Received: 30 August 2021 | Revised: 19 October 2021 | Accepted: 1 November 2021

DOI: 10.1111/jocn.16134

Journal of Clinical Nursing WILEY

REVIEW

Chinese late-life immigrants' loneliness and social isolation in host countries: An integrative review

Ivy Yan Zhao RN, PhD, Postdoctoral Fellow[1,2] | Eleanor Holroyd RN, PhD, Professor[3] | Nick Garrett PhD, Associate Professor[4] | Valerie A. Wright-St Clair PhD, Research Associate[2] | Stephen Neville RN, PhD, Professor[2,3]

[1]WHO Collaborating Centre for Community Health Services, School of Nursing, The Hong Kong Polytechnic University, Hong Kong SAR, China

[2]AUT Centre for Active Ageing, School of Clinical Sciences, Auckland University of Technology, Auckland, New Zealand

[3]Department of Nursing, Centre for Migrant Refugee Health Research, School of Clinical Sciences, Auckland University of Technology, Auckland, New Zealand

[4]Department of Biostatistics and Epidemiology, Auckland University of Technology, Auckland, New Zealand

Correspondence
Stephen Neville, Department of Nursing, AUT University, Auckland, New Zealand.
Email: stephen.neville@aut.ac.nz

Funding information
None

Abstract

Aims and objective: To synthesise current international empirical evidence on loneliness and social isolation in Chinese late-life immigrants.

Background: Loneliness causes adverse health consequences in Chinese late-life immigrants leading to increased utilisation of often increasingly limited healthcare resources. However, little is known about how Chinese late-life immigrants perceive and experience loneliness and social isolation in their host countries.

Design: An integrative review methodology.

Methods: Using a systematic search strategy, Google scholar and databases, such as Scopus, Web of Science, PubMed, CHNAHL, Medline and open access Theses were searched. No limitation was placed on publication date. Peer-reviewed studies published from the database inception to May 6, 2021 in the English language were included. The review process is reported according to PRISMA.

Results: Eight articles met the criteria and were included in this review. Two themes resulting from the data synthesis process were identified. Firstly, 'disrupted social relations after late-life immigration' and secondly 'moving away from filial expectations'.

Conclusion: Loneliness and social isolation are commonly experienced by Chinese late-life immigrants when residing in host countries. Understanding and identification of the sources of loneliness and social isolation among late-life immigrants are essential prompts for healthcare professionals, particularly nurses, to engage sensitively with Chinese late-life immigrants. Nurses culturally relevant care delivery in a variety of settings may best serve recipients' social and health related needs.

Relevance to clinical practice: This integrated review informs the planning of health and social services for addressing Chinese late-life immigrants' experiences of loneliness and social isolation. Focused attention on cultural responsiveness is an important component of providing quality and safe nursing care. This review of the recent evidence on socially-rooted health concerns affected by both immigration and ageing will help advance nursing practice in providing culturally responsive care interventions.

KEYWORDS
Chinese, gerontology, immigrants, late life, loneliness, social isolation

1 | INTRODUCTION

The demographic profiles of many countries in recent decades have manifested considerable and rapid changes in population ageing and widespread immigration (United Nations, 2019). At the intersection of these two trends are rapidly growing late-life immigrant populations (United Nations, 2017). The International Organization for Migration (IOM) recently reported that Chinese immigrants constituted the third largest population of foreign-born immigrants in the world after India and Mexico in 2019, and around 12% of international immigrants were aged 65 years or above (International Organization for Migration, 2020). In the United States in 2019, it was further reported that nearly 30% of Chinese residents had immigrated to the United States after the age of 60 (Tang et al., 2018). In 2020, there were around 190,000 Chinese aged 65 and above in Canada, with 97 per cent born outside Canada and now increasingly retirement immigrants from mainland China (Zhang, 2020). According to the New Zealand 2013 census report, nearly 70% late-life immigrants (1,614) identified as Chinese (Statistics New Zealand, 2013; Wright-St Clair & Nayar, 2016), with a recent report stating that by 2043, 1 in 4 New Zealanders will have been born in Asia (Statistics New Zealand, 2021).

Research evidence identifies loneliness and social isolation as particularly problematic for specific population groups of older people, such as underserved ethnic community members or immigrant populations (Wright-St Clair & Nayar, 2016). Cohorts of Chinese late-life immigrants have been observed to be less adaptive than the Chinese young and the middle-aged immigrants in Canada. The main reason for this was related to their engagement with the host country, new languages, living arrangements, changes in intergenerational relationships and socioeconomic status as a result of immigration, as well as government support and social support networks (Da & Garcia, 2015). In New Zealand, Chinese late-life immigrants were more likely to experience loneliness and social isolation than the general population (Li, 2012). Likewise, results from a recent Australian study suggest that Chinese late-life immigrants commonly experienced loneliness and social isolation, with loneliness being prevalent among this population in spite of their active participation in social activities (Lin et al., 2016).

Loneliness and social isolation are identified as risk factors for older people's poor health, serious illness and mortality (Salma & Salami, 2020; Steptoe et al., 2013). However, how Chinese late-life immigrants understand and experience loneliness and social isolation upon residing in host countries remains under-examined when compared to those experiences of general population groups (Zhao et al., 2020). Furthermore, the provision of culturally responsive healthcare services to ameliorate Chinese late-life immigrants' loneliness and social isolation remains a common challenge for nurses (Stewart et al., 2011) and has not been well addressed (Zhao et al., 2020). It is imperative that healthcare services are designed to match older people's cultural perspectives, values and language needs, and maximised to reduce their barriers to accessing services (Montayre et al., 2020). However, many studies fail to distinguish late-life immigrants from those who immigrated earlier in life and aged in the host country. It is essential to differentiate these two groups and provide data that accurately reflects the experiences of loneliness in order to better provide Chinese late-life immigrants with safe and culturally responsive care.

What does this paper contribute to the wider global clinical community?

- Synthesises international empirical evidence on loneliness and social isolation in Chinese late-life immigrants.
- Identifies the sources of loneliness and social isolation in Chinese late-life immigrants and ways of coping by reconfiguring filial expectations.
- Highlights an expanded role of nurses in addressing Chinese late-life immigrants
- Loneliness by providing culturally responsive care interventions and argues for future nursing clinical practice and research to capture the voices of late-life immigrants in their own language

1.1 | Aim

The aim of this review was to synthesise current international empirical evidence on loneliness and social isolation in Chinese late-life immigrants.

2 | METHODS

An initial search was performed to determine the type of review that suited the aim of this review. An integrative review methodology was chosen to provide a systematic and comprehensive search of quantitative, qualitative and mixed-method research literature, as well as a quality appraisal and synthesis of the results. Our approach followed Whittemore and Knafl's (Whittemore & Knafl, 2005) updated methodology for undertaking integrative reviews.

2.1 | Search strategy and selection criteria

Initially, the international and local literature were scoped to capture the aim of the review and inform the key terms to be used. The breadth of the scholarly databases and the search terms were chosen to support the aims of this integrative review. The search strategy was developed and conducted using Google scholar and main databases, including Scopus, Web of Science, ProQuest, CINAHL,

PubMed, Medline, AUT Tuwhera open Theses and other open access Theses and Dissertations. In addition, the works of prominent authors in the field were searched, relevant journals were reviewed, and papers and books cited in reference lists of relevant papers were retrieved. Prior to the searches, the authors reviewed all search terms, which were further verified by a university health science reference librarian with expertise in systematic searches. No limitations were placed on publication date during the literature search in order to include a full range of relevant research conducted internationally. Studies published before May 6, 2021 in the English language were reviewed.

The following search terms and combination of terms were utilised: loneliness* OR isolat* OR social network OR desolation OR remoteness OR segregation OR detachment OR reclusiveness OR withdrawal OR social exclusion OR social integration OR social participation OR lone* OR alone* or social encouragement AND older adult OR senior* OR elder* OR aged OR retire* OR widow* OR 'old* person' OR older people OR geriatric* or later life AND Chinese OR mandarin OR Cantonese AND immigrant* OR migrat*.

2.2 | Inclusion and exclusion criteria

Peer-reviewed articles published in English aiming to examine loneliness and/or social isolation of Chinese late-life immigrants were included. In this review, 'late-life immigrants' was used to identify those who were considered older adults on arrival in the host country. Those articles, without a primary aim to investigate loneliness and/or social isolation of Chinese late-life immigrants, but with such data reported in the findings were also included. No limitation was placed on research methodologies or design; however, studies included were limited to primary research or secondary data analysis of observational or intervention studies. Studies conducted with Chinese 'older' immigrants without specification on whether they immigrated later in life were excluded.

2.3 | Literature selection

Literature selection was undertaken in two stages to ensure rigour. In the first stage, two authors (A & B) independently screened the titles and abstracts of all citations for potentially relevant articles. In the second stage, A and B independently examined the full texts of these papers against pre-specified inclusion criteria. Any discrepancies were resolved with input from other authors (C, D & E). Of the 1734 titles and abstracts reviewed, we excluded 1723 texts that did not meet our eligibility criteria, resulting in 11 articles for full text review. Subsequently, three articles were excluded because they targeted older Chinese immigrants, including those who had reached older adulthood having immigrated earlier in life, rather than specifically Chinese late-life immigrants. In all, 8 articles met the eligibility criteria of this integrative review and were included by consensus agreement. To enhance the rigour of the review, we followed the selection process outlined in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Appendix S1) and justified exclusions made during the review (Moher et al., 2009) (see Figure 1).

2.4 | Data extraction, quality assessment and data analysis

All authors read and reviewed the eight articles in order to summarise the approaches, methodologies, samples and findings. The first author A extracted data from literature, included them into a spreadsheet and analysed those data with other team members (B, C, D & E). Each article was evaluated independently by two authors (A & D) for quality and methodological rigour. Literature does not need to be excluded due to quality by using the integrative review methodology (Whittemore & Knafl, 2005). However, authors agreed to evaluate study quality as this might influence the weight apportioned to conclusions drawn from lower quality studies. The Critical Appraisal Skills Programmes (CASP) checklist was selected to evaluate the studies (Critical Appraisal Skills Programme, 2018). Any discrepancies were resolved with input from the second author (B), with final decision arrived at by discussion and consensus. Table 1 displays the CASP results for the final eight articles included. All eight articles were scored as providing moderate to good methodological quality, including a clear statement of aims, appropriate methodology and data analysis approaches, and outlining the value, potential impact and recommendations of the studies.

3 | RESULTS

3.1 | Studies' characteristics and participant demographics

Of the eight studies included, six were qualitative (Caidi et al., 2020; Li, 2012; Li & Chong, 2012; Li et al., 2010; Wright-St Clair & Nayar, 2019) and two were mixed-method studies (Da & Garcia, 2015; Zhao et al., 2020) (see Table 2). All of the selected articles were published between the years of 2010 and 2020 and one article was a doctoral thesis (Zhao et al., 2020). Methods of data collection were predominantly semi-structured interviews (Caidi et al., 2020; Li & Chong, 2012; Li et al., 2010; Teh et al., 2019). Two studies reported using secondary analysis of data (Li, 2012; Wright-St Clair & Nayar, 2019) and the two mixed-method studies (Da & Garcia, 2015; Zhao et al., 2020) reported employing quantitative surveys and qualitative interviews. Zhao's study also utilised co-design workshops (Zhao et al., 2020). Sample sizes in each study ranged from 11 to 74 participants, and Chinese late-life immigrants were the primary

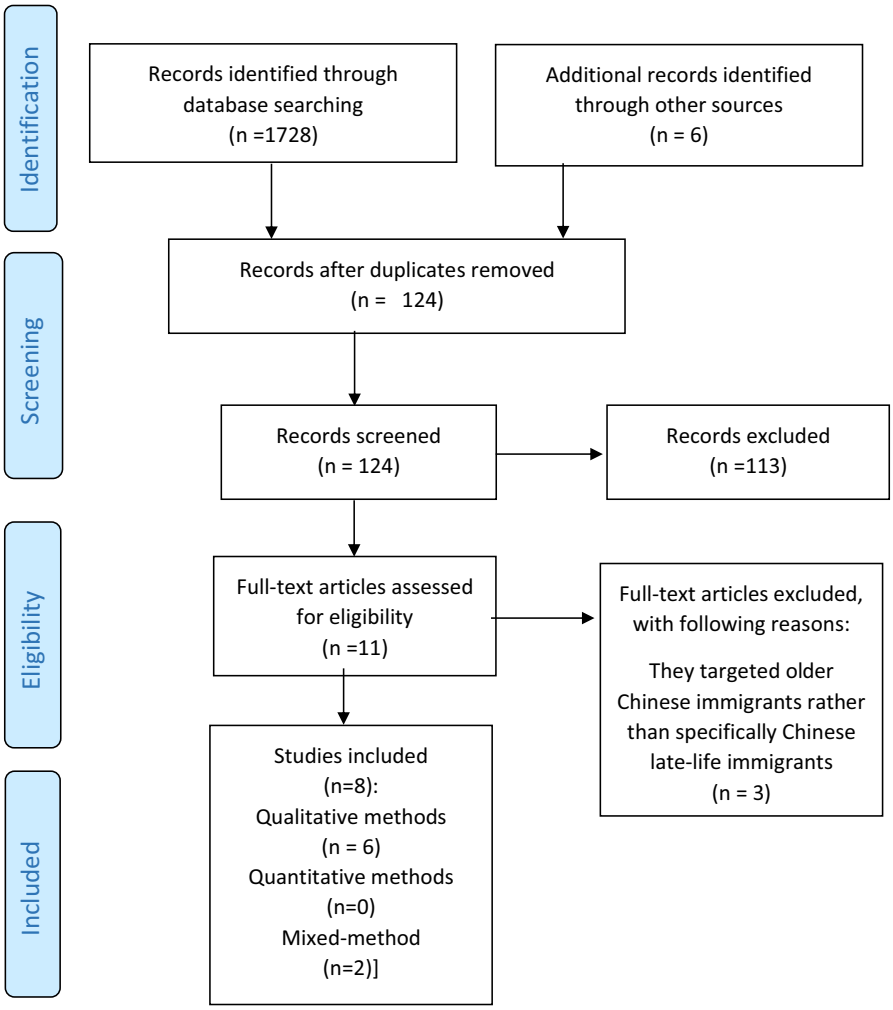

FIGURE 1 PRISMA flow chart of identification and screening process [Colour figure can be viewed at wileyonlinelibrary.com]

TABLE 1 The Critical Appraisal Skills Programmes (CASP) checklist

Included articles (n = 8)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	% of Y
Zhao et al. (2020)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Positive	100%
Caidi et al., 2020	Y	Y	Y	Y	Y	Y	Can't tell	Y	Y	Positive	90%
Teh et al., 2019	Y	Y	Y	Y	Y	Y	Y	Y	Y	Positive	100%
Wright-St Clair & Nayar, 2019	Y	Y	Y	Y	Y	Y	Y	Y	Y	Positive	100%
Da & Garcia, 2015	Y	Y	Y	Y	Y	Y	Y	Y	Y	Positive	100%
Li, 2012	Y	Y	Can't tell	Can't tell	Can't tell	Y	Can't tell	Y	Y	Positive	60%
Li & Chong, 2012	Y	Y	Can't tell	Can't tell	Y	Can't tell	Y	Y	Y	Positive	60%
Li et al., 2010	Y	Y	Y	Can't tell	Y	Y	Can't tell	Y	Y	Positive	70%

Note: Q1. Was there a clear statement of the aims of the research? Q2. Is a qualitative methodology appropriate? Q3. Was the research design appropriate to address? Q4. Was the recruitment strategy appropriate to the aims of the research? Q5. Was the data collected in a way that addressed the research issue? Q6. Has the relationship between researcher and participants been adequately considered? Q7. Have ethical issues been taken into consideration? Q8. Was the data analysis sufficiently rigorous? Q9. Is there a clear statement of findings? Q10. How valuable is the research?

focus of all studies (see Table 2). Seven studies reported gender ratios and ages in each paper ranged from 55 to 85 years old. The reviewed studies were undertaken in New Zealand, Australia and Canada. Two themes resulting from the data synthesis process were identified. Firstly, 'disrupted social relations after late-life immigration' and secondly 'moving away from filial expectations'.

3.2 | Distinguishing between loneliness and social isolation

It is important to distinguish between 'loneliness' and 'social isolation' as the terms are often used interchangeably. Two of the included articles (Wright-St Clair & Nayar, 2019; Zhao et al., 2020), critically examined the difference between loneliness and social isolation. No attempt to define loneliness or social isolation was identified in the remaining articles.

Loneliness is defined by the American Psychological Association as 'affective and cognitive discomfort or uneasiness from being or perceiving oneself to be alone or otherwise solitary' (2021, p. 1). In Wright-St Clair and Nayar's study (2019), loneliness was captured as the subjective emotions or feelings arising from unsatisfied social relationships, people can feel lonely without being social isolated. On the other hand, social isolation was defined as the lack of relationships, social support and social networks available to individuals. Social isolation could be regarded as a risk factor for loneliness, of note is that feeling lonely may not occur if people subjectively accept their social isolated status.

Zhao and colleagues (2020) asked Chinese late-life immigrants in New Zealand to self-define loneliness and social isolation. The participants situated their experience of loneliness in relation to their perception of the degree of filial piety they received from their adult children. They reported feeling lonely when filial piety provided by their adult children was inadequate. The origins of loneliness were seen to be grounded in their deep cultural values and beliefs, shaped during their prior lives in China. Consequently, their feelings of loneliness manifested in unexpected ways during resettlement in later life. For example, to avoid family conflict and becoming a burden to adult children, these Chinese late-life immigrants considered shifting their expectations of care from their adult children based on filiation to that of formal social service provision, residential care options and support from peers.

3.3 | Theme 1: Disrupted social relations after late-life immigration

Older Chinese who immigrate in later life to host countries experience dramatic changes in lifestyle, and challenges to their existing values and cultural beliefs. Collectively, these serve as risk factors for the onset of loneliness and/or social isolation. All studies from this integrative review found that Chinese late-life immigrants experienced considerable disruptions to daily activities and social networks in their host countries resulting in experiences of loneliness or feeling socially isolated. For example, Chinese late-life immigrants testified to feeling *unsettled* (Wright-St Clair & Nayar, 2019) and a sense of alienation (Zhao et al., 2020) when their original ties to China were disrupted and they had to adjust to a life in New Zealand. Similarly, in Australia and Canada, most participants missed the various social activities they had left behind in China (Caidi et al., 2020; Teh et al., 2019).

Loneliness arose from altered life experiences in the context of late-life immigration, such as a break in family routines, lifestyles, as well as intergenerational relationships with their adult children and grandchildren. Late-life immigration often prompted new adjustment and changes to family structure with resultant intergenerational conflict having the potential to exacerbate loneliness for Chinese immigrating in later life. For instance, a lack of or inadequate close relationships with adult children and grandchildren, loss of a partner and living alone were considered as factors associated with being lonely (Caidi et al., 2020; Li & Chong, 2012; Teh et al., 2019; Wright-St Clair & Nayar, 2019; Zhao et al., 2020). Similarly, Chinese late-life immigrants felt excluded by families when their adult children and/or grandchildren ignored their advice related to maintaining and respecting traditional Chinese cultural expectations (Wright-St Clair & Nayar, 2019; Zhao et al., 2020), instead of assimilating to the New Zealand way of doing things. For example, grandchildren chose western food when their grandparents wanted to eat at Chinese restaurants.

Positively, some Chinese late-life immigrants were motivated to develop coping strategies for overcoming being socially isolated. Findings from this integrative review reveal that engaging in artwork and gardening went some way to addressing participants' loneliness and social isolation (Li, 2012; Li et al., 2010). In addition, gardening was seen to improve family relationships and decrease tensions among family members through collectively engaging in domestic activities (Li et al., 2010). Chinese late-life immigrants identified a sense of belonging when they participated in Chinese community groups, which provided opportunities to broaden their local social networks (Li et al., 2010; Wright-St Clair & Nayar, 2019; Zhao et al., 2020).

3.4 | Theme 2: Moving away from filial expectations

Older Chinese people's primary reason for immigrating in their later years was to reunify with adult children and grandchildren, and this group tended the most likely to hold onto expectations of receiving filial piety and family companionship (Li & Chong, 2012). Most Chinese late-life immigrants lived with their adult children and undertook grandparenting responsibilities upon arriving in their host countries. Conversely, many experienced a lack of reciprocated filial piety from their adult children which was further reported as contributing to their experiences of loneliness (Da & Garcia, 2015; Li & Chong, 2012; Wright-St Clair & Nayar, 2019; Zhao et al., 2020). The loss of filiation from their children further propagated uncertainty about their future care and intensified feelings of being lonely and unsupported (Da & Garcia, 2015; Li & Chong, 2012; Wright-St Clair & Nayar, 2019; Zhao et al., 2020). In the included studies, parents had often spent most of their income on their children's higher education and housing as contributions to the wellbeing of their children and grandchildren. Accordingly, they expected a return on these investments from their adult children in keeping with the cultural

TABLE 2 Summary of the included studies

Authors and Year	Country	Journal	1. Participants' ethnicity 2. Sample size 3. Age 4. Gender ratio (F:M)	Study aim
Zhao et al. (2020)	New Zealand	Open Theses & Dissertations Auckland University of technology	1. Chinese 2. *n* = 23 3. 65y and over 4. 16:7	Identify how loneliness is manifested among Chinese late-life immigrants in New Zealand and develop the resources or services to address their loneliness
Caidi et al. (2020)	Australia and Canada	Information Processing and Management	1. Chinese 2. *n* = 16 (Australia 8, Canada 8) 3. 60y and over 4. 5:3	Examine Chinese late-life immigrants' information practices and the transnational dimension of their settlement process
Teh et al. (2019)	Australia	Australasian Journal on Ageing	1. Chinese 2. *n* = 11 3. 60–85 y 4. not available	Examine the meaning of successful ageing among late-life immigrants ageing in a new cultural environment
Wright-St Clair and Nayar (2019)	New Zealand	Ageing & Society	1. Chinese; Korean; Indian 2. *n* = 74 (24; 25; 25) 3. 60–83 y 4. 1:1	To explore Chinese late-life immigrants' loneliness and/ or social isolation in NZ
Da and Garcia (2015)	Canada	Activities, Adaptation & Aging	1. Chinese 2. *n* = 31 3. ≥55y 4. 20:11	Explore and understand settlement experience of recent older Mandarin-speaking Chinese immigrants
Li (2012)[a]	New Zealand	Arts & Health	1. Chinese 2. *n* = 32 3. 62–77 y 4.18:14	Examine how creation of artwork impacts on older Chinese immigrants' health, well-being and identity construction
Li and Chong (2012)[a]	New Zealand	Graduate Journal of Asia-Pacific Studies	1. Chinese 2. *n* = 32 3. 62–77 y 4. 18:14	Explore older Chinese immigrants' social connectedness in NZ
Li et al. (2010)[a]	New Zealand	Journal of Health Psychology	1. Chinese 2. *n* = 32 3. 62–77 y 418:14	Explore the significance of gardening for older Chinese immigrants in NZ

[a]Wendy Li's three articles published from the same study.

expectations of filial piety. Some participants experienced financial difficulties in later life when such filial exchange could not be fulfilled, or when their adult children declined or were unable to provide financial support to them. Although some participants in the included studies described receiving financial support from their adult children, they considered the exchange to be imbalanced in relation to what they have previously provided to their children (Caidi et al., 2020; Da & Garcia, 2015; Wright-St Clair & Nayar, 2019; Zhao et al., 2020).

Most of the included articles mentioned late-life immigrants' other non-financial filial expectations of their children (Caidi et al., 2020; Da & Garcia, 2015; Wright-St Clair & Nayar, 2019; Zhao et al., 2020). Adult children were expected to spend their spare time with their older parents, as well as provide and take care of their later

Context of the study	Methodology and methods	Key and relevant findings	Limitations
Little is known about how Chinese late-life immigrants' loneliness manifests and how it might be addressed	Mixed-method; Loneliness scale, semi-structured interviews and co-design	Experiences of loneliness and social isolation are common among Chinese late-life immigrants in New Zealand. Participants' cultural loneliness makes an original contribution to knowledge in the social gerontology field	Non-representative sample
Migrating late in life presents some unique characteristics and challenges	A parallel approach across the two countries, semi-structured interviews	Many participants reported feelings of loneliness and isolation away from their original social networks in China, but they tried to overcome barriers and find coping strategies actively	Small sample size. Difficult to generalise or to compare the populations between two countries
Very few studies have focused on the experience of Chinese migrants	Semi-structured interviews	Chinese late-life immigrants' experience of loneliness was associated with family relationship and location of ageing	Small sample size from a particular geographical region and ethnic group, difficult to generalise findings.
Many studies fail to distinguish between those immigrated earlier in life and late-life immigrants	Secondary analysis. Interpretive (qualitative)	Three notions: being unsettled, feeling side-lined and being oriented towards social connectedness.	1. Non-representative sample. 2. Secondary analysis prohibited the opportunity to seek clarification of events or meanings
Settlement experience of Chinese late-life immigrants has not been systematically examined in the Canadian context	A mix of semi-quantitative and qualitative research methods	Chinese late-life immigrants experienced isolation and loneliness due to the loss of their familiar cultural setting, language and physical activity and social networks	Non-representative sample
The experiences of older Chinese people in Western countries have not been high on the agenda of academic research or policy	Narrative approach (qualitative); interviews; secondary data analysis was undertaken using analytical tools	Chinese late-life immigrants in NZ experienced loneliness and socially isolated and expected to reconnect with others	Non-representative sample
Chinese late-life immigrants were characterised as dependent, isolated and passive victims	Semi-structured interviews	The transnational network practices sustained and enhanced their social connections and sense of belonging to both China and NZ.	Non-representative sample
Adjustments to life in a new country can be especially difficult for Chinese late-life immigrants	Semi-structured interviews	Gardening provides a strategy for self-reconstruction and addressing loneliness	Non-representative sample

life housing and care arrangements. However, many participants reported feeling emotionally isolated from their children and expressed a desire for closer family relationships. Inadequate reciprocal care from adult children was frequently noted as unacceptable by some participants (Wright-St Clair & Nayar, 2019; Zhao et al., 2020). Feelings of loneliness arose when filial care received was less than what they felt they were owed. However, from the data in the included studies, expectations of traditional family support and filial piety returns were shown to change radically upon immigrating to host countries. Some Chinese late-life immigrants (Li, 2012; Li et al., 2010; Wright-St Clair & Nayar, 2019; Zhao et al., 2020) anticipated living separately from their adult children and receiving services from formal social services and residential care organisations. To avoid family conflict, they opted to have some social distancing from

younger generations. However, it is also noted that the notion of living independently from adult children in old age and being cared for by non-family members was in direct contradiction to their belief and expectations of filial piety (Zhao et al., 2020).

4 | DISCUSSION

To further understand how loneliness and social isolation manifests for Chinese late-life immigrants, this paper synthesised the findings into two themes. Chinese late-life immigrants experienced loneliness and social isolation due to the loss of their cultural surroundings, social networks, primary language engagement, leisure and physical activities, which posed considerable barriers to immigrant settlement and integration into general communities (Caidi et al., 2020; Da & Garcia, 2015; Li, 2012; Li & Chong, 2012; Li et al., 2010; Teh et al., 2019; Wright-St Clair & Nayar, 2019; Zhao et al., 2020). Chinese late-life immigrants found their limited English skills prohibited them from socialising with local neighbours, seeking assistance or accessing health and social services/resources. These findings echo those from Canada (Johnson et al., 2019), United States (Dong et al., 2012) and Shorey and Chan's qualitative systematic review (Shorey & Chan, 2020), which included three New Zealand articles. Older Chinese immigrants in host countries faced language and cultural barriers which led to loneliness and/or social isolation. They tried to establish ethnic friendships and networks in the community and wished healthcare professionals could recognise and address their cultural needs.

The recency of the reviewed studies, with two published in 2019 and another two published in 2020, indicate increasing attentions in the field of the experience of loneliness arising from late-life immigration globally. As one of the fast-growing immigrant populations in many host countries, Chinese late-life immigrants' loneliness and social isolation have focused on socio-cultural gerontological outcomes with minimal attention given to the role of nursing. Evidence from empirical research findings indicate that the potential negative effects of loneliness and social isolation on health and wellbeing can be more distinct for Chinese late-life immigrants when compared to non-immigrants in host countries (Li, 2012; Wright-St Clair & Nayar, 2019; Zhao et al., 2020). The manifestation of this population group's loneliness and social isolation were deeply-rooted in Chinese specific cultural values, which can provide both challenges and opportunities for the delivering person-centred nursing care (Wilson et al., 2018).

Two included studies (Wright-St Clair & Nayar, 2019; Zhao et al., 2020) had a primary aim of investigating Chinese late-life immigrants' understandings of loneliness and social isolation. Yet, only one study (Zhao et al., 2020) had a Chinese researcher to work with participants in their own language to provide a more sensitised and emic understanding of the nature of loneliness and social isolation embedded within the context of Chinese culture. From a culturally responsive nursing perspective, it is essential to acknowledge and respect individuals' culturally specific needs, instead of interpreting them within a nurse's personal framework of cultural values and beliefs. This finding is consistent with the literature suggesting the inherent complexities in understanding and perceptions of loneliness vary across cultures (Fokkema et al., 2012). In this review, participants commonly described their experiences based on complex and culturally nuanced understandings and experiences of loneliness and social isolation. Filial piety and harmonious intergenerational relationships with their adult children and/or grandchildren were greatly valued by these Chinese late-life immigrants. However, after immigration to host countries, they tended to shift their filial piety expectations from relying on younger generations towards seeking formal healthcare and social services from professional groups such as nurses.

Nurses have central role in promoting culturally sensitive services for ethnic minority communities (Wilson et al., 2018). For example, nurses are not only expected to be *competent*, *inclusive*, *respectful* and capable when providing culturally responsive health care, but also must enable patients and their families to feel culturally safe (Wilson & Hickey, 2015, p. 241). For example, nurses should refer older immigrants to community care that is culturally informed (Montayre et al., 2017). The often undisclosed experiences of loneliness and social isolation outlined above provide essential reference data underpinning nurses' culturally specific practices in healthcare settings. However, the prevalence rate and patterns of Chinese late-life immigrants' experience of loneliness in New Zealand, Australia and Canada remain underreported according to this review report. As Chinese late-life immigrants' loneliness was identified in this review as arising from challenges to cultural and family values systems upon relocation, nurses in host counties should be educated on the importance of addressing the immigrants' specific healthcare needs. Particularly, nurses should be sensitive to the changes in intergenerational relationships when working with older Chinese patients and their families. This is important because for Chinese later-life immigrants, loneliness is more likely to be influenced by negative relationships with their adult children (Zhao et al., 2020). On the other hand, nurses should consider engaging adult children's support when addressing older Chinese parents' loneliness. Furthermore, participants were not accustomed to openly discussing their loneliness, which might be related to the perceived stigma attached to admitting loneliness within Chinese culture (Wright-St Clair & Nayar, 2019; Zhao et al., 2020). These findings serve as a reminder to nurses that Chinese late-life immigrants may withhold some details or stories when directly asked about being lonely during their visits to healthcare settings. Nurses should be prepared to work with increasingly diverse populations across the life span to create a culturally safe environment for patients and their family, and so contribute to their health and wellbeing (Nursing Council of New Zealand, 2011). The WHO Guidelines on Integrated Care for Older People (ICOPE) propose evidence-based recommendations for health care professionals to place the needs and preferences of older adults at the centre of coordinated care models (World Health Organization, 2017). Correspondingly, nurses in New Zealand are encouraged by national Nursing Council to collaborate with patients in defining and establishing culturally sensitive services (Nursing Council of New Zealand, 2011).

For older Chinese patients, the potential value of extended family is an important enabling factor to improve or mitigate loneliness. The beneficial effects of filial piety could inform nursing education and service delivery in host countries to develop more collaborative care planning with patients, and their adult children for overcoming loneliness. This is in accordance with McCormack and McCance's (2006) framework of Person-Centred Practice for Nurses which steers the creation of an inclusive and robust relationship with patients and their family, incorporates their cultural values and beliefs to improve the quality of health care. Moreover, filial piety is not unique to Chinese people, the study findings of Chinese late-life immigrants' experiences of loneliness and social isolation could be applicable to other Asian groups which are historically influenced by Confucianism, such as Japanese, Korean and Filipino late-life immigrants.

In this integrative review, participants' deeply rooted cultural beliefs of receiving filial piety from their adult children impacted on their understanding and experience of loneliness, which subsequently determined particular ways of responding and coping with resultant feelings of loneliness. We identified a paucity in knowledge about how loneliness and social isolation were overcome or addressed by Chinese late-life immigrants. Although there are some intervention studies undertaken in western countries with European populations to address loneliness (Pitkala et al., 2009), there have been no intervention studies to date undertaken with Chinese late-life immigrants focusing on ameliorating loneliness.

5 | STRENGTH AND LIMITATIONS

An integrative review method was adopted for this review paper. The strength of this method is that it synthesises knowledge from contemporary empirical studies of loneliness and social isolation for Chinese late-life immigrants, by examining prior studies' limitations and identifying current gaps in healthcare service provision. The current review is the first integrated review on loneliness and/or social isolation in Chinese late-life immigrants conducted internationally. The review findings constitute a potential, important starting point for future research into loneliness and social isolation of Chinese late-life immigrants in host countries.

This integrative review did not include grey literature and those articles published in Chinese. We would argue that the inclusion of such literature may have added value and, also, that research conducted, and published in Chinese language/s might have better represented the experiences of late-life immigrants.

6 | CONCLUSION

This integrative review synthesised Chinese late-life immigrants' experiences of loneliness and social isolation in their host countries. The review findings have potential to inform healthcare professionals, particularly nurses, to target and improve current person-centred holistic care practices. The review results highlighted the importance of providing culturally sensitive responses and building safe relationship with Chinese late-life immigrants and their families. This review of available evidence on socially rooted antecedents of loneliness and social isolation and the effects of migration and ageing on older Chinese populations will help advance nursing practice in providing culturally responsive care interventions.

7 | RELEVANCE TO CLINICAL PRACTICE

This integrative review demonstrated how loneliness and social isolation manifested for Chinese late-life immigrants in a variety of host countries. Culturally sensitive interventions such as providing language services in hospitals, rest homes and communities are recommended to ensure cultural beliefs and values are supported. Understanding and identifying the sources of loneliness and social isolation among late-life immigrants will prompt healthcare professionals, particularly nurses to consider the broader context to health and wellbeing of ageing immigrants in the host countries.

DISCLOSURE OF INTERESTS

None declared.

CONFLICT OF INTEREST

The author declares no conflicts of interest.

AUTHOR CONTRIBUTIONS

IYZ, EH, VAWC and SN involved in study conception and design. IYZ, EH and SN involved in literature search, screening of papers and data extraction. IYZ, EH, NG, VAWC and SN involved in performance of the data analysis. IYZ, EH, VAWC and SN involved in manuscript preparation.

AVAILABILITY OF DATA, CODE AND OTHER MATERIALS

Template data collection form and data extracted from included studies are publicly available and can be provided as requested.

ORCID

Ivy Yan Zhao https://orcid.org/0000-0003-4597-8929
Eleanor Holroyd https://orcid.org/0000-0002-2993-8823
Nick Garrett https://orcid.org/0000-0001-9289-9743
Valerie A. Wright-St Clair https://orcid.org/0000-0002-7505-3946
Stephen Neville https://orcid.org/0000-0002-1699-6143

REFERENCES

American Psychology Association. (2021). Loneliness. https://dictionary.apa.org/loneliness
Caidi, N., Du, J. T., Li, L., Shen, J. M., & Sun, Q. L. (2020). Immigrating after 60: Information experiences of older Chinese migrants to Australia and Canada. *Information Processing & Management*, *57*(3), 102111. https://doi.org/10.1016/j.ipm.2019.102111

Critical Appraisal Skills Programme. (2018). Critical appraisal skills programme CASP qualitative research checklist. https://casp-uk.net/wp-content/uploads/2018/01/CASP-Qualitative-Checklist-2018.pdf

Da, W.-W., & Garcia, A. (2015). Later life migration: Sociocultural adaptation and changes in quality of life at settlement among recent older Chinese immigrants in Canada. *Activities, Adaptation & Aging*, *39*(3), 214–242. https://doi.org/10.1080/01924788.2015.1063330

Dong, X., Chang, E. S., Wong, E., & Simon, M. (2012). Perception and negative effect of loneliness in a Chicago Chinese population of older adults. *Archives of Gerontology and Geriatrics*, *54*(1), 151–159. https://doi.org/10.1016/j.archger.2011.04.022

Fokkema, T., De Jong Gierveld, J., & Dykstra, P. A. (2012). Cross-national differences in older adult loneliness. *Journal of Psychology*, *146*(1–2), 201–228. https://doi.org/10.1080/00223980.2011.631612

International Organization for Migration. (2020). World Migration Report (WMR) 2020. Retrieved from Geneva, Switzerland.

Johnson, S., Bacsu, J., McIntosh, T., Jeffery, B., & Novik, N. (2019). Social isolation and loneliness among immigrant and refugee seniors in Canada: A scoping review. *International Journal of Migration, Health and Social Care*, *15*(3), 177–190. https://doi.org/10.1108/IJMHSC-10-2018-0067

Li, W. W. (2012). Art in health and identity: Visual narratives of older Chinese immigrants to New Zealand. *Arts & Health*, *4*(2), 109–123. https://doi.org/10.1080/17533015.2011.584886

Li, W. W., & Chong, M. D. (2012). Transnationalism, social wellbeing and older Chinese migrants. *Graduate Journal of Asia-Pacific Studies*, *8*(1), 29–44.

Li, W. W., Hodgetts, D., & Ho, E. (2010). Gardens, transitions and identity reconstruction among older Chinese immigrants to New Zealand. *J Health Psychol*, *15*(5), 786–796. https://doi.org/10.1177/1359105310368179

Lin, X., Bryant, C., Boldero, J., & Dow, B. (2016). Psychological well-being of older Chinese immigrants living in Australia: A comparison with older Caucasians. *International Psychogeriatrics*, *28*(10), 1671–1679. https://doi.org/10.1017/S1041610216001010

McCormack, B., & McCance, T. V. (2006). Development of a framework for person-centred nursing. *Journal of Advanced Nursing*, *56*, 472–479. https://doi.org/10.1111/j.1365-2648.2006.04042.x

Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G., & PRISMA Group (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA Statement. *PLoS Med*, *6*(7). https://doi.org/10.1371/journal.pmed.1000097

Montayre, J., Neville, S., Dunn, I., Shrestha-Ranjit, J., Taylor, L., & Wright-St Clair, V. A. (2020). What makes community-based physical activity programs for culturally and linguistically diverse older adults effective? An Integrative Review. *Australasian Journal on Ageing 39*(4), 331–340. https://doi.org/10.1111/ajag.12815

Montayre, J., Neville, S., & Holroyd, E. (2017). Moving backwards and moving forward: The experiences of older Filipino migrants adjusting to life in New Zealand. *International Journal of Qualitative Studies on Health and Well-Being*, *12*, https://doi.org/10.1080/17482631.2017.13470

Nursing Council of New Zealand (2011). *Guidelines for cultural safety, the treaty of Waitangi and Maori health in nursing education and practice.* .

Pitkala, K. H., Routasalo, P., Kautiainen, H., & Tilvis, R. (2009). Effects of psychosocial group rehabilitation on health, use of health care services, and mortality of older persons suffering from loneliness: A randomized, controlled trial. *Journal of Gerontology: Medical Science*, *64*(7), 792–800.

Salma, J., & Salami, B. (2020). "Growing Old is not for the Weak of Heart": Social isolation and loneliness in Muslim immigrant older adults in Canada. *Health and Social Care in the Community*, *28*, 615–623. https://doi.org/10.1111/hsc.12894

Shorey, S., & Chan, V. (2020). The experiences and needs of Asian older adults who are socially isolated and lonely: A qualitative systematic review. *Archives of Gerontology and Geriatrics*, *92*, https://doi.org/10.1016/j.archger.2020.104254

Statistics New Zealand (2013). Languages spoken (total responses) by birthplace (broad geographic area), for the census usually resident population count, 2001, 2006, and 2013 Censuses (RC, TA, AU). http://nzdotstat.stats.govt.nz/wbos/

Statistics New Zealand (2021). Population projected to become more ethnically diverse. https://www.stats.govt.nz/news/population-projected-to-become-more-ethnically-diverse

Steptoe, A., Shankar, A., Demakakos, P., & Wardle, J. (2013). Social isolation, loneliness, and all-cause mortality in older men and women. *Proceedings of the National Academy of Sciences of the United States of America*, *110*(15), 5797–5801. https://doi.org/10.1073/pnas.1219686110

Stewart, M., Shizha, E., Makwarimba, E., Spitzer, D., Khalema, E. N., & Nsaliwa, C. D. (2011). Challenges and barriers to services for immigrant seniors in Canada: "you are among others but you feel alone". *International Journal of Migration, Health and Social Care*, *7*(1), 16–32. https://doi.org/10.1108/17479891111176278

Tang, F. Y., Zhang, W., Chi, I., & Dong, X. Q. (2018). Acculturation and activity engagement among older Chinese Americans. *Gerontology and Geriatric Medicine*, *4*. https://doi.org/10.1177/2333721418778198

Teh, J. H. C., Brown, L. J. E., & Bryant, C. (2019). Perspectives on successful ageing: the views of Chinese older adults living in Australia on what it means to age well. *Australasian Journal on Ageing*, *39*, 24–31.

United Nations (2017). Migration and population change - drivers and impacts. https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2020/Jan/un_2017_factsheet8.pdf

United Nations (2019). International Migration 2020. https://www.un.org/development/desa/pd/news/international-migration-2020

Whittemore, R., & Knafl, K. (2005). The integrative review: updated methodology. *Journal of Advanced Nursing*, *52*(5), 546–553. https://doi.org/10.1111/j.1365-2648.2005.03621.x

Wilson, D., Heaslip, V., & Jackson, D. (2018). Improving equity and cultural responsiveness with marginalised communities: Understanding competing worldviews. *Journal of Clinical Nursing*, *27*(19–20), 3810–3819. https://doi.org/10.1111/jocn.14546

Wilson, D., & Hickey, H. (2015). Māori health: Māori- and whānau-centred practice. In D. Wepa (Ed.), *Cultural safety in Aotearoa New Zealand* (pp. 235–251). Cambridge University Press.

World Health Organization (2017). Integrated care for older people: guidelines on community-level interventions to manage declines in intrinsic capacity. . https://www.who.int/publications/i/item/9789241550109

Wright-St Clair, V. A., & Nayar, S. (2016). Older Asian immigrants' participation as cultural enfranchisement. *Journal of Occupational Science*, *24*(1), 64–75. https://doi.org/10.1080/14427591.2016.1214168

Wright-St Clair, V. A., & Nayar, S. (2019). Resettling amidst a mood of loneliness: Later-life Chinese, Indian and Korean immigrants in New Zealand. *Ageing & Society*, 1–17.

Zhang, W. G. (2020). Perceptions and expectations of filial piety among older Chinese immigrants in Canada. *Ageing & Society*, *1–24*, https://doi.org/10.1017/S0144686X20000902

Zhao, Y., Wright-St Clair, V. A., Garrett, N., & Neville, S. (2020). Identifying and addressing loneliness among Chinese late-life immigrants in New Zealand (doctoral thesis). (PhD), Auckland University of Technology, Auckland, New Zealand. http://hdl.handle.net/10292/13600

SUPPORTING INFORMATION

Additional supporting information may be found in the online version of the article at the publisher's website.

How to cite this article: Zhao, I. Y., Holroyd, E., Garrett, N., Wright-St Clair, V. A., & Neville, S. (2023). Chinese late-life immigrants' loneliness and social isolation in host countries: An integrative review. *Journal of Clinical Nursing*, 32, 1615–1624. https://doi.org/10.1111/jocn.16134