psychological and emotional states, psychological distress, and mental and personality disorders. Coping, on the other hand, was closely linked to mental health. Effective coping strategies, strategies to prevent, control and

avoid distress, could be made up of good mental health indirectly and psychological, social and socioeconomic resources of the subjects directly. Thirdly, mortality was regarded as an ultimate indicator for adaptation to ageing and their physical health was also adopted to assess it. It was easy to uncover the fact that women lived longer than men and the possible explanations were hormonal and genetic influences and the latter had greater risk by participating in smoking, drinking, violence, etc., which seemed to be risky behavior. Nevertheless, older women not only tended to suffer from poorer overall health and more acute and chronic conditions, but also experienced greater mobility limitation than older men.

Additionally, Hatch indicated that “gender role” and “resources” could be explained in terms of gender differences in adaptation to ageing. The former approach suggested several viewpoints and one of them was that the socialization of women to family responsibilities and domesticity benefited them to a great extent since they could afford greater role continuity in their later life relationships and activities. However, another viewpoint suggested that women experienced more life changes, which were expected to offer them greater flexibility in handling them, but those changes were regarded as stressful to them rather than beneficial for adaptation. It was noted that their adaptive ability heavily depended on their economic, health and social resources. Older women always faced financial strain and greater risks for chronic illness than older men. Older women, however, had better social resources from their relationships with friends and family, which could alleviate the level of stress from life changes.

## **2.6 Environmental needs of older persons**

As noted earlier, the environment in which older persons live is almost inevitably altered in many ways when residential relocation occurs. Therefore, this literature

review now turns to a discussion of the environmental needs of older persons. As Phillips and Yeh (1999) point out, the environment can broadly be characterized as internal (to the home) and external, the local neighborhood. Therefore, it is useful to bear this distinction in mind when considering environmental needs.

One issue is also the variety that characterizes older persons: they are not all the same. Baum et al. (1984) recognized that many designers in designing the living environment for elderly people had tended to ignore the differences between the needs and characteristics of elderly people and others. They thought that the problems encountered by elderly people were common and there was no need to give special care. So Baum and partners suggested that designers should attempt to compensate as much as possible for the psychological and physical difficulties that some older people had, without inappropriately constraining the lives of people who had no particular problems.

Moreover, they highlighted that a degree of control over the process was a vital and positive response to elderly people, for example, being relocated and entering a long-term residential care facility. Furthermore, increasing predictability was recommended as a good method of giving people preparatory information about their forthcoming move, which could result in decreased mortality rates after relocation. Finally, they contended that safety, convenience, important facilities and transportation network should be emphasized in designing a living environment for elderly people.

Autonomy and security were recognized as two main essential elements in designing the broader environment for elderly people (Siu, 1999). They could provide physical,

social and emotional security for the aged. Moreover, reducing the risk of accidents, promotion of visual orientation, environmental familiarity and neighborhood integration should also be highlighted in planning a living environment for elderly people. Then the problems of relocation could be minimized and coping could be more successful.

According to Chow (1999), the environmental needs of elderly people should be highlighted and which include two main aspects: physical and social, and also cover internal and external environments. For the physical aspects, Chow thought that sufficient space to maintain an independent life, easy access to public transport, availability of social services and recreational grounds were essential and could not be ignored. For the social aspects, he also promoted the importance of choice of living arrangements, an opportunity to interact with neighbors, the development of a community and cultivation of community spirit. He recognized that these were essential considerations in a good living environment for elderly people.

Wai (1999) contends that the HA actually has put great effort into upgrading housing for elderly people. As the demands and expectations of people are increasing, the Housing Authority has committed itself to improve the standards and living conditions of housing for them. In fact, the Housing Authority has several design objectives in housing for elderly people and it has emphasized certain design standards, social mix and integration with services within housing estates. Again, internal and external environments have been considered. Additionally, a set of guidelines, specifications on design covering domestic flats, common facilities and external works have been well established to fulfill their special needs while focusing on their possible mobility problems.

Phillips (1999) notes the geographical concepts of action spaces, activity spaces, personal space and neighborhood space are very important for individuals in a local environment. Relatively speaking, action spaces are likely to be more restricted and localized for older persons whose mobility is generally lower than that of other groups, such as working age people. Action spaces, in fact, were the areas where the individual had contact and knowledge. Such spaces comprised a broad range of spatial behavior, such as social health care visits, shopping, commuting, etc. Such behaviors seemed to be essential for the older persons when their activities are always held in the local environment.

## **2.7 Related research in Hong Kong**

There has been limited research in Hong Kong on the relationships between residential relocation and the wellbeing of older persons. For example, according to a survey conducted by the YWCA and University of Hong Kong (香港大學社會工作及社會行政學系 及 香港基督教女青年會,1998), elderly people might encounter difficulties during residential relocation. This study placed emphasis on the changes in their health status before and after relocation. It showed that elderly people did not understand the information provided by the HA concerning the relocation as they were in the form of a notice or document. It was quite hard for elderly people to understand the content since most of them were illiterate. Moreover, over 70% of the respondents in their research showed that, they had lived in the old estates for more than ten years and had a sense of belonging. However, about one-third of the respondents were removed from their original district and about one-fifth were allocated a flat with no other choice. This made some older residents feel frustrated and have more health problems after relocation. In addition, about 60% of the respondents showed that they were worried about it if they couldn't afford the new rent in new estates. About

one-third of them were dissatisfied with the new rent and some were forced to live in some relatively old estates where rent were lower. Thus, it recognizes that the residential relocation may be hazardous for many elderly people, especially those who perceive a higher level of stress and adopt poor coping strategies.

Similarly, in early 1999, the Asia Pacific Institute of Ageing Studies (APIAS, Lingnan College) also conducted research concerning the impact of urban renewal on elderly residents in Wanchai. The relocation was handled by the Land Development Corporation (LDC). The population was quite old and illiterate, and many felt their information about the redevelopment, such as the relocated areas and the rate of compensation, was insufficient. The report also suggested that the elderly residents should be relocated within Wanchai District, in order to avoid them suffering from moving to an unfamiliar living environment.

Boey and Chi (1998) conducted research into the relationship between life events and psychological well-being of older adults in Hong Kong. Twelve life events, such as change in residence, sickness or injury, death of spouse, or taking a vacation, were listed and elderly people were asked how often such events had happened to them in the past three years. Three measures of psychological well-being, CSE-D, GHQ-30 and LSI-A, were combined in a questionnaire to collect the related data. After the data analysis, the results showed that “sick/injury”, “death of spouse” and “change in frequency of family gathering” were significantly associated with lower level of psychological well-being, greater depression or less satisfaction with life. Moreover, the positive events, “taking vacation” and “having new family member” were associated with less depressive symptoms, fewer mental health problems and greater life satisfaction. Additionally, “taking a vacation” had a buffering effect between the



adverse effects of negative events and psychological well-being. Nonetheless, “change in residence” played an unimportant role in influencing psychological well-being of older adults in the research, but it was recognized as a negative life event rather than a positive one. Even if it could not bring some ideas between relocation and elderly people, directly, this was still an informative study providing information and ideas about how positive and negative life events influence elderly people and their well-being. To a certain extent, it provides some ground work for the current research in this thesis.

### **2.8 Related research in Western societies**

The phenomenon of residential relocation is not always negative. For example, Tesch et al. (1989) found that the disability of agitation and lonely dissatisfaction morale factors in relocated elderly people were not different from an unrelocated group in global life satisfaction. However, they showed that not only the level of peer friendship became lower after relocation, but also the number of friends was negatively related to the amount of time elapsed since relocation. This research can be regarded as an extension from APIAS’ s work in urban renewal in 1999.

McCabe et al. (1990) carried out research to uncover the effects of involuntary relocation among particular population of institutionalized older persons, and, especially the relationship between the relocation and anxiety. They found that there were sixty-two elderly people who could complete all four interviews in the research, two before the move and two after that. Actually, all residents were mainly divided into two groups, a dependent group (a group of people who were going to move into dependent living conditions) and an independent group (a group of people who were going to move into independent living conditions), and different practices were

arranged for different groups. For example, the dependent group suffered the loss of possessions, lack of visits to the new place and all dependent group members were moved on one day and such day was finalized only a week before. The independent group performed in the opposite direction to the dependent group done.

After the data analysis, McCabe and co-authors found that the dependent group perceived higher levels of anxiety than the independent group in different stages of the relocation. Moreover, all subjects suffered a higher level of anxiety just before (a week before) the move, as compared to other stages of the research (a month before the move, a week and a month after the move). The researchers pointed out that the significant differences in anxiety between the dependent and independent groups were for several reasons. The dependent group, for example, was required to give away or sell their furniture to move into a place that was equipped with a “hospital-type” bed and dresser. In fact, loss of possessions made such a group have fewer chances for reminiscence after the move when they also lost the familiar living environment. Nevertheless, the independent group had the right to keep their things and enjoyed such reminiscence which was highly emphasized as a way for general coping with losses. Another example was in the dependent group which had lower controllability and predictability about the move, since they received less help from family and friends, fewer visits to the new home and a less definite relocation date. Thus it was natural to find out that the dependent group experienced higher anxiety in the whole relocation process than the independent group did, especially when they were moved to an environment over which their personal control would likely be decreased.

Another longitudinal study focusing on the relationships between environmental adjustment and functional ability among respondents aged 70 or above was undertaken by Bradsher et al. (1991). Their research concerned the impacts of different levels of instrumental ability on probability of making an environmental adjustment, including changes in living arrangement and short-distance or long-distance move; the former was an independent variable and the latter was a dependent variable. Self-designated health status, number of instrumental activities of daily living with which the respondent had difficulty, age, sex, duration of residence, etc., were also considered as independent variables. The key hypothesis of the research was “a change in level of instrumental functioning is associated with a greater probability of environmental adjustment”.

According to their findings, the key hypothesis could be supported since instrumental ability was found to exert pressure on elderly people to change their living environment and also living arrangements. However, given the same level of change in instrumental ability, the elderly who had the intention of making an environmental adjustment was higher than that of changing living arrangement. When the environmental adjustment seemed to be unavoidable for elderly people in some cases, they were advised to lower their expectations for environmental competence in order to respond to the decline in their functional ability. Furthermore, they mentioned that technological and material resources, economic resources and human resources were highlighted as three clusters of environmental coping resources, and the human resources were viewed as the most important for the elderly in facing environmental change.

A number of research studies on residential relocation of elderly people have shown that, as a life event, it is associated with higher short-term mortality rates. However, Ebrahim and Harwood (1992) found the opposite to this general finding and they highlighted that relocation for elderly people was not so disastrous if they were relocated to a better environment with appropriate facilities. One hundred and one elderly people were involved in their study which placed emphasis on the changes in their disability and mortality rates and they were relocated from one hospital, with poor settings, to another one with better settings. Several well-known scales, such as Clifton Assessment Procedure for the Elderly (CAPE) Behavioral Rating Scale (BRS), were adopted to assess subjects' dependency, disability and ability and such measurements. The data collection was carried out at four different times, one month prior to the move, and one, four, and six months after the move. Before the move, actually, a preparatory program was conducted not only for the residents, but also their relatives. Such program highly encouraged their participation in the process of relocation. Visits to the new residential location, for example, were held for them by the authority. Overall, there were some improvements in the scale which have been mentioned, it indicated that some residents became less dependent, some experienced lower level of disabilities and some possessed higher level of ability after the residential relocation. Moreover, at least one-third of the subjects showed that there was improvement in all the scales and death rates were slightly higher than before the move and such difference was also insignificant. The research also pointed out that the relocation actually exerted positive effects on the older residents and such effects outweighed the negative effects from it. Finally, the more able residents could benefit more since their segregation from the less able provided them with a better environment and more appropriate activities could be offered to them.

Maas et al. (1999) had some views about the residential relocation of elderly persons with dementia. They contended that relocation was a stressful life event for older persons as it induced several changes in their daily routines and social support. However, if the residents were more involved in the decision-making process of the move and they were relocated to a place with better living environment, they were more likely to perceive positive outcomes and experience less adverse effects from the move. Maas and his colleagues also found that the quality of the previous living environment, resident's population for relocation, nature of relocation (voluntary or involuntary), age, anticipated length of stay and number of relocations were recognized as effective modifiers in decreasing the detrimental effects of relocation. Finally, they suggested that a comprehensive relocation planning involving all residents, staff and family, as well as postrelocation follow-up could diminish the stress of relocation. In addition, visits to the new location prior to the move was also regarded as one of the critical means of minimizing relocation effects.

Personal beliefs can also be important, and Johnson (1996), for example, conducted research into the meaning of relocation among some elderly religious sisters. He discovered that the sisters always encountered involuntary residential relocation, which were arranged by religious communities and order. His research, using a qualitative methodology, found that several themes were discovered after asking them about some topics, such as "self and order" and "influence of faith and beliefs on daily life". For instance, the elderly sisters thought that such relocation was a preparation for the future, including obedience, uprooting and clusters of faith.

Johnson also found that there were some positive and negative consequences of relocation. The elderly sisters suggested that improved relocated environment could

satisfy their basic needs and which encouraged them to be “more able to concentrate on resolving their lives and moving closer to God in preparation for the afterlife”. However, they recognized that they were isolated physically and felt uncomfortable with the quietness of the relocated environment. He felt that elderly people who were not members of a religious order might suffer more from the relocation as intense assistance with decisions about relocation and with preparation for moving were not given to them. And one of the meanings of relocation for them was that it could “strengthen the sisters’ faith in God and their order”.

Many people would like to maintain the status quo. For example, Anikeeff and Mueller (1998) showed in research conducted in United States, that 85% of respondents who were aged 55 or above, would prefer to remain in their present homes during retirement and more than three-quarters believed that their current residence was the place they would like to live after retirement. However, about one-tenth of the respondents thought that they were eager to move and only 8% trusted that they would relocate after retirement.

Control over the decision to move was also regarded as an important element in the process of relocation. Reinardy (1995) attempted to find out the association between older persons’ participation in the decision to move and their initial reaction to a home following relocation from home to a nursing home. Reactions were measured in the areas of social interaction, participation in activities and satisfaction with services. The study also wanted to find the differences in those areas among subjects who wanted to move a lot, to move somewhat and not wishing to move at all. According to the study, only two-fifths of the five hundred and two respondents had made the decision to move to a nursing home by themselves. Residents who had decided to move

participated in more nursing home activities, had higher levels of satisfaction and better social interaction than old residents whose decision to move to the nursing home was made for them by others. Those who wanted to move a lot, on the other hand, differed significantly from those who wanted to move not at all in their satisfaction with services and the former still differed from those who wanted to move not at all or wanted to move somewhat to participate in nursing home activities. Even though this was only a postrelocation study, it still highlighted the importance of decisional control of older persons in the process of relocation and how much they wanted to move would influence their satisfaction and participation in the new living environment.

However, Krause and Liang (1993) conducted research into stress and psychological distress among Chinese older people in Hubei. They found that financial strain tended to lower the level of emotional support and increase negative interaction. Financial strain, emotional support and negative interaction could exert an effect on depressive symptoms and also psychological distress. Thus, it should be mentioned that the relocation might force older people to pay higher rents for a new flat, and it provokes more serious financial strain and its chain effects. Thus, residential relocation actually could have substantial influence on the quality of life among older persons.

## **2.9 Theoretical perspectives and models**

The literature contains some theories and models that can be applied to this research which help to establish the hypotheses of this study (see Chapter 3). Brief descriptions of Environmental Stress Theory, Social Disruptive Events Theory and Competence-Press Model are outlined as follows.

### *Environmental Stress Theory*

Environmental Stress Theory is one of the established theories in environmental psychology as it considers many elements of the environment. In this theory, stressors, such as natural disasters and relocation, are regarded as destructive and unpleasant stimuli that may threaten the well-being of the person. Moreover, “stress is an intervening and mediating variable, defined as the reaction to these stimuli” (Bell et al., 1990). Such reaction not only includes physiological element, but also emotional and behavioral elements. The former element was developed by Selye in 1956, and is also called systemic stress; the latter elements were developed by Lazarus in 1966, also called psychological stress. Actually, the psychological and physiological reactions are interrelated and never occur alone. In addition, the theory suggests that “stress” refers to entire stimuli-response situation, “stressor” represents the environmental component and “stress response” indicates the reaction caused by the environmental component. Finally, it shows that this response is characterized by behavior directed toward reduction of stress, emotional changes and psychological changes, for instances, increased arousal. Additionally, the concept of Environmental-Stress Theory includes the threat itself, appraisal of the threat, coping with the threat and the adaptation to it (Bell et al., 1990; Bell et al., 1978; Arkkelin and Veitch, 1995).

The Environmental Stress Theory is very useful for explaining the concept of this research. First of all, the stressor in this research is the residential relocation that is highly considered to be an aversive stimuli, and may threaten the quality of life of older persons. Secondly, such stimuli may induce stress reaction to it, such as frustration, downgraded health status and the breakdown of social network. But stress response can be quite positive, such as improved quality of life as a better environment exists. So it would like to examine the nature of residential relocation, how people



assess this threatening event, how they cope with it and finally how they adapt to this life event.

### ***Social Disruptive Events Theory***

It is a very useful theory in explaining why elderly people often experience disengagement, which means social isolation, psychological trouble and alleviation of their sense of responsibility. It was developed by Kutner and Tallmer in the 1970s, who showed that there is a close association between disengagement theory and the stress of ageing. It suggested that when elderly people encountered such events, as loss of a spouse and physical capacity, these could be severely disruptive to older people's lives. In addition, the accumulation of such events in a short period actually can result in relatively permanent disengagement and an accompanying loss of morale and sense of worth (Brown, 1990).

According to the above description, it can be agreed that residential relocation can be regarded as a kind of social disruptive event. According to the literature, it is clear that residential relocation actually can bring side-effects to older people, including loss of friends and familiar environment, creation of financial crisis and these can increase the level of stress and the number of problems perceived. Under the impacts of such negatives, disengagement seems to be inevitable. In fact, Social Disruptive Events Theory can be applied to this research to a great extent as it assumes that stress from residential relocation is expected and it will further induce other negative feelings which can force older people into disengagement.

### ***Competence-Press Model***

Lawton and Nahemow developed this model to explain the relationship between environmental press and competence, in the 1950s and 1960s. “Press” was defined as a specific environmental stimulus or context which would elicit some response among all people, and such responses were determined by the level of personal competence. In fact, personal competence is conceived in terms of intrinsic performance potential, the maximum expectable performance in biological, sensorimotor, perceptual, and cognitive domains. This model postulated that the effect of an environmental press of a given magnitude on outcome is greater as personal competence diminishes. In other words, people with lower level of competence experience a greater degree of environmental determination than more competent people. This implied that the greater mismatches between competence and press are associated with negative outcome, but smaller mismatches are associated with positive outcomes. From other points of view, adaptation level plays an important role in mediating the unbalanced effects of excess press and deficiency of press (Lawton, 1996).

Lawton and Nahemow’s Competence-Press Model is also useful in explaining how the environment influences people under the impacts of personal competence. In the current research, personal competence is more or less regarded as coping strategies carried out by older persons under the residential relocation. And the environment press indicates the influence of residential relocation and stress level they perceive in my research. It is the intention that this model is used to interpret the analysis of interactions among relocation, stress and coping in current study.

## **2.10 The literature review: concluding remarks**

The environment in general and specific aspects clearly have considerable influence on stress and wellbeing although the direction and extent of this influence among older persons has not always been found to be consistent. Residential relocation involves changes in the environment, both internal and external, which reemphasizes the importance of the research topic. As this subject is clearly of growing significance, yet has many uncertainties. So this research in a major Asian city, Hong Kong, is clearly an important groundbreaking study.

The literature reviewed provided the researcher with ideas about the main variables of this research, such as relocation process, stress, coping and quality of life. Those ideas and insights were used in planning the operation of the research and in establishing the model, hypotheses and questionnaires. The literature also provided clues and ways for him to analyze the phenomena and handle the problems encountered in the research.

## **Chapter 3: Research design and methodology**

### **3.1 Research design**

This research involved a field research and was an attempt to develop explanations of characteristics found. It aimed at explaining any changes in quality of life of the older persons during the process of residential relocation. In particular, this research identified the crucial aspects of relocation that may be important in future policy and possibly amenable to influence by policy. It is not only an explanatory study, but also a descriptive one as it described the difficulties and problems that the older persons encountered in this life event of relocation, which always made them feel nervous, anxious and frustrated.

The unit of analysis of the study is the individual, the older person. However, the individuals may be characterized in terms of their membership in the group of older persons who have to move from their residence, and so social science generalizations may be achieved. Furthermore, the foci were the changes in the stress, coping and quality of life before and after residential relocation, and this study examined the stress that older persons perceived and coping strategies they adopted in the process. Finally, the time dimension of the research is longitudinal since the older persons were interviewed before and after the move; it involved two points of time and the time lag between pretest and posttest was nine months. Thus, this research may be characterized as a quasi-longitudinal study when the time involved was relatively short; it is quite difficult to conduct a true longitudinal study when all its strict criteria are difficult to satisfy in this research. In fact, there are three kinds of longitudinal study: trend, cohort and panel. A panel study is most appropriate for this research as a

same group of older persons was invited to join the two interviews with very similar questions, which is different from cohort study that requests only people with similar backgrounds to join the interviews. This intra-district relocation study aimed to uncover the impacts of forced relocation on older residents and their changes in perceived stress, coping strategies and satisfaction with housing, so the same group of respondents were interviewed in pretest and posttest studies. Otherwise, it would be less valid to make comparison between two groups if selected differently. Thus, a panel approach was adopted for this study.

The research adopted a one-shot (one-off) group pretest and posttest design to identify the changes in the quality of life in the process of residential relocation; it means that a certain period of time should elapse between the pretest and posttest. It decided that the pretest should be undertaken about three months before the move and the posttest nine months after the move so that a more balanced post-move attitude would be presented. If the time lag had been too short, for example, just one or two months, older persons may not fully reflect the facts although arguably any immediate stress of the relocation would be shown. On balance, it seemed that the wait lag of about nine months after the move was about right.

### **3.1.1 Mode of research**

In formal experimental research, three main criteria should be satisfied: the existence of pretesting and posttesting, independent and dependent variables, and experimental and control groups. Researchers in experimental research can generally manipulate the situation of the environment to examine the differences of outcomes between, with or without, such experiment (Neuman, 1997 and Babbie, 2001). A potential mode for this research could be experimental research adopting a longitudinal study and a case

control (a control group who did not experience the event, namely here involuntary relocation). However, in social research, a formal experimental research design can rarely be adopted and this was the case in this research since the researcher was not able to manipulate the conditions of the process of residential relocation (especially the timing and destination of moves). Hence, only two of the above three criteria could be satisfied. These criteria were pretesting and posttesting when both of them were designed, and that the independent and dependent variables could be identified, residential relocation and quality of life. However, only an experimental (affected) group was able to be found in this research, as all residents in Valley Road Estate and Ho Man Tin Estate were relocated at the same time and nobody was allowed to stay (who could have provided a control group). Therefore, there was no directly comparable control group available from the same location in this study with whom comparisons could be made. Arguably, older residents from other estates could be included as a control group, but they might then be affected by socio-environmental factors different from those of the older persons who faced forced relocation. Therefore, it could potentially be misleading to carry out comparisons between such groups. It should be acknowledged that the lack of a control group does, in social epidemiological term, somewhat reduce the strength of inferences that can be drawn from this study. In addition, the limited resources and manpower of a postgraduate were also considerations in designing the research.

So, a one-shot group pretest and posttest design was eventually undertaken in order to examine the changes in their stress, coping and quality of life. Nonetheless, this kind of research is useful in hypotheses testing and studying a small group of people and focusing on the changes in people's characteristics (Neuman, 1997; Babbie, 2001). It can match the objectives of this research to a great extent, when it focused on a small

group of older residents (fewer than one hundred respondents were interviewed), testing several hypotheses related to the main variables and investigating the changes in their stress, coping and quality of life and their satisfaction with housing. Thus, a one-shot group pretest and posttest study may be regarded as the best practical mode of research to achieve the purposes of this research.

### **3.2 Survey sites and sampling procedures**

This research focuses on the changes of quality of life of older residents before and after this involuntary residential relocation. So the study concentrated on finding older persons who were relocated to new public housing estates from old urban areas. The total number of older residents affected was uncertain as the HA was unable to provide detailed information for the researcher. Thus, other sampling methods seemed to be more effective and efficient were adopted to replace it.

As the HA was unable to provide an individual researcher with detailed data by age on the persons affected by the relocation schemes, a purposive sampling procedure with referral was adopted to approach the subjects. There are many subsidized organizations or non-government organizations in such old estates providing basic service and assistance for the residents and helping them in the process of residential relocation. Therefore, the researcher made contact with the staff in those organizations. In this way, he was able to recruit interviewees who satisfied the inclusion criteria (aged 60 or above and subject to relocation). Finally, two public housing estates in central Kowloon, Valley Road Estate and Ho Man Tin Estate, were chosen for the research. Two social workers from two non-government organizations, the Neighbourhood Advice-Action Council (NAAC) in Valley Road Estate and the Evangelical Lutheran Church of Hong Kong (ELCHK) in Ho Man Tin Estate, were

contacted by referral. Actually, relocation schedules of those estates could match its time limit accidentally and almost all the residents were relocated to the same new public housing estate, Ho Man Tin South.

In the pretest study, a total of eighty-five older persons were interviewed, forty-six from Valley Road Estate and thirty-nine from Ho Man Tin Estate. In the pretest interview, moreover, they were also asked about their relocation information, such as the new address in the new area, which is important to contact them again for the posttest interview after the relocation. On the other hand, seventy-four respondents have been interviewed again in the posttest study and there were eleven older residents (13%) could not be contacted or interviewed again.

### **3.2.1 Background of the research estates**

In order to provide better understandings of the old public housing estates where the older residents lived and the social and physical environment they had before the move, brief descriptions of both estates are essential. On the other hand, since the written documents of residential relocation concerning those estates was inadequate, two social workers were interviewed as key informants to provide useful and important information on the situation of older residents who survived and the nature of residential relocation involved.

#### ***Valley Road Estate***

Valley Road Estate was located in central Kowloon. It was built in 1964 and has served the residents over 35 years. A total of seventeen blocks were constructed within the estate and they were separated by Chung Hau Street. The redevelopment of Valley Road Estate was divided into two phases. The first phase was carried out in 1999 and it



involved seven blocks, Block 6-11 and 13. However, this research aimed at investigating the second phase of the residential relocation as it could match the time period of this research, and the second phase was conducted in 2000 involved the remaining blocks, Block 1-5, 12 and 14-17.

In phase 2, a half-year before the move, about five hundred and eighty older residents lived in those blocks and they mainly lived alone or with their spouses or old relatives. Actually, many residents, especially in the younger generation, had already moved to other areas and it was mainly older residents who remained. Thus, the living environment was very quiet and some strangers and drug addicts had taken up residence. In Valley Road Estate, there was a non-government organization, the Neighbourhood Advice-Action Council (NAAC), which provided services and advice for older persons. Facilities had diminished; for example, there were only two stores remaining, which sold basic necessities to the residents, such as rice, cooking oil and soft drink. Most social and other services, however, were absent from this estate, such as banks, clinics, markets and post offices, and residents had to walk at least fifteen minutes to Hunghom for these services and goods. Facilities for leisure, recreation and entertainment purposes were also limited, as only a few places were available for the residents to do physical exercise. Buses and public light bus provided transportation for the residents to different districts, not only to Kwun Tong, Wong Tai Sin and Mong Kok, but also to Tsim Sha Tsui, Kowloon City and Hong Kong Island. There was no convenient MTR station.

With respect to the interior and exterior housing units, lifts were only accessible to three levels in the block; however, if the block was not so high, lifts were not available and the residents were forced to climb the stairs. Moreover, the toilets were installed

outside the flats and each toilet was shared by two households. Within the units, no special facilities were provided and only a space was reserved for kitchen use.

### ***Key informant for the Valley Road Estate***

Key informants (KIs) are knowledgeable people who can provide detailed information from personal knowledge of a topic. In this research, a number of key informants were interviewed, drawn from professionals serving the localities. For example, Ms. Wong, a social worker of the NAAC in Valley Road Estate, was interviewed as a key informant to provide some useful and valuable information, to provide details of the situation of older residents and compensate for the inadequacy of written information about the residential relocation in Valley Road Estate.

Ms. Wong felt that about half of the older persons in the estate had contacts with the NAAC and some visited and sought help from it frequently. Actually, the NAAC also performed certain functions for the residents. It not only helped the older residents to tackle the problem of the residential relocation, but also provided regular activities and talks about community education and health promotion. Regular meetings, moreover, concerned the elderly people's rights and news sharing were also held by the NAAC. Furthermore, it also assigned volunteers visit older persons and to understand their current situations.

She pointed out that the older residents did experience different difficulties. "Many older residents, for instance, might face financial strain as most of them were recipients of Comprehensive Social Security Assistance (CSSA) and did not have so much savings. If they seek the help from the others, they might think that it is a kind of insult," Ms. Wong said. Thus, some older persons might not overcome the financial

problem from the move. Another example was that most of the older residents were illiterate, and thus, they were unfamiliar with the procedure and operation of the relocation, such as signing a contract, installing water and electricity supplies.

In view of the above difficulties, Ms. Wong contended that the NAAC was important for older residents, which could be evidenced in several ways. For example, the NAAC asked the staff from the Hong Kong Housing Authority to join the meetings with older residents, in order to make the HA more familiar with the needs and demands of those residents; but listening to their opinions and explaining the policies were regarded as “unreasonable” for this group. Therefore, some concessions between parties should be made, such as instant payment of a removal allowance for the residents who were extremely poor. Unfortunately, the image of the Housing Authority was not positive for older residents since the latter thought that it did not put the greatest effort to help them. However, Ms. Wong also agreed that the HA did not offer special care for older residents.

In fact, as a staff member of a NGO, she also noted that there were some difficulties the NAAC encountered in providing their service and assistance to older persons. One problem was insufficient manpower to handle their needs and problems; even if help from volunteers and student helpers was available, such source was not reliable. Another one was that some older persons knew nothing about the move and heavily depended on the help from the NAAC, which greatly increased the workload and problems of the NAAC. Ms. Wong believed that their service and assistance could match their needs. Finally, she gave some comments on the old and new living environments. In the old area, Ms. Wong suggested that poor accessibility of escalators, poor social and economic services and the toilet sharing system actually

made their lives uncomfortable; in the new location, she recognized that a decrease in a flat's size and the late opening of the shopping mall and market were negative points for the older residents.

### ***Ho Man Tin Estate***

A total of eight blocks were found in Ho Man Tin Estate and it had provided shelter for these residents since 1970. The residential relocation was undertaken for one phase, which was different from that in Valley Road Estate. Within the estate, half-a-year before the move, basic social services were available, such as bank, restaurant, market, clinic and NGO, another picture entirely as compared to Valley Road Estate. However, facilities and spaces for leisure, recreation and entertainment were also inadequate for the residents of Ho Man Tin Estate. Similar to Valley Road Estate, some spaces were provided for walking and chatting only. Moreover, about two hundred and thirty elderly could be found in the estate and the population density was not very low. Ho Man Tin Estate seemed to be quite busy.

Concerning the design of the housing, lifts were only constructed in some higher blocks and were only accessible to three or four levels within the block. Like in Valley Road Estate, lifts were not provided in some blocks which were lower but self-contained toilets and kitchens were provided inside the units. Buses and minibus services were also available to different areas in Hong Kong which is very similar to that of Valley Road Estate, again, with no convenient MTR.

### ***Key informant for Ho Man Tin Estate***

Ms. Yim, a social worker in the Evangelical Lutheran Church of Hong Kong (ELCHK) in Ho Man Tin Estate, was interviewed to provide some useful information about the

older residents and residential relocation in this estate. Ms. Yim suggested that there were two hundred and thirty older persons and two-thirds of them seek help from the volunteers and social workers for their move. About eighty older residents were active and always joined the activities and functions provided by the ELCHK. This non-government organization offered general service and interesting group for the older residents. For example, Senior Citizen Housing Group and Senior Citizens' Rights Group were held to protect and fight the interests of elderly people.

Referring to the residential relocation, the ELCHK offered different services and assistance to the older residents. They provided simple interior decoration for the elderly units with help from St. James' Settlement, and assistance in the procedures and operation of the move, the delivery of their belongings from the old area to the new one were typical examples. Poppy also contended that this assistance and service were mainly provided for the older residents who lived alone or did not have close relatives. She also recognized that financial strain was not so serious for them.

What about the role of the HA in this event? The HA was criticized as it protected itself first rather than served the residents who were in need. The HA was only willing to make some minor compromises and reluctant to disclose some useful material for the public and the ELCHK, when such material could greatly alleviate their level of uncertainties. Moreover, older residents did not have confidence in the HA since the latter always ignored the needs and complaints from the former. Although, there was a special group from the HA to solve some disputes and problems over the relocation, the resources for which seemed to be inadequate and the working attitude of the staff in this group was criticized as negative and unhelpful.

Therefore, Ms. Yim recognized that the ELCHK was very important for those older residents and their work was highly appreciated by elderly people who suggested that the ELCHK was special and quite different from other NGOs. So, the ELCHK gained the trust and positive comment from the older persons. Nonetheless, the ELCHK also experienced problems in helping the residents. The most typical was that it was difficult to distinguish between the elderly in need and elderly people who were relatively well off, in order to avoid misallocation of resources.

### **3.2.2 Insights on Ho Man Tin South: the relocation estate**

Ho Man Tin South is a new public housing estate in central Kowloon (see Appendix II). It provides a new living environment for the residents from Ho Man Tin Estate and Valley Road Estate. Generally, the residents from both estates could be relocated within the original overall district which is an improvement on many other residential relocations in HK to date (APIAS, 1999). There are five blocks for public housing with forty floors in each block, providing more than one thousand, five hundred new units for the public (see Appendix IIA). There is a shopping mall for residents, opened in early January 2001, although it could not match the move-in period of the residents, that was in mid-2000. The macro-environment for the relocatees remained fairly consistent, as it is only a 5-minute walk from Ho Man Tin Estate (less than 1 kilometer) and a 15-minute walk from Valley Road Estate (about 1.5 kilometers) to Ho Man Tin South. Basic structural facilities, such as individual toilets and kitchens, are provided and lifts serve every floor. There are spaces and playgrounds for older persons and other residents. In addition, a transportation network could be found, which is similar to those of Valley Road Estate and Ho Man Tin Estate.

### **3.2.3 Purposive sampling method and referral**

A purposive sampling method and referral may be appropriate when the members of a special population are difficult to locate. It is useful to find groups of people who are difficult to approach, such as homeless individuals (Babbie, 1998). In this research, it seemed reasonable to consider older persons involved in residential relocation as a kind of group which is quite difficult to approach and for whom population lists were not available. Thus, this could be a desirable way to find samples through this process and referral. Because relatively firm linkages were established between the older persons who were prepared to move and the social workers who assisted in their move, older persons were then more willing to help the social workers and to cooperate with this research. On the other hand, if the project had used the data from the HA to facilitate the interviews, the response rate might have been lower, as the personal linkages mentioned were absent. Then there would be less motivation for older persons to participate and the interviewer would be viewed as a stranger rather than a friend / or someone who could be trusted.

### **3.3 Hypotheses**

Based on the review of the literature (Chapter 2) and the examination of research question and research objectives in 1.4 (p.8 and 9), hypotheses mainly concern the impacts of residential relocation on stress, coping, quality of life, how older residents tackle this stressful event and what are the main problems they perceived. The specific hypotheses of the study may be stated as follows:

- 1) Residential relocation exerts negative impacts on stress the older residents perceived directly.

- 2) Residential relocation threatens coping strategies and quality of life of the older residents.
- 3) There is perceived stress during the process and after involuntary residential relocation.
- 4) Satisfaction with relocation arrangement and quality of elderly life are positively related.
- 5) With higher levels of stress, older people will have a lower quality of life.
- 6) With better coping strategies, older people will have a higher quality of life.
- 7) Stress and coping strategies are inversely related.
- 8) There are significant changes in respondents' stress, coping, satisfaction with housing and quality of life before and after the move.
- 9) There are gender differences in the main variables, such as stress and coping.
- 10) Residents from older housing would have higher levels of satisfaction with new housing than residents from better quality redevelopment areas. (The nature of the two public housing estates involved has been discussed in 3.2.)



### **3.4 Model of the study**

The theories and model discussed in 2.9 (p.48) suggest that residential relocation is a socially disruptive event for older residents and it forces them to cope with and adapt to a new living environment. Moreover, if older residents could not adapt to the new area, it may be hazardous for them. In this research, the nature of residential relocation is expected to exert impacts on quality of life, or is considered as an independent variable. It is hypothesized (see Section 3.3) that it will influence the occurrence of stress and coping. For example, some problems can be handled by the residents' basic coping strategies directly. However, residential relocation may create some stressors, which are more threatening and hazardous, which cannot be managed by their basic coping strategies and they might tend to ask for help to enhance their coping abilities. This is why the residential relocation has two ways to induce coping strategies to settle the difficulties induced by it. In turn, stressors and coping strategies can influence the quality of life of older persons, when quality of life is the dependent variable. In addition, gender differences in the main variables and differences in satisfaction with the new area between Valley Road Estate residents and Ho Man Tin Estate residents are also to be expected. The proposed model for this research is shown in Figure 1.

**Figure 1: Proposed conceptual frame of the study: The paths relating residential relocation, stress, coping and quality of life of older persons.**

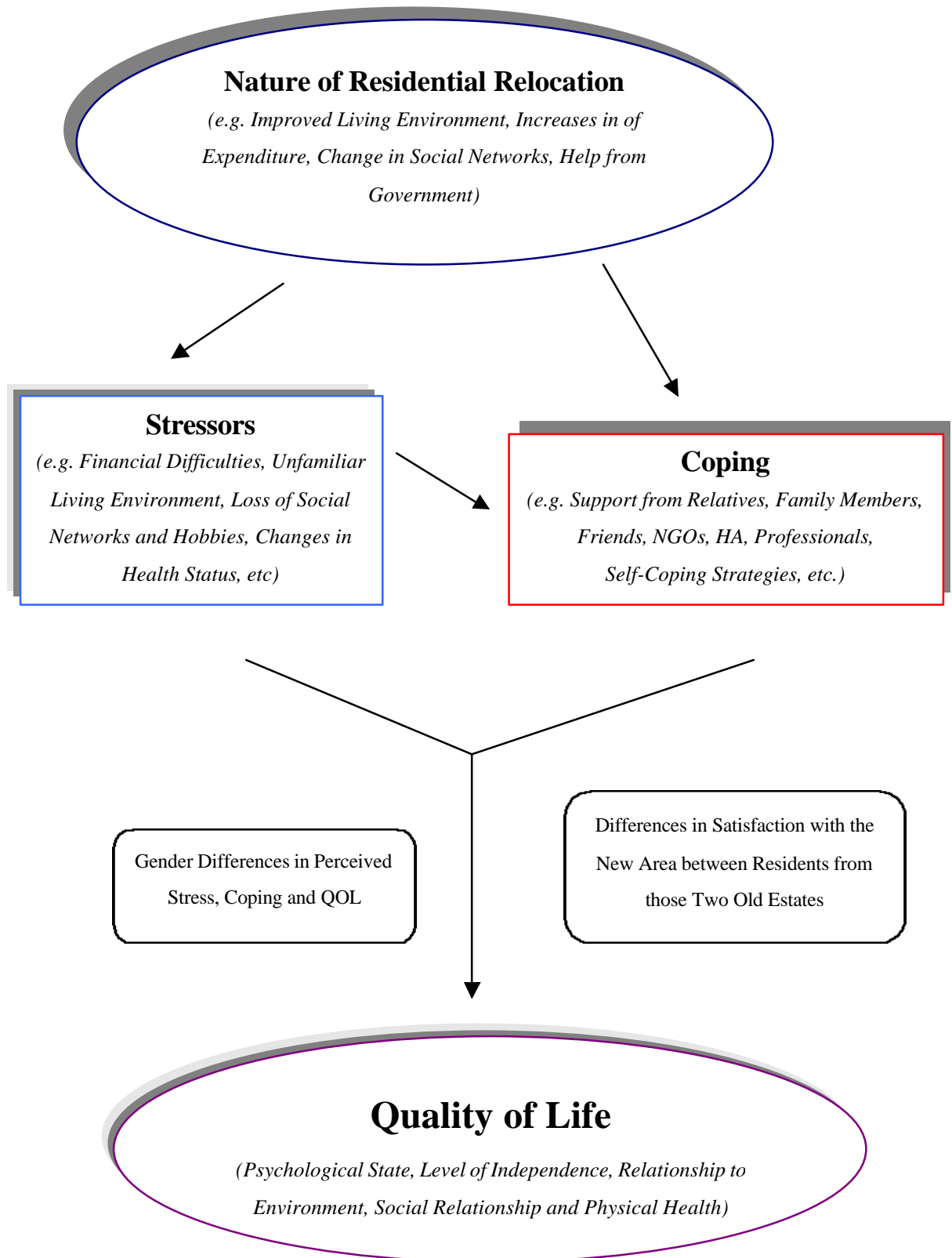
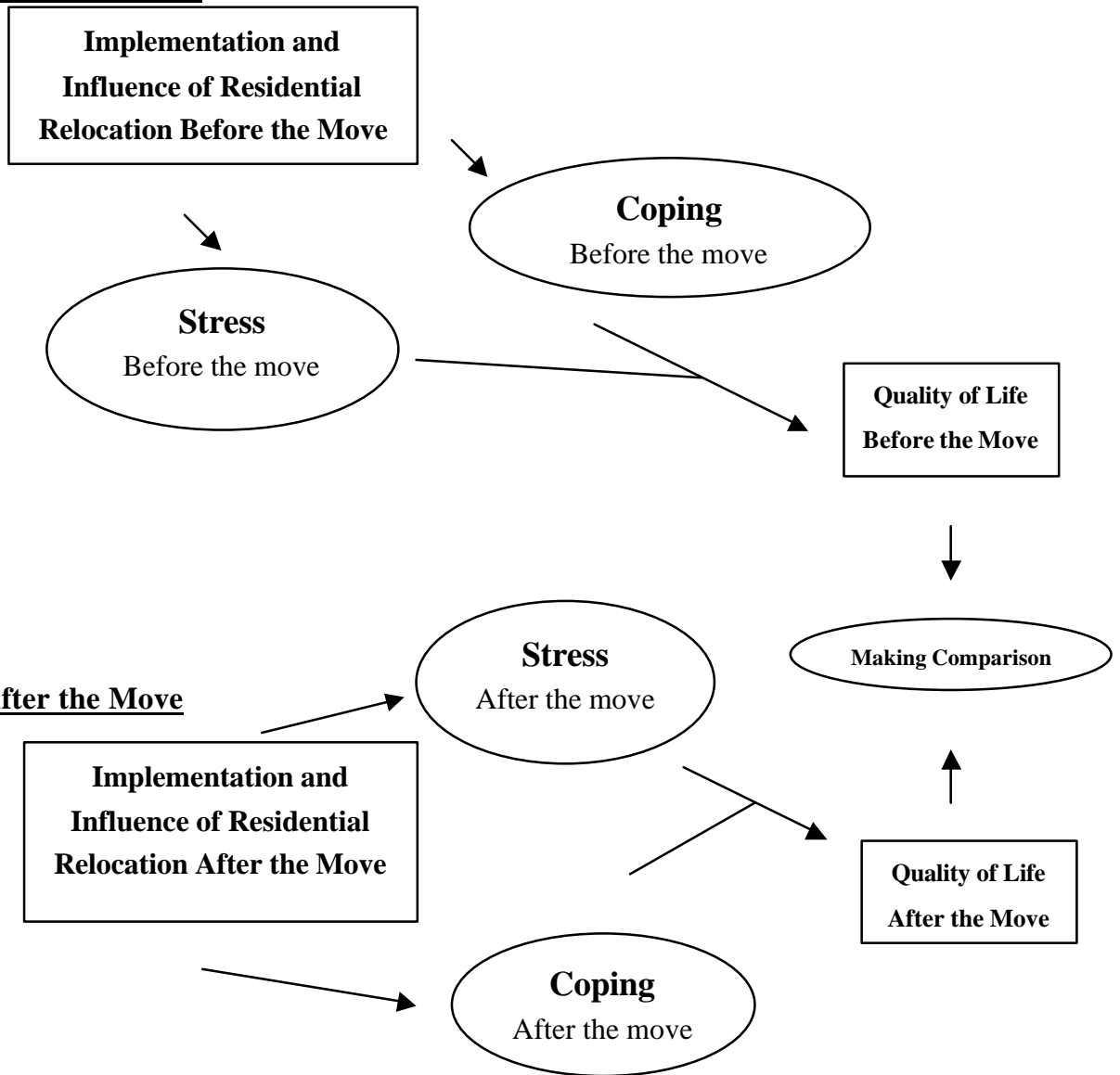


Figure 1 outlines the potential relationships among involuntary residential relocation, stress, coping and quality of life. First, residential relocation might bring positive or negative impacts. Positive impacts include improvement in living environment and negative impacts consist of factors such as increases in expenditure, broken social relationships and loss of emotional attachment. Negative impacts always tend to provoke a higher level of stress for older residents since their adaptive ability may be low and there were many uncertainties arising from this event. If a high level of stress cannot be upset by appropriate coping strategies, it would like to threaten the key elements of quality of life, such as psychological state and level of independence. Their quality of life, thus, might tend to be lower even though a better living environment is provided. When appropriate coping strategies were carried out, however, to alleviate the stress from the forced relocation, then elderly persons' quality of life might be expected to be enhanced, since the residential relocation could exert its positive impacts on older persons, such as the improved relationship with the environment and physical health (those are other key elements of quality of life). In practice, coping strategies adopted by older residents may heavily depend on the nature of stressor, residential relocation. Two main types of coping strategies are noted in this research, social support and internal control. Actually, it is believed that there are gender differences in perceived stress, coping and quality of life and the residents from two estates would have different levels of satisfaction with the new housing area. Figure 2 illustrates how the research operates and facilitates the comparisons between the variables, including stress, coping and quality of life, before and after the move.

**Figure 2: Conceptual model for the study: The paths relating main variables in residential relocation.**

**Before the Move**



**3.5 Conceptualization**

Conceptualization of the variables involved is important in all research. It is necessary to define the variables or constructs which are appropriate for the purposes of the research. Conceptualized definitions can offer compromises for all readers, which can avoid misleading and misunderstandings and also indicate the inclusion criteria for respondents in the study. The conceptualized definitions of Older Persons, Quality of

Life (QOL), Residential Relocation, Stress, Coping and Successful Ageing for this research will be discussed in the following paragraphs.

### **3.5.1 Older persons**

This research recognizes that older persons may be defined as aged 60 or above (supported by Hong Kong Identity Card) because the general retirement age in Hong Kong is 60 and this age can also be applied to all civil servant and most enterprises. On the other hand, this age is regarded as the requirement for some public services, for example, the applicants for Single Elderly Priority Scheme, provided by the Hong Kong Housing Authority, are only for those who are at least 60 when they are allocated a housing unit. The official aged dependency ratio in Hong Kong indicates the number of aged who is 65 or above to those who is 16-64. People can apply for Old Age Allowance (OAA) and join the Senior Citizen Card Scheme when they are 65.

### **3.5.2 Quality of life (QOL)**

The conceptualized definition of Quality of Life of this research uses is that adopted by the World Health Organization Quality of Life (WHOQOL) Group (1993). Its definition takes individual perception and relationship to the environment into account, and this is generally useful as it does not solely focus on health-related QOL. The detailed definition by the WHO Group is:

*“Quality of Life is defined as an individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person’s physical health, psychological state, level of independence, social relationship, and their relationship to salient features of their environment.”*

Although there are other definitions of Quality of Life, for example, Chi et al., 1998 and Dejong et al., 1987, and some academics even contend that the quality of older persons' lives should be closely related to their health status (Butler and Wolkenstein, 1992 and Raphael, 1998), the definition of WHOQOL group seems to be more useful and broader than many other definitions.

### **3.5.3 Residential relocation**

In this research, residential relocation is taken to mean that older residents are required to move from their original old housing estate (in this case, a public housing estate) to live in a new location because of the redevelopment of their old areas. Such relocation is an involuntary and intra-district. In this life event, residents are required to handle the stressors may be induced, such as financial status and disrupted social relationships. During the process of residential relocation, the Hong Kong Housing Authority is responsible for providing new units and administering the move although in practice NGOs provide the older residents assistance on different aspects.

### **3.5.4 Successful ageing**

Successful ageing is a contemporary concept related to social gerontology. Similarly, there are many definitions over this construct. According to Kahn and Rowe (1998), a relatively simple definition of successful ageing is that it comprises three main components: people are at low risk of disease and disease-related disability; have high mental and physical functions, and are actively engaged with life. In this research, the researcher would like to examine to what extent successful ageing may be influenced by residential relocation.

### **3.5.5 Stress**

In this research, stress may be defined as a process by which environmental events or forces threaten or challenge elderly people's well-being and existence and evoke various responses from them, as well as coping behavior directed toward the threat. Fear, anger and anxiety, are commonly known symptoms of stress reaction. Such stress responses are characterized by emotional changes, behavior directed toward reduction of stress, and physiological changes such as increased arousal. Actually, environmental events that initiate this process are called "stressors" (Baum et al., 1982).

Thus, stress can involve all parts of the situation including the threat itself, perception of the threat, coping with threat and adapting to it when stressors appear. We can cope and adapt to some stressors without little effort, but some stressors can be more threatening and destructive than others. In this research, residential relocation can be regarded as a kind of potential stressor that challenges adaptive abilities when they have substantial influence on fewer people. Moreover, the role of social support should be mentioned as it can moderate the effect of stress and illness, death and significant loss may be provoked by such events.

### **3.5.6 Coping and coping strategies**

According to Stephen (1990) and Humphrey (1992), coping incorporates the appraisal of the degree of significant threat, and surmountability of a demand. It also contains the subjective assessment of the effect of the strategy devoted to meeting that demand. In view of the decisive role of perception in relating to a demand, coping does not mean merely going through the emotions of the required activity. It essentially implies that perceiving this demand has been met successfully. Inferentially, then, successful

coping means appraisal of a demand as unimportant, or assessing that the demand has successfully been dealt with. Thus, the subjective perception of having successfully met a demand greatly determines the extent to which homeostasis is enforced. It also indicates that the ways or strategies that older residents adopt to alleviate the level of stress when they perceive and to handle the difficulties they encounter. Such ways or strategies mainly consist of social support and internal control.

### **3.6 Operationalization**

The operationalization of the above definitions is another key stage in this research: it aims at creating, developing and modifying indicators or indices to measure the variables it concerned. Fortunately, many indicators or measures for these variables may be modified or borrowed from existing research, which can assist their reliability and validity as well as later comparability.

#### **3.6.1 Quality of life (QOL)**

As noted earlier, the measure of Quality of Life (QOL) adopted by this research is that based on the measure provided by the World Health Organization Quality of Life Group (p.70). There are two versions of the measure, one with twenty-eight indicators, a simplified version; and the second, a very detailed version, with one hundred and twenty-eight indicators. As in most studies, this research adopts the simplified version to measure the quality of older persons' lives for three main reasons. First, twenty-eight items are used to measure one variable have widely been found sufficient; using one hundred and twenty-eight items inevitably makes some items redundant. Secondly this was necessary to limit the time and length of the questionnaire especially for older persons. Thirdly, adopting the simplified version can balance the weightings among the variables, or otherwise, the measure of quality of life would



comprise the biggest part of the questionnaire and detract from the other parts. In addition, use of the WHO's measure can ensure as far as possible its reliability and validity because the measure has been tested and agreed by many academics and other professionals. However, a minor modification has been done for this measure: one indicator in the original measure was deleted as it was very similar to another indicator and its importance seems to be very low. So, the finalized measure of quality of life in this research contains only twenty-seven items. In addition, a 5-point Likert Scale method was adopted with the measure.

### **3.6.2 Stress**

Stress that older residents perceived in the process of residential relocation was also rated by 5-point Likert Scale. This measure was modified from two research concerning residential relocation of older persons in Hong Kong, which were conducted by Sham Shui Po Provisional District Board in 1997 and YWCA and University of Hong Kong (香港大學社會工作及社會行政學系 及 香港基督教女青年會) in 1998. After the examination of their indicators in measuring stress, a revised measure is designed for this research. A total of eleven indicators were developed to measure their level of stress, mainly concerned with the symptoms of stress, such as frustration, depression and sudden fear.

### **3.6.3 Coping**

In order to assess the coping strategies adopted by older residents in handling difficulties and stress induced by the involuntary residential relocation, the researcher borrowed the measure from the research of YWCA and University of Hong Kong (1998). This measure consists of twelve items, mainly divided into two sections, social support and internal control. The former wants to know how frequently they seek help

from professional, family and friends and the latter wishes to discover how frequently they handle stress and problems by themselves. In fact, the designed coping strategies were mainly adopted by the Chinese; and similar to the prior variables, a 4-point Likert scale method was used to rate their coping strategies.

#### **3.6.4 Satisfaction with housing**

The research wished to rate their satisfaction in the old and new housing, and this scale was also constructed by the research himself. A total of nine indicators were created, some borrowed and modified from the works of the Sham Shui Po Provisional District Board (1997) and YWCA and University of Hong Kong (香港大學社會工作及社會行政學系 及 香港基督教女青年會) (1998), and some were newly developed by the research. Those indicators were concerned with satisfaction with social and physical settings and the interior and exterior design of the housing. The indicators were rated by a 5-point Likert Scaling method.

#### **3.6.5 The role of the HA and relocation arrangements**

Additionally, several indicators were constructed to assess the relocation arrangements provided by the HA and its role. This measure not only consists of close-ended questions, but also open-ended ones. Again, two research questions have been included to introduce this measure. Some modifications have been made and some items were newly developed. In this section, they were asked, for example, about what kinds of assistance they were offered by the Hong Kong Housing Authority and who gave them the greatest hand in the process of relocation.

### **3.7 Measurement: the interview**

Face-to-face interviews with a structured questionnaire were adopted to collect quantitative and qualitative data from the respondents in the pretest and posttest. The questionnaires were constructed in Chinese by the researcher, who was the only interviewer (which minimizes interviewer bias) and who handled the interpretation of questions and recorded the answers. The English and Chinese versions of the questionnaires are provided in Appendix I. There were some open-ended questions to collect the essential qualitative data, such as the problems they encountered in the process of residential relocation and the changes in their familial and social relationships before and after the move. The qualitative data are important and useful for service providers, social workers and professional; it is not only an additional reference to provide ideas on quality services and new insights for further research, but also a way to enforce the triangulation. For quantitative data, when they are ordinal and nominal, indexes were used to measure the variables; Likert Scaling was widely adopted in the questionnaires. In addition, pilot tests were used in both pretest and posttest to improve the reliability and validity of the indicators in the research.

The questionnaire in the pretest consisted of the following parts (see Appendix 1A and 1B):

- respondents' quality of life
- perceived stress,
- coping strategies used,
- problems encountered,
- current status of respondents' health, familial relationship, financial aspects, etc.
- comment on the work or help from the Housing Authority,
- expectations and attitudes concerning residential relocation.

The questionnaire in the posttest consisted of the following parts (see Appendix 1C and 1D):

- respondents' quality of life
- stress perceived,
- coping strategies used
- comment on the work or help from the Housing Authority,
- problems encountered,
- comparisons between respondents' health status, familial relationship, financial status, etc, before and after the relocation,
- reality and expectations of the new living environment.

## Chapter 4: Quantitative analysis

### 4.1 Demographic distributions

This section summarizes the personal profile of the respondents in the pretest and posttest studies. Some differences could be noted before and after the move.

Place of residences	Pretest		Posttest	
	N	Percentage	N	Percentage
Valley Road Estate	46	54.1	40	54.1
Ho Man Tin Estate	39	45.9	34	45.9
Total	85	100.0	74	100.0

**Table 4.1 Place of residences of respondents.**

As can be seen from Table 4.1, eighty-five and seventy-four older persons were interviewed before their move and after, respectively. The response rate for the posttest study was thus 87.1% of the initial sample. More than half of the respondents lived in Valley Road Estate (54.1%) and the remaining (45.9%) in Ho Man Tin Estate before the move. After the move, the same distribution could also be found and it means that more than half of the respondents (54.1%) who were interviewed in the posttest had lived in Valley Road Estate.

Gender	Pretest		Posttest	
	N	Percentage	N	Percentage
Male	19	22.4	15	20.3
Female	66	77.6	59	79.7
Total	85	100.0	74	100.0

**Table 4.2 Gender of respondents.**

In the pretest (see Table 4.2), fewer than one-quarter of the subjects (22.4%) were male and more than three quarters (77.6%) were female. After the move, only one-fifth of respondents (20.3%) were male and most (79.7%) were female.

Age groups	Pretest		Posttest	
	N	Percentage	N	Percentage
60-65	8	9.4	7	9.5
66-70	7	8.2	7	9.5
71-75	19	22.4	17	23.0
76-80	20	23.5	17	23.0
81-85	19	22.4	15	20.3
86-90	10	11.8	9	12.2
91 or above	2	2.4	2	2.7
Total	85	100.1	74	100.2

**Table 4.3 Age distribution of respondents.**

Marital status	Pretest		Posttest	
	N	Percentage	N	Percentage
Widowhood	52	61.2	46	62.2
Single	18	21.2	17	23.0
Married	12	14.1	9	12.2
Divorce	2	2.4	1	1.4
Separated	1	1.2	1	1.4
Total	85	100.1	74	100.0

**Table 4.4 Marital status of respondents.**

About two-thirds of the respondents were aged from 71 to 85 (68.3%) before the move, which decreased to 66.2% after the move (Table 4.3), and their mean ages were 77.48 and 77.38 before and after the move respectively. Table 4.4 shows that more than half of the respondents (61.2%) were widows or widowers and about one-third were single (21.2%) or married (14.1%) in the pretest. In the posttest, similar patterns could be found. About three-quarters of subjects (62.1%) were widows or widowers and more than one-third of the subjects were single (23%) or married (12.1%).

Education level	Pretest		Posttest	
	N	Percentage	N	Percentage
No education	42	49.4	37	50.0
Primary level	39	45.9	34	45.9
Secondary 1-5	3	3.5	2	2.7
University or above	1	1.2	1	1.4
Total	85	100.0	85	100.0

**Table 4.5 Educational level of respondents.**

Employment status	Pretest		Posttest	
	N	Percentage	N	Percentage
Retired	79	92.9	71	95.9
Homemaker	4	4.7	3	4.1
Part/Half-time work	2	2.4	0	0.0
Total	85	100.0	74	100.0

**Table 4.6 Employment status of respondents.**

In the pretest sample, most respondents had not received any formal education (49.4%) or only received primary education (45.9%) (Tables 4.5 and 4.6). Similarly, most respondents (92.9%) were retired and only two respondents (2.4%) had paid-work. After the move, the results show that most respondents did not have formal education (50.0%) or only had primary education (45.9%); all respondents showed that they were retired (95.9%) or as housewives (4.1%).



Living arrangements	Pretest		Posttest	
	N	Percentage	N	Percentage
Living alone	64	75.3	55	74.3
Living with spouse	3	3.5	3	4.1
Living with adult children	5	5.9	5	6.5
Living with spouse and adult children	1	1.2	1	1.4
Living with relatives	6	7.1	5	6.8
Living with other people	6	7.1	5	6.8
Total	85	100.0	74	100.0

**Table 4.7 Living arrangements of respondents.**

Three quarters of the respondents (75.3%) lived alone and very few subjects (7.1%) lived with their children (Table 4.7). Similar patterns of living arrangements could also be found in the posttest, for example, about three-quarters of the respondents still lived alone (74.3%).

Level of income	Pretest		Posttest	
	N	Percentage	N	Percentage
Less than \$1,000	15	17.6	13	17.6
\$1,000-\$2,000	6	7.1	7	9.4
\$2,001-\$3,000	8	9.4	4	5.4
\$3,001-\$4,000	53	62.3	47	63.5
More than \$4,000	2	2.4	3	4.1
Missed	1	1.2	0	0.0
Total	85	100.0	74	100.0

**Table 4.8 Income levels of respondents.**

Sources of income	Pretest		Posttest	
	N	Percentage	N	Percentage
CSSA	50	58.8	45	60.8
OAA	21	24.7	17	23.0
Subsidies of adult children and relatives	3	3.6	3	4.1
OAA + Subsidies from adult children/relatives	8	9.4	6	8.1
OAA + Other sources (e.g. salary and disabled allowance)	3	3.5	3	4.1
Total	85	100.0	74	100.1

**Table 4.9 Sources of income of respondents.**

Finally, Tables 4.8 & 4.9 show that more than half of the respondents (58.8%) were recipients of Comprehensive Social Security Assistance (CSSA) and about one-third (37.6%) received Old Age Allowance (OAA) in the pretest. In addition, some subjects

(9.4%) did not only receive OAA but they had additional financial assistance from adult children and relatives. Again, after the move, similar patterns of sources of income could be identified; for example, about two-thirds of the respondents (60.8%) received CSSA and about a third of them (35.2%) were recipients of OAA. On the other hand, about two-thirds, 62.3% and 63.5%, had an income which ranged from \$3001-\$4000 before and after the move respectively. Moreover, about a fifth had an income less than \$1000 (17.6%), which was the same in the pretest and posttest.

<b>Years of residence in old areas</b>	<b>N</b>	<b>Percentage</b>
1-10 Years	28	32.9
11-20 Years	19	22.4
21-30 Years	26	30.6
More than 30 Years	6	7.1
Missed	6	7.1
Total	85	100.1

**Table 4.10 Years of residence of respondents in old areas.**

Table 4.10 indicates that more than one-third of the respondents (37.7%) lived in their old areas, Valley Road Estate and Ho Man Tin Estate, more than twenty-one years and less than one-third of them (32.9%) lived in old areas from one year to ten years.

#### **4.2 Bivariate analysis**

In this section, correlations among the variables are discussed. Correlation is a useful statistical means to explore the relationships between variables and to show how significant their relationships are. The key variables are Quality of Life, Stress, Coping

Strategies, Relocation Arrangement, Satisfaction with Existing Housing. We also had a look on respondents' Financial Status, Health Status and Social Relationship and examined their correlations with the above variables. Their correlations in the pretest are summarized in Table 4.11 and those in the posttest in Table 4.12.

	QOL	Stress	Coping	Existing housing	Relocation arrangement	Financial status	Health status	Social relationship
QOL	1.000							
Stress	-0.623**	1.000						
Coping	0.418**	-0.422**	1.000					
Existing housing	0.373**	-0.296**	0.140	1.000				
Relocation arrangement	0.294**	-0.250*	0.030	0.217*	1.000			
Financial status	0.333**	-0.288**	0.110	0.264*	0.289**	1.000		
Health status	0.627**	0-.490**	0.312**	0.186	0.175	0.322**	1.000	
Social relationship	0.402**	-0.284**	0.229*	-0.083	0.013	0.178	0.119	1.000

Table 4.11 Correlations among variables in the pretest. Note: \*p<0.05 \*\*p<0.01 \*\*\*p<0.001

	QOL	Stress	Coping	Existing housing	Financial status	Health status	Social relationship
QOL	1.000						
Stress	-0.543**	1.000					
Coping	0.347**	-0.011**	1.000				
Existing housing	0.376**	-0.130**	0.147	1.000			
Financial status	0.313**	-0.313**	0.172	0.035	1.000		
Health status	0.330**	-0.435**	-0.013	0.229*	0.089	1.000	
Social relationship	0.114**	-0.170**	0.091	-0.146	0.299**	0.053	1.000

Table 4.12 Correlations among variables in the posttest. Note: \*p<0.05 \*\*p<0.01 \*\*\*p<0.001

From Table 4.11, it may be seen that **Quality of Life (QOL)** was statistically and significantly correlated with Stress in the pretest and its correlation coefficient was  $-0.623$  ( $P<0.01$ ). It indicated that Stress is related to QOL, and higher levels of stress could lead to lower levels of QOL since their correlation coefficient was

negative. Moreover, QOL also had statistically positive and significant correlations with Coping Strategies ( $r=0.418$ ,  $p<0.01$ ), Satisfaction with Existing Housing ( $r=0.373$ ,  $p<0.01$ ), Relocation Arrangement ( $r=0.294$ ,  $p<0.01$ ), Financial Status ( $r=0.333$ ,  $P<0.01$ ), Health Status ( $r=0.627$ ,  $p<0.01$ ) and Social Relationship ( $r=0.402$ ,  $p<0.01$ ). When there was a higher level of one of latter variables, a higher level of QOL could also be found. In the posttest, QOL still had the similar relationships with most variables in the pretest; however, its correlation with Social Relationship was less significant ( $r=0.114$ ) (see Table 4.12).

On the other hand, **Stress** was also found strongly correlated with other variables in the pretest, not merely with QOL. Stress had statistically negative and significant correlations with Coping Strategies ( $r=-0.422$ ,  $p<0.01$ ), Satisfaction with Existing Housing ( $r=0.296$ ,  $p<0.01$ ), Relocation Arrangement ( $r=-0.250$ ,  $p<0.05$ ), Financial Status ( $r=-0.288$ ,  $p<0.01$ ), Health Status ( $r=-0.490$ ,  $p<0.01$ ) and Social Relationship ( $r=-0.284$ ,  $p<0.01$ ). Such coefficients were also significant and in negative directions. These results indicated that when there was a higher level of each variable (e.g. Coping Strategies), a lower level of Stress could result. Nonetheless, Stress was only negatively and significantly correlated with QOL ( $r=-0.543$ ,  $p<001$ ), Financial Status ( $r=-0.313$ ,  $p<0.01$ ) and Health Status ( $r=-0.435$ ,  $p<0.01$ ) in the posttest.

In the pretest, **Coping Strategies** not only had strong correlations with QOL and Stress, but also had statistically significant correlations with Health Status and Social Relationship, with coefficients of 0.312 ( $P<0.01$ ) and 0.229 ( $P<0.05$ ) respectively. That means better Coping Strategies were accompanied by better Health Status and better Social Relationships.

In the pretest, **Satisfaction with Existing Housing** was also correlated with QOL and Stress as just been mentioned. Relocation Arrangement ( $r=0.217$ ,  $P<0.05$ ) and Financial Status ( $r=0.264$ ,  $P<0.05$ ) were also statistically correlated with this variable. Such correlation coefficients reflected that their relationships were positive and significant. But it was strongly correlated with QOL ( $r=0.376$ ,  $p<0.01$ ), Stress ( $r=-0.13$ ,  $p<0.01$ ) and Health Status ( $r=0.229$ ,  $p<0.01$ ) in the posttest.

**Relocation Arrangement** also had strong correlation with Financial Status ( $r=0.264$ ,  $P<0.05$ ) apart from its correlations with QOL, Stress and Satisfaction with Old Housing. This simply states that better Relocation Arrangements go along with better Financial Status and their correlation was statistically significant and positive. In fact, this variable was only examined in the pretest study.

### **4.3 Independent-Sample t-tests**

According to the quantitative data collected, the research investigated how the respondents' gender, living arrangements and old residential locations made any difference in quality of life, stress, coping strategies, satisfaction with old and new housing and other items.

#### **4.3.1 Differences in stress, coping, satisfaction with the housing and quality of life between pretest and posttest**

It is also important to compare the differences in the main variables between the pretest group and posttest group, and in fact this is the main focus of this research.

Items	Mean	t-value
Quality of Life	Pretest Group: 84.4118 Posttest Group: 83.8919	0.354
Stress	Pretest Group: 21.4941 Posttest Group: 23.7432	-2.223*
Coping strategies	Pretest Group: 20.8824 Posttest Group: 20.6216	0.442
Satisfaction with existing housing	Pretest Group: 30.1294 Posttest Group: 28.7432	2.483*
Physical conditions are healthy	Pretest Group: 3.25 Posttest Group: 3.73	-4.410***
Satisfaction with living places	Pretest Group: 3.61 Posttest Group: 3.84	-2.040*
Satisfaction with the convenience of medical services	Pretest Group: 2.76 Posttest Group: 3.23	-3.185**
Having negative feelings frequently	Pretest Group: 3.60 Posttest Group: 3.12	2.651**
Health status	Pretest Group: 2.69 Posttest Group: 3.14	-2.406*
More superior than the others	Pretest Group: 2.94 Posttest Group: 2.51	3.062**
Depressed	Pretest Group: 2.19 Posttest Group: 2.84	-3.541***
Frustrated	Pretest Group: 2.19 Posttest Group: 2.84	-3.541***
Feeling stress from living environment	Pretest Group: 1.27 Posttest Group: 1.65	-2.701**
Finding solutions themselves	Pretest Group: 2.29 Posttest Group: 3.32	-4.749***
Keep calm & patient	Pretest Group: 1.74 Posttest Group: 2.07	-2.080*
Seeking professional' s help	Pretest Group: 2.20 Posttest Group: 1.49	5.265***
Take things easy	Pretest Group: 3.12 Posttest Group: 2.72	3.337***
Satisfaction with design of existing housing	Pretest Group: 2.99 Posttest Group: 3.46	-3.059**
Feeling safe in existing housing	Pretest Group: 3.69 Posttest Group: 3.32	2.801**
Satisfaction with recreational facilities	Pretest Group: 3.40 Posttest Group: 2.95	2.123*
Satisfaction with existing rent	Pretest Group: 3.76 Posttest Group: 2.42	7.834***
Quietness of living environment	Pretest Group: 3.42 Posttest Group: 3.77	-2.584*

**Table 4.13 Differences between pretest group and posttest group.**

**Note.** \* $p < 0.05$  \*\* $p < 0.01$  \*\*\* $p < 0.001$

Considering the changes in the key variables of older residents, before and after the relocation, significant changes could be found in Stress ( $t = -2.223$ ,  $p < 0.05$ ) and

Satisfaction with Existing Housing ( $t=2.483$ ,  $p<0.05$ ) (Table 4.13). The residents perceived higher level of stress and were less satisfied with the new housing after the move. Insignificant changes were revealed in Quality of Life ( $t=0.354$ ) and Coping Strategies ( $t=0.442$ ). However, they assessed that their QOL was lower and they adopted poor Coping Strategies after the relocation.

However, there were several significant differences in other aspects. The subjects showed that after the move, the physical conditions were healthier ( $t=-4.410$ ,  $p<0.001$ ), they also thought that they were more satisfied with the living places ( $t=-2.040$ ,  $p<0.05$ ); and the convenience of medical services ( $t=-3.185$ ,  $p<0.01$ ). They recognized that they were better off ( $t=3.062$ ,  $p<0.01$ ) and healthier ( $t=-2.406$ ,  $p<0.05$ ) than before the move. Nonetheless, they indicated that they had negative feeling more frequently ( $t=2.651$ ,  $p<0.01$ ), and felt more depressed ( $t=-3.514$ ,  $p<0.001$ ) and more frustrated ( $t=-3.514$ ,  $p<0.001$ ) after relocation. The residents, moreover, said that they experienced a higher level of stress from their living environment after the move. In solving problems or alleviating stress, it was revealed that they were more likely to find solutions themselves ( $t=4.749$ ,  $p<0.1$ ) and keep calm and patient ( $t=-2.080$ ,  $p<0.05$ ) to tackle the problems after the move. After the life event, however, they were less likely to seek professional help ( $t=5.265$ ,  $p<0.001$ ) and to decide “to take things easy” ( $t=3.337$ ,  $p<0.001$ ) to handle the difficulties they faced.

Focusing on the new housing environment, respondents indicated that they were more satisfied with the new design ( $t=-3.059$ ,  $p<0.01$ ) and thought that the new living location was quieter than the old one ( $t=-2.581$ ,  $p<0.05$ ). Unfortunately, the residents found that the new area was not as safe as before ( $t=2.801$ ,  $p<0.01$ ) and their



satisfaction with recreational facilities ( $t=2.123$ ,  $p<0.05$ ) and rent of flat ( $t=7.834$ ,  $p<0.001$ ) were also lower after relocation.

### 4.3.2 Gender differences

There were only a few significant gender differences in the pretest and posttest studies. In the pretest study (Table 4.14), it was found that male respondents would be more likely to keep calm and patient ( $t=2.323$ ,  $p<0.05$ ) and seek their spouses' help ( $t=2.450$ ,  $p<0.05$ ) than female respondents when they encountered difficulties. However, female respondents had a higher intention of seeking professional help ( $t=-2.440$ ,  $p<0.05$ ) in the same situation and the analysis also showed that female respondents suggested that they were more acceptable to other people ( $t=-2.662$ ,  $p<0.05$ ) than male respondents.

Items	Mean	t-value
Keep Calm and Patient	Male: 2.21 Female: 1.61	2.323*
Seek Professional' s Help	Male: 1.79 Female: 2.32	-2.440*
More acceptable by other people	Male: 3.32 Female: 3.86	-2.662**

**Table 4.14 Gender differences in the pretest study. Note. \* $p<0.05$  \*\* $p<0.01$**

In the posttest, however, some significant gender differences in different aspects were uncovered (Table 4.15). Male respondents, first, showed that they felt safer in daily living ( $t=3.014$ ,  $p<0.01$ ) and in the new living environment ( $t=2.189$ ,  $p<0.05$ ) than female respondents. Secondly, male subjects had relatively stronger financial power as they thought that they had enough money to cope with living ( $t=2.476$ ,  $p<0.05$ ) and were not worried about their financial status ( $t=2.625$ ,  $p<0.05$ ) very much. Thirdly, male respondents also perceived a lower level of stress from the new living environment ( $t=-1.906$ ,  $p<0.06$ ) and were more optimistic and self-confident in solving problems ( $t=2.722$ ,  $p<0.01$ ) than female subjects. However, female

respondents were more satisfied with friends' support ( $t=-2.594$ ,  $p<0.05$ ) and were still more acceptable to other people ( $t=-2.455$ ,  $p<0.05$ ) than male respondents. As a whole, the quality of male respondents' lives was better than that of female respondents ( $t=2.282$ ,  $p<0.05$ ) and the former also experienced a lower level of stress ( $t=-2.286$ ,  $p<0.05$ ) after the move.

Items	Mean	t-value
Quality of Life	Male: 88.27 Female: 82.56	2.282*
Stress	Male: 20.40 Female: 24.58	-2.286*
Feeling safer in daily living	Male: 3.93 Female: 3.20	3.014**
Feeling safer in new living environment	Male: 3.80 Female: 3.20	2.189*
Enough money to cope for living	Male: 3.27 Female: 2.64	2.476*
Financial status	Male: 3.87 Female: 3.10	2.625*
Stress from new living environment	Male: 1.20 Female: 1.76	-1.906*
More optimistic and self-confident	Male: 2.93 Female: 2.22	2.722**
Satisfied with friends' support	Male: 2.67 Female: 3.29	-2.594*
More acceptable by other people	Male: 3.13 Female: 3.64	-2.455*

**Table 4.15 Gender differences in the posttest study. Note. \* $p<0.05$  \*\* $p<0.01$**

### 4.3.3 Differences between the varying living arrangements

In the process of data analysis, some interesting and unexpected findings emerged about the differences between respondents who lived alone and who lived with families. According to t-test, in the pretest (Table 4.16), old subjects who lived with their relatives (LW), including adult children, spouse and other relatives, experienced lower level of stress ( $t=3.105$ ,  $p<0.01$ ) and had better coping strategies ( $t=-3.052$ ,  $p<0.005$ ) and social relationship ( $t=-2.130$ ,  $p<0.05$ ) than those who lived alone (LA). Moreover, LA respondents had better sleeping hours ( $t=2.455$ ,  $p<0.05$ ) than LW

respondents but the latter were more energetic ( $t=-.2.162$ ,  $p<0.05$ ). Furthermore, the analysis also reflected that LW respondents experienced sudden fear ( $t= 2.171$ ,  $p<0.05$ ), depression ( $t=2.262$ ,  $p<0.05$ ) and frustration ( $t=2.262$ ,  $p<0.05$ ) less frequently than LA respondents. In addition, it also showed that LW respondents would like to be more optimistic and self-confident ( $t=-2.047$ ,  $p<0.05$ ) and were more likely to suggest “no solution can solve problems” ( $t=-2.993$ ,  $p<0.005$ ) when they encountered them in their daily lives. About the relocation arrangement, LW respondents found that they were more well-informed about it than LA respondents ( $t=-1.992$ ,  $p<0.05$ ). In the posttest (Table 4.17), LW respondents still experienced a lower level of stress and felt safer in daily living ( $t=-3.320$ ,  $p<0.01$ ) and in the new living environment ( $t=-3.501$ ,  $p<0.01$ ) than LA respondents. LW respondents also thought that they had a better social relationship ( $t=-2.433$ ,  $p<0.05$ ) than LA respondents and the former group found it was easier to buy the food they wanted ( $t=-2.278$ ,  $p<0.05$ ) and felt lower a level of stress in the new living environment ( $t=2.469$ ,  $p<0.05$ ). In addition, LA respondents were more likely to seek friends’ ( $t=2.446$ ,  $p<0.05$ ) and professional’ s help ( $t=2.696$ ,  $p<0.01$ ) than LW respondents.

Items	Mean	t-value
Stress	LW: 17.95 LA: 22.67	3.105**
Coping strategies	LW: 23.39 LA: 20.13	-3.052**
Social relationship	LW: 7.78 LA: 6.94	-2.130*
More energetic	LW: 3.72 LA: 3.25	-2.162*
Better sleeping hours	LW: 2.72 LA: 3.34	2.445*
Sudden fear	LW: 1.22 LA: 1.86	2.171*
Depressed	LW: 1.61 LA: 2.31	2.262*
Frustrated	LW: 1.61 LA: 2.31	2.262*
Optimistic and Self-confident	LW: 2.83 LA: 2.38	-2.047*
More well-informed about relocation	LW: 3.00 LA: 2.42	2.594*

**Table 4.16 Differences between different living arrangements in the pretest study.**

Note. \* $p < 0.05$  \*\* $p < 0.01$

LW: Older persons who lived with spouse, adult children, or/and relatives

LA: Older persons who lived alone

Items	Mean	t-value
Stress	LW: 21.16 LA: 24.64	2.087*
Feeling safer in daily living	LW: 3.89 LA: 3.16	-3.320**
Feeling safe in new living environment	LW: 3.95 LA: 3.11	-3.501**
Social relationship	LW: 3.89 LA: 3.51	-2.433*
Wanted food	LW: 3.84 LA: 3.38	-2.278*
Stress from new living environment	LW: 1.16 LA: 1.82	2.469*
Seeking friends' help	LW: 1.00 LA: 1.40	2.446*
Seeking professional' s help	LW: 1.05 LA: 1.64	2.696**

**Table 4.17 Differences between different living arrangements in the posttest study.**

Note. \* $p < 0.05$  \*\* $p < 0.01$

LW: Older persons who lived with spouse, adult children, or/and relatives

LA: Older persons who lived alone

#### 4.3.4 Differences between different residential locations

Apart from gender differences, the results also suggest that people who lived in Ho Man Tin Estate (H) were different from those who lived in Valley Road (V) in some aspects. In the pretest (Table 4.18), H residents not only had better Coping Strategies ( $t=-2.354$ ,  $p<0.05$ ), but also were more satisfied with the transportation network ( $t=-2.075$ ,  $p<0.05$ ), convenience of medical services ( $t=-3.344$ ,  $p<0.001$ ) and social and community services ( $t=-6.307$ ,  $p<0.001$ ) than V residents. Moreover, H residents lived in a less quiet ( $t=3.422$ ,  $p<0.001$ ) living environment with poorer air ( $t=2.756$ ,  $p<0.01$ ). But V residents recognized that their living environment made them felt more nervous ( $t=2.159$ ,  $p<0.05$ ) than H residents.

Items	Mean	t-value
Coping strategies	H: 22.00 V: 19.93	-2.354*
Satisfaction with Transportation network	H: 3.90 V: 3.57	-2.075*
Convenience of Medical services	H: 3.10 V: 2.48	-3.344***
Social and community services	H: 2.92 V: 1.52	-6.307***
Quiet living environment	H: 3.05 V: 3.74	3.422***
Fresher air	H: 3.41 V: 3.87	2.756**
Living environment made residents nervous	H: 1.10 V: 1.48	2.159*

**Table 4.18 Differences between different residential locations in the pretest study.**

Note. \* $p<0.05$  \*\* $p<0.01$  \*\*\* $p<0.001$

**H: Residents of Ho Man Tin Estate V: Residents of Valley Road Estate**

On the other hand, two significant differences can be found between residents from Valley Road Estate and those from Ho Man Tin Estate after their relocation to Ho Man Tin South (Table 4.19). Residents of Valley Road Estate showed that they were more

satisfied with the new housing ( $t=2.414$ ,  $p<0.05$ ) than residents of Ho Man Tin Estate. In addition, the former group felt that their lives were more enjoyable ( $t=2.005$ ,  $p<0.05$ ) than those in the latter group.

Items	Mean	t-value
Satisfaction with new housing	H: 27.61 V: 29.70	2.414*
More enjoyable lives	H: 2.94 V: 3.25	2.005*

**Table 4.19 Differences between different residential locations in the posttest study.**

Note. \* $p<0.05$

**H: Residents of Ho Man Tin Estate V: Residents of Valley Road Estate**

#### 4.4 Regression analysis

This research sought to study, using a regression analysis how the independent variables, Stress, Coping Strategies, Satisfaction with Existing Housing, Relocation Arrangement (in the pretest only), influence the dependent variable, Quality of Life. Tables 4.20 and 4.21 indicate that all independent variables were viewed as significant predictors of quality of older persons' lives.

	Quality of Life		
	F	R square	Beta
Stress	52.782	0.389	-0.623***
Coping strategies	17.570	0.175	0.418***
Satisfaction with old housing	13.433	0.139	0.373***
Relocation arrangement	7.846	0.086	0.294***

**Table 4.20 The effects of stress, coping strategies, satisfaction with old housing and relocation arrangement on quality of older persons' life in the pretest study.**

Note. \* $p<0.05$  \*\* $p<0.01$  \*\*\* $p<0.001$

	Quality of Life		
	F	R Square	Beta
Stress	30.107	0.295	-0.543***
Coping strategies	9.835	0.120	0.347***
Satisfaction with new housing	11.828	0.141	0.376***

**Table 4.21 The effects of stress, coping strategies and satisfaction with new housing on quality of older persons' life in the posttest study.**

**Note.** \* $p < 0.05$  \*\* $p < 0.01$  \*\*\* $p < 0.001$

The above analysis suggests that many findings, such as correlations among variables, gender differences and regression analysis, are quite important, interesting and meaningful, and detailed discussion of these findings are undertaken in Chapter 6.

## **Chapter 5: Qualitative analysis**

To analyze and understand more fully the ideas and opinions on the residential relocation from the old residents, which could not be obtained by asking similar close-ended questions, several open-ended qualitative questions were adopted to assess their views. After the description of such qualitative data, detailed discussion of the important findings are conducted in Chapter 6.

### **5.1 Pretest study**

#### **5.1.1 Help from the Housing Authority (HA) and the removal allowance**

The pretest found that almost all respondents (97.6%) suggested that they did not receive any help from the Housing Authority except removal allowance. Only two respondents said that they received assistance from the HA in terms of leaflets about the relocation and the provision of rent-free period for the new flat. Nearly half of the respondents (46.5%) showed their discontent with the amount of removal allowance they received since they suggested that it was insufficient to cover the costs of new furniture, interior decoration and some unexpected expenses. In addition, they suggested that they were required to pay for first installment and deposit for the flat, but the allowance could not help them.

#### **5.1.2 Main difficulties before the move**

Respondents faced different kinds of difficulties in the process of relocation, to some extent that these were the impacts of involuntary relocation. More than half (52.9%) recognized that packing for the move and the actual move were the main difficulties for them as they were too old and not energetic enough to do the move themselves and



they always sought the help from their adult children, relatives and social workers. On the other hand, some respondents reported that they were well-embedded in their estates and it was very difficult for them to change their residence. They were also afraid of the new neighbors and new living environment. Increase in rent, arrangement of interior design and adaptation to high-rise building were also typical difficulties they faced. Additionally, financial problems and the actual move were regarded as the greatest troubles for them.

Similarly, most respondents found that packing for the move (75%) and the actual move (65%) would make them most frustrated and anxious. After that, they recognized that news about redevelopment some years ago (52%), choice of where to go (52%) and expecting expenditure of the move (49%) also made them frustrated and nervous, but fewer people were influenced by those three factors. On the other hand, taking key for the new flat (27%) and arrangement for interior decoration (16%) hardly made respondents feel frustrated or nervous.

### **5.1.3 Opinions on the new residential location**

About two-thirds of respondents (64%) suggested that they were satisfied with the new residential location. Some older persons thought that to be relocated within the same district was a wonderful thing and good transportation could also be found in new area. Fresher air, a quieter environment, better quality of housing and the establishment of an elderly center also made the older persons satisfied with the new location. However, some respondents (13%) indicated that they were dissatisfied with the new location, as they expected that a shopping mall and good transportation system would not be found within a short period of their move.

#### **5.1.4 Expectations of changes in the new area**

On the other hand, about two-thirds of the respondents showed that no changes were expected (23%) or they did not know or consider what would be the changes in the new living area (43%). The remaining respondents suggested that they had difficulties in adapting to the new environment and the flat was smaller than the old one whilst rents had increased at the same time. Better shopping facilities and transportation were expected as some changes in the new areas, too. Additionally, the establishment of individual toilets, password for entering the building, improvement in kitchens and differences in interior design were also changes in their mind.

#### **5.1.5 Source of the greatest assistance in the process of relocation**

When they were asked about who gave them the biggest help in the whole process, more than half of the respondents (57.6%) stated that the ELCHK or the NAAC had given them the greatest help in this life event. To summarize their ideas, such organizations provided good services for them, such as providing information about the relocation for regular meetings, arranging the actual move and interior decoration for the older persons, choosing as well as, receiving and checking flats and explaining procedures. Meanwhile, about a quarter of respondents (25.8%) recognized that their adult children and grandchildren helped them to the same extent that the NGOs did. Sadly, some respondents (13%) thought that they were helpless and did not know who could help them.

#### **5.1.6 Merits and demerits of the old residential locations**

Concerning the merits and demerits of the old flat and living environment, nearly half of respondents (47%) had no ideas of the merits of their existing living area. Two-thirds of the remaining respondents suggested that cheaper rent, good

transportation, fresh air and a bigger flat were the main attractions. However, about three-quarters of respondents (71%) in Valley Road Estate complained that the greatest defects were absence of an individual toilet and its installation was outside their flats, which made their lives very inconvenient and uncomfortable. They also suggested that poor accessibility to shopping and social services were shortcomings. Moreover, respondents in Valley Road Estate recognized that lifts could not reach to every floor and the places were relatively dirty. Additionally, respondents in Ho Man Tin Estate made complaints about gambling and the appearance of strangers. However, about two-fifths of respondents (45%) did not share this opinion.

#### **5.1.7 Relationships with others and financial, health and social service status before the move**

Before the move, they were also asked about their familial relationship, social relationship, financial status, health status and the services and assistance from NGOs and elderly centres. First, about two-thirds of respondents (62%) provided positive answers for their familial relationship. They rated this relationship as “OK”, “Good” or “ Very Good”. On the other hand, about one-fifth (19%) noted that it was “Poor” or had only “infrequent contact with relatives and adult children”. In addition, the remaining respondents had no response to this question as they were single or had no relatives. Secondly, almost all respondents (94%) replied that they had good a relationship with friends and social workers, especially the latter. Some respondents (10%) showed that they had a very good relationship with them; more than half of the respondents (61%) thought that their relationships with their friends and social workers were good and one-third (28%) suggested that such relationship was OK.

Thirdly, most respondents were receiving Comprehensive Social Security Assistance (CSSA) or Old Age Allowance (OAA). Some adult children also gave financial support to their old parents. However, the respondents replied that their income could not always satisfy their basic needs, especially when they needed medical services or encountered some special events, such as attending funerals. Fourthly, more than three-quarters of the respondents (76%) reflected that they had one or more kinds of illness or disease. Problems about their feet, rheumatism and blood pressure were most typical. Besides, heart disease and illness about stomach and dizziness also made them worried. High levels of cholesterol, arthritis, asthma and eye diseases were also regarded as common health problems among the respondents. Finally, most respondents (96%) gave positive comments on the services and assistance from elderly centers and NGOs, especially the ELCHK and the NAAC. Such respondents said that the help and assistance were very good (15%), good (60%), satisfactory (3%) or OK (12%).

#### **5.1.8 Understanding and expectations of the new residential location**

In addition, many respondents had no understanding (75%) and expectation (71%) of their new flats. The other respondents knew that their flats were smaller and narrower than before, rent was increased, kitchen was too big, etc. and expected that the environment was safer and they would have healthier and happier lives.

#### **5.1.9 Willingness to move**

Last but not least, when asked about their intention or willingness to move, more than three quarters of respondents (76%) said they would be were unwilling to move if they had a choice. There were four reasons for their views: cheaper rent in old flat and deep-rooted in old areas (e.g. well-established social network and familiar with the

facilities and environment) were two most important reasons. In addition, the respondents suggested that the relocation would give them trouble and the good aspects of the old flats (e.g. bigger flat) was also in their minds. On the other hand, less than one-fifth of the respondents (17.6%) contended that they were willing to move. The old flats were too old and new and better facilities were expected to be found in new flats were the main reasons for their intention. Moreover, no individual toilet, an insecure feeling and the accessibility of escalators in the old buildings also made the older persons willing to move.

## **5.2 Posttest Study**

### **5.2.1 Help from the Housing Authority**

In the posttest, all subjects were asked some open-ended questions which were similar to those in the pretest. The results show that almost all of the subjects (98.6%) contended that they still did not receive any assistance from the HA during the process of relocation, except removal allowance. Only one respondent (1.3%) contended that the HA had helped him to facilitate water and electricity supplies.

### **5.2.2 Major difficulties in the whole process**

When they were asked about what were the major difficulties they faced in the relocation, about two-fifths of the respondents reflected that the actual move (16.2%), especially of big furniture or objects (14.8%) which they were not energetic enough to move (10.8%) were their main difficulties. Some respondents showed that preparation for the move, smaller flat, increase in rent and the fact that they were too poor to finance the move were other difficulties they faced, however. They may be regarded as part of the impacts of this forced relocation.

### **5.2.3 Major changes, merits and demerits in the new area**

About one-third of the subjects recognized that increase in rent (13.5%), self-contained kitchen and toilet (13.5%) and decrease in flat size (8.1%) were the greatest changes in the new residential area. In addition, some (21.6%) also thought that the new living environment was better than the old one and they also contended that changes in drying clothes facilities and the presence of safety guard were other changes observed. Some also felt that the new area was more comfortable (4%) and quiet (4%), but more lonely (9.4%).

With regard to the merits of the new living environment, only about two-thirds of the respondents expressed their ideas on this aspect. Better environment (18.9%), better facilities (lifts and toilet) (14.8%) and a more secure feeling (6.7%) were regarded as the outstanding merits of the new living area. However, they suggested that poor interior and exterior designs (6.7%), frequently out of order public facilities (6.7%) and smaller flats (5.4%) were uncovered as the main demerits in the new living area. Indeed, these major changes, merits and demerits in the new area are also features of the impacts of relocation, which can be positive and negative.

### **5.2.4 Opinions for the move**

Most respondents (89%) suggested that they were satisfied with the new living location and only some of them (5.4%) were dissatisfied with that. A few respondents showed that they were satisfied as good transportation could be found; they could be relocated within the same district and the new environment was very quiet.

### **5.2.5 The greatest assistance in the whole process**

When the respondents were asked who had given the greatest assistance to them in the

process of relocation, about three-quarters contended that NGOs (41.8%) and their relatives (35.1%) had provided the greatest help. Apart from them, their friends or neighbors (12.1%) also devoted their time to them. In addition, some elderly recognized that employing people to do the move (10.8%) and “self-help” (8%) offered great assistance in this process. In fact, the parties mentioned provide different kinds of services for elderly people. The NAAC and the ELCHK, for example, arranged some volunteers or cheap labor to do the move and those people also offered some basic interior decoration for their new flats. In fact, some respondents contended that NGOs helped them in all steps. On the other hand, adult children and relatives also mainly offered financial assistance to buy new furniture and arrange interior decoration; in some cases, they also helped elderly people to do the move.

#### **5.2.6 Adaptation and familiarization**

About a half-year after the move, the research addressed the extent to which respondents had been familiar and had adapted to their new living environment. About three-quarters of the subjects (74.3%) thought that they were familiar with the new living environment and had adapted to their lives there. Unfortunately, about one-fifth showed that they remained unfamiliar with the new area but had adapted their lives there (10.8%), 4% were familiar but not adapted and 8.1% were unfamiliar and not adapted. On the other hand, more than two-thirds (67.5%) recognized that their new flat was better than the old one with different ideas, for example, quiet environment and better facilities could be found. Fewer than one-fifth of them rated the new flat was poorer as some suggested that the rent for the new flat had increased yet its area was smaller.

### **5.2.7 Changes in relationships to others and financial, health and social service status after the move**

The research was also concerned about the changes in familial relationship, social relationship, financial status, health status, and services from NGOs and elderly centers. First, most respondents (85.1%) showed that their familial relationship did not have any great changes after the relocation, but three respondents (4%) suggested that such relationship became poorer than before and one respondent contended that it became closer after the move.

Secondly, more than half of the respondents (58.1%) did not experience any great changes in their relationship to social workers and neighbors. But nearly half of them (45.9%) suggested that such a relationship was poorer, with one party or both (mainly with social workers), after the move. There were four respondents (5.4%) who recognized that it was better than before. Thirdly, about three quarters of the respondents (71.6%) reflected that they did not experience great changes in their financial status after the move. However, the remaining (28.4%) claimed that they became poorer as rent was increased and expenditure became larger. So, negative changes in financial status and social relationships can be also viewed as impacts of relocation.

Fourthly, most respondents thought that their health status was the same as before the relocation and some subjects (21.6%) suggested that they felt poorer and the main health changes were related to visual functioning, dizziness, decrease in weight. Finally, nearly half of the elderly (47.2%) suggested that the assistance and services provided by NGOs and elderly centers did not have great changes. However, about one-third of them (27%) contended that they were poorer than before, some pointing



out that an annual fee was imposed for membership and this was quite large which made the staff had no time to entertain them or look after their needs. Sadly, more than one-fifth of the respondents showed that they did not know anything about such organizations since they did not participate in their activities or visit them after the move.

#### **5.2.8 Residential relocation: positive or negative?**

Last but not least, about two-thirds of the respondents (62.1%) indicated that this residential relocation was positive for them; most suggested that the better living environment made their lives more comfortable. Nonetheless, a relatively small number, five respondents (6.7%) showed that relocation brought negative impacts on their lives rather than positive ones, since the rent was greatly increased and this was especially harsh for non-CSSA recipients. The remaining respondents showed that relocation was a mixed blessing and brought not only positive impacts, but also negative ones. Many thought that it is nothing special for them and rated this event as neutral in their lives.

## **Chapter 6: Discussion**

This chapter is divided into several sections to interpret the findings of this study: i) the impacts of the residential relocation on stress, coping, quality of life and successful ageing, ii) the changes in stress, coping, quality of life, satisfaction with existing housing, familial and social relationships of older residents before and after the move, iii) the attitudes of older persons towards the residential relocation, iv) the differences between gender, living arrangements and residents from different old residential locations, v) the work and roles of the non-government organizations and the Hong Kong Housing Authority, vi) the comparisons between the old and new living environments and vii) hypotheses testing.

### **6.1 The effects of residential relocation and relationships among residential relocation, stress, coping, quality of life and successful ageing**

One of the objectives of this one shot group pretest-posttest study is to examine the impacts of residential relocation on stress, coping and quality of life of older persons. In fact, it was a “home-to-home” and “intra-district” relocation, rather than “institution-institution” or “home-to-institution” relocation, and also an involuntary move. According to data analysis, both quantitative and qualitative, the relationships among the key variables become more obvious and their linkages could be inferred.

#### **6.1.1 Residential relocation and stress**

Residential relocation was the independent variable in this study; it was expected to exert potential negative impacts on the stress perceived by the older residents. Their relationship could be supported by quantitative and qualitative data (see Table 4.13 and Sections 5.1.2, 5.2.2, 5.2.3 and 5.2.7), which were collected by open-ended and

close-ended questions. Older persons showed that there were many uncertainties in this stressful life event. For example, they experienced worries about financial difficulties as they might not be able to tackle the expenditure from the relocation. Such difficulties included the delivery cost of their belongings, buying new furniture and arranging interior decoration, increased rent in new area, etc. This result corroborates the studies of Hallman (1964), Dimond et al. (1987), Baglioni (1989), Ben-Sira (1991), Krause and Liang (1993), YWCA and University of Hong Kong (香港大學社會工作及社會行政學系 及 香港基督教女青年會) (1998), Sullender (1999) and Hatch (2000). All of them could make them felt frustrated and worried. Moreover, the older persons were nervous about the losses in the old areas when many of them had lived there over twenty years. If they were relocated involuntarily, they were also forced to give up their familiar living environment, well-established social network and strong emotional attachment. Those changes also can be found in the previous studies of Novick (1967), Brand and Smith (1974), MacDonald and Wells (1981), Dimond et al. (1987), Tesch et al. (1989), Aldwin (1990), McCabe et al. (1990), Aldwin (1991), Krause and Liang (1993) and Maas et al. (1999). All of the impacts from relocation were found to be very destructive in their lives. Since it is very difficult to find the similar patterns of social networks and living environment in the new areas when special arrangements for older persons was absent.

Furthermore, the older persons in this research were generally passive and illiterate; they rarely knew the operation and procedures of the relocation well. Such results are also supported by the studies of YWCA and University of Hong Kong (香港大學社會工作及社會行政學系 及 香港基督教女青年會) in 1998 and the Asia-Pacific Institute of Ageing Studies in 1999. In fact, the Hong Kong Housing Authority only offered removal allowance for older persons; other assistance or care was totally

ignored. It only increased their level of uncertainty, and in turn, their stress also escalated. In addition, different stages of the relocation also forced the older residents to perceive stress. For example, most respondents suggested that packing for the move and the actual move made them most frustrated and anxious and such stages were followed by the news about the relocation a few years ago, choice of place and expecting expenditure of move. Thus, it can be concluded that the residential relocation exerted negative impacts, and stress was experienced. Actually, the negative impacts from the residential relocation can also be identified in the previous studies (e.g. MacDonald and Wells in 1981 and Mass et al. in 1999).

#### **6.1.2. Residential relocation and coping**

The relationship between residential relocation and coping was not obvious in this research. However, it is reasonable to think that residential relocation induced different problems which might be disastrous and complicated to older persons and alternative coping strategies were essential to combat them. Actually, the older persons adopted internal control coping strategies rather than social support ones. Keeping calm and patient, taking things easy and trying to solve the problems themselves were most frequently adopted by the older persons trying to manage their problems. On the other hand, they mentioned that they had low or even no intentions of seeking help from their relatives, adult children and friends. They explained that such people had their families, jobs and businesses and they left no time to look after them. Moreover, if they were to seek financial assistance from them, they might feel embarrassed and it might further downgrade the relationship with such people (Krause and Liang, 1993). Nonetheless, they were more willing to seek the assistance and support from social workers (see Sections 5.1.5 and 5.2.5) when they thought that help from them was wholehearted and assistance could match their needs.

It, therefore, could indicate that older persons were forced to adopt coping strategies to tackle their problems and manage the stress from the residential relocation. Such strategies, however, seemed not so effective and efficient as when their financial and social resources were inadequate. They, then, experienced a decline in physical and mental functioning, and this event was so stressful and threatening to the older persons. In addition, Hatch's study (2000) is consistent with such results to a certain extent.

### **6.1.3 Stress and quality of life**

This research could point out that the stress the older persons perceived and their quality of life were statistically and significantly correlated, not only in the pretest, but also in the posttest (see Tables 4.11 and 4.12). It was also a significant predictor for the quality of life before and after the move, that was supported by regression analysis (see Tables 4.20 and 4.21). So it is reasonable that if the stress they perceived is increased, their quality of life will be downgraded. In fact, when older persons perceive a higher level of stress, two main elements of quality of life, health status and psychological status, would probably be influenced negatively.

### **6.1.4 Coping and quality of life**

Coping was also a significant predictor of the quality of life of older persons (see Tables 4.20 and 4.21), and they were also significantly and statistically correlated (see Tables 4.11 and 4.12). It indicates that any changes in coping will have impacts on their quality of life. For example, if an older person could handle the problems or difficulties from the residential relocation sufficiently, their quality of life would be improved as a better living environment is provided. The older persons, in this research, could not handle all problems completely and their quality of life would be likely to decline when those variables were positively correlated.

### **6.1.5 Residential relocation and quality of life**

Although the relationship between residential relocation and quality of life is not highlighted in data analysis, it still can be explained by three approaches. First, the residential relocation was found to exert great undesirable impacts on the stress older persons perceived (see Section 6.1.1) and it can be supported by the works of Dimond et al. in 1987, Baglioni in 1989, Aldwin in 1990, etc. In turn, their quality of life could be affected indirectly through the aid of stress perceived, and the correlation between stress and quality of life was significant in the mechanism just discussed. This approach is quite indirect. Secondly, residential relocation provoked many problems and the impacts of such problems heavily depend on the resources that the older persons had. Different kinds of coping strategies could be adopted but they rarely could settle all problems and stress from this life event, which was followed by decline in the quality of life. This is another and indirect path that involuntary residential relocation exerted in its unwanted impact on the quality of their lives.

Residential relocation, however, could also influence their quality of life directly and unfavorably and directly. This is because residential relocation was seen to threaten their social relationships with their families, friends and social workers when such relationships could be broken or loosened (see Section 5.2.7). Moreover, it also hurt the older persons' relationships with their original social and physical environment (see Sections 5.1.7, 5.1.9, 5.2.3 and 5.2.7). In addition, involuntary residential relocation might force some older residents to seek help from their adult children, relatives, friends and/or NGOs to facilitate the move (see Sections 5.1.5 and 5.2.5). Actually, the quality of life of older persons was seriously affected by the residential relocation since their level of independence was lowered (Krause, 1990 and Slater, 1995); social relationships were downgraded and relationships to social and physical

environments were threatened (Dimond et al., 1987 and Norris-Baker, 1999) and all of them were key elements of their quality of life. Therefore, it could find that involuntary residential relocation was destructive and negative for the quality of older persons' lives.

#### **6.1.6 Residential relocation and successful ageing**

To identify the impacts of residential relocation on the concept of successful ageing is also an objective of this study as discussed in Chapter 2 and 3. Actually, successful ageing is vital for people's later lives. Low risk of disease and disease-related disability, high mental and physical functions and active engagement with life are regarded as three key components in successful ageing (Kahn and Rowe, 1998). It could contend that as older residents perceived certain level of stress and encountered problems from this life event, even they would not have effects on disease and disease-related disability directly as many of them showed that they experienced no change in health after the move.

However, stress and problems made them frustrated and anxious which could be detrimental to their mental function obviously; in turn, their engagement with life would also be influenced in an undesired direction. In fact, residential relocation decreased their time in social activities when they put a lot of time, energy and money in arranging their move (see Sections 5.1.2 and 5.2.2) before the residential relocation and their social relationship and network were also disrupted after the move (see Section 5.2.7), which also reduced their activities and participation in society directly. Therefore, it is reasonable to point out that residential relocation also exerted unwanted effects on successful ageing to a great extent.

## **6.2 Changes before and after the move**

Residential relocation is a potentially stressful and even destructive life event for older persons. It is sensible to uncover some changes before and after the move and such changes relating to the main variables of this research concerned their relationships to the others.

### **6.2.1 Changes in stress**

In order to show the differences in stress, coping, quality of life and satisfaction with existing housing before and after the move, independent-samples t-tests were adopted to examine them (see Table 4.13). First of all, they found that older persons have a perceived higher level of stress in the posttest than that in the pretest, and such difference was significant. A similar result was uncovered by the research of YWCA and University of Hong Kong (香港大學社會工作及社會行政學系 及 香港基督教女青年會) (1998). Such an increase in stress could be explained in several ways. For example, older residents could not retain the original social network and have not established a new network yet (see Section 5.2.7). In turn, they would like to feel more lonely and could not obtain social support and assistance which made them frustrated and depressed. Moreover, feeling more unsafe in the new living environment than before, and bearing greater expenditure and increment in rent in the new area also increased their level of stress.

### **6.2.2 Changes in satisfaction with housing**

Secondly, they had a lower level of satisfaction from the new housing than from the old, and this difference was statistically significant (see Table 4.13). Although older residents might agree that the new living environment was better than the old one, there were still other factors influencing overall satisfaction. Provision of social and



recreational facilities were two typical factors. For instance, the older residents in Ho Man Tin South criticized provisions as inadequate which could greatly lower their satisfaction toward the new housing. Moreover, feeling unsafe and with substantial increment in rent, mentioned already, also discouraged any satisfaction in their new housing.

### **6.2.3 Changes in coping strategies**

Thirdly, older residents adopted poorer coping strategies after the relocation compared to those before the move although the difference was not significant (see Table 4.13). The YWCA and University of Hong Kong (香港大學社會工作及社會行政學系 及 香港基督教女青年會) had also identified the same phenomenon in 1998 so this confirmatory finding is useful. Such negative change might be induced by the absence or inadequacy of advice and assistance from old neighbors and social workers after the move when they did not know their new neighbors well; and the social workers on the new estate no longer provided similar services and help as in the old area. Such reasoning could be supported as many respondents showed that their relationships with neighbors, friends and social workers were greatly less after the move (see Section 5.2.7).

### **6.2.4 Changes in quality of life**

Finally, as coping strategies, stress and satisfaction with existing housing were also significant predictors influencing the quality of life of older persons (see Tables 4.20 and 4.21), it is not difficult to infer the changes in such variable. For example, if they experienced a lower level of satisfaction with the existing housing, a lower quality of life would result. So, according to the above description, it is rational to explain why their quality of life tended to be lower after the move as they adopted poor coping

strategies; perceived higher level of stress and attained a lower level of satisfaction in the new housing after the relocation. Although such difference was not significant, it still can be concluded that residential relocation lowered their quality of life after the move (see Table 4.13).

### **6.3 Changes in the relationships to family, friends and social workers**

#### **6.3.1 Changes in familial relationship**

Most respondents in this research were relocated within the same district to the same public housing estate, Ho Man Tin South, which was newly established. There was a five-minute walk and a ten-to-fifteen-minute walk from Ho Man Tin Estate and Valley Road Estate respectively. Such older persons, thus, were so lucky since it was unnecessary for them to be relocated in the new towns, such as Tin Shui Wai and Tseung Kwan O, in the New Territories where travelling great distance is a “must”. This arrangement should be appreciated as the relationship with their families could be enforced or not loosened (Baglioni, 1989). If they had been moved to the new towns, adult children and relatives would have difficulty in meeting them frequently or even occasionally as the travelling time and cost would be substantially greater, as it might discourage their willingness and availability to visit their old parents or relatives. Therefore, older persons reported that there was no great change in their familial relationship after the move as there obviously was no factor which could change their intention to visit them (see Sections 5.1.7 and 5.2.7). However, most previous research (e.g. Brand and Smith, 1974; Krause and Liang, 1993) showed that such relationships would be likely to downgrade after the move, they were not consistent with this research.

### **6.3.2 Changes in relationships with friends and neighbors**

On the other hand, elderly people experienced negative changes in their relationships to their old neighbors and friends (see Sections 5.1.7 and 5.2.7) after the move. The neighbors in old areas rarely could be their new neighbors again in the new area was the main reason for such changes. It could be explained because the older residents were poorly or never organized; they had no idea to be reunited in the new area. Thus, they chose their own flats into different blocks within the same estate without detailed discussion with their friends and neighbors. So, their connections would be weaker or broken compared with that in the old area, in turn, such social relationships might be loosened. They only met friends and old neighbors unintentionally in the spaces or on the branches within the estate and phoned the others (if they had their phone numbers) to show mutual concern and greetings occasionally. Such negative change can also corroborate the findings and suggestions in the literature, such as Dimond et al. (1987), Tesch et al. (1989) and Maas et al. (1999).

### **6.3.3 Changes in relationships with social workers**

In addition, respondents also experienced greater undesirable changes in their relationships with social workers (see Sections 5.1.7 and 5.2.7). In the old areas, two non-government organizations, the Neighbourhood Advice-Action Council (NAAC) and the Evangelical Lutheran Church of Hong Kong (ELCHK), not only provided advice and assistance for their move, but also for their daily living. Their work was highly praised by the residents, especially the older residents, in both estates (see Sections 5.1.5 and 5.2.5). After their missions in Valley Road Estate and Ho Man Tin Estate, such staff was reassigned to other centers in different districts run by those organizations. In return, two new elderly centers were stationed in Ho Man Tin South to offer services and hold activities. However, new elderly centers imposed a

membership fee and their membership was too large, and it implied that the social workers there had no time to entertain or know everyone. Older persons, therefore, did not have a close or good relationship with the social workers or staff in the new centers and they rarely consulted them even if they had problems. Thus, it is rational to suppose that older persons experienced great changes in such relationship, which had been very important to them. In addition, some studies (e.g. Maas et al. in 1999 and Aldwin in 1987) also indicated such undesirable change.

#### **6.4 The attitude of older persons toward residential relocation**

As may be seen from Sections 5.1.3, 5.1.4, 5.1.8 and 5.1.9, the general attitude of older persons toward the move was negative before the move as they anticipated or feared that it would only bring them undesirable effects, such as financial strain, broken social relationships, loss of emotional attachments and forced acceptance for new living environments. They rarely thought that the new living environment might be better and could improve their life directly. Such views were also noted by Hallman (1964) and Brody et al. (1974). In addition, packing for the move, the operation of the actual move, choosing new flat and arranging interior decoration and adapting to the new area were the most typical problems they faced, especially for the female respondents, in the process of residential relocation. Moreover, most of the older residents did not have the understanding and expectation about the new living environment and were unwilling to be relocated before the move.

However, after the move, their attitudes toward the move changed to be more positive as they perceived that the new living environment was really better than that of the old area, as well-equipped housing units and modernized structural facilities were available. Nonetheless, their overall satisfaction with housing was poorer in the new

area, it could be suggested that was higher level of satisfaction with old housing (see Table 4.13). Meanwhile, many older residents suggested that such a move was positive for their lives as a whole (see Section 5.2.8).

## **6.5 Significant differences in gender, living arrangements and residents from different old residential locations**

It is interesting to examine the differences in gender, residents from different old residential locations and living arrangements with the application of independent-samples t-tests to investigate how such factors influence the respondents in the residential relocation.

### **6.5.1 Gender differences**

There were some significant gender differences in this study. Before the move (see Table 4.14), male respondents, as a whole, stated that they were more likely to keep calm and patient when they encountered problems, but female respondents generally had greater intention to seek professional help under in same situation and they also thought that they were more acceptable to other people. After the move, male respondents considered that they had a better quality of life and experienced a lower level of stress than the female subjects. Moreover, the male subjects not only felt safer in their daily living and new living environment, but it was also suggested that they experienced fewer difficulties financially. The female respondents, however, showed that they were only more satisfied with a friend's support and more accepted by other people (see Table 4.15).

From these significant differences, it is reasonable to conclude that female respondents to a certain extent suffered more from residential relocation. Again, this supports

findings such as those of Dimond et al. (1987) and Hatch (2000) who also found that older women were more vulnerable in stressful life events. Indeed, older women were regarded as relatively weak in adaptation. Some suggested that older women tended to experience more life changes and role transitions, such as relocation and widowhood, all of which were stressful rather than desirable. Moreover, older women would more likely have a higher chance of chronic illness which lowered their physical functioning. Furthermore, they did have greater financial strain than the older men when older women did not have a stable source of income when they were young and they always shouldered all family responsibilities which lowered the chance of having a paid-job. All of them hindered their later lives in the residential relocation, in terms of poor coping strategies and adaptive ability. Therefore, it could be contended that older women experienced more disadvantages (Hatch, 2000).

On the other hand, older women had better social relationships than older men. The quality of their social relationships could exert positive impacts on older women's lives. They had rich, more intimate relationships and were more likely to have same-sex confidantes than men. They also emphasized verbal expression and shared feelings, both of them which are important in winning the support of families and friends and also essential to their later lives (Hatch, 2000). Thus, it is perhaps not surprising to discover that female respondents were ultimately more satisfied with friends' support and were more accepted by other people.

### **6.5.2 Differences between different living arrangements**

The research suggests that living arrangements also have impacts on older persons, and it compared the older persons who lived alone (LA) with those who lived with a spouse, relatives, and/or adult children (LW). Before the move, it was noted that LW

respondents perceived a lower level of stress, and had better coping strategies and social relationship than LA respondents. In addition, LW respondents showed that they were more energetic and experienced a lower level of sudden fear, frustration and depression than LA respondents. Nonetheless, LA respondents were less well-informed about the relocation (see Table 4.16). After the move (see Table 4.17), LW respondents still perceived lower level of stress and had better social relationships than LA respondents. However, LA respondents had higher intention of seeking help from friends and professionals when they encountered problems.

All differences just mentioned were statistically significant and they highlighted the importance of family members and/or relatives. They showed that the social and emotional supports from them could greatly reduce the helplessness and stress they would perceive. When LW respondents had difficulties, they would like to consult ideas from, or share feelings with, their family members and relatives. It is essential for the older person. Even though all of them might be old, they still had a subject to discuss or speak one's pieces. If the family members were young and energetic, they absolutely could reduce their anxiety and uncertainties through alleviating financial strain and assisting their relocation arrangements.

### **6.5.3 Differences between residents from different old residential locations**

Some significant differences were also identified between the residents of Valley Road Estate and Ho Man Tin Estate (see Tables 4.18 and 4.19). For example, residents from Ho Man Tin Estate, before the move, were more satisfied with the convenience of medical services and social and community services than those of Valley Road Estate. The latter only rated that their living environment was quieter with fresher air, but they still perceived nervous from the old areas. After the relocation, residents from

Valley Road Estate showed higher satisfaction with new living environment and felt their lives were more enjoyable.

Such differences reflected the importance of the availability of structural facilities and social and physical settings in those estates. As the residents of Valley Road Estate lived on an estate with poor structural facilities and social and physical settings before the relocation, it is natural for them to rate that they had poor satisfaction from the convenience of medical services, and social and community services. In addition, most respondents had moved away that created an undesirable environment; in turn, it could make them feel nervous in the old living environment (see Section 3.2.1).

It could imply that Valley Road Estate was a poor living area compared with Ho Man Tin Estate, where better social services and better housing had existed. When they were compared again after the move, the residents from Valley Road Estate showed that they had greater satisfaction with the new housing and felt their lives were more enjoyable, mainly produced by the great improvement in their new housing as perceived by them. But such improvement for residents from Ho Man Tin Estate was not as great as those from Valley Road Estate perceived, so a significant difference exist. To some extent, it could show that there were some positive impacts from the new living environment.

## **6.6 Non-government organizations and the Housing Authority**

The non-government organizations and the Housing Authority (HA) were key players in the residential relocation: the former provided comprehensive support and assistance for the residents during the move and the latter was responsible for the



implementation of the move. Here, the research examines their roles and work in this event.

### **6.6.1 The roles and work of non-government organizations**

The work and contributions of two non-government organizations (NGOs), the Neighbourhood Advice-Action Council (NAAC) and the Evangelical Lutheran Church of Hong Kong (ELCHK), were important in the process of residential relocation. In the pretest and posttest, 57.6% and 41.8% of the respondents respectively showed that the NGOs had given them the greatest help in this process (see Sections 5.1.5 and 5.2.5). Respondents and social workers of those NGOs also agreed that the services and assistance provided by the NGOs were comprehensive and qualified, moreover, both suggested that such assistance and services could match the needs of older residents to a great extent.

At the beginning of the residential relocation process, the staff of NGOs set up special groups for older residents, which allowed them to express and discuss their problems, ideas and concerns about the move. When the staff collected their information and ideas, they would like to reflect them to the staff of the Hong Kong Housing Authority who was responsible for such project. Under the operations of such special groups and the interactions between the parties, some minor compromises and concessions could be made which more or less were beneficial for them. Moreover, the NGOs also invited the staff from the HA to join the regular meetings for older residents (but they were not present every time), which were held by the NGOs. Hence, official participation could slightly lower their uncertainties and stress.

In order to provide a more comprehensive service of the move for older residents (see Section 3.2.1), social workers asked the HA to release some related and useful information for the public. The HA was rarely willing to do so. However, such unwillingness perhaps only offered more negatives for the residents in this life event. Nonetheless, the NGOs still put their greatest effort in helping older residents to make them have a smooth and unthreatening move. The NGOs arranged manpower (including ordinary staff and volunteers) to help the older residents to choose their new flats in the new area. Moreover, the NGOs tried to apply donations and funding from enterprises, such as Oriental Daily, to provide some financial assistance or free interior decoration for the older residents who were relatively poor. The NGOs, in addition, helped older residents to check their new flats in order to find out any defects and also arranged cheap delivery services for their belongings and furniture, which was perhaps the most essential procedure in the whole process.

From the above description, it is necessary to appreciate the sincere effort and help from the NGOs. Apart from physical support of the NGOs, it is unfair to ignore their emotional and social support for elderly people. When the older persons experienced problems which could not be settled by themselves, they intended to seek the help from the social workers who had no reservation in giving them constructive advice and emotional support and to pacify them, in some cases, emotional support is more important than material support. It is also worth mentioning that the NGOs always actively found out elderly people who had problems, rather than being sought for assistance passively. In short, it might be said that the NGOs were not only service providers, but also acted as friends for the older residents. The NGOs provided services and assistance to older persons at each stage of the relocation. As a friend, they were willing to listen to any discontent (and try to solve it) and share their feelings;

in fact, their adult children and close relatives had no time or intention to do that. Moreover, their work and efforts were wholehearted and their operation was less bureaucratic and more efficient than other NGOs and most government organizations. It could offer great flexibility in helping them. Therefore, the NGOs were always regarded as a key player in their social relationship, especially for older women. If NGOs' work and relationship with elderly people is poor, the social relationship and quality of life of older residents will be changed unfavorably.

Unfortunately, the NAAC in Valley Road Estate and the ELCHK in Ho Man Tin Estate could not also be relocated into Ho Man Tin South. The staff of the NAAC were reallocated to different centers, such as Shek Kip Mei Centre and Tai Po Centre, operated by the NAAC and the staff of the ELCHK were mainly redistributed to the Aberdeen Centre run by the ELCHK. This was bad news for the older residents, as their NGOs support network disintegrated.

### **6.6.2 The role and work of the Housing Authority in the relocation**

In the residential relocation process, residents were heavily influenced by the work of the HA and the assistance from the NGOs, their families and their relatives. As it was a project of the HA, their work was critical for the older residents involved. It is possible to comment on the work from different perspectives.

First, there were some problems in the internal environments of many respondents before the move. In Valley Road Estate, for example, a toilet was shared by two households whether they had good relationship or not. However, more and more residents had left the estate and moved to other places, and then some toilets might become vacant and available for the residents who still stayed in there. Sadly, even

when there were some toilets vacant, the HA did not reallocate them again for the remaining households and who were still forced to share it with others. It trusted that residents could live better and fewer disputes could be found among the residents if this reallocation could be implemented. In fact, it only continued their inconvenience in daily living and deepened their discontent with the HA.

Secondly, before the move, the HA only allocated certain information about the process of the move for the older residents without any explanation, but most were poorly educated. It was quite difficult for them as many could not understand the procedure and implementation of the relocation, and it made it very difficult, to plan and arrange the move for themselves. Therefore, they were forced to seek the help from the NGOs to let them know the meanings and uses of such documents when help from the HA was always regarded as “unavailable or absent” (see Sections 5.1.1 and 5.2.1). Otherwise, they would encounter more difficulties from this life event. Thirdly, the residents and the NGOs could not have reliable and useful material from the HA, which might not be confidential documents. Such information might include the finalized date to start the move, the arrangements of the actual move, the services available for the older residents from the HA, etc. For example, the NGOs might be viewed as to being responsible for assistance for the residents in the process of residential relocation. Useful material or information was not only essential for the NGOs to design and facilitate the service and assistance for older residents, but also important for the residents to know what were going on and how to handle their move more easily. Unfortunately, a lack of information seemed to impose negatives on the work of the NGOs, who could not as a result provide excellent support for the older residents. This made the residents adopt a poor attitude toward the work of the HA and created difficulties for their move.

During the process of residential relocation, for example, at the stage of choosing a new flat, the HA only offered three minutes for the residents to choose their flats. All agreed that such duration was too short, especially for the older residents who felt uncomfortable and nervous in this process. It was really so hasty that some wrong decisions might inevitably have been made. Nevertheless, the staff of the HA did not give instruction and assistance to older residents and such assistance was only provided by the NGOs and volunteers. If assistance from the NGOs is absent, the outcome cannot be imagined. Furthermore, when a resident got the key and received the new flat from the HA, it was necessary to check seriously to find out any defects; then, reparation would be carried out by the HA in normal cases. However, no staff from the HA would accompany older residents to check a flat, so then it was more difficult to find out defects as the new residents were unfamiliar with the new flats and they were not energetic enough to do it by themselves. Therefore, they could not report the defects existed immediately, so it only extended the time for such reparation and delayed the time for the actual move.

In addition, the HA rarely provided assistance and help for older residents beyond its ordinary responsibilities. Before the move, its staff was invited only to join the meetings of older residents about the residential relocation. The HA never intended to participate actively in, as the HA thought that such participation only increased its workload “unreasonably” and increased their accountability to the residents. Moreover, although only minor concessions and compromises were made between the HA and the residents, such as a waiver of the fee for cleaning up after renovation work, it still demanded great efforts from the older residents and the NGOs. This indicated that the HA was unwilling to satisfy the residents’ needs efficiently when it was so bureaucratic and preferred to protect itself rather than to provide a really better service

for them. After the relocation, the HA still had not visited the older residents to find what problems they faced and to try to follow them up and it was only sought for basic services and assistance. The HA remained in a passive role.

In fact, the overall arrangement of the HA in the new area was not satisfactory. Most residents started to move into Ho Man Tin South in May 2000, but the community and social services only came into service in January 2001. A good match was absent and there were many construction projects still in progress that made it inconvenient and dangerous for the residents.

There were also some perceived unfair and unacceptable policies implemented which greatly hurt older residents and they might feel that they were not respected. For instance, rent-deduction policy had been carried on for several years, which could relieve the financial strain of households proved very poor and they were unlikely to rely on help from the government through the aid of Comprehensive Social Security Assistance (CSSA). The percentage of such a deduction depends on their situation and the researcher found that some older residents enjoyed such deduction in the old areas. In the new area, nonetheless, some older residents could no longer have this concession and they were forced to pay the full rent for at least three years after the move. It is another unreasonable policy for the residents, especially for those who experienced serious financial difficulties. They only tried to avoid the government being overloaded and did not want to be labeled; however, this new (and arguably irrational) policy only deepened their problems.

Moreover, there were some small units for the residents who lived alone, and many respondents were placed in such units, with an area of about 16 square metres.

Unfortunately, if they were two old families (both over 60 years), they were also arranged into the same units with 16 square metres. It is a kind of age discrimination for these elderly people and such an environment was unfavorable for older persons (Hallman, 1964 and Joyce, 1964). Finally, this policy was uncovered and heavily criticized by the public and the HA explained that this arrangement was carried out as since there would be no human growth/expansion in those older households. However, the researcher visited some older residents influenced by this policy and the unit was really too small for two-older-persons households physically, socially and psychologically. For instance, it could not provide enough space for some simple physical exercises or social gathering; therefore, they also felt that they were ignored and not respected (Niebanck, 1964; Krause, 1990). They only disliked unwanted impacts on their health, social relationship and psychological well-being; in turn, their quality of life and successful ageing would be disrupted seriously and negatively.

Actually, it should emphasize that better relocation arrangement could also enhance old people's quality of life (see Tables 4.11 and 4.20). Thus, better work from the HA is vital to their well-being not only before the move, but also after that.

## **6.7 Old and new living environments** (See Section 3.2.1)

In order to understand impacts of the new living environment on older persons, a comparison between the old and new residential locations has been established.

### **6.7.1 The old living environment** (See Sections 3.2.1 and 5.1.6)

In the old areas, many flats were vacant as lot of residents had moved but many older residents still stayed in those estates, as they did not have financial power to move and/or were reluctant to do so. Moreover, those estates, Ho Man Tin Estate and Valley

Road Estate, were very old and became substandard, and had served the residents for over thirty and thirty-six years, respectively. The real situation before the move have been mentioned in Chapter 3 and it indicated that residents of Valley Road Estate had a poorer living environment than those of Ho Man Tin Estate. For example, all basic social services and economic activities, including banks, market, social center, etc., were absent in Valley Road Estate and only two stores sold necessities for the residents. With respect to other internal environmental facilities, residents in Valley Road Estate also experienced the toilet-sharing system and poor accessibility of lifts since they had moved into there. Some older persons also lived in housing units of only 50 square feet. The study of Norris-Baker (1999) also suggested that underpopulation and loss of social and physical setting in the old area were the great problems for the older persons during residential relocation. Residents of Ho Man Tin Estate, on the other hand, had better living, relatively, even they were going to be relocated. For instance, they had their self-contained toilets and basic social services were available.

#### **6.7.2 The new living environment and related comments** (See also Sections 3.2.2 and 5.2.3)

Almost all respondents in the study were relocated to Ho Man Tin South where there five blocks of public housing rental. Many older persons found that the new living environment was better than the old although, some views differed. They mainly appreciated that their housing units were well-equipped with basic facilities, including self-contained toilets, kitchens and lifts that could serve all residents on each floor level. Many older residents, especially those who lived on higher levels, mentioned that the air was fresher and the surroundings were quieter than in the old areas and they also recognized that the new housing estate provided a comfortable living environment for them.



However, respondents expressed some discontent and criticism on the new area when they were interviewed in the research six months after the move (in December 2000). Some complaints involved the facilities in the external environment. First, for example, they complained about the late opening of the shopping mall and market within the estate, which were expected to be in service by early 2001. It was very inconvenient for the residents, not merely for older persons, and they were forced to buy daily necessities in other areas, such as Mongkok and Hung Hom, for at least seven months. Secondly, the older persons criticized the design of the public area in the new estate as not very good. For example, they suggested that limited spaces were available for them to walk and chat with others, and gentle slopes were poorly designed and constructed for the residents, which was very important to those who experience declining mobility. Thirdly, the allocation and arrangement of housing units for older persons was poor. There were forty floors to each block and four fixed units on each floor were provided for single older persons or residents who lived alone. However, some older persons were allocated accommodation on higher levels, such as the thirtieth floor or higher, which made them very scared and uncomfortable since this was totally different from their living environment in the old areas.

In addition, the entrance to some units, especially provided for single elderly, faced the rooms for the closet, electricity meter or rubbish collection and emergency exits. This could be very dangerous for older residents as who might fear that villains might hide behind such doors, which were difficult to observe. When criminals know that four fixed units are specially provided for single older residents, they could plan to rob them as they know where the older residents lived. Such units can be shown in Appendix II B and they were Room 1, 10, 11 and 20. Some older residents undoubtedly felt danger as in some earlier studies (Hallman, 1964; Joyce. 1964). Thus,

many found it difficult to judge whether or not the new living environment is better than the old ones. It is possible to conclude that the overall performance of the new living environment was satisfactory, but some weaknesses could be found and there is room for improvement, especially with regard to social or behavioral aspects.

## **6.8 Hypotheses testing**

Several hypotheses were introduced at the beginning of the research (see Section 3.3). In this section, it is appropriate to examine how far the hypotheses could be supported by the findings:

**Hypothesis One: Residential relocation exerts negative impacts on stress the older residents perceived directly.** As relocation was involuntary, even though to within the same district, it brought different problems to the older residents. For example, it disrupted social relationships and forced people to rely on others help to manage the move, potentially very stressful. In fact, the relationship between residential relocation and stress became quite evident from this study (see Table 4.13 and Sections 5.1.2, 5.2.2, 5.2.3 and 5.2.7). Therefore, this hypothesis could be supported.

**Hypothesis Two: Residential relocation threatens coping strategies and quality of life of the older residents.** Many respondents found that they could not handle stressors such as financial strain, by their coping strategies (see Table 4.13 and Section 5.1.5). Thus, to some extent, they were forced to seek assistance from others. Moreover, their quality of life was threatened by relocation; for instance, it altered their original social networks and physical environment negatively (see Table 4.13 and Section 5.2.7). Nonetheless, this hypothesis could also be supported.

**Hypothesis Three: There is perceived stress during the process and after involuntary residential relocation.** This hypothesis could be supported by the qualitative data and the quantitative data (see Table 4.13 and Sections 5.1.2, 5.2.2, 5.2.3 and 5.2.7. The respondents showed that stress before the move mainly came from financial strain and the uncertainties of the relocation, and they experienced higher levels of stress after the move.

**Hypothesis Four: Satisfaction with relocation arrangement and quality of elderly life are positively related.** This could be supported by the bivariate analysis and such correlations were valid in pretest and posttest and also statistically significant (see Table 4.11). That means higher level of satisfaction with relocation arrangement, higher level of quality of life can result.

**Hypothesis Five: With higher levels of stress, older people will have a lower quality of life.** Again, this hypothesis may be supported by the correlational analysis which were statistically and significantly correlated not only in the pretest, but also in the posttest (see Tables 4.11 and 4.12). Moreover, it can be also supported as stress is found as a significant predictor for quality of life of the older persons both in the pretest and posttest. Those suggest that when older persons experienced a higher level of stress, their quality of life would likely be decreased.

**Hypothesis Six: With better coping strategies, older people will have a higher quality of life.** This hypothesis could also be supported in the pretest and posttest and such correlations were statistically significant and coping strategies is also found as significant predictor for quality of life of the older persons (see Tables 4.11 and 4.12,

4.20 and 4.21). It is reasonable to suggest that quality of older persons' lives will be improved if they possess better coping strategies.

**Hypothesis Seven: Stress and coping strategies are inversely related.** In both the pretest and posttest, this hypothesis may also be supported when such correlations were statistically significant. This hypothesis implied that when they perceived a lower level of stress when their coping strategies were good enough to handle it. However, if they only had poor coping strategies, they would experience higher levels of stress (see Tables 4.11 and 4.12).

**Hypothesis Eight: There are significant changes in respondents' stress, coping, satisfaction with housing and quality of life before and after the move.** This hypothesis could be partially supported as there were only significant changes in their stress and satisfaction with housing before and after the move. Even there were also changes in their coping strategies and quality of life, but they were insignificant (see Table 4.13). In fact, all changes found are negative ones.

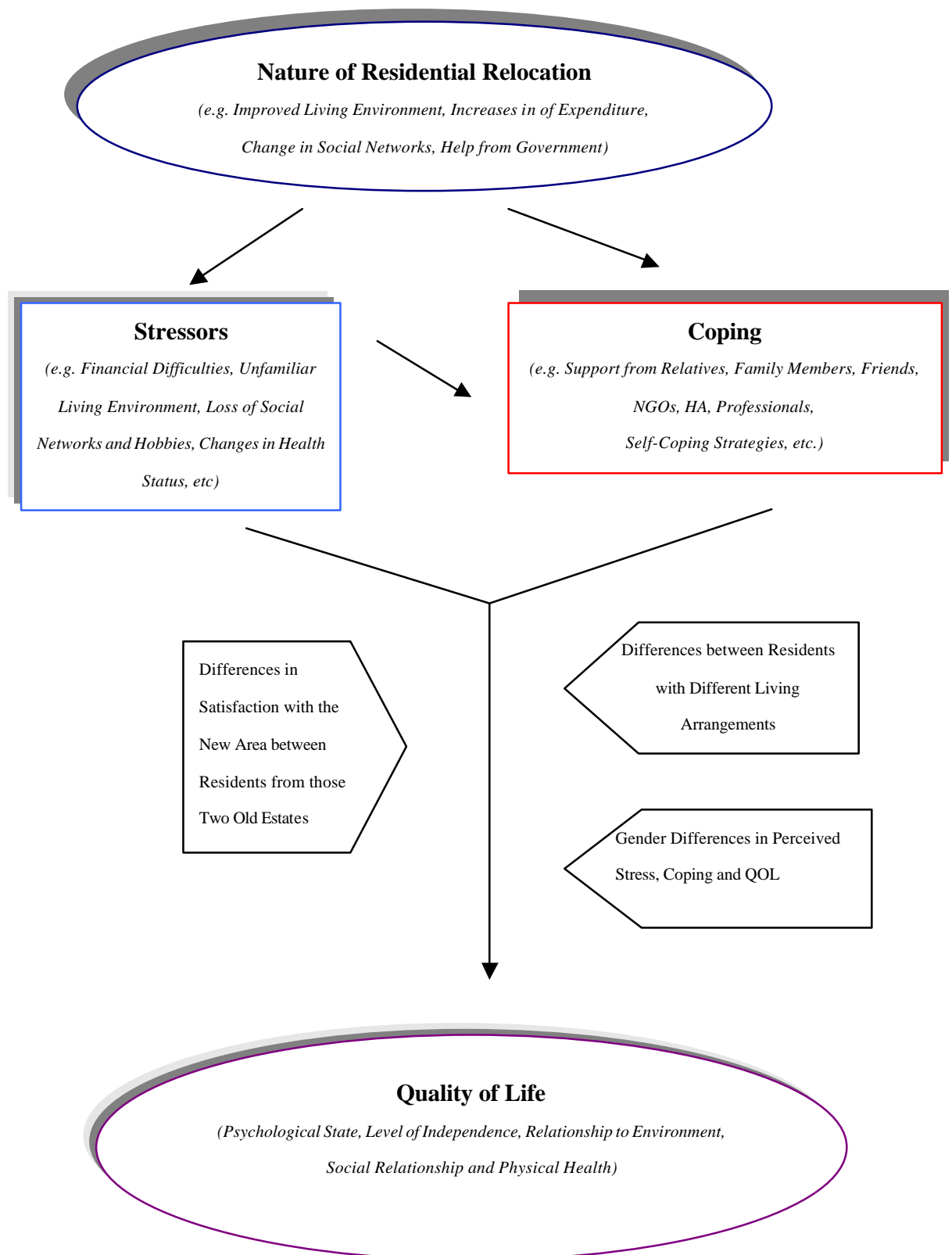
**Hypothesis Nine: There are gender differences in the main variables, such as stress and coping.** Residential relocation exerts negative impacts on stress the older residents perceived directly. This hypothesis can be partially supported when there were no significant gender differences in the main variables, such as quality of life and coping strategies in the pretest (see Table 4.14). In the posttest, on the other hand, there were significant gender differences in quality of life and stress perceived (male respondents had a higher quality of life and lower level of stress) and insignificant differences were found in coping strategies and satisfaction with the new housing between the female and male respondents (see Table 4.15).

Hypothesis Ten: Residents from older housing would have higher levels of satisfaction with new housing than residents from better quality redevelopment areas. Again, this hypothesis is supported; residents from Valley Road Estate (older housing) had higher satisfaction with the new housing those from Ho Man Tin Estate after the move. Such a difference is supported by the use of independent-sample t-tests (see Tables 4.16 and 4.17).

### **6.9 Refined model for the research**

The extensive literature review, data analysis and discussion support the linkages among residential relocation, stress, coping and quality of life of the respondents indicated in the proposed model (see Figure 1). This implies that the proposed model is appropriate for this research since it was also found that there were some significant gender differences in several variables, such as stress and financial status, and differences in satisfaction with the new area between residents from those two old estates. Further, there were also some very interesting findings on the differences between respondents with different living arrangements after this life event. Therefore, it is suggested that that a revised conceptual frame is developed, which can better illustrate the importance of such findings and elements that seem to be critical in an involuntary residential relocation. The refined model for this research is shown in Figure 3.

**Figure 3: Refined conceptual frame of the study: The paths relating residential relocation, stress, coping and quality of life of older persons.**



## **Chapter 7: Conclusions, limitations to the research and recommendations**

### **7.1 Conclusions**

It is often contended that residential relocation only brings positive impacts to the people concerned, such as improvements in living environment and conditions and increases in unit size. Most welcome such aspects very much and even arrange celebrations on the first day of the move. Unfortunately, the event may also be regarded as hazardous and stressful to some older persons in Hong Kong. However, this view is not a kind of ageism. One person suggested, for example, that “a senior government official, aged 62, will not encounter any difficulties from the process of the residential relocation”. Therefore, lower status old persons might be more affected by relocation. A senior government official by contrast can earn over HK\$100,000 p.m. (excluding other benefits, such as housing allowance) in Hong Kong; however, most older persons in Hong Kong are poorly educated and have little or no income during their later lives. Thus, it may be unwise to use the experience of senior government officials to represent those of all older persons. In addition, we should not forget that a retirement pension and the provident fund were rare in the past, which makes their lives harder, and harder yet when they are forced into uncertainty in their old age, part of which may be a forced relocation of one’s home.

It is not surprising that some older residents faced certain difficulties in the old residential locations. Yet, when they were informed about the redevelopment, their nightmares often began. The process and procedures of the relocation was quite complicated for those residents and they were forced to tackle all of them. In this

research, it was found that respondents who lived alone and who were female experienced more problems. However, if they lived with their families, their situation would be better, or otherwise, they always sought the assistance and services of the non-government organization involuntarily. Luckily, fairly comprehensive services and assistance were provided by the NGOs in order to lower the uncertainties and stress perceived by older persons, although the volume of such services was of course restricted. The work and efforts of the HA were often criticized as bureaucratic and inefficient. By contrast, the support and contribution of the NGOs, the Neighbourhood Advice-Action Council (NAAC) in Valley Road Estate and the Evangelical Lutheran Church of Hong Kong (ELCHK) in Ho Man Tin Estate, were strongly appreciated as they could better meet the needs of the residents.

It was confirmed that the relationship between residential relocation and quality of life was intimate, via stress and the coping strategies of the older persons. Their quality of life was strongly related to stress, coping strategies, their satisfaction with housing and relocation arrangement. The fact is that they were forced to encounter different problems from the relocation. Financial strain, adaptation to the new living environment, arrangements for the move and broken social relationships are most typical examples. Therefore, several suggestions are advised to all parties, such as the HA and the older persons, who were involved. All these suggestions seem to be constructive and contribute to lowering their stress, and improving their coping strategies. In turn, the quality of older persons' lives can still be improved under this harmful event when relatively better living environment is available.

Residential relocation for those in public housing estates should not be an *ad hoc* topic, which is only a one-off event caused by urban renewal and urban development. Such



relocation would be likely to occur on a rotational basis. Different public housing estates will inevitably become old and substandard and may be subject to redevelopment in due course. So, long-term strategies for residential relocation seem to be essential as they need to be adopted them in the future to settle residents' problems. Therefore, the impacts and ideas of this research should be long and enduring.

The findings of this research corroborate those of earlier studies to a considerable extent. For example, studies are consistent on the relationships between residential relocation and stress. However, this research mainly focuses on the impacts of residential relocation and quality of life among older persons in Hong Kong, which is a relatively new insight. Thus, relatively little specific research is available for direct comparison with this study. However, the model (see Figure 1) developed in Chapter 3 may be supported to some extent. For example, in this research, residential relocation was found to exert impacts on stress and coping, in turn, quality of older persons' lives was also influenced by perceived stress and coping strategies they possessed. Thus, the impacts on quality of older persons' lives from residential relocation were substantial. In addition, this study also somewhat unexpectedly found that there were a number of differences between respondents who lived with their families and those who lived alone, which are important, interesting and meaningful findings. Therefore, a refined model (see Figure 3) has been developed to replace the proposed model shown in Figure 1.

In conclusion, the research would like to note that there are a number of implications for future research. This research identified that female older persons and older persons who lived alone tended to face more problems: additional research can be

carried out to confirm this and to examine their developing situations and how they can manage such moves. This is important, given the demographic situations of H.K.'s elderly population, as more and more older persons will be forced to live alone under the impacts of nuclearization of family, and increasing living cost and females live longer than males. This suggests that these two groups are likely to grow and require extra assistance. Last but not least, positive and effective measures by the government, such as promotion of family care and increments in financial assistance, are essential to save older persons from their plight. In fact, the ageing of Hong Kong has become a challenge, this thesis is an attempt to address a specific aspect of the challenge but there is scope and need for ever increasing research in this topic.

## **7.2 Limitations to the research**

There are inevitably some limitations to the research. Some relate to the limitations of resources available for a postgraduate thesis; others relate to the methodology and to the topic locally. First, for example, a random sampling method was not adopted to recruit our samples since such the population was difficult to approach and its local size was unclear. Moreover, the older residents may be viewed as a special group as through their isolation, less amenable to random approaches by strangers. Thus, the researcher had to carry out purposive sampling and referral to identify the sample, which is a satisfactory alternative although it is not a probability sampling method which has certain statistical limitations.

Secondly, the sample only contains older persons who could be approached by the social workers of the NGOs. However, it might thus ignore the views of the older residents who were relatively isolated and who did not have contacts with the social workers. The sample size in this research is also relatively small (eighty-five

respondents in the pretest and seventy-four in the posttest) and cannot be said to represent the whole older population. This implied that generalization is restricted since the study may neglect the views and opinion of such older persons who might experience greater or fewer difficulties in the residential relocation.

Thirdly, all measures adopted in the research have different levels of reliability. For example, the measures of satisfaction with housing and coping strategies experienced lower levels of reliability. Therefore, future research might aim to refine such measures, by adding some new indicators, in order to improve their reliability in future research. Fourthly, as mentioned there was some loss to follow-up, as eighty-five older persons interviewed in the pretest, but only seventy-four of them could be interviewed again in the posttest; it more or less influenced the research when all respondents could be approached for the posttest. The main reasons are that some older persons experienced hospitalization and death before they could be approached in follow-up and some respondents did not provide their details in the new area for a range of personal reason. However, the loss of respondents to follow-up was only about thirteen percents of the original pretest sample, which is in reality quite a good response rate.

Last but not least, this research concerned an intra-district relocation, so it may not reflect the impacts of inter-districts residential relocation whose impacts might be expected to be yet greater. It believes that the impacts of such relocations will be more difficult and stressful for the older residents, so this is an important topic for future research.

### **7.3 Recommendations**

It is clear from the discussion that different “players” in the relocation process, (the HA, the NGOs, other government organizations and the families) had room for improvements in helping older residents to reduce stress and uncertainties, and to prevent them from encountering avoidable difficulties in the process of residential relocation. If this step could be achieved, their quality of life would likely be improved or maintained and their lives would be more comfortable and enjoyable in the new living environment. Several recommendations are suggested to different participants to help the older residents through what is evidently a potentially stressful life event.

#### **7.3.1 Recommendations for the Housing Authority (HA)**

The Hong Kong Housing Authority is the most decisive “player” in the process of residential relocation, as it designs, implements and manages all basic steps in this event. Moreover, more and more older persons move into public housing by the attractions of the priority schemes provided. Its work, therefore, on relocation arrangements is influential on the older persons’ level of stress perceived and their quality of life. Both of them are related to the relocation arrangement (see Table 4.20). Actually, a comprehensive preparatory program (Edrahim and Harwood, 1992) should be carried out by a special committee in order to lower their stress from the relocation and provide a clear picture about their future; in turn, their quality of life could be enhanced. If the HA is willing to improve their lives, the following suggestions are highly recommended.

##### **7.3.1.1 Taking an active role in assisting older residents**

First, the HA can take an active role in approaching older residents who are in need. As far as we know, many older residents in Hong Kong are illiterate; they do not possess

adequate financial and social resources to handle the problems they face during relocation. Actually, some of them are quite passive. Thus, the HA has to visit them actively in order to know their situation and their concern about the move, and appropriate assistance should be provided so that their problems can be solved. For example, they should try to explain the documents and procedure about the move for older persons, which can make them familiar with the event and make better preparations for the move.

### **7.3.1.2 The importance of briefing sessions and orientation programme**

Secondly, regular briefing sessions should be held by the HA for the residents rather than being held by non-government organizations. Since the HA is most familiar with all steps, policies and progress in the relocation, it is reasonable for the HA to hold such briefing sessions in order to let them know what is going on, and then older persons can plan their move more precisely. The HA should try to help in the current progress and schedules of the move; services can be offered to the residents and the new environment and facilities in the new area. Nonetheless, “orientation day” or “meeting” is also highly advised just before the move. The following case study can illustrate the importance of briefing session and orientation.

*“Ms Wu was ninety-four and experienced decline in visual functioning and certain level of disability, she could walk only very slowly. She might be regarded as one of the victims in this event. It is because she did not know how to operate the lifts in the new area. If she wanted to go down the building, she had two options. The first one was waiting for other residents on the same floor and joins them to use the lifts when the others would also go to the ground floor. The second option was climbing down the stairs to the ground floor but it was quite difficult for her as she experienced disability. On the other hand, when she wanted to return to her home, she must wait for the other residents to use the lifts and ask them to press the*

*button for her as it is quite impossible for her to climb up by the stairs. Luckily, Ms Wu only lived on the fifth floor, for if she lived on tenth, twentieth or thirtieth, the outcome must be unimaginable.”*

The case of Ms Wu emphasized the importance of such briefing sessions for older residents and was one of their rencontres. It believes that such rencontres are undesirable and destructive for their livings.

### **7.3.1.3 Visits to the new residential location**

Thirdly, the HA should arrange visits to the new area or show the residents where they are going to move to. Actually, the respondents and the key informants said that the HA offered some new flats for the residents to visit, but this was only available about three months before the move as the construction of the first block within the estate had been finished already. Much literature (e.g. Edrahim and Harwood, 1992) pointed out that a visit to the new residential place is vital to alleviate older people's stress and uncertainties. Therefore, it is appreciated if such visit can be arranged as early as practical; for example, the HA could arrange for the residents to visit other public estates where they offer similar housing units.

### **7.3.1.4 Elimination of unfair policies and regulations**

Fourthly, naturally, it is suggested that all unreasonable policies or regulations must be eliminated. In the last chapter, it mentioned that two-older-persons households were also arranged to move into units for the single-person households. Many people believe that sixteen square metres are merely sufficient for the basic living of single persons. However, it must be unacceptable for two older residents to live in such small housing units, and they must be treated as the same as the younger households, their units' area are nearly twice that for the single persons. There are two reasons for this

treatment. First, the older residents still need sufficient area for basic living, such as social gathering and physical exercise. All of these are important for their quality of life when social relationship and health status can be carried on. Secondly, if such policies, apparently irrational, continue to be implemented, older residents will feel only that they are not being cared for and respected (Niebanck, 1964; Krause, 1990) and may force them disengage by damaging their psychological well-being. So, the HA should rearrange the allocation of such units in order to treat older residents fairly.

Some policies, such as the rent-deduction policy, should be continued in the new residential location even when those poor households are relocated voluntarily. In fact, this only further provokes their financial strain when rent is increased and more expenditure involved. So such a policy must be carried out continuously in order that their financial status will not be undermined to a great extent. If older persons are forced to pay the full amount of the new rent, their social and recreational activities will also be threatened. In turn, their quality of life and successful ageing will be disrupted.

### **7.3.1.5 Increases in removal allowances**

Fifthly, it is necessary for the HA to increase the amount of removal allowance for the older residents if they experience a great financial problem. As far as we know, most older persons in Hong Kong do not enjoy retirement protection and they only worked for jobs with lower pay in the past (張, 1999). Moreover, the recipients of Comprehensive Social Security Assistance (CSSA) only receive about HKD 2,500 monthly which merely meets their basic needs. In fact, some research showed that less than a third were satisfied with the amount of CSSA (Wong et al., 1998). Thus, it is logical to point out that they do not have much savings nowadays and a substantial

increment in removal allowance could greatly alleviate the financial strain from the residential relocation. In addition, a higher amount of such allowance could offer a better interior living environment through improved interior decoration and new furniture and it also could improve their level of independence (Slater, 1995; Sullender, 1999) and relationship with their families when it is unnecessary to rely on outside help so much.

#### **7.3.1.6 Provision of personnel for the process**

Sixthly, it seems likely that the HA needs to provide more manpower to help older residents during relocation, to offer them better conditions and assistance. For example, the HA should assign more staff to assist the older residents to choose and check their flats with explanations on procedure. Moreover, if possible, the HA should arrange some companies offering cheap interior decoration for the older residents, which could reduce the expenditure caused by residential relocation. This is basically offering a support service to a potentially vulnerable client group.

#### **7.3.1.7 Participation of older residents in the whole process**

A key issue is participation and empowerment for older persons. The research suggests that the HA should seek input and participation from among the older residents and the NGOs in deciding policies, regulations, arrangement and related matters for the residential relocation (Novick, 1967; Kahana and Kahana, 1983; Reinardy, 1995; Slater, 1995; Maas et al., 1999). If all policies are solely formulated by the HA, residents, not only older residents, must be discontented to a certain extent and thus only downgrade their life satisfaction. If the residents, however, can express their ideas and concerns in the policy-making process for their future life and some of those opinions can be accepted, their autonomy (Siu, 1999) over the move can be



enhanced, and in turn, their level of uncertainties and stress will be eliminated or greatly alleviated and their commitment or sense of belonging to the new residential location and satisfaction with the relocation arrangement will be increased. Such policy-making will bring positive impacts for their quality of life since the predictability and controllability can be enforced (Brenner and Schulz, 1977; McCabe et al., 1990). Furthermore, the HA and other government organizations should offer greater flexibility and more concessions in handling elderly people's affairs. As the problems of older persons may be more complicated and difficult to solve with current regulations, it can make older persons enjoy the services and assistance from the government organizations more directly and quickly. This suggestion is not for the implementation of residential relocation, but also for all bodies which provide services for older persons.

### **7.3.1.8 Motivating and supporting families and relatives**

In addition, the HA can better collaborate with Social Welfare Department (SWD) and NGOs to inform the families and relatives of older persons who live alone. Such families should be provided with informational and tangible support, both important for their older relatives in the process of relocation. It is important to let the older residents have social, financial, and emotional support from their adult children and relatives. Some researchers (such as Novick, 1967) also concluded that assistance from the families to facilitate the move of the older persons had desirable impacts on them and their attitudes toward the move. In a Chinese society in particular, older persons tend to think that help and concern of adult children are more valuable. For example, families can help them to choose and check the flats, and suggest ideas on interior decoration and the process of the relocation.

### **7.3.1.9 Better design of new living environment and better planning of the move**

Last but not least, the HA should concern itself with the needs from different groups, not only of the older residents, in designing the use of space within the estates and arrangement of the social and economic services so that they can match the development of the estate (Brody et al., 1974; Edrahim and Harwood, 1992; Chow, 1999). Otherwise, residents are forced to suffer from inconveniences. Nevertheless, in arranging the units for the public, special attention should be paid to the older persons who live alone. For example, it is unwise to arrange four fixed units on each floor for single older persons, which make them more easily threatened by criminals. In addition, it may be unreasonable to allocate some units for single persons as high as thirtieth floor or higher, as discussed in Chapter 6.

Although a special committee was held by the HA to offer assistance to the older residents of Ho Man Tin Estate, the work of this committee was very limited and ineffective. Therefore, the above suggestions are made to facilitate help to the older residents from such committee.

### **7.3.2 Recommendations for the non-governmental organizations**

The effort of the NGOs in those particular estates have been mentioned in the previous chapter, and they actually got high praise from older residents. It is because their services are quite comprehensive and the assistance to older persons is wholehearted. However, the NGOs leave room for improvement, which can further enforce the quality of life of elderly people.

### **7.3.2.1 Pay more attention to weaker groups**

First, the NGOs should pay greater attention to older female residents and older residents who live alone. Many research including this study have found, female respondents and respondents who live alone to be more disadvantaged from the residential relocation and the reasons for them have been discussed in Sections 6.5.1 and 6.5.2. Therefore, when the NGOs provide service and assistance to those elderly, special care may be necessary. For example, more manpower can be allocated to solve and understand their problems by providing a counseling service, and try to settle them for such groups. Nevertheless, extra seminars or workshops for teaching coping tactics can be arranged, which can focus on the problems they are likely to encounter, such as lack of social and financial resources. All of them can feel that they are being cared for and supported, and positive impacts will follow.

Secondly, the respondents interviewed in the research were recommended by the social workers in the NGOs. Such a group of residents was relatively active and had contacts with the social workers. However, some older residents who are relatively quiet and passive may have no contacts with the staff of the NGOs. It, thus, is unreasonable to assume that such older residents are not in need. Then the NGOs are highly advised to find such passive older residents and try to provide appropriate assistance for them.

### **7.3.2.2 Staff specialization**

Finally, the NGOs are advised to arrange contacts with social workers with different specialization better matching the residents' needs. In the old areas, for example, more older residents are found and tailor-made services should be available by the staff with the background and experience of elderly service. It is because they have a good

understanding so appropriate services and assistance can be designed and implemented.

### **7.3.3 Recommendations for older persons and their families**

The older persons and their families themselves are able to assist and improve the situation of older residents in the process of relocation. Older persons, themselves may first, try to make themselves better organized, which would make them to form a powerful group to negotiate with the government institutions; and reflect their needs and ideas collectively in order to gain better assistance and resources. There are several ways to achieve this, for example, they can join elderly clubs held by the NGOs or via other group activities. Secondly, some older residents can look after other older people, acting as volunteers. This is important since they can provide mutual care and help from their friends and neighbors which can enforce their social relationship; in turn their social support can also be escalated and they will be more organized.

Moreover, they can try to cooperate with the friends and neighbors to choose their new flats nearby each other in the new residential location, and thus, their social network and support will be maintained after the move to some extent. Nevertheless, in this, they need the assistance of their families, the NGOs and the governmental bodies. Some work cannot be achieved, such as interior decoration and the actual move, without the help from other parties. If they can show their need for assistance as early as possible, such parties can arrange appropriate service for them.

When families know that their older parents and/or relatives are going to be relocated involuntarily, they should be encouraged to visit them regularly to find their needs and

uncertainties. The support from families is vital for older persons in traditional Chinese society as the latter think that they should not rely on assistance from other agencies, which implies a kind of insult. After the move, their families have also to visit them regularly in order to know their situations and offer alternatives to improve their livings in the new area (Maas et al., 1999). Secondly, their families should try to live with their older relatives, even if it may be difficult for them to achieve it under the impact of persistent increase in living cost, weakening of filial piety and rise of nuclear family. However, such co-residence is very positive for older persons in social, emotional and financial aspects and improvements in such aspects would be likely to enhance their quality of life. Therefore, it is worth while for their families to rethink their decision on co-residence.

### **7.3.4 Recommendations for the government**

#### **7.3.4.1 Encouraging education on filial piety and family care**

Apart from the suggestions directed to the HA, some suggestions may be made for the government as a whole. First, the government or the Chief Executive appears to favour filial piety and family care for the older persons in our community. To achieve this, they can encourage families to live with and look after older persons and to provide real care for them. Indeed, some housing policies are already arrived at this. Moreover, the government may save welfare payments to older persons, so in turn the government can avoid being overburdened financially. Therefore, the difficulties arising from residential relocation can be solved in part by families rather by the older persons themselves if they are in co-residence. In fact, there are several ways to achieve this suggestion. An example is more advantageous and more advanced schemes, such as housing priority schemes and great discount/subsidy in meal and escort service, have to be provided for the families who are willing to live with and

look after their old parents. It not only further increases the attractions for them to assist with their living, but also reduces their cost of doing so.

#### **7.3.4.2 Relocation of non-government organizations**

Secondly, the government should arrange the NGOs to also be relocated with older residents from the old to the new residential location (Novick, 1967). It is essential as the linkage between the residents and staff of the NGOs was established firmly in the old area and the former always appreciated the assistance and services provided by the latter. So it is a positive step to implement such relocation of the NGOs when they will be sought again by the old neighbors for services. To a great extent, the social network and support will be reserved, which is vital for their lives (Hatch, 2000). Certainly, such an arrangement should be carried out by several government departments collectively, such as Social Welfare Department and the Housing Authority.

#### **7.3.4.3 Support to the non-government organizations**

Thirdly, if it is to continue to rely on NGOs, Social Welfare Department will have to provide more resources to support them. If they have sufficient material and monetary supports from the government, they can provide better services for older residents in need. However, when resources are inadequate, this restricts their work and older residents will be the eventual victims. In return, the social costs arising from the older persons, such as when more and more older persons suffer from depression, mental deterioration, and sadly, higher rates of suicide, should be shouldered by the government.

### **7.3.5 Concluding remarks regarding the recommendations**

A range of different kinds of suggestions have been given directed to the key players in the residential relocation process. There are of both academic and practical value. Such suggestions concern not only how to improve the older persons' coping strategies and satisfaction with housing and relocation arrangement, but also how to reduce the perceived stress. If the suggestions can be implemented, quality of life will also be enhanced. Most suggestions mentioned are designed to solve the difficulties they encountered in the forced relocation.

# Appendix I

## A. Pretest Questionnaire (English Version)

Abbreviation: 7: Non-applicable 8: Not understand 9: Unwilling to answer 0: Unknown

### Part A: Quality of Life (Likert Scale) (WHO Quality of Life Version 1997)

1. How do you assess your quality of life?

1. Very Dissatisfied	2. Dissatisfied	3. No Preference	4. Satisfied	5. Very Satisfied	7 / 8	9 / 0
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2. Are you satisfied with your health status?

1. Very Dissatisfied	2. Dissatisfied	3. No Preference	4. Satisfied	5. Very Satisfied	7 / 8	9 / 0
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3. Do you agree that pain and sick retard you to handle your business?

1. Definitely an obstacles	2. Not an obstacle	3. No Preference	4. An obstacle	5. Definitely not an obstacle	7 / 8	9 / 0
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4. Do you rely on medical assistance to handle your daily living?

1. Rely Very Much	2. Rely	3. No Preference	4. Not Rely	5. Not Rely Very Much	7 / 8	9 / 0
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5. Do you enjoy your living?

1. Extremely not Enjoyable	2. Not Enjoyable	3. No Preference	4. Enjoyable	5. Definitely Enjoyable	7 / 8	9 / 0
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6. Do you feel your life is meaningful?

1. Extremely Meaningless	2. Meaningless	3. No Preference	4. Meaningful	5. Extremely Meaningful	7 / 8	9 / 0
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7. Can you concentrate on work?

1. Extremely Impossible	2. Impossible	3. No Preference	4. Possible	5. Extremely Possible	7 / 8	9 / 0
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8. Do you feel safe in your daily living (including political safety, personal safety and environmental safety)?

1. Extremely Unsafe	2. Unsafe	3. No Preference	4. Safe	5. Extremely Safe	7 / 8	9 / 0
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9. Do you think that the physical conditions you live in are healthy? (e.g. pollution, climate, noise, scenery, nuclear safety)

1. Very Unhealthy	2. Unhealthy	3. No Preference	4. Healthy	5. Very Healthy	7 / 8	9 / 0
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10. Are you energetic enough to handle your daily affairs?

1. Extremely Incapable	2. Incapable	3. No Preference	4. Capable	5. Extremely Capable	7 / 8	9 / 0
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11. Do you think that your appearance is acceptable?

1. Very Unacceptable	2. Unacceptable	3. No Preference	4. Acceptable	5. Very Acceptable	7 / 8	9 / 0
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12. Do you have enough money to cope with daily living?

1. Very Insufficient	2. Insufficient	3. No Preference	4. Sufficient	5. Very Sufficient	7 / 8	9 / 0
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13. Can you receive enough information for daily living?

1. Definitely Impossible	2. Impossible	3. No Preference	4. Possible	5. Definitely Possible	7 / 8	9 / 0
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14. Can you have chances to participate in leisure activities for leisure?

1. Definitely Impossible	2. Impossible	3. No Preference	4. Possible	5. Definitely Possible	7 / 8	9 / 0
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15. Can you walk to everywhere?

1. Definitely Impossible	2. Impossible	3. No Preference	4. Possible	5. Definitely Possible	7 / 8	9 / 0
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16. Are you satisfied with your sleeping status?

<b>1. Very Dissatisfied</b>	<b>2. Dissatisfied</b>	<b>3. No Preference</b>	<b>4. Satisfied</b>	<b>5. Very Satisfied</b>	<b>7 / 8</b>	<b>9 / 0</b>
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17. Are you satisfied with your working capabilities (including work paid or unpaid, volunteer work, full-time study and children care)?

<b>1. Very Dissatisfied</b>	<b>2. Dissatisfied</b>	<b>3. No Preference</b>	<b>4. Satisfied</b>	<b>5. Very Satisfied</b>	<b>7 / 8</b>	<b>9 / 0</b>
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18. Overall, are you satisfied with yourself?

<b>1. Very Dissatisfied</b>	<b>2. Dissatisfied</b>	<b>3. No Preference</b>	<b>4. Satisfied</b>	<b>5. Very Satisfied</b>	<b>7 / 8</b>	<b>9 / 0</b>
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19. Are you satisfied with your social relationship with others?

<b>1. Very Dissatisfied</b>	<b>2. Dissatisfied</b>	<b>3. No Preference</b>	<b>4. Satisfied</b>	<b>5. Very Satisfied</b>	<b>7 / 8</b>	<b>9 / 0</b>
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20. Are you satisfied with your sex life?

<b>1. Very Dissatisfied</b>	<b>2. Dissatisfied</b>	<b>3. No Preference</b>	<b>4. Satisfied</b>	<b>5. Very Satisfied</b>	<b>7 / 8</b>	<b>9 / 0</b>
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21. Are you satisfied with the support from your friends?

<b>1. Very Dissatisfied</b>	<b>2. Dissatisfied</b>	<b>3. No Preference</b>	<b>4. Satisfied</b>	<b>5. Very Satisfied</b>	<b>7 / 8</b>	<b>9 / 0</b>
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22. Are you satisfied with your living place?

<b>1. Very Dissatisfied</b>	<b>2. Dissatisfied</b>	<b>3. No Preference</b>	<b>4. Satisfied</b>	<b>5. Very Satisfied</b>	<b>7 / 8</b>	<b>9 / 0</b>
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23. Are you satisfied with the convenience of medical services?

<b>1. Very Dissatisfied</b>	<b>2. Dissatisfied</b>	<b>3. No Preference</b>	<b>4. Satisfied</b>	<b>5. Very Satisfied</b>	<b>7 / 8</b>	<b>9 / 0</b>
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24. Are you satisfied with the mode(s) of transportation you are using?

<b>1. Very Dissatisfied</b>	<b>2. Dissatisfied</b>	<b>3. No Preference</b>	<b>4. Satisfied</b>	<b>5. Very Satisfied</b>	<b>7 / 8</b>	<b>9 / 0</b>
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25. Do you often have negative feelings (including frustration, anxiety, and depression)?

<b>1. Strongly Disagree</b>	<b>2. Disagree</b>	<b>3. No Preference</b>	<b>4. Agree</b>	<b>5. Strongly Agree</b>	<b>7 / 8</b>	<b>9 / 0</b>
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26. Do you feel that other people accept you?

<b>1. Extremely Unacceptable</b>	<b>2. Unacceptable</b>	<b>3. No Preference</b>	<b>4. Acceptable</b>	<b>5. Extremely Acceptable</b>	<b>7 / 8</b>	<b>9 / 0</b>
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27. Do you easily eat your favorite food?

<b>1. Very Difficult</b>	<b>2. Difficult</b>	<b>3. No Preference</b>	<b>4. Easy</b>	<b>5. Very Easy</b>	<b>7 / 8</b>	<b>9 / 0</b>
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**Part B. Stress (Likert Scale)**

28. Are you worried about your financial situation?

<b>1. Definitely Worried</b>	<b>2. Worried</b>	<b>3. No Preference</b>	<b>4. Not Worried</b>	<b>5. Definitely Not Worried</b>	<b>7 / 8</b>	<b>9 / 0</b>
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29. Are you worried about your social relationship?

<b>1. Definitely Worried</b>	<b>2. Worried</b>	<b>3. No Preference</b>	<b>4. Not Worried</b>	<b>5. Definitely Not Worried</b>	<b>7 / 8</b>	<b>9 / 0</b>
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30. Are you worried about your health status?

<b>1. Definitely Worried</b>	<b>2. Worried</b>	<b>3. No Preference</b>	<b>4. Not Worried</b>	<b>5. Definitely Not Worried</b>	<b>7 / 8</b>	<b>9 / 0</b>
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How often do you feel the followings:

31. Sudden fear?

<b>1. Very Often</b>	<b>2. Often</b>	<b>3. Sometimes</b>	<b>4. Seldom</b>	<b>5. None</b>	<b>7 / 8</b>	<b>9 / 0</b>
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32. Dizziness?

1. Very Often	2. Often	3. Sometimes	4. Seldom	5. None	7/8	9/0
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33. Everything is difficult to be solved.

1. Very Often	2. Often	3. Sometimes	4. Seldom	5. None	7/8	9/0
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34. The environment makes you feel nervous.

1. Very Often	2. Often	3. Sometimes	4. Seldom	5. None	7/8	9/0
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35. The environment makes you feel uncomfortable.

1. Very Often	2. Often	3. Sometimes	4. Seldom	5. None	7/8	9/0
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36. You are more superior than the others.

1. Very Often	2. Often	3. Sometimes	4. Seldom	5. None	7/8	9/0
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37. Have good sleeping hours?

1. Very Often	2. Often	3. Sometimes	4. Seldom	5. None	7/8	9/0
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38. Depressed?

1. Very Often	2. Often	3. Sometimes	4. Seldom	5. None	7/8	9/0
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39. Frustrated?

1. Very Often	2. Often	3. Sometimes	4. Seldom	5. None	7/8	9/0
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40. Perceive stress from the existing living environment?

1. Very Often	2. Often	3. Sometimes	4. Seldom	5. None	7/8	9/0
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41. Disoriented?

1. Very Often	2. Often	3. Sometimes	4. Seldom	5. None	7/8	9/0
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### Part C: Coping Strategies (Likert Scale)

When you encounter problems and stress, you do the followings:

42. Try to find out solutions

1. Almost All The Time	2. Frequently	3. Sometimes	4. Very Seldom	7/8	9/0
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43. Keep clam and be patient

1. Almost All The Time	2. Frequently	3. Sometimes	4. Very Seldom	7/8	9/0
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44. Be optimistic and self-confident

1. Almost All The Time	2. Frequently	3. Sometimes	4. Very Seldom	7/8	9/0
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45. Seek help from spouse

1. Almost All The Time	2. Frequently	3. Sometimes	4. Very Seldom	7/8	9/0
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46. Seek help from relatives

1. Almost All The Time	2. Frequently	3. Sometimes	4. Very Seldom	7/8	9/0
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47. Seek help from friends

1. Almost All The Time	2. Frequently	3. Sometimes	4. Very Seldom	7/8	9/0
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48. Seek help from professionals (such as doctor and social workers)

1. Almost All The Time	2. Frequently	3. Sometimes	4. Very Seldom	7/8	9/0
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49. Seek help from fortune tellers

1. Almost All The Time	2. Frequently	3. Sometimes	4. Very Seldom	7/8	9/0
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50. Take things easy

1. Almost All The Time	2. Frequently	3. Sometimes	4. Very Seldom	7/8	9/0
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51. Think "No solution can solve the problem"

1. Almost All The Time	2. Frequently	3. Sometimes	4. Very Seldom	7/8	9/0
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52. Relax oneself, such as drinking alcohol and gambling

<b>1. Almost All The Time</b>	<b>2. Frequently</b>	<b>3. Sometimes</b>	<b>4. Very Seldom</b>	<b>7 / 8</b>	<b>9 / 0</b>
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53. Seek help from own religion

<b>1. Almost All The Time</b>	<b>2. Frequently</b>	<b>3. Sometimes</b>	<b>4. Very Seldom</b>	<b>7 / 8</b>	<b>9 / 0</b>
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#### Part D. Living Environment

54. Are you satisfied with the design of your living environment?

<b>1. Very Dissatisfied</b>	<b>2. Dissatisfied</b>	<b>3. No Preference</b>	<b>4. Satisfied</b>	<b>5. Very Satisfied</b>	<b>7 / 8</b>	<b>9 / 0</b>
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55. Do you think that the design of accommodation is suitable for elderly use?

<b>1. Very Unsuitable</b>	<b>2. Unsuitable</b>	<b>3. No Preference</b>	<b>4. Suitable</b>	<b>5. Very Suitable</b>	<b>7 / 8</b>	<b>9 / 0</b>
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56. Do you feel safe in your living environment?

<b>1. Extremely Unsafe</b>	<b>2. Unsafe</b>	<b>3. No Preference</b>	<b>4. Safe</b>	<b>5. Extremely Safe</b>	<b>7 / 8</b>	<b>9 / 0</b>
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57. Are there enough social & community service (E.g. such as banks, market and clinics)?

<b>1. Very Insufficient</b>	<b>2. Insufficient</b>	<b>3. No Preference</b>	<b>4. Sufficient</b>	<b>5. Very Sufficient</b>	<b>7 / 8</b>	<b>9 / 0</b>
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58. Are there enough recreational facilities (E.g. such as parks and swimming pools)?

<b>1. Very Insufficient</b>	<b>2. Insufficient</b>	<b>3. No Preference</b>	<b>4. Sufficient</b>	<b>5. Very Sufficient</b>	<b>7 / 8</b>	<b>9 / 0</b>
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59. Is the transportation network good enough?

<b>1. Very Poor</b>	<b>2. Poor</b>	<b>3. No Preference</b>	<b>4. Good</b>	<b>5. Very Good</b>	<b>7 / 8</b>	<b>9 / 0</b>
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60. Is the air fresh enough?

<b>1. Very Poor</b>	<b>2. Poor</b>	<b>3. No Preference</b>	<b>4. Fresh</b>	<b>5. Very Fresh</b>	<b>7 / 8</b>	<b>9 / 0</b>
---------------------	----------------	-------------------------	-----------------	----------------------	--------------	--------------

61. Is the environment quiet enough?

<b>1. Very Noisy</b>	<b>2. Noisy</b>	<b>3. No Preference</b>	<b>4. Quiet</b>	<b>5. Very Quiet</b>	<b>7 / 8</b>	<b>9 / 0</b>
----------------------	-----------------	-------------------------	-----------------	----------------------	--------------	--------------

62. Are you satisfied with the existing rent?

<b>1. Very Dissatisfied</b>	<b>2. Dissatisfied</b>	<b>3. No Preference</b>	<b>4. Satisfied</b>	<b>5. Very Satisfied</b>	<b>7 / 8</b>	<b>9 / 0</b>
-----------------------------	------------------------	-------------------------	---------------------	--------------------------	--------------	--------------

#### Part E: The role of the Housing Authority and the process of residential relocation

63. Have you been given sufficient information about the process of residential relocation?

<b>1. Extremely Inadequate</b>	<b>2. Inadequate</b>	<b>3. No Preference</b>	<b>4. Adequate</b>	<b>5. Extremely Adequate</b>	<b>7 / 8</b>	<b>9 / 0</b>
--------------------------------	----------------------	-------------------------	--------------------	------------------------------	--------------	--------------

64. Except the removal allowance, have you receive any substantial assistance from the Housing Authority?

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65. Are you satisfied with the amount of removal allowance provided by Housing Authority for relocation residential?

<b>1. Very Dissatisfied</b>	<b>2. Dissatisfied</b>	<b>3. No Preference</b>	<b>4. Satisfied</b>	<b>5. Very Satisfied</b>	<b>7 / 8</b>	<b>9 / 0</b>
-----------------------------	------------------------	-------------------------	---------------------	--------------------------	--------------	--------------

66. What are the reasons if you are dissatisfied with the amount?

---

67. Are you satisfied with the arrangement of the Housing Authority in the process of residential relocation?

<b>1. Very Dissatisfied</b>	<b>2. Dissatisfied</b>	<b>3. No Preference</b>	<b>4. Satisfied</b>	<b>5. Very Satisfied</b>	<b>7 / 8</b>	<b>9 / 0</b>
-----------------------------	------------------------	-------------------------	---------------------	--------------------------	--------------	--------------

68. Do you think that you have encountered a lot of difficulties in the process of relocation?

---

69. Are you satisfied with the living area of the allocated place?

<b>1. Very Dissatisfied</b>	<b>2. Dissatisfied</b>	<b>3. No Preference</b>	<b>4. Satisfied</b>	<b>5. Very Satisfied</b>	<b>7 / 8</b>	<b>9 / 0</b>
-----------------------------	------------------------	-------------------------	---------------------	--------------------------	--------------	--------------

70. If you have choice, do you want to move? Why?

---

71. Do you think that there will be great changes in the new residential area? Why?

---

72. Do you have autonomy in the whole removal process?

<b>1. Almost None</b>	<b>2. Not Quite</b>	<b>3. No Preference</b>	<b>4. Yes</b>	<b>5. Definitely Yes</b>	<b>7 / 8</b>	<b>9 / 0</b>
-----------------------	---------------------	-------------------------	---------------	--------------------------	--------------	--------------

73. Have you provided comment or advice about the move? Why? If yes, have they been accepted or not?

---

74. Do the following make you feel stresses or anxious in the moving process?

- A. News about the redevelopment some years ago
- B. Choice of where to go
- C. Computerized ballot to decide the order of choosing flat
- D. Choosing your flat
- E. New rent
- F. Take the key
- G. Interior Decoration
- H. Packing for move
- I. Expect expenditure of move
- J. Your neighbor start to move
- K. Actual move
- L. Others: \_\_\_\_\_ (please specify)

75. Who have given you the biggest hand in the whole process? How many/Which people have helped you?

---

76. As a whole, does the residential relocation make you feel depresses and anxious?

---

77. What are the advantages and disadvantages of the existing flat?

---

78. What do you think of your relationship with relatives and grown-up children?

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79. What do you think of your social relationship (friends, social workers and others)?

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80. What do you think of your financial situation?

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81. What do you think of your health status?

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82. What do you think of your community and social service network?

---

---

83. How do you expect and how much do you know about your new flat?

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84. Do you think that there are some problems being ignored in the process?

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**Part F : Personal Information**

85. Gender

A. Male      B. Female

86. Age: \_\_\_\_\_

87. Marital Status

A. Single    B. Married    C. Divorced    D. Widowed    E. Separated  
F. Unwilling to answer    G. Others: \_\_\_\_\_ (please specify)

88. Educational Level

A. No education    B. Primary Level      C. Secondary Level (Form 1 to Form 5)  
D. Matriculated    E. University or above      F. Unwilling to answer

89. Employment Status

A. Full-time Job    B. Part/Half-time Job      C. Retired    D. Unemployed  
E. Homemaker    F. Unwilling to answer  
G. Others: \_\_\_\_\_ (Please specify)

90. Living arrangement

A. Living alone      B. Living with spouse    C. Living with adult children  
D. Living with spouse and adult children    E. Living with relatives    F. Living with others  
G. Others: \_\_\_\_\_ (Please specify)

91. Number of family members: \_\_\_\_\_

92. Monthly income

A. Less than \$1,000    B. \$1000-\$1500      C. \$1501-\$2000    D. \$2001-\$2500  
E. \$2501-\$3000      F. \$3001-\$3500      G. More than \$3500

93. Sources of income

A. CSSAB. OAA      C. Subsidy from adult children      D. Subsidy from relatives

E. Salary F. Others: \_\_\_\_\_(please specify)

94. Rent of existing flat: \_\_\_\_\_

95. Area of existing flat: \_\_\_\_\_

96. Years of living in existing flat: \_\_\_\_\_

Name: \_\_\_\_\_

Old address: \_\_\_\_\_

Phone number: \_\_\_\_\_

New address: \_\_\_\_\_

Date of interview: \_\_\_\_\_

~~~~~END~~~~~

## B. Pretest Questionnaire (Chinese Version)

問卷

本人是嶺南大學政治及社會學系碩士研究生，正進行一個關於遷居如何影響、壓力、適應技巧及長者的生活質素調查，這裡會花閣下些少時間回答下列問題

代號：7.不適用 8.不明白 9.不願作答 0.不清楚

甲部：生活質素(Likert Scale: 5 points) (參考於世界衛生組織生活質素問卷：1997)

1. 你怎樣評估你的生活質素？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

2. 你滿意自己的健康狀況嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

3. 你覺得痛楚及不適阻礙你處理需要做的事情？(如晨運, 買食物)

|        |        |       |        |         |        |        |
|--------|--------|-------|--------|---------|--------|--------|
| 1. 極阻礙 | 2. 不阻礙 | 3. 一般 | 4. 不阻礙 | 5. 極不阻礙 | 7. /8. | 9. /0. |
|--------|--------|-------|--------|---------|--------|--------|

4. 你需藉著醫療的幫助去應付日常生活嗎？(如降血壓丸, 止痛藥, 洗腎機)

|        |       |       |        |         |        |        |
|--------|-------|-------|--------|---------|--------|--------|
| 1. 極需要 | 2. 需要 | 3. 一般 | 4. 不需要 | 5. 極不需要 | 7. /8. | 9. /0. |
|--------|-------|-------|--------|---------|--------|--------|

5. 你享受生活嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不享受 | 2. 不享受 | 3. 一般 | 4. 享受 | 5. 極享受 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

6. 你覺得自己的生活有意義嗎？

|         |        |       |        |         |        |        |
|---------|--------|-------|--------|---------|--------|--------|
| 1. 極沒意義 | 2. 沒意義 | 3. 一般 | 4. 有意義 | 5. 極有意義 | 7. /8. | 9. /0. |
|---------|--------|-------|--------|---------|--------|--------|

7. 你可以集中精神嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不可以 | 2. 不可以 | 3. 一般 | 4. 可以 | 5. 極可以 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

8. 在日常生活中,你感到安全嗎？(包括政治安全, 人身安全, 環境上的安全)

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不安全 | 2. 不安全 | 3. 一般 | 4. 安全 | 5. 極安全 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

9. 你身處的自然環境健康嗎？(例如：污染, 氣候, 噪音, 景色, 核電安全)

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不健康 | 2. 不健康 | 3. 一般 | 4. 健康 | 5. 極健康 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

10. 你能有充沛的精力去應付日常生活嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不能夠 | 2. 不能夠 | 3. 一般 | 4. 能夠 | 5. 極能夠 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

11. 你能接受自己的外表嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不能夠 | 2. 不能夠 | 3. 一般 | 4. 能夠 | 5. 極能夠 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

12. 你能有足夠的金錢應付需要嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不能夠 | 2. 不能夠 | 3. 一般 | 4. 能夠 | 5. 極能夠 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

13. 你能得到你日常生活所需的資訊嗎？(如睇報紙, 看新聞)

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不能夠 | 2. 不能夠 | 3. 一般 | 4. 能夠 | 5. 極能夠 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

14. 你能有機會參與消閒活動嗎？(如旅行, 下棋, 聊天)

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不能夠 | 2. 不能夠 | 3. 一般 | 4. 能夠 | 5. 極能夠 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

15. 你能到處走動嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不能夠 | 2. 不能夠 | 3. 一般 | 4. 能夠 | 5. 極能夠 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

16. 你滿意自己的睡眠狀況嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

17. 你滿意自己的工作能力嗎？(包括有報酬的工作, 沒有報酬的工作, 義務社會工作, 全職學習, 照顧小孩及料理家務)

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

18. 整體而言,你滿意自己嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

19. 你滿意自己的人際關係嗎？(如與朋友, 親友, 子女的關係)

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

20. 你滿意自己的性生活嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

21. 你滿意從朋友得到的支持嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

22. 你滿意自己所住的情況嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

23. 你對醫療衛生服務的方便程度滿意嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

24. 你滿意自己使用的交通工具嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

25. 你經常有消極的感受嗎？(例如：情緒低落, 絕望, 焦慮, 抑鬱)

|        |        |       |        |         |        |        |
|--------|--------|-------|--------|---------|--------|--------|
| 1. 極同意 | 2. 不同意 | 3. 一般 | 4. 不同意 | 5. 極不同意 | 7. /8. | 9. /0. |
|--------|--------|-------|--------|---------|--------|--------|

26. 你覺得別人接受你嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不接受 | 2. 不接受 | 3. 一般 | 4. 接受 | 5. 極接受 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

27. 你容易食到想食的食物嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不容易 | 2. 不容易 | 3. 一般 | 4. 容易 | 5. 極容易 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

乙部：壓力(Likert Scale) (參考於獨老及二老於搬遷的擔憂及問題研究報告: 1997)

28. 你是否擔憂你的經濟狀況？

|        |       |       |        |         |        |        |
|--------|-------|-------|--------|---------|--------|--------|
| 1. 極擔憂 | 2. 擔憂 | 3. 一般 | 4. 不擔憂 | 5. 極不擔憂 | 7. /8. | 9. /0. |
|--------|-------|-------|--------|---------|--------|--------|

29. 你是否擔憂你的社交關係？

|        |       |       |        |         |        |        |
|--------|-------|-------|--------|---------|--------|--------|
| 1. 極擔憂 | 2. 擔憂 | 3. 一般 | 4. 不擔憂 | 5. 極不擔憂 | 7. /8. | 9. /0. |
|--------|-------|-------|--------|---------|--------|--------|

30. 你是否擔憂你的健康狀況？

|        |       |       |        |         |        |        |
|--------|-------|-------|--------|---------|--------|--------|
| 1. 極擔憂 | 2. 擔憂 | 3. 一般 | 4. 不擔憂 | 5. 極不擔憂 | 7. /8. | 9. /0. |
|--------|-------|-------|--------|---------|--------|--------|

你有幾多時會發生以下的情況：

31. 你會否突然感到恐懼？

|       |      |       |       |       |        |        |
|-------|------|-------|-------|-------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 極少 | 5. 沒有 | 7. /8. | 9. /0. |
|-------|------|-------|-------|-------|--------|--------|

32. 你會否感到頭暈？

|       |      |       |       |       |        |        |
|-------|------|-------|-------|-------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 極少 | 5. 沒有 | 7. /8. | 9. /0. |
|-------|------|-------|-------|-------|--------|--------|

33. 你會否感到任何事情都幾難解決？

|       |      |       |       |       |        |        |
|-------|------|-------|-------|-------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 極少 | 5. 沒有 | 7. /8. | 9. /0. |
|-------|------|-------|-------|-------|--------|--------|

34. 生活環境會否令你感到緊張？

|       |      |       |       |       |        |        |
|-------|------|-------|-------|-------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 極少 | 5. 沒有 | 7. /8. | 9. /0. |
|-------|------|-------|-------|-------|--------|--------|

35. 生活環境會否令你感到不舒適？

|       |      |       |       |       |        |        |
|-------|------|-------|-------|-------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 極少 | 5. 沒有 | 7. /8. | 9. /0. |
|-------|------|-------|-------|-------|--------|--------|

36. 你會否感到自己較優越？

|       |      |       |       |       |        |        |
|-------|------|-------|-------|-------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 極少 | 5. 沒有 | 7. /8. | 9. /0. |
|-------|------|-------|-------|-------|--------|--------|

37. 你有否良好的睡眠時間？

|       |      |       |       |       |        |        |
|-------|------|-------|-------|-------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 極少 | 5. 沒有 | 7. /8. | 9. /0. |
|-------|------|-------|-------|-------|--------|--------|

38. 你會否感到自己陷於抑鬱？

|       |      |       |       |       |        |        |
|-------|------|-------|-------|-------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 極少 | 5. 沒有 | 7. /8. | 9. /0. |
|-------|------|-------|-------|-------|--------|--------|

39. 你會否感到自己十分低落？

|       |      |       |       |       |        |        |
|-------|------|-------|-------|-------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 極少 | 5. 沒有 | 7. /8. | 9. /0. |
|-------|------|-------|-------|-------|--------|--------|

40. 生活環境會否令你感到壓力？

|       |      |       |       |       |        |        |
|-------|------|-------|-------|-------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 極少 | 5. 沒有 | 7. /8. | 9. /0. |
|-------|------|-------|-------|-------|--------|--------|



41. 你會否有感到有迷失方向?

|       |      |       |       |       |        |        |
|-------|------|-------|-------|-------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 極少 | 5. 沒有 | 7. /8. | 9. /0. |
|-------|------|-------|-------|-------|--------|--------|

丙部: 適應技巧(Likert Scale)

(參考於 獨居及兩老家庭在公屋重建過程中健康狀況的轉變 [調查研究報告書] 1998)

如遇到問題和壓力, 以下的方法你會採取嗎?

(必定會, 經常, 間中, 近乎沒有)

42. 嘗試找尋解決方法

|        |       |       |         |        |        |
|--------|-------|-------|---------|--------|--------|
| 1. 必定會 | 2. 經常 | 3. 間中 | 4. 近乎沒有 | 7. /8. | 9. /0. |
|--------|-------|-------|---------|--------|--------|

43. 保持冷靜及耐性

|        |       |       |         |        |        |
|--------|-------|-------|---------|--------|--------|
| 1. 必定會 | 2. 經常 | 3. 間中 | 4. 近乎沒有 | 7. /8. | 9. /0. |
|--------|-------|-------|---------|--------|--------|

44. 保持樂觀及自信

|        |       |       |         |        |        |
|--------|-------|-------|---------|--------|--------|
| 1. 必定會 | 2. 經常 | 3. 間中 | 4. 近乎沒有 | 7. /8. | 9. /0. |
|--------|-------|-------|---------|--------|--------|

45. 尋求配偶的幫助

|       |      |       |         |        |        |
|-------|------|-------|---------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 近乎沒有 | 7. /8. | 9. /0. |
|-------|------|-------|---------|--------|--------|

46. 尋求親友的幫助

|       |      |       |         |        |        |
|-------|------|-------|---------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 近乎沒有 | 7. /8. | 9. /0. |
|-------|------|-------|---------|--------|--------|

47. 尋求朋友的幫助

|       |      |       |         |        |        |
|-------|------|-------|---------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 近乎沒有 | 7. /8. | 9. /0. |
|-------|------|-------|---------|--------|--------|

48. 尋求專業人士的幫助(如: 醫生和護士)

|       |      |       |         |        |        |
|-------|------|-------|---------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 近乎沒有 | 7. /8. | 9. /0. |
|-------|------|-------|---------|--------|--------|

49. 尋求相士/算命先生的幫助

|       |      |       |         |        |        |
|-------|------|-------|---------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 近乎沒有 | 7. /8. | 9. /0. |
|-------|------|-------|---------|--------|--------|

50. 有“自己看開一點”的看法

|       |      |       |         |        |        |
|-------|------|-------|---------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 近乎沒有 | 7. /8. | 9. /0. |
|-------|------|-------|---------|--------|--------|

51. 有“以不變應萬變”的想法

|       |      |       |         |        |        |
|-------|------|-------|---------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 近乎沒有 | 7. /8. | 9. /0. |
|-------|------|-------|---------|--------|--------|

52. 搵方法開解自己(如打麻將, 飲酒)

|       |      |       |         |        |        |
|-------|------|-------|---------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 近乎沒有 | 7. /8. | 9. /0. |
|-------|------|-------|---------|--------|--------|

53. 祈求神明幫助

|       |      |       |         |        |        |
|-------|------|-------|---------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 近乎沒有 | 7. /8. | 9. /0. |
|-------|------|-------|---------|--------|--------|

丁部: 現時居住環境(Likert Scale)

(參考於 獨居及兩老家庭在公屋重建過程中健康狀況的轉變 [調查研究報告書] 1998)

54. 你滿意現時居住環境的設計嗎?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

55. 你應為現時居住環境的設計是否適合長者使用?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不適合 | 2. 不適合 | 3. 一般 | 4. 適合 | 5. 極適合 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

56. 你應為現時居住環境是否安全?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不安全 | 2. 不安全 | 3. 一般 | 4. 安全 | 5. 極安全 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

57. 這裡是否有足夠的社會及社區設施, 如銀行, 診所?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不足夠 | 2. 不足夠 | 3. 一般 | 4. 足夠 | 5. 極足夠 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

58. 這裡是否有足夠的康樂設施, 如公園, 泳池?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不足夠 | 2. 不足夠 | 3. 一般 | 4. 足夠 | 5. 極足夠 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

59. 這裡的交通網絡是否完善?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不完善 | 2. 不完善 | 3. 一般 | 4. 完善 | 5. 極完善 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

60. 這裡的空氣是否清新?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不清新 | 2. 不清新 | 3. 一般 | 4. 清新 | 5. 極清新 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

61. 這裡的環境是否寧靜?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不寧靜 | 2. 不寧靜 | 3. 一般 | 4. 寧靜 | 5. 極寧靜 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

62. 你是否滿意現時的租金?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

戊部: 房屋署的角色以及搬遷過程(Likert Scale + Open-ended Questions)

(參考於獨老及二老於搬遷的擔憂及問題研究報告: 1997 及 獨居及兩老家庭在公屋重建過程中健康狀況的轉變 [調查研究報告書]: 1998 )

63. 你是否被提供足夠有關搬遷資訊?

|         |        |       |       |        |       |        |
|---------|--------|-------|-------|--------|-------|--------|
| 1. 極不足夠 | 2. 不足夠 | 3. 一般 | 4. 足夠 | 5. 極足夠 | 7. 8. | 9. /0. |
|---------|--------|-------|-------|--------|-------|--------|

64. 除了搬遷津貼外, 房屋署直至今現在有否提供任何援助給你? 如有, 是什麼援助?

65. 你是否滿意房屋署所提供的搬遷津貼? (答 1,2 者, 請續答 66)

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

66. 如不滿意, 為什麼?

67. 直至今現在, 你是否滿意房屋署在搬遷過程的安排?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

68. 你會否覺得你在搬遷過程中遇到很多難處? 如有, 是什麼難處? 什麼是最大的麻煩?

69. 你是否滿意被安排新的居住地區? 為什麼?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

70. 如有選擇, 你是否想搬? 為什麼?

71. 你是否認為在新的居住地區會否有很大的轉變? 為什麼?

72. 在搬遷過程中, 你是否有一定的自主權?

|        |       |       |      |       |        |        |
|--------|-------|-------|------|-------|--------|--------|
| 1. 極沒有 | 2. 沒有 | 3. 一般 | 4. 有 | 5. 極有 | 7. /8. | 9. /0. |
|--------|-------|-------|------|-------|--------|--------|

73. 你在搬遷過程中有否提及自己意見, 為什麼? 若有, 意見有否被接納?

74. 在搬遷過程中, 以下各項目有否令你困擾或緊張?

- A. 幾年前聽聞要搬
- B. 選搬去邊
- C. 電腦抽籤選樓先後
- D. 選樓
- E. 新租金
- F. 拿鎖匙

- G. 室內裝修
- H. 執屋實際搬遷
- I. 預計搬屋開支
- J. 隔離左右開始搬
- K. 實際搬遷
- L. 其他: \_\_\_\_\_ (請註明)

75. 在搬遷過程中, 誰給你最大的幫助? 有幾幫到你?

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76. 整體而言, 搬遷會否令你抑鬱或者困擾? 為什麼?

---

---

77. 你現時的居所有什麼優點和缺點?

優點: \_\_\_\_\_

缺點: \_\_\_\_\_

78. 試評論你現時與親友, 子女的人際關係?

---

79. 試評論你現時與朋友, 社工, 其他人的人際關係?

---

80. 試評論你現時的經濟狀況?

---

81. 試評論你現時的健康狀況?

---

82. 試評論你現時老人中心或者自願團體的服務, 支持及協助?

---

83. 你對於你的新居有多少期望及認識?

---

84. 你會否覺得, 有些問題在搬遷過程中被忽略?

---

己部: 個人資料

85. 性別:

- A. 男
- B. 女

86. 年齡: \_\_\_\_\_

87. 婚姻狀況:

- A. 單身
- B. 已婚
- C. 離婚
- D. 孤寡
- E. 分居

F. 不願作答 G. 其他: \_\_\_\_\_ (請註明)

88. 教育程度:

- A. 沒受教育
- B. 小學程度
- C. 中學程度(中一至中五)
- D. 預科程度
- E. 大學程度或以上
- F. 不願作答

89. 就業情況:

- A. 全職工作      B. 兼職/半職工作      C. 已退休      D. 失業  
E. 家庭主婦      F. 不願作答  
G. 其他: \_\_\_\_\_ (請註明)

90. 居住狀況:

- A. 獨居    B. 與配偶同住      C. 與子女同住      D. 與配偶及子女同住  
E. 與親友同住    F. 與其他人同住      G. 其他: \_\_\_\_\_ (請註明)

91. 家庭成員人數: \_\_\_\_\_

92. 現時每月收入

- A. \$1000 或以下    B. \$1001-\$1500      C. \$1501-\$2000      D. \$2001-\$2500  
E. \$2501-\$3000    F. \$3001-\$3500      G. \$3500 或以上

93. 每月收入來源:

- A. 綜援    B. 生果金      C. 子女津助      D. 親友津助      E. 工作收入  
F. 其他: \_\_\_\_\_ (請註明)

94. 現時每月租金: \$ \_\_\_\_\_

95. 現時居住面積: \_\_\_\_\_ 平方尺

96. 現址居住年期: \_\_\_\_\_

姓名: \_\_\_\_\_ 電話號碼: \_\_\_\_\_

現時住址: \_\_\_\_\_

新住址: \_\_\_\_\_

受訪日期: \_\_\_\_\_

-----完-----

## C. Posttest Questionnaire (English Version)

Abbreviation: 7: Non-applicable 8: Not understand 9: Unwilling to answer 0: Unknown

### Part A: Quality of Life (Likert Scale) (WHO Quality of Life Version 1997)

1. How do you assess your quality of life?

|                      |                 |                  |              |                   |       |       |
|----------------------|-----------------|------------------|--------------|-------------------|-------|-------|
| 1. Very Dissatisfied | 2. Dissatisfied | 3. No Preference | 4. Satisfied | 5. Very Satisfied | 7 / 8 | 9 / 0 |
|----------------------|-----------------|------------------|--------------|-------------------|-------|-------|

2. Are you satisfied with your health status?

|                      |                 |                  |              |                   |       |       |
|----------------------|-----------------|------------------|--------------|-------------------|-------|-------|
| 1. Very Dissatisfied | 2. Dissatisfied | 3. No Preference | 4. Satisfied | 5. Very Satisfied | 7 / 8 | 9 / 0 |
|----------------------|-----------------|------------------|--------------|-------------------|-------|-------|

3. Do you agree that pain and sick retard you to handle your business?

|                            |                    |                  |                |                               |       |       |
|----------------------------|--------------------|------------------|----------------|-------------------------------|-------|-------|
| 1. Definitely an obstacles | 2. Not an obstacle | 3. No Preference | 4. An obstacle | 5. Definitely not an obstacle | 7 / 8 | 9 / 0 |
|----------------------------|--------------------|------------------|----------------|-------------------------------|-------|-------|

4. Do you rely on medical assistance to handle your daily living?

|                   |         |                  |             |                        |       |       |
|-------------------|---------|------------------|-------------|------------------------|-------|-------|
| 1. Rely Very Much | 2. Rely | 3. No Preference | 4. Not Rely | 5. Not Reply Very Much | 7 / 8 | 9 / 0 |
|-------------------|---------|------------------|-------------|------------------------|-------|-------|

5. Do you enjoy your living?

|                            |                  |                  |              |                         |       |       |
|----------------------------|------------------|------------------|--------------|-------------------------|-------|-------|
| 1. Extremely not Enjoyable | 2. Not Enjoyable | 3. No Preference | 4. Enjoyable | 5. Definitely Enjoyable | 7 / 8 | 9 / 0 |
|----------------------------|------------------|------------------|--------------|-------------------------|-------|-------|

6. Do you feel your life is meaningful?

|                          |                |                  |               |                         |       |       |
|--------------------------|----------------|------------------|---------------|-------------------------|-------|-------|
| 1. Extremely Meaningless | 2. Meaningless | 3. No Preference | 4. Meaningful | 5. Extremely Meaningful | 7 / 8 | 9 / 0 |
|--------------------------|----------------|------------------|---------------|-------------------------|-------|-------|

7. Can you concentrate on work?

|                         |               |                  |             |                       |       |       |
|-------------------------|---------------|------------------|-------------|-----------------------|-------|-------|
| 1. Extremely Impossible | 2. Impossible | 3. No Preference | 4. Possible | 5. Extremely Possible | 7 / 8 | 9 / 0 |
|-------------------------|---------------|------------------|-------------|-----------------------|-------|-------|

8. Do you feel safe in your daily living (including political safety, personal safety and environmental safety)?

|                     |           |                  |         |                   |       |       |
|---------------------|-----------|------------------|---------|-------------------|-------|-------|
| 1. Extremely Unsafe | 2. Unsafe | 3. No Preference | 4. Safe | 5. Extremely Safe | 7 / 8 | 9 / 0 |
|---------------------|-----------|------------------|---------|-------------------|-------|-------|

9. Do you think that the physical conditions you live in are healthy? (e.g. pollution, climate, noise, scenery, nuclear safety)

|                   |              |                  |            |                 |       |       |
|-------------------|--------------|------------------|------------|-----------------|-------|-------|
| 1. Very Unhealthy | 2. Unhealthy | 3. No Preference | 4. Healthy | 5. Very Healthy | 7 / 8 | 9 / 0 |
|-------------------|--------------|------------------|------------|-----------------|-------|-------|

10. Are you energetic enough to handle your daily affairs?

|                        |              |                  |            |                      |       |       |
|------------------------|--------------|------------------|------------|----------------------|-------|-------|
| 1. Extremely Incapable | 2. Incapable | 3. No Preference | 4. Capable | 5. Extremely Capable | 7 / 8 | 9 / 0 |
|------------------------|--------------|------------------|------------|----------------------|-------|-------|

11. Do you think that your appearance is acceptable?

|                      |                 |                  |               |                    |       |       |
|----------------------|-----------------|------------------|---------------|--------------------|-------|-------|
| 1. Very Unacceptable | 2. Unacceptable | 3. No Preference | 4. Acceptable | 5. Very Acceptable | 7 / 8 | 9 / 0 |
|----------------------|-----------------|------------------|---------------|--------------------|-------|-------|

12. Do you have enough money to cope with daily living?

|                      |                 |                  |               |                    |       |       |
|----------------------|-----------------|------------------|---------------|--------------------|-------|-------|
| 1. Very Insufficient | 2. Insufficient | 3. No Preference | 4. Sufficient | 5. Very Sufficient | 7 / 8 | 9 / 0 |
|----------------------|-----------------|------------------|---------------|--------------------|-------|-------|

13. Can you receive enough information for daily living?

|                          |               |                  |             |                        |       |       |
|--------------------------|---------------|------------------|-------------|------------------------|-------|-------|
| 1. Definitely Impossible | 2. Impossible | 3. No Preference | 4. Possible | 5. Definitely Possible | 7 / 8 | 9 / 0 |
|--------------------------|---------------|------------------|-------------|------------------------|-------|-------|

14. Can you have chances to participate in leisure activities for leisure?

|                          |               |                  |             |                        |       |       |
|--------------------------|---------------|------------------|-------------|------------------------|-------|-------|
| 1. Definitely Impossible | 2. Impossible | 3. No Preference | 4. Possible | 5. Definitely Possible | 7 / 8 | 9 / 0 |
|--------------------------|---------------|------------------|-------------|------------------------|-------|-------|

15. Can you walk to everywhere?

|                          |               |                  |             |                        |       |       |
|--------------------------|---------------|------------------|-------------|------------------------|-------|-------|
| 1. Definitely Impossible | 2. Impossible | 3. No Preference | 4. Possible | 5. Definitely Possible | 7 / 8 | 9 / 0 |
|--------------------------|---------------|------------------|-------------|------------------------|-------|-------|

16. Are you satisfied with your sleeping status?

|                      |                 |                  |              |                   |       |       |
|----------------------|-----------------|------------------|--------------|-------------------|-------|-------|
| 1. Very Dissatisfied | 2. Dissatisfied | 3. No Preference | 4. Satisfied | 5. Very Satisfied | 7 / 8 | 9 / 0 |
|----------------------|-----------------|------------------|--------------|-------------------|-------|-------|

17. Are you satisfied with your working capabilities (including work paid or unpaid, volunteer work, full-time study and children care)?

|                             |                        |                         |                     |                          |              |              |
|-----------------------------|------------------------|-------------------------|---------------------|--------------------------|--------------|--------------|
| <b>1. Very Dissatisfied</b> | <b>2. Dissatisfied</b> | <b>3. No Preference</b> | <b>4. Satisfied</b> | <b>5. Very Satisfied</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-----------------------------|------------------------|-------------------------|---------------------|--------------------------|--------------|--------------|

18. Overall, are you satisfied with yourself?

|                             |                        |                         |                     |                          |              |              |
|-----------------------------|------------------------|-------------------------|---------------------|--------------------------|--------------|--------------|
| <b>1. Very Dissatisfied</b> | <b>2. Dissatisfied</b> | <b>3. No Preference</b> | <b>4. Satisfied</b> | <b>5. Very Satisfied</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-----------------------------|------------------------|-------------------------|---------------------|--------------------------|--------------|--------------|

19. Are you satisfied with your social relationship with others?

|                             |                        |                         |                     |                          |              |              |
|-----------------------------|------------------------|-------------------------|---------------------|--------------------------|--------------|--------------|
| <b>1. Very Dissatisfied</b> | <b>2. Dissatisfied</b> | <b>3. No Preference</b> | <b>4. Satisfied</b> | <b>5. Very Satisfied</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-----------------------------|------------------------|-------------------------|---------------------|--------------------------|--------------|--------------|

20. Are you satisfied with your sex life?

|                             |                        |                         |                     |                          |              |              |
|-----------------------------|------------------------|-------------------------|---------------------|--------------------------|--------------|--------------|
| <b>1. Very Dissatisfied</b> | <b>2. Dissatisfied</b> | <b>3. No Preference</b> | <b>4. Satisfied</b> | <b>5. Very Satisfied</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-----------------------------|------------------------|-------------------------|---------------------|--------------------------|--------------|--------------|

21. Are you satisfied with the support from your friends?

|                             |                        |                         |                     |                          |              |              |
|-----------------------------|------------------------|-------------------------|---------------------|--------------------------|--------------|--------------|
| <b>1. Very Dissatisfied</b> | <b>2. Dissatisfied</b> | <b>3. No Preference</b> | <b>4. Satisfied</b> | <b>5. Very Satisfied</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-----------------------------|------------------------|-------------------------|---------------------|--------------------------|--------------|--------------|

22. Are you satisfied with your living place?

|                             |                        |                         |                     |                          |              |              |
|-----------------------------|------------------------|-------------------------|---------------------|--------------------------|--------------|--------------|
| <b>1. Very Dissatisfied</b> | <b>2. Dissatisfied</b> | <b>3. No Preference</b> | <b>4. Satisfied</b> | <b>5. Very Satisfied</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-----------------------------|------------------------|-------------------------|---------------------|--------------------------|--------------|--------------|

23. Are you satisfied with the convenience of medical services?

|                             |                        |                         |                     |                          |              |              |
|-----------------------------|------------------------|-------------------------|---------------------|--------------------------|--------------|--------------|
| <b>1. Very Dissatisfied</b> | <b>2. Dissatisfied</b> | <b>3. No Preference</b> | <b>4. Satisfied</b> | <b>5. Very Satisfied</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-----------------------------|------------------------|-------------------------|---------------------|--------------------------|--------------|--------------|

24. Are you satisfied with the mode(s) of transportation you are using?

|                             |                        |                         |                     |                          |              |              |
|-----------------------------|------------------------|-------------------------|---------------------|--------------------------|--------------|--------------|
| <b>1. Very Dissatisfied</b> | <b>2. Dissatisfied</b> | <b>3. No Preference</b> | <b>4. Satisfied</b> | <b>5. Very Satisfied</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-----------------------------|------------------------|-------------------------|---------------------|--------------------------|--------------|--------------|

25. Do you often have negative feelings (including frustration, anxiety, and depression)?

|                             |                    |                         |                 |                          |              |              |
|-----------------------------|--------------------|-------------------------|-----------------|--------------------------|--------------|--------------|
| <b>1. Strongly Disagree</b> | <b>2. Disagree</b> | <b>3. No Preference</b> | <b>4. Agree</b> | <b>5. Strongly Agree</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-----------------------------|--------------------|-------------------------|-----------------|--------------------------|--------------|--------------|

26. Do you feel that other people accept you?

|                                  |                        |                         |                      |                                |              |              |
|----------------------------------|------------------------|-------------------------|----------------------|--------------------------------|--------------|--------------|
| <b>1. Extremely Unacceptable</b> | <b>2. Unacceptable</b> | <b>3. No Preference</b> | <b>4. Acceptable</b> | <b>5. Extremely Acceptable</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|----------------------------------|------------------------|-------------------------|----------------------|--------------------------------|--------------|--------------|

27. Do you easily eat your favorite food?

|                          |                     |                         |                |                     |              |              |
|--------------------------|---------------------|-------------------------|----------------|---------------------|--------------|--------------|
| <b>1. Very Difficult</b> | <b>2. Difficult</b> | <b>3. No Preference</b> | <b>4. Easy</b> | <b>5. Very Easy</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|--------------------------|---------------------|-------------------------|----------------|---------------------|--------------|--------------|

#### Part B. Stress (Likert Scale)

28. Are you worried about your financial situation?

|                              |                   |                         |                       |                                  |              |              |
|------------------------------|-------------------|-------------------------|-----------------------|----------------------------------|--------------|--------------|
| <b>1. Definitely Worried</b> | <b>2. Worried</b> | <b>3. No Preference</b> | <b>4. Not Worried</b> | <b>5. Definitely Not Worried</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|------------------------------|-------------------|-------------------------|-----------------------|----------------------------------|--------------|--------------|

29. Are you worried about your social relationship?

|                              |                   |                         |                       |                                  |              |              |
|------------------------------|-------------------|-------------------------|-----------------------|----------------------------------|--------------|--------------|
| <b>1. Definitely Worried</b> | <b>2. Worried</b> | <b>3. No Preference</b> | <b>4. Not Worried</b> | <b>5. Definitely Not Worried</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|------------------------------|-------------------|-------------------------|-----------------------|----------------------------------|--------------|--------------|

30. Are you worried about your health status?

|                              |                   |                         |                       |                                  |              |              |
|------------------------------|-------------------|-------------------------|-----------------------|----------------------------------|--------------|--------------|
| <b>1. Definitely Worried</b> | <b>2. Worried</b> | <b>3. No Preference</b> | <b>4. Not Worried</b> | <b>5. Definitely Not Worried</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|------------------------------|-------------------|-------------------------|-----------------------|----------------------------------|--------------|--------------|

How often do you feel the followings:

31. Sudden fear?

|                      |                 |                     |                  |                |              |              |
|----------------------|-----------------|---------------------|------------------|----------------|--------------|--------------|
| <b>1. Very Often</b> | <b>2. Often</b> | <b>3. Sometimes</b> | <b>4. Seldom</b> | <b>5. None</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|----------------------|-----------------|---------------------|------------------|----------------|--------------|--------------|

32. Dizziness?

|                      |                 |                     |                  |                |              |              |
|----------------------|-----------------|---------------------|------------------|----------------|--------------|--------------|
| <b>1. Very Often</b> | <b>2. Often</b> | <b>3. Sometimes</b> | <b>4. Seldom</b> | <b>5. None</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|----------------------|-----------------|---------------------|------------------|----------------|--------------|--------------|

33. Everything is difficult to be solved.

|                      |                 |                     |                  |                |              |              |
|----------------------|-----------------|---------------------|------------------|----------------|--------------|--------------|
| <b>1. Very Often</b> | <b>2. Often</b> | <b>3. Sometimes</b> | <b>4. Seldom</b> | <b>5. None</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|----------------------|-----------------|---------------------|------------------|----------------|--------------|--------------|

34. The environment makes you feel nervous.

|                      |                 |                     |                  |                |              |              |
|----------------------|-----------------|---------------------|------------------|----------------|--------------|--------------|
| <b>1. Very Often</b> | <b>2. Often</b> | <b>3. Sometimes</b> | <b>4. Seldom</b> | <b>5. None</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|----------------------|-----------------|---------------------|------------------|----------------|--------------|--------------|

35. The environment makes you feel uncomfortable.

|                      |                 |                     |                  |                |              |              |
|----------------------|-----------------|---------------------|------------------|----------------|--------------|--------------|
| <b>1. Very Often</b> | <b>2. Often</b> | <b>3. Sometimes</b> | <b>4. Seldom</b> | <b>5. None</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|----------------------|-----------------|---------------------|------------------|----------------|--------------|--------------|

36. You are more superior than the others.

|                      |                 |                     |                  |                |              |              |
|----------------------|-----------------|---------------------|------------------|----------------|--------------|--------------|
| <b>1. Very Often</b> | <b>2. Often</b> | <b>3. Sometimes</b> | <b>4. Seldom</b> | <b>5. None</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|----------------------|-----------------|---------------------|------------------|----------------|--------------|--------------|

37. Have good sleeping hours?

|                      |                 |                     |                  |                |              |              |
|----------------------|-----------------|---------------------|------------------|----------------|--------------|--------------|
| <b>1. Very Often</b> | <b>2. Often</b> | <b>3. Sometimes</b> | <b>4. Seldom</b> | <b>5. None</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|----------------------|-----------------|---------------------|------------------|----------------|--------------|--------------|

38. Depressed?

|                      |                 |                     |                  |                |              |              |
|----------------------|-----------------|---------------------|------------------|----------------|--------------|--------------|
| <b>1. Very Often</b> | <b>2. Often</b> | <b>3. Sometimes</b> | <b>4. Seldom</b> | <b>5. None</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|----------------------|-----------------|---------------------|------------------|----------------|--------------|--------------|

39. Frustrated?

|                      |                 |                     |                  |                |              |              |
|----------------------|-----------------|---------------------|------------------|----------------|--------------|--------------|
| <b>1. Very Often</b> | <b>2. Often</b> | <b>3. Sometimes</b> | <b>4. Seldom</b> | <b>5. None</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|----------------------|-----------------|---------------------|------------------|----------------|--------------|--------------|

40. Perceive stress from the existing living environment?

|                      |                 |                     |                  |                |              |              |
|----------------------|-----------------|---------------------|------------------|----------------|--------------|--------------|
| <b>1. Very Often</b> | <b>2. Often</b> | <b>3. Sometimes</b> | <b>4. Seldom</b> | <b>5. None</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|----------------------|-----------------|---------------------|------------------|----------------|--------------|--------------|

41. Disoriented?

|                      |                 |                     |                  |                |              |              |
|----------------------|-----------------|---------------------|------------------|----------------|--------------|--------------|
| <b>1. Very Often</b> | <b>2. Often</b> | <b>3. Sometimes</b> | <b>4. Seldom</b> | <b>5. None</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|----------------------|-----------------|---------------------|------------------|----------------|--------------|--------------|

### Part C: Coping Strategies (Likert Scale)

When you encounter problems and stress, you do the followings:

42. Try to find out solutions

|                               |                      |                     |                       |              |              |
|-------------------------------|----------------------|---------------------|-----------------------|--------------|--------------|
| <b>1. Almost All The Time</b> | <b>2. Frequently</b> | <b>3. Sometimes</b> | <b>4. Very Seldom</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-------------------------------|----------------------|---------------------|-----------------------|--------------|--------------|

43. Keep clam and be patient

|                               |                      |                     |                       |              |              |
|-------------------------------|----------------------|---------------------|-----------------------|--------------|--------------|
| <b>1. Almost All The Time</b> | <b>2. Frequently</b> | <b>3. Sometimes</b> | <b>4. Very Seldom</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-------------------------------|----------------------|---------------------|-----------------------|--------------|--------------|

44. Be optimistic and self-confident

|                               |                      |                     |                       |              |              |
|-------------------------------|----------------------|---------------------|-----------------------|--------------|--------------|
| <b>1. Almost All The Time</b> | <b>2. Frequently</b> | <b>3. Sometimes</b> | <b>4. Very Seldom</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-------------------------------|----------------------|---------------------|-----------------------|--------------|--------------|

45. Seek help from spouse

|                               |                      |                     |                       |              |              |
|-------------------------------|----------------------|---------------------|-----------------------|--------------|--------------|
| <b>1. Almost All The Time</b> | <b>2. Frequently</b> | <b>3. Sometimes</b> | <b>4. Very Seldom</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-------------------------------|----------------------|---------------------|-----------------------|--------------|--------------|

46. Seek help from relatives

|                               |                      |                     |                       |              |              |
|-------------------------------|----------------------|---------------------|-----------------------|--------------|--------------|
| <b>1. Almost All The Time</b> | <b>2. Frequently</b> | <b>3. Sometimes</b> | <b>4. Very Seldom</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-------------------------------|----------------------|---------------------|-----------------------|--------------|--------------|

47. Seek help from friends

|                               |                      |                     |                       |              |              |
|-------------------------------|----------------------|---------------------|-----------------------|--------------|--------------|
| <b>1. Almost All The Time</b> | <b>2. Frequently</b> | <b>3. Sometimes</b> | <b>4. Very Seldom</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-------------------------------|----------------------|---------------------|-----------------------|--------------|--------------|

48. Seek help from professionals (such as doctor and social workers)

|                               |                      |                     |                       |              |              |
|-------------------------------|----------------------|---------------------|-----------------------|--------------|--------------|
| <b>1. Almost All The Time</b> | <b>2. Frequently</b> | <b>3. Sometimes</b> | <b>4. Very Seldom</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-------------------------------|----------------------|---------------------|-----------------------|--------------|--------------|

49. Seek help from fortune tellers

|                               |                      |                     |                       |              |              |
|-------------------------------|----------------------|---------------------|-----------------------|--------------|--------------|
| <b>1. Almost All The Time</b> | <b>2. Frequently</b> | <b>3. Sometimes</b> | <b>4. Very Seldom</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-------------------------------|----------------------|---------------------|-----------------------|--------------|--------------|

50. Take things easy

|                               |                      |                     |                       |              |              |
|-------------------------------|----------------------|---------------------|-----------------------|--------------|--------------|
| <b>1. Almost All The Time</b> | <b>2. Frequently</b> | <b>3. Sometimes</b> | <b>4. Very Seldom</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-------------------------------|----------------------|---------------------|-----------------------|--------------|--------------|

51. Think "No solution can solve the problem"

|                               |                      |                     |                       |              |              |
|-------------------------------|----------------------|---------------------|-----------------------|--------------|--------------|
| <b>1. Almost All The Time</b> | <b>2. Frequently</b> | <b>3. Sometimes</b> | <b>4. Very Seldom</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-------------------------------|----------------------|---------------------|-----------------------|--------------|--------------|

52. Relax oneself, such as drinking alcohol and gambling

|                               |                      |                     |                       |              |              |
|-------------------------------|----------------------|---------------------|-----------------------|--------------|--------------|
| <b>1. Almost All The Time</b> | <b>2. Frequently</b> | <b>3. Sometimes</b> | <b>4. Very Seldom</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-------------------------------|----------------------|---------------------|-----------------------|--------------|--------------|

53. Seek help from own religion

|                               |                      |                     |                       |              |              |
|-------------------------------|----------------------|---------------------|-----------------------|--------------|--------------|
| <b>1. Almost All The Time</b> | <b>2. Frequently</b> | <b>3. Sometimes</b> | <b>4. Very Seldom</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-------------------------------|----------------------|---------------------|-----------------------|--------------|--------------|

**Part D. Living Environment**

54. Are you satisfied with the design of your living environment?

|                             |                        |                         |                     |                          |              |              |
|-----------------------------|------------------------|-------------------------|---------------------|--------------------------|--------------|--------------|
| <b>1. Very Dissatisfied</b> | <b>2. Dissatisfied</b> | <b>3. No Preference</b> | <b>4. Satisfied</b> | <b>5. Very Satisfied</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-----------------------------|------------------------|-------------------------|---------------------|--------------------------|--------------|--------------|

55. Do you think that the design of accommodation is suitable for elderly use?

|                           |                      |                         |                    |                         |              |              |
|---------------------------|----------------------|-------------------------|--------------------|-------------------------|--------------|--------------|
| <b>1. Very Unsuitable</b> | <b>2. Unsuitable</b> | <b>3. No Preference</b> | <b>4. Suitable</b> | <b>5. Very Suitable</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|---------------------------|----------------------|-------------------------|--------------------|-------------------------|--------------|--------------|

56. Do you feel safe in your living environment?

|                            |                  |                         |                |                          |              |              |
|----------------------------|------------------|-------------------------|----------------|--------------------------|--------------|--------------|
| <b>1. Extremely Unsafe</b> | <b>2. Unsafe</b> | <b>3. No Preference</b> | <b>4. Safe</b> | <b>5. Extremely Safe</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|----------------------------|------------------|-------------------------|----------------|--------------------------|--------------|--------------|

57. Are there enough social & community service (E.g. such as banks, market and clinics)?

|                             |                        |                         |                      |                           |              |              |
|-----------------------------|------------------------|-------------------------|----------------------|---------------------------|--------------|--------------|
| <b>1. Very Insufficient</b> | <b>2. Insufficient</b> | <b>3. No Preference</b> | <b>4. Sufficient</b> | <b>5. Very Sufficient</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-----------------------------|------------------------|-------------------------|----------------------|---------------------------|--------------|--------------|

58. Are there enough recreational facilities (E.g. such as parks and swimming pools)?

|                             |                        |                         |                      |                           |              |              |
|-----------------------------|------------------------|-------------------------|----------------------|---------------------------|--------------|--------------|
| <b>1. Very Insufficient</b> | <b>2. Insufficient</b> | <b>3. No Preference</b> | <b>4. Sufficient</b> | <b>5. Very Sufficient</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-----------------------------|------------------------|-------------------------|----------------------|---------------------------|--------------|--------------|

59. Is the transportation network good enough?

|                     |                |                         |                |                     |              |              |
|---------------------|----------------|-------------------------|----------------|---------------------|--------------|--------------|
| <b>1. Very Poor</b> | <b>2. Poor</b> | <b>3. No Preference</b> | <b>4. Good</b> | <b>5. Very Good</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|---------------------|----------------|-------------------------|----------------|---------------------|--------------|--------------|

60. Is the air fresh enough?

|                     |                |                         |                 |                      |              |              |
|---------------------|----------------|-------------------------|-----------------|----------------------|--------------|--------------|
| <b>1. Very Poor</b> | <b>2. Poor</b> | <b>3. No Preference</b> | <b>4. Fresh</b> | <b>5. Very Fresh</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|---------------------|----------------|-------------------------|-----------------|----------------------|--------------|--------------|

61. Is the environment quiet enough?

|                      |                 |                         |                 |                      |              |              |
|----------------------|-----------------|-------------------------|-----------------|----------------------|--------------|--------------|
| <b>1. Very Noisy</b> | <b>2. Noisy</b> | <b>3. No Preference</b> | <b>4. Quiet</b> | <b>5. Very Quiet</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|----------------------|-----------------|-------------------------|-----------------|----------------------|--------------|--------------|

62. Are you satisfied with the existing rent?

|                             |                        |                         |                     |                          |              |              |
|-----------------------------|------------------------|-------------------------|---------------------|--------------------------|--------------|--------------|
| <b>1. Very Dissatisfied</b> | <b>2. Dissatisfied</b> | <b>3. No Preference</b> | <b>4. Satisfied</b> | <b>5. Very Satisfied</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-----------------------------|------------------------|-------------------------|---------------------|--------------------------|--------------|--------------|

**Part E: The role of the Housing Authority and the process of residential relocation**

63. Except the removal allowance, have you received any substantial assistance from the Housing Authority?

.....

64. Do you think that the amount of removal allowance provided by Housing Authority was sufficient for relocation residential?

|                             |                        |                         |                      |                           |              |              |
|-----------------------------|------------------------|-------------------------|----------------------|---------------------------|--------------|--------------|
| <b>1. Very insufficient</b> | <b>2. Insufficient</b> | <b>3. No Preference</b> | <b>4. Sufficient</b> | <b>5. Very Sufficient</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-----------------------------|------------------------|-------------------------|----------------------|---------------------------|--------------|--------------|

65. Are you satisfied with the arrangement of the Housing Authority in the process of residential relocation?

|                             |                        |                         |                     |                          |              |              |
|-----------------------------|------------------------|-------------------------|---------------------|--------------------------|--------------|--------------|
| <b>1. Very dissatisfied</b> | <b>2. Dissatisfied</b> | <b>3. No Preference</b> | <b>4. Satisfied</b> | <b>5. Very Satisfied</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-----------------------------|------------------------|-------------------------|---------------------|--------------------------|--------------|--------------|

66. In the process of relocation, what is/are the greatest difficulty(ies)?

.....

67. Are you satisfied with the living area of the allocated place?

|                             |                        |                         |                     |                          |              |              |
|-----------------------------|------------------------|-------------------------|---------------------|--------------------------|--------------|--------------|
| <b>1. Very dissatisfied</b> | <b>2. Dissatisfied</b> | <b>3. No Preference</b> | <b>4. Satisfied</b> | <b>5. Very Satisfied</b> | <b>7 / 8</b> | <b>9 / 0</b> |
|-----------------------------|------------------------|-------------------------|---------------------|--------------------------|--------------|--------------|

68. What is/are the greatest change(s) in the new residential area? Why?

.....



69. Who have given you the biggest hand in the whole process? How many/Which people have helped you?

---

70. What are the advantages and disadvantages of the new flat and new residential area?

---

71. Do you think that you are familiar with and adapted to the new residential areas?

---

72. Do you think that the new residential area is better or poorer than your imagination?

---

73. What do you think of your relationship with relatives and grown-up children and the related changes after the move?

---

74. What do you think of your social relationship (friends, social workers and others) and the related changes after the move?

---

75. What do you think of your financial situation and the related changes after the move?

---

76. What do you think of your health status and the related changes after the move?

---

77. What do you think of your community and social service network and the related changes after the move?

---

78. Do you think that the residential relocation induces positive or negative impacts on your life?

---

**Part F : Personal Information**

79. Gender

A. Male B. Female

80. Age: \_\_\_\_\_

81. Marital Status

A. Single B. Married C. Divorced D. Widowed E. Separated

F. Unwilling to answer G. Others: \_\_\_\_\_(please specify)

82. Educational Level

A. No education B. Primary Level C. Secondary Level (Form 1 to Form 5)

D. Matriculated E. University or above F. Unwilling to answer

83. Employment Status

A. Full-time Job B. Part/Half-time Job C. Retired D. Unemployed

E. Homemaker F. Unwilling to answer

G. Others: \_\_\_\_\_ (Please specify)

84. Living arrangement

- A. Living alone      B. Living with spouse   C. Living with adult children  
D. Living with spouse and adult children   E. Living with relatives   F. Living with others  
G. Others: \_\_\_\_\_ (Please specify)

85. Number of family members: \_\_\_\_\_

86. Monthly income

- A. Less than \$1,000   B.\$1000-\$1500   C.\$1501-\$2000   D.\$2001-\$2500  
E.\$2501-\$3000   F.\$3001-\$3500   G. More than \$3500

87. Sources of income

- A. CSSA   B. OAA      C. Subsidy from adult children      D. Subsidy from relatives  
E. Salary   F. Others: \_\_\_\_\_ (please specify)

88. Rent of existing flat: \_\_\_\_\_

89. Area of existing flat: \_\_\_\_\_

90. Years of living in existing flat: \_\_\_\_\_

Name: \_\_\_\_\_

Old address: \_\_\_\_\_

Phone number: \_\_\_\_\_

New address: \_\_\_\_\_

Date of interview: \_\_\_\_\_

~~~~~END~~~~~

## D. Posttest Questionnaire (Chinese Version)

### 問卷

本人是嶺南大學政治及社會學系碩士研究生，正進行一個關於遷居如何影響壓力、適應技巧及長者的生活質素調查，這裡會花閣下些少時間回答下列問題

代號：7.不適用 8.不明白 9.不願作答 0.不清楚

甲部：生活質素(Likert Scale: 5 points) (參考於世界衛生組織生活質素問卷：1997)

1. 你怎樣評估你的生活質素？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

2. 你滿意自己的健康狀況嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

3. 你覺得痛楚及不適阻礙你處理需要做的事情？(如晨運，買食物)

|        |        |       |        |         |        |        |
|--------|--------|-------|--------|---------|--------|--------|
| 1. 極阻礙 | 2. 不阻礙 | 3. 一般 | 4. 不阻礙 | 5. 極不阻礙 | 7. /8. | 9. /0. |
|--------|--------|-------|--------|---------|--------|--------|

4. 你需要藉著醫療的幫助去應付日常生活嗎？(如降血壓丸，止痛藥，洗腎機)

|        |       |       |        |         |        |        |
|--------|-------|-------|--------|---------|--------|--------|
| 1. 極需要 | 2. 需要 | 3. 一般 | 4. 不需要 | 5. 極不需要 | 7. /8. | 9. /0. |
|--------|-------|-------|--------|---------|--------|--------|

5. 你享受生活嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不享受 | 2. 不享受 | 3. 一般 | 4. 享受 | 5. 極享受 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

6. 你覺得自己的生活有意義嗎？

|         |        |       |        |         |        |        |
|---------|--------|-------|--------|---------|--------|--------|
| 1. 極沒意義 | 2. 沒意義 | 3. 一般 | 4. 有意義 | 5. 極有意義 | 7. /8. | 9. /0. |
|---------|--------|-------|--------|---------|--------|--------|

7. 你可以集中精神嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不可以 | 2. 不可以 | 3. 一般 | 4. 可以 | 5. 極可以 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

8. 在日常生活中，你感到安全嗎？(包括政治安全，人身安全，環境上的安全)

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不安全 | 2. 不安全 | 3. 一般 | 4. 安全 | 5. 極安全 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

9. 你身處的自然環境健康嗎？(例如：污染，氣候，噪音，景色，核電安全)

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不健康 | 2. 不健康 | 3. 一般 | 4. 健康 | 5. 極健康 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

10. 你能有充沛的精力去應付日常生活嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不能夠 | 2. 不能夠 | 3. 一般 | 4. 能夠 | 5. 極能夠 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

11. 你能接受自己的外表嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不能夠 | 2. 不能夠 | 3. 一般 | 4. 能夠 | 5. 極能夠 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

12. 你能有足夠的金錢應付需要嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不能夠 | 2. 不能夠 | 3. 一般 | 4. 能夠 | 5. 極能夠 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

13. 你能得到你日常生活所需的資訊嗎？(如睇報紙，看新聞)

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不能夠 | 2. 不能夠 | 3. 一般 | 4. 能夠 | 5. 極能夠 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

14. 你能有機會參與消閒活動嗎？(如旅行，下棋，聊天)

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不能夠 | 2. 不能夠 | 3. 一般 | 4. 能夠 | 5. 極能夠 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

15. 你能到處走動嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不能夠 | 2. 不能夠 | 3. 一般 | 4. 能夠 | 5. 極能夠 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

16. 你滿意自己的睡眠狀況嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

17. 你滿意自己的工作能力嗎？(包括有報酬的工作，沒有報酬的工作，義務社會工作，全職學習，照顧小孩及料理家務)

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

18. 整體而言，你滿意自己嗎？

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

19. 你滿意自己的人際關係嗎？(如與朋友，親友，子女的關係)

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

20. 你滿意自己的性生活嗎?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

21. 你滿意從朋友得到的支持嗎?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

22. 你滿意自己所住的情況嗎?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

23. 你對醫療衛生服務的方便程度滿意嗎?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

24. 你滿意自己使用的交通工具嗎?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

25. 你經常有消極的感受嗎?(例如: 情緒低落, 絕望, 焦慮, 抑鬱)

|        |        |       |        |         |        |        |
|--------|--------|-------|--------|---------|--------|--------|
| 1. 極同意 | 2. 不同意 | 3. 一般 | 4. 不同意 | 5. 極不同意 | 7. /8. | 9. /0. |
|--------|--------|-------|--------|---------|--------|--------|

26. 你覺得別人接受你嗎?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不接受 | 2. 不接受 | 3. 一般 | 4. 接受 | 5. 極接受 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

27. 你容易食到想食的食物嗎?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不容易 | 2. 不容易 | 3. 一般 | 4. 容易 | 5. 極容易 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

乙部: 壓力(Likert Scale) (參考於獨老及二老於搬遷的擔憂及問題研究報告: 1997)

28. 你是否擔憂你的經濟狀況?

|        |       |       |        |         |        |        |
|--------|-------|-------|--------|---------|--------|--------|
| 1. 極擔憂 | 2. 擔憂 | 3. 一般 | 4. 不擔憂 | 5. 極不擔憂 | 7. /8. | 9. /0. |
|--------|-------|-------|--------|---------|--------|--------|

29. 你是否擔憂你的社交關係?

|        |       |       |        |         |        |        |
|--------|-------|-------|--------|---------|--------|--------|
| 1. 極擔憂 | 2. 擔憂 | 3. 一般 | 4. 不擔憂 | 5. 極不擔憂 | 7. /8. | 9. /0. |
|--------|-------|-------|--------|---------|--------|--------|

30. 你是否擔憂你的健康狀況?

|        |       |       |        |         |        |        |
|--------|-------|-------|--------|---------|--------|--------|
| 1. 極擔憂 | 2. 擔憂 | 3. 一般 | 4. 不擔憂 | 5. 極不擔憂 | 7. /8. | 9. /0. |
|--------|-------|-------|--------|---------|--------|--------|

你有幾多時會發生以下的情況:

31. 你會否突然感到恐懼?

|       |      |       |       |       |        |        |
|-------|------|-------|-------|-------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 極少 | 5. 沒有 | 7. /8. | 9. /0. |
|-------|------|-------|-------|-------|--------|--------|

32. 你會否感到頭暈?

|       |      |       |       |       |        |        |
|-------|------|-------|-------|-------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 極少 | 5. 沒有 | 7. /8. | 9. /0. |
|-------|------|-------|-------|-------|--------|--------|

33. 你會否感到任何事情都幾難解決?

|       |      |       |       |       |        |        |
|-------|------|-------|-------|-------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 極少 | 5. 沒有 | 7. /8. | 9. /0. |
|-------|------|-------|-------|-------|--------|--------|

34. 生活環境會否令你感到緊張?

|       |      |       |       |       |        |        |
|-------|------|-------|-------|-------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 極少 | 5. 沒有 | 7. /8. | 9. /0. |
|-------|------|-------|-------|-------|--------|--------|

35. 生活環境會否令你感到不舒適?

|       |      |       |       |       |        |        |
|-------|------|-------|-------|-------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 極少 | 5. 沒有 | 7. /8. | 9. /0. |
|-------|------|-------|-------|-------|--------|--------|

36. 你會否感到自己較優越?

|       |      |       |       |       |        |        |
|-------|------|-------|-------|-------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 極少 | 5. 沒有 | 7. /8. | 9. /0. |
|-------|------|-------|-------|-------|--------|--------|

37. 你有否良好的睡眠時間?

|       |      |       |       |       |        |        |
|-------|------|-------|-------|-------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 極少 | 5. 沒有 | 7. /8. | 9. /0. |
|-------|------|-------|-------|-------|--------|--------|

38. 你會否感到自己陷於抑鬱?

|       |      |       |       |       |        |        |
|-------|------|-------|-------|-------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 極少 | 5. 沒有 | 7. /8. | 9. /0. |
|-------|------|-------|-------|-------|--------|--------|

39. 你會否感到自己十分低落?

|       |      |       |       |       |        |        |
|-------|------|-------|-------|-------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 極少 | 5. 沒有 | 7. /8. | 9. /0. |
|-------|------|-------|-------|-------|--------|--------|

40. 生活環境會否令你感到壓力?

|       |      |       |       |       |        |        |
|-------|------|-------|-------|-------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 極少 | 5. 沒有 | 7. /8. | 9. /0. |
|-------|------|-------|-------|-------|--------|--------|

41. 你會否有感到有迷失方向?

|       |      |       |       |       |        |        |
|-------|------|-------|-------|-------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 極少 | 5. 沒有 | 7. /8. | 9. /0. |
|-------|------|-------|-------|-------|--------|--------|

丙部: 適應技巧(Likert Scale)

(參考於 獨居及兩老家庭在公屋重建過程中健康狀況的轉變 [調查研究報告書] 1998)

如遇到問題和壓力, 以下的方法你會採取嗎?

(必定會, 經常, 間中, 近乎沒有)

42. 嘗試找尋解決方法

|        |       |       |         |        |        |
|--------|-------|-------|---------|--------|--------|
| 1. 必定會 | 2. 經常 | 3. 間中 | 4. 近乎沒有 | 7. /8. | 9. /0. |
|--------|-------|-------|---------|--------|--------|

43. 保持冷靜及耐性

|        |       |       |         |        |        |
|--------|-------|-------|---------|--------|--------|
| 1. 必定會 | 2. 經常 | 3. 間中 | 4. 近乎沒有 | 7. /8. | 9. /0. |
|--------|-------|-------|---------|--------|--------|

44. 保持樂觀及自信

|        |       |       |         |        |        |
|--------|-------|-------|---------|--------|--------|
| 1. 必定會 | 2. 經常 | 3. 間中 | 4. 近乎沒有 | 7. /8. | 9. /0. |
|--------|-------|-------|---------|--------|--------|

45. 尋求配偶的幫助

|       |      |       |         |        |        |
|-------|------|-------|---------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 近乎沒有 | 7. /8. | 9. /0. |
|-------|------|-------|---------|--------|--------|

46. 尋求親友的幫助

|       |      |       |         |        |        |
|-------|------|-------|---------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 近乎沒有 | 7. /8. | 9. /0. |
|-------|------|-------|---------|--------|--------|

47. 尋求朋友的幫助

|       |      |       |         |        |        |
|-------|------|-------|---------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 近乎沒有 | 7. /8. | 9. /0. |
|-------|------|-------|---------|--------|--------|

48. 尋求專業人士的幫助(如: 醫生和護士)

|       |      |       |         |        |        |
|-------|------|-------|---------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 近乎沒有 | 7. /8. | 9. /0. |
|-------|------|-------|---------|--------|--------|

49. 尋求相士/算命先生的幫助

|       |      |       |         |        |        |
|-------|------|-------|---------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 近乎沒有 | 7. /8. | 9. /0. |
|-------|------|-------|---------|--------|--------|

50. 有“自己看開一點”的看法

|       |      |       |         |        |        |
|-------|------|-------|---------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 近乎沒有 | 7. /8. | 9. /0. |
|-------|------|-------|---------|--------|--------|

51. 有“以不變應萬變”的想法

|       |      |       |         |        |        |
|-------|------|-------|---------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 近乎沒有 | 7. /8. | 9. /0. |
|-------|------|-------|---------|--------|--------|

52. 搵方法開解自己(如打麻將, 飲酒)

|       |      |       |         |        |        |
|-------|------|-------|---------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 近乎沒有 | 7. /8. | 9. /0. |
|-------|------|-------|---------|--------|--------|

53. 祈求神明幫助

|       |      |       |         |        |        |
|-------|------|-------|---------|--------|--------|
| 1. 極多 | 2. 多 | 3. 間中 | 4. 近乎沒有 | 7. /8. | 9. /0. |
|-------|------|-------|---------|--------|--------|

丁部: 現時居住環境(Likert Scale)

(參考於 獨居及兩老家庭在公屋重建過程中健康狀況的轉變 [調查研究報告書] 1998)

54. 你滿意現時居住環境的設計嗎?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

55. 你應為現時居住環境的設計是否適合長者使用?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不適合 | 2. 不適合 | 3. 一般 | 4. 適合 | 5. 極適合 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

56. 你應為現時居住環境是否安全?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不安全 | 2. 不安全 | 3. 一般 | 4. 安全 | 5. 極安全 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

57. 這裡是否有足夠的社會及社區設施, 如銀行, 診所?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不足夠 | 2. 不足夠 | 3. 一般 | 4. 足夠 | 5. 極足夠 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

58. 這裡是否有足夠的康樂設施, 如公園, 泳池?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不足夠 | 2. 不足夠 | 3. 一般 | 4. 足夠 | 5. 極足夠 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

59. 這裡的交通網絡是否完善?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不完善 | 2. 不完善 | 3. 一般 | 4. 完善 | 5. 極完善 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

60. 這裡的空氣是否清新?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不清新 | 2. 不清新 | 3. 一般 | 4. 清新 | 5. 極清新 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

61. 這裡的環境是否寧靜?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不寧靜 | 2. 不寧靜 | 3. 一般 | 4. 寧靜 | 5. 極寧靜 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

62. 你是否滿意現時的租金?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

**戊部: 房屋署的角色以及搬遷過程(Likert Scale + Open-ended Questions)**

(參考於獨老及二老於搬遷的擔憂及問題研究報告: 1997 及 獨居及兩老家庭在公屋重建過程中健康狀況的轉變 [調查研究報告書]: 1998)

63. 除了搬遷津貼外, 房屋署直至現在有否提供任何援助給你? 如有, 是什麼援助?

\_\_\_\_\_

64. 你是認為房屋署所提供的搬遷津貼是否足夠?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

65. 直至現在, 你是否滿意房屋署在搬遷過程的安排?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

66. 在搬遷過程中, 什麼是最大難處?

\_\_\_\_\_

67. 你現在是否滿意被安排新的居住地區? 為什麼?

|         |        |       |       |        |        |        |
|---------|--------|-------|-------|--------|--------|--------|
| 1. 極不滿意 | 2. 不滿意 | 3. 一般 | 4. 滿意 | 5. 極滿意 | 7. /8. | 9. /0. |
|---------|--------|-------|-------|--------|--------|--------|

\_\_\_\_\_

68. 你認為在 新的居住地區, 什麼是最大的轉變? 為什麼?

\_\_\_\_\_

69. 在搬遷過程中, 誰給你最大的幫助? 有幾幫到你?

\_\_\_\_\_

70. 你現時的居所有什麼優點和缺點?

優點: \_\_\_\_\_

缺點: \_\_\_\_\_

71. 你對於你的新居 及其環境是否熟悉及適應?

\_\_\_\_\_

72. 新居 及其環境跟想像中好還是差?

\_\_\_\_\_

73. 試評論你現時與親友, 子女的人際關係, 搬遷後會否有改變?

\_\_\_\_\_

74. 試評論你現時與朋友, 社工, 其他人的人際關係, 搬遷後會否有改變?

\_\_\_\_\_

75. 試評論你現時的經濟狀況, 搬遷後會否有改變?

\_\_\_\_\_

76. 試評論你現時的健康狀況,搬遷後會否有改變?

77. 試評論你現時老人中心或者自願團體的服務,支持及協助,搬遷後會否有改變?

78. 搬遷對於你的生命產生正面還是負面的影響?

己部: 個人資料

79. 性別: A. 男 B. 女 年齡: \_\_\_\_\_

80. 年齡: \_\_\_\_\_

81. 婚姻狀況:

A. 單身 B. 已婚 C. 離婚 D. 孤寡 E. 分居

F. 不願作答 G. 其他: \_\_\_\_\_ (請註明)

82. 教育程度:

A. 沒受教育 B. 小學程度 C. 中學程度(中一至中五)

D. 預科程度 E. 大學程度或以上 F. 不願作答

83. 就業情況:

A. 全職工作 B. 兼職/半職工作 C. 已退休 D. 失業

E. 家庭主婦 F. 不願作答 G. 其他: \_\_\_\_\_ (請註明)

84. 居住狀況:

A. 獨居 B. 與配偶同住 C. 與子女同住 D. 與配偶及子女同住

E. 與親友同住 F. 與其他人同住 G. 其他: \_\_\_\_\_ (請註明)

85. 家庭成員人數: \_\_\_\_\_

86. 現時每月收入

A. \$1000 或以下 B. \$1001-\$1500 C. \$1501-\$2000 D. \$2001-\$2500

E. \$2501-\$3000 F. \$3001-\$3500 G. \$3500 或以上

87. 每月收入來源:

A. 綜援 B. 生果金 C. 子女津助 D. 親友津助 E. 工作收入

F. 其他: \_\_\_\_\_ (請註明)

88. 現時每月租金: \$ \_\_\_\_\_ 89. 現時居住面積: \_\_\_\_\_ 平方尺

90. 現址居住年期: \_\_\_\_\_

姓名: \_\_\_\_\_ 電話號碼: \_\_\_\_\_

現時住址: \_\_\_\_\_

新住址: \_\_\_\_\_ 受訪日期: \_\_\_\_\_

-----完-----

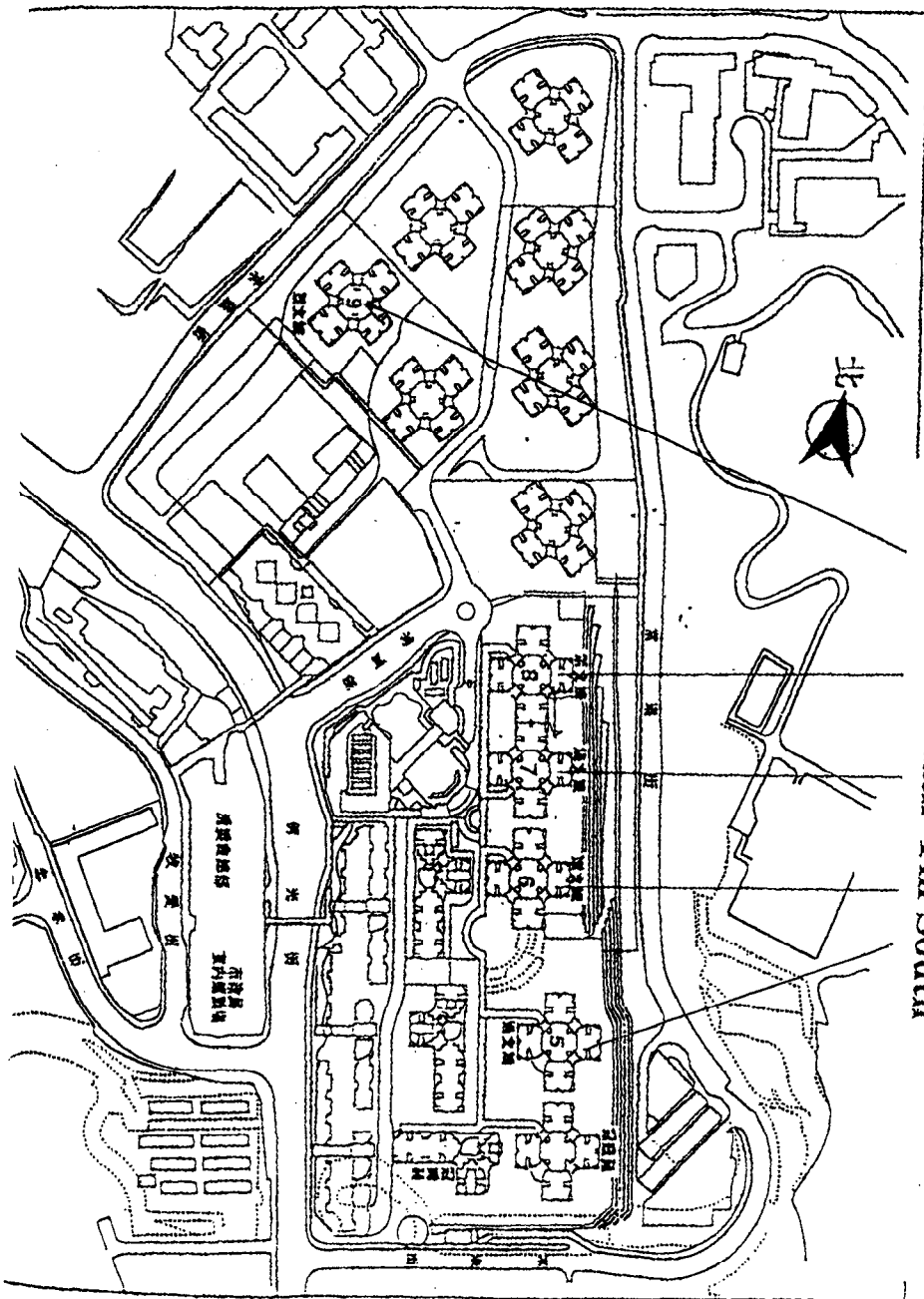
Appendix II A

Development Plan For Ho Man Tin

何文田  
(發展)

發展圖

Five blocks of public housing  
rental in Ho Man Tin South



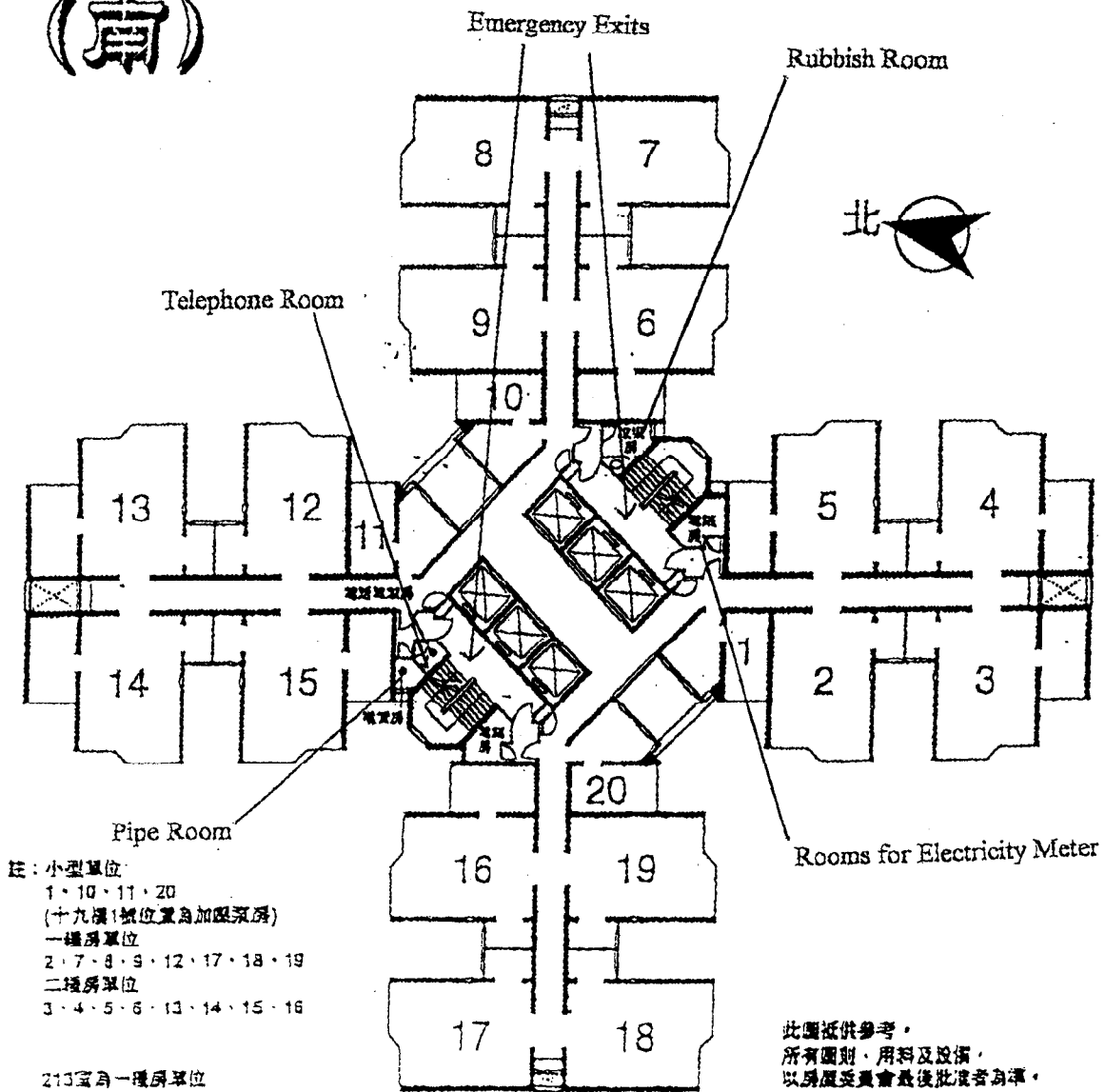


# B. Floor Plan for Ho Man Tin South

何  
文  
田  
(南)

## 第三期

綺文樓(第七座)  
平面圖



C. Sketch for Small Units (For one-person only)

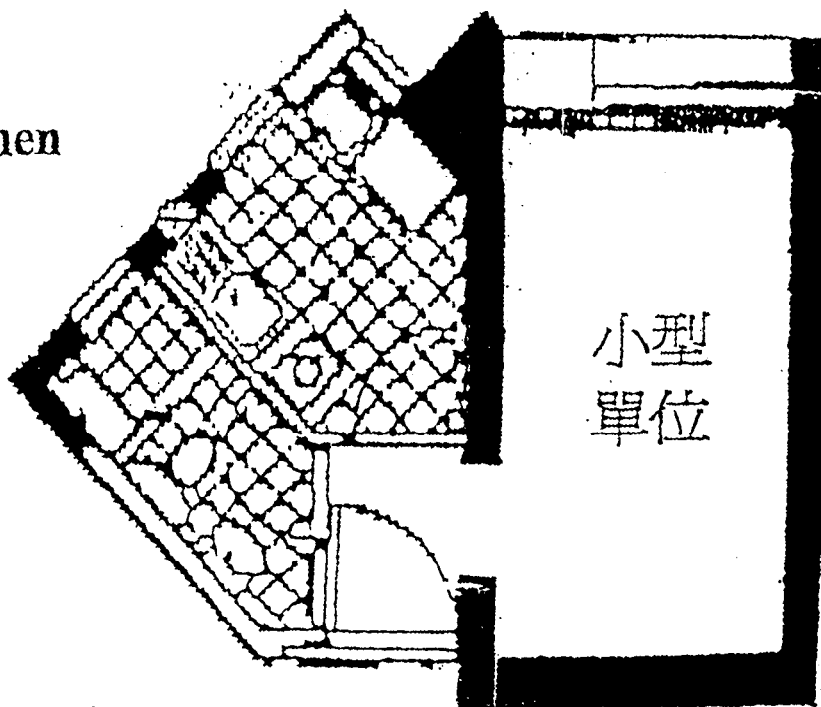
何  
文  
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邨

Sketch for Small Units  
(for one person)

Total area: 16 m<sup>3</sup>

Living room and Bedroom

Kitchen



Washroom

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