PROVIDING HIGH-QUALITY SERVICE TO ELDERLY SOVIET EMIGRES
The Top Ten Cross-Cultural Challenges

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In order to provide high-quality care to emigre clients from the former Soviet Union, professionals must sensitize themselves to their clients' belief systems. They must examine their own reactions and feelings when their clients act in ways that were adaptive in the former Soviet Union but are not helpful in this country. Finally, they must provide ongoing education in American cultural norms and expectations so that their clients can lead fulfilling, active lives in their new homes.

Thousands of elderly Soviet emigres have come to America to live. Why? These elders have come to be with their children and grandchildren who have come here for a better life. Here in America the entire family can live freely as Jews, and they have educational and employment opportunities that were not available to them in their country of origin. The grandchildren can go to Jewish schools and camps. The children can apply for jobs and be accepted to universities without fearing that the "Jewish quota" has been filled. Seniors can speak Yiddish and openly celebrate Jewish holidays. Yet, leaving all that was familiar is not easy for these elderly emigres. It is difficult to replace friendships of sixty years, to learn a new language at 85 years old, to know that one will never again see one's husband's grave. It is also quite painful to understand that one's "royal" status within the family system will never be regained and that one's accumulated know-how is often not useful in assisting one's family to succeed in this "new world" (Althausen, 1993).

Although their relationships must accommodate their new culture, emigre families remain cohesive and traditional. In America seniors continue to play an integral role in the family's functioning. They often babysit grandchildren so that their adult children can learn English and look for employment. When able, they assist with such household chores as cleaning and cooking. The adult children assume responsibility for caring for frail seniors when they are ill, hospitalized, and even when they have had to be placed in a skilled nursing facility. This interdependence serves the extended family well and each person makes a contribution.

When emigre families approach the social service and health care systems in America, two major cultural factors shape their expectations and behavior:

1. *Adult children of senior emigres are involved in the care of their elderly relatives in a way that is foreign and unacceptable to most American health and social service providers.* In the former Soviet Union adult children are intimately involved in the care of their senior relatives. Mrs. S., an 82-year-old woman, was in the hospital in Leningrad with a diagnosis of angina. She was in severe pain and was unable to bathe herself. Hospital care is minimal in the former Soviet Union, especially by American standards, and it was necessary for the patient's daughter to come every day and bathe her mother. The hospital staff not only tolerated this, but they expected it. In addition, Mrs. S.'s daughter brought her mother

food every day, and this behavior was also accepted and expected by all involved. Adult children have the expectation that they should be involved in their parent's care and that this is a behavior that will be understood, if not welcomed, by service providers.

2. *Emigre behaviors and attitudes that were highly functional in the country of origin are often ineffective in the American system.* In America, although emigres may "learn the rules" over time, they often are experienced as overstepping boundaries even after they have been in our culture for years "and should know better." Behaviors that elderly emigres feel worked for them for fifty or sixty years are now considered, by Americans, to be inappropriate and pushy. In the former Soviet Union professional boundaries are not delineated in the way that they are in this country. Seniors are unclear regarding how patients and staff are expected to interrelate in the United States. American workers often find, for example, that elderly emigres ask them for their home telephone number. "She's a nice lady who has helped me. She always listens to my problems and seems to care for me. Why can't I call her at home if I need help?"

American professionals, working with elderly emigres, are often in a position to educate the emigre regarding the unspoken social "rules" of interacting with professionals. Professionals must often face their own reactions and feelings when such rules are violated. It is not always easy to examine one's own biases and learn how to manage such feelings in a compassionate and professional manner. It is, however, crucial to do so in order that the highest quality service possible be delivered and so that skilled professionals are able to maintain the energy and morale necessary to perform this demanding and rewarding work.

Based on the experience of working with elderly emigres, in a variety of institutional settings, the following ten major challenges have emerged.

THE TOP TEN CULTURAL CHALLENGES

I. Institutional Security

The Soviet system provided institutional security for its population. The elderly knew that they would be provided with the basic necessities of life, such as housing, education, employment, and medical care. Though the Soviet system was often viewed as inadequate, discriminatory, and quite marginal, it did provide a sense of general security.

Elderly emigres certainly have the expectation or wish that when they come to America such structures will be in place. It is a rude awakening when they realize that their children and grandchildren may not be able to find jobs and that public schools can be dangerous. The medical system is confusing and often frightening. Seniors have the expectation that hospital stays will be longer, that home care services will be more elaborate and long term, and that they will develop a relationship with one primary physician, rather than seeing several physicians in a clinic setting. Housing is often unavailable, and seniors may be on waiting lists for good senior housing for years. American society may not provide the kind of security for which they had hoped.

Recommendations

Professionals can assist elderly emigres by educating them regarding housing, medical care, and the role of government in this country. This education might be included as a part of an initial senior orientation or may be presented as each individual issue begins to emerge. Providing written materials in Russian that reinforce what has been discussed is usually quite helpful. Allowing seniors an opportunity to express their expectations and to speak about their reactions to the realities is useful. It is also crucial to be very clear regarding how professionals can assist with these issues.

Clarifying roles and limitations is helpful, and it is important that there be consistency within the agency (and within one's caseload) regarding roles and boundaries. Caseworkers may, for example, decide that it is not possible for them to call senior housing apartments regarding openings and that this is a task that an English-speaking relative or friend must do. It is then important that calls not be made for some clients and not for others. It is often difficult for American professionals not to have the flexibility to decide when and where to make appropriate exceptions. Making exceptions is, however, almost never appropriate for this population. When such exceptions are made, boundaries and rules become unclear. This lack of clarity is confusing and often reinforces the belief that methods for obtaining service in America are as arbitrary as in their country of origin. Elderly emigres may feel therefore that the service systems, and professionals working within those systems are, subject to manipulation.

II. Special Favors and Boundaries

The paradox regarding institutional security is that, although it is provided in the former Soviet Union, one must be extremely "savvy" to obtain adequate service from those institutions. In the former Soviet Union there is an intricate system of connections, special favors, and tips/gifts that allow people to obtain the best possible care. Seniors have, over a period of many years, developed connections that contribute to their value in the family. Once they emigrate, these same seniors lose this complex set of understandings and relationships that have allowed them to gain access to needed services.

Two dynamics result: these seniors (1) feel much less powerful and (2) are viewed as less powerful by their families. It is predictable and realistic that these seniors, after emigrating, will assume that strategies that worked in their own culture will also work in America. Although connections are important here as well, the United States cannot compare to the former Soviet Union in this regard. Americans understand how and when to give $15.00 to a dock worker or to send a lovely letter of thanks to an institution. Elderly emigres often do not know where, when, and how to do this. An emigre may believe that if he only knows with whom to speak, if he could only understand HOW to access service, that he would be able to receive better care.

An effective means to obtain service in the former Soviet Union is to offer gifts. However, when offered to American professionals in order to receive "better" service, presents often illicit a very negative response. American social service and health care professionals take pride in doing their work because they are dedicated providers of service, and it may be insulting, and often makes the American professional angry, when gifts, which may be perceived as bribes, are offered. When gifts are offered an ethical dilemma often occurs. What gifts, if any, are appropriate to accept from a client?

Recommendations

It is extremely useful to develop clear guidelines, which are consistently reinforced, regarding gifts. Many organizations accept gifts of food only and make it clear that these gifts will be shared with all staff and not reserved for one particular staff member. It is also crucial to state in the guidelines that no gifts of money should be offered by clients or accepted by staff.

It is important to have clear and consistent consequences for those clients who are unable to follow set guidelines. One local senior housing building has a rule that if a client on the waiting list attempts to bribe staff members, this potential client is told that this is inappropriate and that if it occurs again, permanent removal from the waiting list will result. The emigre who attempts to utilize connections or give gifts may view it as an appropriate method to achieve quality care and may be surprised by learning how very unacceptable this be-

havior is in America.

III. Timing and Scheduling

Timing and scheduling have very different meanings in the culture of origin than they do in America. For example, one might have an appointment at an outpatient department in Odessa at 10:00 a.m. One may or may not be seen any where near this time. The physician may leave. He may be booked with other patients, and his 10:00 appointment may not be seen at all that day. One cannot trust that because a professional promises to keep an appointment at a given time that the time commitment will be honored. The system is such that this may not happen.

Elderly emigres often have tremendous anxiety regarding appointments, especially medical appointments. Patients are concerned that they may not be seen by the physician or that their problems will not be taken seriously enough. Due to their high levels of frailty and multiple medical problems, it is also often extremely difficult for seniors to get to and from appointments and to wait to be seen. Such concerns often lead to extreme anxiety, which is translated into a variety of behaviors within the social service or medical setting: patients often call providers several times before appointments to "remind them" of the appointment; patients often state that they are having "heart pain" and must be seen immediately; seniors often come early to appointments and need to repeatedly confirm that "we have an appointment today, remember?"

Recommendations

These behaviors are a result of anxiety and fear, and professionals can best deal with them by understanding their psychological and cultural context. It is important to speak quite directly and compassionately with clients regarding such behaviors. It is helpful to understand that these behaviors in the former Soviet Union often allowed patients to obtain medical care for themselves and their family members that they might not have received had they simply followed the rules. These behaviors were often appropriate, and they served the patients well; it is reasonable for emigre seniors to assume that this will be the case in America as well.

It is important for individual professionals to educate elderly emigres regarding the mechanics of making appointments and confirming appointments, as well as patient "etiquette". Newcomers often need assistance in maneuvering through the complicated health care and social service systems, and any appropriate and available hands - on assistance is often invaluable. Additionally, it is important to discuss the underlying issues, such as cultural differences, trust, and how professional relationships are viewed in this country. Orientation seminars during the initial stages of resettlement often address such issues and can be conducted by Jewish family service agencies, by senior housing buildings, or by hospitals that serve emigres.

IV. Demeanor

Professional social service and health care providers in the former Soviet Union have a distinct manner and demeanor that differs from that of American professionals. In the country of origin, professionals maintain a serious demeanor, dress is rather formal, and social pleasantries and chit-chat are unusual. Professionals are often rather authoritative and rarely include the patient in the major decisions affecting their care. Patients are often not told certain diagnoses, such as cancer. Professionals often do not inform patients regarding the variety of options for care, and as a result, they are often ill informed regarding their diagnosis, treatment, and prognosis.

In contrast, many American professionals are young and dress casually. They are often warm, smiling, and friendly, believing that this approach will relax patients. Elderly emigres may be surprised by such a casual and friendly manner. As one elderly emigre man said "Every time I go see my

young American doctor, he is smiling. It looks to me like he doesn't take my illness seriously. What's to smile about....I'm sick!"

American professionals are used to having a dialogue with a patient. To participate in one's own care and express one's ideas is seen as a positive value in the American health care system. This is not the case in the former Soviet Union, and elderly emigres often believe a provider to be incompetent if he or she discusses options with the patient, rather than making clear, authoritative decisions about care.

Recommendations

An initial orientation for senior newcomers can be quite valuable. Educating seniors regarding these issues may facilitate the process of acculturating to the health care and social service systems. In-service training for professionals is also often useful. Such professionals can speak directly with patients regarding issues of demeanor. For example, one physician regularly tells his senior emigre newcomers, "It might be unusual for you to see that I am wearing casual clothes and that I smile when I speak with you. This is often the style for American physicians. My smiling should not indicate to you that I do not take your illness seriously. I know that you are not feeling well and I am here to help you in whatever way I can."

It is important to attempt to include patients in the process of decision making regarding their own medical care. However, it may not be possible, especially for newcomers, to adapt to such a system. It may therefore be necessary for professionals to assume a more authoritative stance regarding care. Although such a stance may be inconsistent, and possibly uncomfortable, for the American professional, it may be the only way in which a particular patient can interact with the physician. Understanding that the long-term goal is to include the patient more and more in his or her own care may ease this discomfort.

V. Medications and Hospitalization

In the former Soviet Union the types of medications and the quality or quantity or medical technology that exist in the United States are not available. This fact, combined with a long-standing history of folk medicine in the country of origin, has resulted in a medical system that often focuses on natural remedies, such as herbal medications, massage, and long periods of rest. Seniors are more often hospitalized in the former Soviet Union and stay in the hospital for longer periods of time relative to American standards. For example, it is common to be hospitalized for two or three weeks for influenza. Elderly emigres find America's relatively short hospital stays to be inadequate and shocking.

In the former Soviet Union, antibiotics are used less often and many medications are obtained without a prescription; elderly emigres therefore often find it difficult to comply with prescribed medications. For example, in reference to antibiotics that she had been taking for a few days, a patient said, "They weren't working so I started taking four per day instead of three." In addition, many emigre seniors continue to take medications from the former Soviet Union, in addition to taking medications from American physicians. This is a serious issue and one that frustrates health care providers working with elderly emigres. Such professionals are concerned that their patients are at risk and feel they are often not able to communicate the seriousness of the problems associated with taking multiple medications that are not adequately monitored.

Recommendations

Consistent, ongoing, long-term education is very crucial when dealing with deeply held belief systems involving health and illness. It is important that caseworkers speak with the elderly emigre regarding the realities of America's health care system—its advantages, disadvantages, and how to maneuver through this complicated system. Physi-

cians and nurses must be observant and persistent in order to determine what medications their clients are taking; they then can provide ongoing education regarding appropriate quantities, combinations, and side effects. Such an approach requires medical personnel who speak Russian or the reliance on a skilled, sensitive translator who has been trained to work with emigres and their medical issues.

Coordinated care is the key here: caseworkers speaking with physicians, senior center workers speaking with families, and all providers speaking with patients. All involved must have a great deal of patience and persistence. It is important for professionals to strike a balance between concern for patients' safety and respect for their cultural/medical history.

VI. Death and Dying

In the former Soviet Union, health professionals do not openly discuss issues of death and dying as is done in the American health care system. Patients are rarely told directly that they have a terminal illness. They are almost never advised of a diagnosis of cancer and are not included in the decision-making process regarding treatment and care. This discomfort and unfamiliarity often are manifested in serious denial by family members, as well as patients themselves.

What does a home care nurse do when her patient's 65-year-old daughter says *"Please* do not talk with my mother about her cancer. In our culture we do not discuss these things. *I know my mother,* she would not want to talk about this...it will just upset her more and she doesn't need that now." The request is largely based upon the strongly held belief that to talk about death and/or cancer would be more upsetting than not to discuss it. It is believed that to be conscious of one's terminal illness will be demoralizing and will make the patient feel hopeless, which then makes it harder to muster the strength one needs to deal with a terminal illness. This way of dealing with death is contrary to the most widely accepted approaches utilized in most American health care programs today, and this is a very difficult issue for many American-trained health care providers. It is often frustrating for professionals to feel that they cannot help their patients in the manner thought to be most comforting and respectful.

It is important to introduce family members to an American cultural perspective and to encourage them to consider frank discussion of death and dying as an option. Trying to gently challenge them to look at their own cultural beliefs may be helpful. It will be comforting for them to understand that you will always respect their wishes and their decisions.

Recommendations

Emigre families tend to closely bond in the midst of a health care crisis, and the professional might benefit from being included in the work the family is doing. The relationship between the senior and the adult children is often quite enmeshed, and although it might be tempting, it will most likely be counterproductive not to deal with the adult children. The development of relationships with adult children, listening to their fears and concerns, and offering guidance when appropriate may serve the professional well in enabling the provision of high-quality service to senior clients. The professional does not want to find him- or herself excluded from the family system (Althausen, 1993).

It is helpful to explain that professionals in the United States view issues of death and dying quite differently. Americans believe that one is actually stronger when one has a chance to deal with one's own feelings about dying and when the patient has an opportunity to say goodbye. Because it is understandable that adult children may not wish to talk with their parents directly regarding their condition and their feelings, it is important to explain that there are professionals available to speak with the elderly relative. It is useful to develop a relation-

ship with a hospice program and a rabbi who will make home visits (preferably one who is Russian or Yiddish speaking) and to have connections with a home care program. It is also sometimes necessary for the Russian-speaking caseworker to act as a translator in order that services be delivered by a trusted professional and provided in as professional and compassionate a manner as possible.

VII. Social Integration

Senior emigres traditionally have strong, insular family and friendship networks that provide them with much emotional and social support. In congregate settings, such as senior centers, adult day health centers, and residential facilities, it has been difficult to integrate emigres with non-emigres. There is often tension, which expresses itself in the following terms: "Who are these emigres? Why do they keep to themselves? Where do they go every day? Why do they get everything?" Such feelings on the part of non-emigres may originate in feelings of jealousy, lack of knowledge, and insufficient and inappropriate modeling by leadership staff interacting with emigres.

The goal is to have these two groups integrate to whatever degree possible. The value in such integration is reciprocal. Emigre seniors have much to give: their survival skills, their love of life, and their humor and warmth are all qualities that American seniors might enjoy. American seniors are an integral part of the emigre's new homeland; they represent the culture and values of America in all its diversity and therefore could provide a window through which emigres can view their new home. Seniors of both groups would benefit in terms of an increased sense of self-esteem brought about by learning new skills, expanding one's horizons, and sharing one's life view.

Recommendations

In most congregate settings there are opportunities for integrated programming. It is important to speak directly with seniors regarding their ideas and recommendations for such programming. It could include activities in which these two groups learn about one another, where they each come from, and what life was like for them. Each group could share cultural and holiday celebrations with the other; for emigres this sharing can center around Jewish holidays and life-cycle events. Elderly emigres are deeply connected to their Jewish roots and the Jewish calendar provides numerous opportunities for joint programming.

Nonverbal joint programming can also be successful. Such activities as tzedakah projects and art and exercise classes provide a forum in which both groups can interact. Classes and/or one-to-one pairing in conversational English (for emigres) and in conversational Russian (for Americans) can be interesting and fun.

Activities should be designed for each specific setting. Creativity and enthusiasm will go far in developing programming that will provide opportunities for these two groups to interact. However, long-standing cultural and linguistic differences make this work challenging, and professionals must be realistic regarding goals and expectations.

VIII. Family Members

In working with elderly emigres one must keep in mind that their adult children may be sixty or seventy years old themselves. Therefore, many of the issues discussed in this article may apply to these adult children as well. Often these adult children can communicate in English. However, it is likely that, although these adult children may be more fluent than their parents, many still may not be able to fully comprehend rules and regulations, staff roles, and realistic expectations in English. Yet, despite this lack of understanding, they are often placed in the role of contacting institutions that could potentially assist their parents and often act as advocates on their parents' behalf.

When families emigrate from the Soviet Union, a role reversal usually occurs within the family structure. In their country of origin, the parents' knowledge of the culture allowed them to play a leadership role within the family when contacting agencies and institutions. Once in America, the children assume this role due to their better understanding of American culture and English. This fact, combined with the traditional closeness of the emigre family, results in children often advocating energetically for their parents.

Recommendations

Because the adult children are usually most comfortable in Russian, it is helpful that all materials—orientation packets, ongoing communication, contracts, and agency policies—be prepared in Russian. It is crucial to speak with adult children regarding the limitations of each professional's responsibilities and to be consistent with regard to maintaining those boundaries.

Children are often quite anxious regarding their parents' care. Because the adult children have many of the same cultural expectations and background as their parents, they often handle this stress in culturally similar ways. Additionally there may be complicated psychological factors resulting from the children's guilt over bringing their elderly parents to a new country. This guilt sometimes manifests itself through harshly judging professionals working with their parents. The development of close relationships with adult children before the crisis occurs can often mitigate acting out once the crisis develops.

IX. Staff Support

American professionals operate with certain cultural beliefs and assumptions. It is important to challenge oneself to go beyond these beliefs and attempt to understand emigres in terms of their own set of social and historical assumptions. In the process of working with elderly emigres, American professionals can learn a great deal about themselves. Behaviors and attitudes are examined, feelings are explored, and many long-held beliefs are reviewed.

Professionals are called upon to respect emigre culture while introducing emigres to American styles of interacting. This task is often quite challenging for American professionals and requires the ability to balance compassion with a firm professional stance. Intense feelings are often elicited, and it is the responsibility of the professional and his or her supervisor to understand such feelings and how to utilize that understanding in order to provide high-quality care.

Recommendations

It is very important to provide support to staff who work with elderly emigres. Staff members need to be well trained both through supervision and in-service training, and it is important that professionals have the opportunity to speak about their thoughts and feelings regarding working with this population. Some organizations have found it useful to have an ongoing consultation, and others utilize staff meeting time to discuss some of the cultural differences and ways to deal with the staff's reactions to this population. It is important that opportunities be presented on an ongoing basis for professionals to examine their evolving reactions as the client composition of their agencies changes over time.

X. Translation Services

High-quality care is the goal of the professional. Much of such care is based on the ability to clearly assess needs, develop a plan with a client, and provide referral, monitoring, and follow through. These services require the ability to understand how and what the senior thinks and feels and for the professional to communicate his or her thoughts and feelings. Because professionals are bright and articulate, they may feel that communication is possible through a few words and gestures and that once a relationship with an emigre has developed they understand one another. Certainly re-

lationships do develop, and assistance is provided from the professional to the client.

The provision of high-quality care for seniors is, however, based on the belief that such elders have much wisdom to impart and should be respected for their sense of what they need for themselves. Communication is therefore the key to high-quality care.

Recommendations

The use of high-level, professionally trained translators is crucial if translation services are to be productive and accurate. It is insufficient to hire a translator simply because he or she is bilingual. Translation is a professional skill that requires the ability to serve as a bridge, both culturally and linguistically. Training, supervision, and ongoing mentoring are important for translators. Russian-speaking volunteers and Slavic language students often can be trained as excellent translators.

All materials, including agency rules and regulations, assessments, announcements, and brochures, should be translated into Russian. However, there are often issues regarding equality in translating: if this flyer is translated into Russian, then it must be translated into other languages as well. This is an individual decision that each organization must make.

CONCLUSION

Elderly emigres from the former Soviet Union are a unique cultural group. They are highly educated and generally have a great love of life and a wonderful sense of humor. They have maintained many traditional beliefs regarding the importance of family, and their families remain cohesive and traditional. They love to learn and are ready to integrate into their new homeland.

Elderly emigres from the former Soviet Union also pose a variety of challenges for American social services and health care professionals. This group of emigres brings with them a variety of preconceived notions about how to best gain access to care. American providers must sensitize themselves to the belief systems of this group of seniors. Then, seniors can learn to adapt to American standards and thereby be encouraged to integrate into their new country.

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