



Growing old outside of one's home country: Well-being needs for aging in place among Turkish people in the Netherlands

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ABSTRACT

Due to the rapid aging of the population, policymakers and service providers are becoming more cognizant of the significance of creating and sustaining communities that are friendly to all age groups. We lack an understanding of how older natives and immigrants in the Netherlands perceive the age-friendliness of their communities and whether and how age-friendly communities contribute to these populations' overall well-being. In this study Q methodology was used to identify the views of older people in the Netherlands with Turkish migration backgrounds on the importance of neighborhood resources for well-being realization. Q-factor analysis revealed three distinct viewpoints on aging-in-place needs: (1) a safe neighborhood with facilities nearby, (2) a neighborhood with good support, and (3) a social neighborhood with good homes. This study provides new empirical evidence that can aid the development of age-friendly communities for older people in the Netherlands with Turkish migration backgrounds. The findings advance existing theories and serve as a valuable resource for the crafting of interventions designed to enhance age friendliness and the well-being of older native and immigrant populations. International migration is expected to increase in coming decades, and urban planners and policymakers should take the needs of migrant citizens into account.

1. Introduction

Aging in place has emerged as an important theme in the field of urban planning and policy, with a primary focus on helping individuals to stay in their preferred homes and communities as they grow older. As a result, the concept of age-friendly communities has received increasing attention in recent years (Atkins, 2019; Novek & Menec, 2014). The World Health Organization (WHO, 2007) defines age-friendly communities as neighborhoods that promote health, participation, and safety to enhance the quality of life of older people. Such neighborhoods are important for the well-being of older people (Nieboer & Cramm, 2018; Yen et al., 2009), which depends heavily on the resources and characteristics of the environments in which they live as they experience declines in health, mobility, self-efficacy, and social networks (Iecovich, 2014; Phillips et al., 2005). Due to such declines in personal resources, older people are more dependent on neighborhood resources (McPherson et al., 2006; Oh & Kim, 2009). Although aging in place has numerous benefits, it is not suitable for everyone, particularly people with complex medical needs and those with limited social support systems. Furthermore, aging-in-place needs are expected to differ among people, perhaps

especially for those with migration backgrounds (Chen et al., 2022; Ciobanu et al., 2016; Gao et al., 2022; Hussein et al., 2023; Jagroep, Cramm, Denктаş, Nieboer, 2023a, 2023b; Stewart et al., 2011).

Aging in place outside of one's home country entails an older person's choice to continue living in a country to which they have migrated, rather than returning to their native country. It can present unique challenges and differences from the aging in place of older people without migration backgrounds. For example, older people with migration backgrounds are very likely to live in countries with different cultures, languages, and social norms than in their home countries (Ciobanu et al., 2016; Stewart et al., 2011). Adapting to these cultural differences while aging in place can impact their sense of belonging and social integration (Ciobanu et al., 2016; Gao et al., 2022). Much of this population has left behind (parts of) their families and social support networks in their home countries (Stewart et al., 2011). Building new social connections in a foreign land is known to be challenging, potentially affecting older people's emotional well-being and access to caregiving resources (Bastia et al., 2022). Problems may arise not only with social connection with those still living in their home countries, but also with connections with family members who have migrated to the same

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host countries, especially children and grandchildren who may have integrated differently to the host countries' cultures (Jang et al., 2022). Older people may think that their children will take care of them while they age in place, but their children may have trouble performing this task due to work, family, and other obligations (Bastia et al., 2022). Other differences in aging-in-place needs are related to integration difficulties due to language barriers, which can hinder communication, access to healthcare, and local community engagement, making it more challenging for older people with migration backgrounds to navigate daily life and obtain needed support (Chen et al., 2022; Stewart et al., 2011). This population has a greater lack of resources, such as mobility and access to community and health care (Uysal, 2016), which affects their aging-in-place needs. Housing options and living arrangements may also differ in terms of affordability, accessibility, and suitability for migrant seniors, impacting their ability to age in comfortable and safe environments (Gao et al., 2022; Stewart et al., 2011). In sum, aging in place for older people with migrant backgrounds involves a complex interplay of needs that are uniquely influenced by their migration status. Navigating these challenges requires thoughtful consideration of this groups' specific circumstances and aging-in-place needs to facilitate their well-being.

Although research has shown that age-friendly neighborhood environments improve older people's well-being (Cramm and Nieboer, 2014; Nieboer and Cramm, 2018), theoretical explanations of this relationship, and of why some neighborhoods are more age friendly than others, are lacking (Lui et al., 2009), especially for older migrants. The WHO (2007) used a bottom-up approach to develop its age-friendly cities guide, which yielded a rather idiosyncratic list of neighborhood resources, with no information on their relative importance to guide the prioritization of key interventions (Atkins, 2019; Buffel et al., 2014). As good interventions are built on good theory (Nieboer & Cramm, 2022), this research was performed with the aim of contributing to theory building by systematically examining older people's neighborhood needs as conditions that influence well-being realization. Empirical research on older people's neighborhood needs serves as a cornerstone for theory building in the field of aging and well-being. By systematically examining these factors and their impact on well-being realization, researchers can validate existing theories, generate new hypotheses, refine theoretical models, inform policy decisions, and provide valuable longitudinal insights into the dynamic relationship between neighborhoods and well-being. The use of a universal checklist of actions as a starting point for "idealized" age-friendly community creation may not be good public policy (Buffel et al., 2014), as it neglects the differences in needs for well-being realization, including those within migrant groups. How older immigrants perceive community age friendliness, and whether and how age friendliness helps them to realize well-being, are unknown. The literature on aging in place lacks attention to ethnicity.

This study was conducted to identify the aging-in-place views of older people in the Netherlands with Turkish backgrounds, the largest migrant group in the Netherlands. Of the roughly 2.53 million non-Western residents in the Netherlands, around 430,000 were of Turkish descent, making them the largest group (Statista, 2022). Among Turkish migrants in the Netherlands, 56,444 individuals are aged 55 years or older (De Regt et al., 2022). They primarily reside in the Dutch large cities. The objective was to gain insight into the perceived importance of certain neighborhood characteristics for well-being in this group. The characteristics of age-friendly neighborhoods have been studied, but literature on the subjective experiences of older people with migration backgrounds in this regard is limited, and this population often remains unheard (Verloove, 2019). The findings may provide new insights on which policy makers can build. For example, future interventions could be developed in a more culturally sensitive way and communities could be designed more appropriately, taking into account the wishes of older people with migration backgrounds. Thus, the findings of this study can contribute to the future development of policies to promote

neighborhood age friendliness and the well-being of older people with Turkish migration backgrounds in the Netherlands. However, these findings are expected to be of interest to other European countries as well given that approximately 5.5 million Turkish descendants reside in Western Europe (Republic of Turkey Ministry of Foreign Affairs, 2024).

2. Methods

To identify the respondents' aging-in-place views, Q methodology, a quantitative and qualitative mixed-methods approach, was used. This study was part of Dutch Research Council-funded (file no. 406.20.SW.004) research on age-friendly communities and well-being realization among older native and immigrant (Turkish, Surinamese, and Moroccan) populations in the Netherlands (Nieboer & Cramm, 2022). The larger study has a mixed-methods design consisting of: (i) Q studies (combined in-depth interview-based and quantitative analyses); (ii) a pilot survey; (iii) a main survey conducted in Rotterdam, The Hague, Utrecht, and Amsterdam; and (iv) focus groups (Nieboer & Cramm, 2022). The current study falls within the Q-study phase of the research, which was approved by the research ethics review committee of Erasmus University Rotterdam (ETH2122-0125).

2.1. Q set

The Q set is a set of statements that respondents are asked to rank in order of perceived importance. To ensure that the Q set consisted of as complete a selection as possible of neighborhood aspects that are relevant to the realization of well-being and thus enable comprehensive investigation of the research question, a literature study was performed (e.g., Atkins, 2019; Boterman et al., 2021; Dellamora, 2013; Dikken et al., 2020; Van der Grefte et al., 2016; Jagroep, Cramm, Denktas, Nieboer, 2023a, 2023b; Liddle et al., 2014; Orpana et al., 2016; Torku et al., 2021; Van Dijk et al., 2015; Van Hoof et al., 2022; WHO, 2007, 2015; Wong et al., 2017). The Q set consisted of 38 statements falling into the WHO's (2007) global age-friendly cities domains: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services.

2.2. Participants

Participants were recruited in Rotterdam, Amsterdam, Utrecht, and The Hague, where most older people with migration backgrounds in the Netherlands reside. Between 1960 and 1970, a significant influx of foreign workers, primarily from Turkey and Morocco, arrived in the Netherlands. Many of these men originated from rural backgrounds and had limited education. In the 1970s, their wives and children followed, joining their husbands and fathers. As a result, most of the respondents likely have been residents of the Netherlands for several decades. The aim was to recruit participants in different districts of these cities, in order to ensure variation in the sample in terms of neighborhood resources. Respondents who had resided abroad for more than 6 months were excluded to ensure that the study findings related to age-friendly neighborhoods in the Netherlands. Another aim was to ensure variation in the sample and expressed viewpoints by recruiting participants with different levels of education and degrees of language proficiency and physical and social vulnerability. This approach led to the inclusion of 32 first generation Turkish migrants (respondents) who consented to participation and were interviewed in their homes. Data from three of these individuals were excluded due to their difficulty understanding the task, resulting in a final sample of 29 respondents.

2.3. Procedure

The interviewers conducted the interviews (approximately 60 min) in Turkish and/or Dutch following a standardized interview guide. The

study’s purpose and tasks were introduced, and the interviewees’ consent to audio recording was obtained. The interviewer presented printed cards containing the Q-set statements in easily readable Dutch or Turkish text, and asked the interviewees to read the statements and categorize them into three groups based on their perceived importance for fostering a positive neighborhood experience: “important,” “less or not important,” and “neutral.” Subsequently, the participants were asked to rank the statements within each category on a sorting grid (Fig. 1), assigning values ranging from most important (+4) to least important (−4). They were also encouraged to provide explanations for their rankings.

Following the interviews, the participants were asked to complete a questionnaire providing details about their age, gender, postal code, living arrangements (alone or with others), health status (number of chronic diseases in the last 12 months, presence of walking and vision issues), highest educational level [“no education” (i), “<elementary school” (ii), “>elementary school but without a diploma” (iii), and “higher education (all education >elementary school with a diploma” (iv)]. The interviewers transcribed the audio recordings, and the Turkish in the transcripts was translated into Dutch.

2.4. Analyses

The Q sorts were input into PQ Method 2.35. Subsequently, a correlation matrix was created and subjected to centroid factor analysis to identify and isolate relevant factors. These factors were subjected to varimax rotation, and an optimized Q sort was generated for each. To provide further context for participants’ statement rankings, qualitative interview data were employed to elucidate the rationales underlying their ranking decisions.

3. Results

The participants (72 % women) had a mean age of 71.5 years, and 72 % lived alone (Table 1). All but one participant had problems understanding Dutch. Q-factor analysis revealed three distinct viewpoints among the older Turkish migrants that explained 39 % of the variance (Table 2). The Q sorts of 23 participants were associated significantly with one of these factors.

4. Viewpoint 1: a safe neighborhood with facilities nearby

Ten participants held viewpoint 1. The majority were women (n = 8) and had more than elementary school educations (n = 7). Six of these participants lived alone, seven reported having a chronic condition, and three each reported having problems with walking and vision. This group felt that a safe [Q-set statement (S)5: +4] and clean, well-

maintained (S1: +3) neighborhood was very important for feeling good in the neighborhood. They noted that a safe neighborhood allowed them to go out without fear: “When you go out at night in the dark, you wonder if something will happen. During the day, it’s also dangerous, it’s not so safe these days, you’re scared. It’s not super scary, but you’re cautious, both during the day and at night.” Feeling safe in the neighborhood encourages older people to go out more frequently and engage actively and socially, as opposed to staying indoors due to feelings of insecurity. This aspect is crucial for aging in place. [Participant 31] Regarding a clean and well-maintained neighborhood, Participant 9 stated: “A clean environment creates a good state of mind, I think. At our place, the garbage is collected on fixed days. Just today, the garbage was collected, everything was clean, but someone added two more garbage bags after it was collected. Then the birds come and peck at it and garbage is thrown around everywhere, as if you live in a garbage dump. Then you become unhappy. The nicer your surroundings are, the nicer you feel there.”

Having a family doctor and pharmacy in the neighborhood (S34: +4) was also very important for participants with viewpoint 1. Participant 6 stated: “I’m now 65 years old and my health isn’t improving; on the contrary, it’s getting worse. For a better quality of life, it’s imperative that the GP [general practitioner] and pharmacy are nearby.” These participants also considered having shops and other amenities nearby (S37: +3) to be very important. Participant 16 stated: “I can’t carry everything anymore. The pharmacy, the doctor, a post office for sending letters. You can shop nearby. That’s easy and also important for me.”

Participants with viewpoint 1 strongly opposed discrimination (S24: +3). Participant 6 said: “For 36 years, I’ve experienced the disadvantages of being from another country. In my neighborhood, I want to live a dignified life. I’ve always been vehemently against discrimination.” They also opposed neighborhoods with people from the same background (S23: −4): “If you put people from the same background in the same neighborhood, you have a ghetto. I’m against that because it’s not good for society. I think that segregation is problematic for society.” [Participant 7] Participant 8 further explained why living in a neighborhood with people from the same background bothered her: “It bothers me a lot here. For example, I didn’t know that when I bought this property, really so many Turkish people... Is one of the children getting married and all those cars... No, I don’t need those flags. That strong identity with which you are linked to the country of origin, so to speak.”

Accordingly, participants with this viewpoint did not value activities specifically for Turkish people (S19: −4): “There’s no need to organize activities especially for Turkish people, but activities are important. You get isolated as you get older. Different cultural and musical activities give you a chance to interact with others. I think that’s more important.” [Participant 6] Participant 7 explained that public activities were appreciated: “Once a year, a rug market is organized in the park here. Then you have stalls and music and that gives the neighborhood some color. ... That’s an opportunity to get to know each other and that’s nice. The activities don’t have to appeal to me, but they do strengthen the neighborhood feeling and I think that’s important.” However, almost none of the examples of activities that participants gave were mixed. For example, regarding a meeting place for older adults, Participant 19 said: “That may be mixed, but only Turkish people come here.” An isolated example of a mixed activity was: “During Ramadan, there was also a Christian holiday. Then they made sandwiches here and distributed them all through the neighborhood, regardless of your religion.” [Participant 23].

This group considered the aesthetics of neighborhood buildings to be less important than other neighborhood characteristics: “There are so many things needed to improve quality of life that this statement has come to the bottom of the pile. Without a safe neighborhood, you have no use for beautiful buildings. Hence the choice. It’s not that I don’t think it’s important.” [Participant 6] For several of these participants, beautiful buildings related to a clean, well-maintained neighborhood, which participants holding viewpoint 1 did prioritize: “A nice building is a neat and clean building. The building opposite me was in very bad shape, but they’ve restored it. They don’t have to be very fancy buildings though. For me,

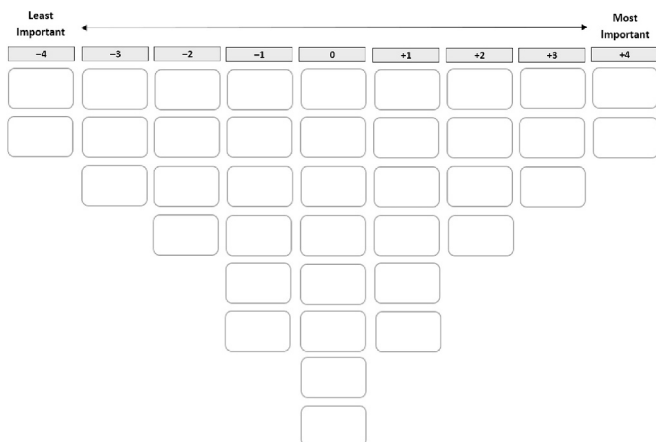


Fig. 1. Sorting grid.

Table 1
Background characteristics of the study participants (n = 29).

No.	Age (years)	Sex	Education	City	Living Situation	Health Conditions		
						Chronic disease	Walking Problems	Vision Problems
1	70	F	i	Rotterdam	Alone	Yes	Yes	No
2	67	F	iii	Rotterdam	Alone	Yes	Yes	No
3	70	M	iv	Rotterdam	With partner	No	No	Yes
4	72	F	iii	Rotterdam	Alone	Yes	No	No
6	65	F	iv	Rotterdam	With partner	Yes	No	Yes
7	66	M	iv	Utrecht	With partner	No	No	No
8	66	F	iv	Utrecht	Alone	Yes	Yes	No
9	76	F	iv	Amsterdam	Alone	Yes	No	No
10	73	F	iv	Amsterdam	Alone	No	No	No
11	68	M	iv	Amsterdam	With partner	Yes	No	No
12	75	F	ii	The Hague	Alone	Yes	Yes	No
13	82	M	ii	The Hague	Alone	Yes	No	No
14	73	F	iv	Utrecht	With partner	Yes	No	No
15	83	F	ii	Utrecht	Alone	Yes	Yes	No
16	67	F	i	Utrecht	Alone	Yes	Yes	Yes
17	77	M	NR	Amsterdam	With partner	Yes	Yes	No
18	74	F	i	Utrecht	With partner	Yes	Yes	Yes
19	69	F	i	Utrecht	Alone	Yes	Yes	Yes
20	74	F	iii	Rotterdam	Alone	Yes	Yes	Yes
22	72	F	ii	Rotterdam	Alone	Yes	Yes	Yes
23	68	F	iv	Rotterdam	With partner	No	No	No
24	68	F	ii	Rotterdam	With partner	Yes	No	Yes
25	69	M	iv	The Hague	Alone	Yes	No	Yes
26	80	M	ii	The Hague	With partner	Yes	No	Yes
28	69	F	ii	Rotterdam	With partner	Yes	Yes	No
29	66	F	ii	Rotterdam	Alone	Yes	Yes	Yes
30	72	M	iii	Rotterdam	Alone	Yes	No	Yes
31	66	F	ii	Rotterdam	Alone	Yes	No	No
32	78	F	i	Rotterdam	Alone	Yes	Yes	Yes

F, female; M, male; NR, not reported. Education levels: i, no education; ii, <elementary school; iii > elementary school but without a diploma; iv, higher education (>elementary school with a diploma).

it's enough if they're clean and cared for." [Participant 9] The neighborhood availability of courses or training was not important to participants holding viewpoint 1, as people who need them can go to where they are provided: *"Education doesn't necessarily have to be there in the neighborhood. It has to be there, but for me it's not important."* [Participant 10].

5. Viewpoint 2: a neighborhood with good support

Five participants held viewpoint 2; all had low educational levels (none or less than elementary school), and three were women and lived alone. All five participants reported having a chronic condition, three reported having problems with walking, and two reported having problems with vision. This group felt that a neighborhood with easy-to-obtain home care (S32: +4), a place to go for advice and support (S35: +3), and volunteers who offer help when needed (S36: +3) was most important for aging in place. Given their own or their spouses' health issues, being able to get care at home was most important to them: *"I'm also getting older. My husband needs support now. If I'm not there for him, he can't do anything. That's why it's so important to come home. Either care has to be provided at home or you end up living in a care home."* [Participant 18] The men in this group especially prioritized home care, given their reliance on their wives for domestic tasks: *"After a certain age, you no longer have your old strength. For example, my wife can no longer climb the stairs. So she can no longer do laundry and tries to cook sitting down. That's why someone comes to clean once a week and that's very important for us."* [Participant 26] These participants also emphasized the need for a place in the neighborhood to go to for advice and support: *"For example, I get letters I can't read. Then I come here, for example. Then they help fill it in and send it. [...] This is due both to the language barrier and the fact that I am illiterate."* [Participant 12] They strongly valued the ability to obtain help with administrative matters: *"I'm a foreigner here. I've lived here for 50 years, but I don't understand the language the way a Dutchman understands it. [...] With administrative matters you keep having trouble. We really need help with that. Then we can come here."* [Participant 26].

Participants holding viewpoint 2 did not prioritize access to understandable information about facilities and activities: *"That doesn't matter to me because I'm not going there."* [Participant 18] They noted that the language barrier was the main obstacle: *"I can't do that much and have difficulty with the language so I can't express myself very well. I need someone who speaks Turkish."* [Participant 2] These participants mentioned the important role of volunteers who offered help when needed: *"They teach you things you don't know yet and help you out."* [Participant 12] *"Many of my loved ones have passed away, making me feel very lonely here. That's precisely why I turn to outside help. Volunteers often help me with questions."* [Participant 2].

Similar to those with viewpoint 1, participants with viewpoint 2 prioritized having a family doctor and pharmacy nearby: *"If it's far, you have to get in traffic. Especially if it's rush hour, it takes you a very long time. It's easier if they're close by."* [Participant 26] These participants also mentioned that they valued having healthcare professionals with Turkish backgrounds: *"My doctor is also Turkish and so is my dentist. They are also nice and close, and I like that."* [Participant 2] Participants with viewpoint 2 valued having others with the same background in the neighborhood more than did those with the other viewpoints because of the language barrier: *"Then we speak each other's language. For example, I speak little Dutch, but I can communicate in Turkish."* [Participant 13].

These participants strongly opposed discrimination in the neighborhood (S24: +4): *"We came here at the request of the government and worked here for years. Also, I have a passport, so what's the difference between me and you? Whether you like it or not, I'm here. I left everything to come here and therefore cannot go back to Turkey. We did all the dirty work that no one wanted to do and now I'm retired. So why discriminate against me?"* [Participant 26] Not all of them felt discriminated against: *"People need to get along well and we do that here. I personally like that a lot. I haven't faced discrimination."* [Participant 18].

Affordable housing (S14: -4) was least important for the participants with this viewpoint, as they were living in subsidized social housing for low-income families: *"I never considered buying a house. I was*

Table 2
Idealized Q sorts for the factors (viewpoints).

#	Statement	Factor	Factor	Factor
		1	2	3
Outdoor spaces and buildings				
1	A clean and well-maintained neighborhood.	3	0	2
2	Plenty of green.	1	0	1
3	Benches.	-1	-2	-2
4	Good sidewalks and crosswalks.	2	0	1
5	A safe neighborhood.	4	2	2
6	Accessible buildings.	1	-3	-2
7	No nuisance.	0	0	2
8	Public toilets.	-1	-3	0
9	Beautiful buildings.	-3	-2	-4
Transportation				
10	Good public transport.	0	-1	1
11	Special transport for older adults with disabilities.	1	1	2
12	Sufficient parking spaces.	0	-2	0
13	Cycling and walking trails.	0	-1	0
Housing				
14	Affordable housing.	0	-4	4
15	Suitable homes for older adults.	2	2	4
Social participation				
16	A neighborhood where social/cultural activities are organized	1	-1	0
17	Affordable activities.	0	0	-1
18	A meeting place for older adults.	-2	0	3
19	Activities especially for Turkish people.	-4	1	-1
Respect and social inclusion				
20	A neighborhood where people have respect for older adults.	-1	2	1
21	A neighborhood where people know each other.	1	1	-1
22	Friends and/or family in the neighborhood.	0	2	-2
23	A neighborhood with people from the same background.	-4	0	-4
24	No discrimination in the neighborhood.	3	4	3
25	Contact between young and old in the neighborhood.	2	-2	-3
Civic participation and employment				
26	Opportunities to volunteer.	-2	-1	-3
27	A neighborhood where older people have a say.	-2	1	-1
28	Availability of courses or trainings in the neighborhood.	-3	-1	0
Communication and information				
29	Understandable information about services and activities in the neighborhood.	-1	-3	-2
30	Municipal information in a central place.	-1	-1	0
31	A neighborhood where people keep each other informed about what happens.	-3	1	-1
Community support and health services				
32	A neighborhood where home care is easy to get.	2	4	1
33	A neighborhood where care providers work together and inform each other.	1	1	-3
34	Family doctor and pharmacy in the neighborhood.	4	3	3
35	A place where I can go for advice and support.	0	3	1
36	Volunteers who provide assistance when needed.	-1	3	0
37	Shops and other amenities in the neighborhood.	3	0	0
38	Opportunities for sports in the neighborhood.	-2	-4	-1

already 38 when I came here, and I didn't want to bear the burden of a mortgage. I didn't do that in Turkey either, and I don't want to do it here. This is a social housing rental." [Participant 2] Many of these participants considered opportunities to play sports nearby (S38: -4) to be irrelevant: "I don't do that. I don't exercise." [Participant 18]. They felt the same about public toilets (S8: -3): "I don't use them." [Participant 18].

6. Viewpoint 3: a social neighborhood with good homes

Eight participants held viewpoint 3; five were women and six lived alone. Two of these participants had higher education, four had less-than-elementary-school educational levels, and one had no education. Seven reported having a chronic condition, three had problems walking, and five had problems with vision. These participants considered affordable and suitable housing (S14 and S15: +4) to be most important for aging in place, followed by the availability of a meeting place for older people (S18: +3). They considered a neighborhood with people from the same background (S23: -4) and beautiful buildings (S9: -4) to be least important.

These participants prioritized affordable housing because they worried about rent increases: "We have the lowest income. What to do if the rent is too high? Then I find it hard to make ends meet and have to cut back on everything. Then all your income goes to the rent and you have nothing to buy food with." [Participant 20] They also noted that housing must be suitable for elderly persons: "Older people want to live in peace and quiet as much as possible, no noise. Suitable housing also means, of course, the presence of an elevator. An elevator is necessary, as elderly people have difficulty climbing stairs." [Participant 3] Moreover, they emphasized the importance of a clean and well-maintained neighborhood: "That gives you peace of mind. I also feel safer when it's clean." [Participant 20] They related nuisance (S7: +2) to noise late at night: "You're allowed to do repair work until 10 in the evening. Sometimes they're drilling until 2, 3 am. That's irritating, then you can't sleep." [Participant 14] and to neighbors' actions: "when people put out the garbage when it's not time yet. I feel like I live in a garbage dump." [Participant 9].

Participant 30 explained the importance of the availability of a meeting place for older adults: "We do have such a place downstairs, but it's been closed for 3 years while we pay rent for it. In other words, for nothing. It was closed during the pandemic and before that they came up with an excuse to close it. Occasionally they do open it. Then it's open for a day or two. Sometimes people go to play darts or billiards. Before, it wasn't open daily either but then it was opened on some days a week, for example, and we could sit there to drink coffee and so on." Some participants noted that such a place "provides the opportunity to reminisce, which is very important to us." [Participant 3] They felt that more could be done: "It would be nice if they organized some more things for Turkish people." [Participant 14]. These participants sometimes feel isolated: "You don't have that whole atmosphere of the holidays here, but it would be nice if you could get together somewhere and keep your traditions and customs alive." Like those with viewpoint 1, participants with viewpoint 3 did not feel that living in a neighborhood with people from the same background was important. Some noted that they were not in touch with their neighbors in any case: "You hardly speak to each other. This is a 20-story apartment building, but how many people are you really friends with? No one. You have people from different backgrounds here, but I don't have anything to do with them. So I don't think it's important." [Participant 4] Others did mention the importance of being with other Turks: "I go out in the morning or in the afternoon, for example, and I sit until the evening. Then I sit there with friends." [Participant 29] Participant 18 explained: "When people have the same origins as me, I can communicate with them and express myself. That makes me happy. I'm not saying the Dutch are bad people, but I can't tell about things I am stuck with." But these participants agreed that "When people from the same background move into the same place, segregation happens. It drives people of different ethnicities apart." [Participant 3] They felt that such segregation stands in the way of societal integration in the larger sense.

In line with those with viewpoints 1 and 2, participants with viewpoint 3 found the proximity of a family doctor and pharmacy to be very important: *“When you’re sick and have to visit the doctor. Doctors don’t make house calls anymore. I think it’s problematic if you have to travel for a long time to do that, which is also tiring.”* [Participant 9] They found the accessibility of health care to be increasingly important as they aged: *“As you get older, you get more health problems. Right now, for example, I have a lot of knee pain and so on, then I think it’s important that you just get there with not so much effort. That they are accessible.”* [Participant 8].

Also like those with viewpoints 1 and 2, participants with viewpoint 3 opposed discrimination in the neighborhood (S24: +3): *“I mind it a lot when I’m discriminated against because I’m a foreigner. I have plenty of acquaintances who’ve experienced that. Because I don’t speak the language, I don’t get much of it. People who do speak the language are more aware of it. I speak it a little, so not enough.”* [Participant 1].

These participants did not find the presence of beautiful buildings in the neighborhood to be important (S9: -4). They spoke mainly about the condition of buildings: *“Of course I want to see attractive buildings. But it’s less important for your quality of life. I really like the old architecture. But the most important thing is that buildings are in good condition and that there are enough rooms for residents, for example.”* [Participant 3].

7. Discussion

The concept of aging in place has gained prominence in urban planning and policy, with a focus on helping older people to remain in their preferred homes and communities as they age. Age-friendly neighborhoods play a crucial role in the well-being of older people (Yen et al., 2009). For instance, Nieboer and Cramm (2018) demonstrated that older individuals who reside in neighborhoods that lack age-friendly features experience reduced well-being. With natural age-related declines in health, mobility, self-efficacy, and social networks (Iecovich, 2014; Phillips et al., 2005), older individuals become increasingly reliant on the resources and characteristics of their living environments to achieve well-being (McPherson et al., 2006; Oh & Kim, 2009). Migration can have a significant impact on the ability of individuals to age in place outside of their home countries (Johansson et al., 2013). Insights into their living-environment needs for aging in place are currently lacking. Thus, this study was performed to investigate the perceived importance of neighborhood resources that contribute to the well-being of older people in the Netherlands with Turkish migration backgrounds.

Three distinct viewpoints of Turkish migrants in the Netherlands on aging in place were identified in this study: (1) a safe neighborhood with facilities nearby, (2) a neighborhood with good support, and (3) a social neighborhood with good homes. Participants with viewpoint 1 emphasized the importance of having a family doctor, pharmacy, shops, and other amenities in the neighborhood for well-being realization to age in place. They also prioritized living in a safe, clean, and well-maintained neighborhood. Participants with viewpoint 2 identified access to community support and health services (e.g., home care, a family doctor, a pharmacy, and volunteers) in the neighborhood as the most important factor for aging in place. Those with viewpoint 3 felt that housing and the availability of a meeting place for older adults were most important for aging in place. Participants with all three viewpoints pointed out that having a family doctor and pharmacy in the neighborhood and the absence of discrimination were very important for aging in place.

The results of this study indicate that older migrants’ needs for aging in place differ for some neighborhood characteristics and resources and are the same for others. Older people with migration backgrounds are very likely to live in countries with cultures, languages, and social norms that differ from those in their home countries (Ciobanu et al., 2016; Stewart et al., 2011), and adapting to these cultural differences while aging in place can impact their sense of belonging and social integration (Ciobanu et al., 2016; Gao et al., 2022). Learning the language of the host country helps adapting to cultural and social differences. The

difficulty of learning a “new” language escalates with age, highlighting the importance of early language acquisition. For our study participants, who have resided in the Netherlands for decades and still struggle with Dutch comprehension, expecting them to learn it at this stage of life may be unrealistic. Nonetheless, it is imperative to prevent historical errors from reoccurring, especially given the surge of new immigrants to Europe. Prioritizing the acquisition of the host country’s language remains essential for individuals who migrate to feel connected and belong to the wider community. This research clearly shows the common need for older migrants to feel that they are part of their communities and to not be discriminated against for aging in place. Discrimination can lead to division and conflict within communities. The establishment of trust and social bonds is facilitated when people are treated fairly and respectfully, leading to greater social cohesion (Hailu et al., 2021) and solidarity among community members. Discrimination can lead to social tension, protests, and even violence, which harms solidarity. Our participants did not provide examples of personal experiences with discrimination; indeed, they noted that their personal experiences in their neighborhoods had been positive. Nevertheless, they emphasized that this topic remained significant to them when considering aging in place and their overall well-being.

Lindenberg’s theory of community (Lindenberg, 1997; Nieboer & Cramm, 2018; Völker & Flap, 2007) posits that communities play a crucial role in facilitating individuals’ fulfillment of their well-being needs through collective efforts. The degree to which older individuals can attain these well-being needs contributes significantly to the age-friendliness of communities (Nieboer & Cramm, 2022). This study shows that perceived discrimination may harm the well-being realization of older people with Turkish migration backgrounds, likely due to the fragility of solidarity between groups (people with and without migration backgrounds) in neighborhoods (Putnam, 2007). Ethnic diversity has been found to reduce the degree of contact in Dutch neighborhoods (Gijsberts et al., 2012).

Cross-cutting sharing arrangements among people with diverse backgrounds, such as in volunteer, sports, and choir groups, can strengthen solidarity within and among groups in neighborhood, allowing people to fulfill their well-being needs (Völker & Flap, 2007). Although the participants in this study clearly opposed discrimination (viewpoints 1–3), neighborhoods with people of the same (Turkish) background (viewpoints 1 and 3), and activities specifically for Turkish people (especially viewpoint 1), they provided very few examples of overlapping sharing arrangements. They frequently expressed the desire to get together with other Turks, reminisce, and keep traditions and customs alive. Although they feared segregation, they interacted most often with other Turkish migrants, suggesting that cross-cutting sharing arrangements are not likely to come about naturally. Although older people with and without migration backgrounds meet in urban neighborhoods, few cross-cutting interactions appear to occur. This exclusive focus comes at the expense of integrating and connecting with Dutch individuals lacking a Turkish background. This raises the question of what can make heterogeneity contribute to age-friendly communities in such a way that parochial sharing groups are avoided.

Minimal sharing in a community may result in the ambiguity of social norms, with high information costs associated with distinguishing right from wrong in informal interactions. In the current study, participants’ complaints about nuisance related to noise and garbage (especially viewpoint 3) point to such ambiguity. Activities through which individuals seek affection and the validation of their behavior may become concentrated along lines of ethnicity, age, and educational background (Völker et al., 2007), as reflected in the current study. This concentration can diminish the formation of overlapping sharing networks, such as those that form when neighbors with diverse backgrounds engage in volunteer activities or at meeting places for older adults. The absence of such intersecting sharing groups, especially among older native and immigrant neighborhood residents, can impede solidarity among groups and limit opportunities for the realization of

well-being (Nieboer & Cramm, 2022). We need to know how and under what conditions neighborhood communities facilitate well-being realization for natives as well as immigrants.

Relative to natives, Turkish migrants in the Netherlands report a greater prevalence of functional limitations (El Fakiri et al., 2022) and poorer physical and mental health (Dagevos et al., 2022), which may explain their need for community support and health services. The majority (25 of 29) of respondents in our sample reported having a chronic disease. Furthermore, language barriers are known to hinder communication, access to healthcare, and local community engagement, making it more challenging for older people with migration backgrounds to navigate daily life and obtain needed support (Chen et al., 2022; Stewart et al., 2011). Nearly all (28 of 29) participants in this study had problems understanding Dutch, which may explain their need for support services and facilities and volunteers to provide assistance when needed (viewpoint 2). Older non-Western immigrants in the Netherlands are concentrated in disadvantaged neighborhoods in large cities, which often means that their housing situations are substandard (Nitsche & Suijker, 2003). This factor may explain the great importance of housing for aging in place among participants in this study holding viewpoint 3.

Although aging in place has many advantages, it is not ideal for everyone, especially for older people with multiple issues, such as poor housing, poor health, and minimal social support systems. Due to declines in personal resources, older people are more dependent on neighborhood resources (McPherson et al., 2006; Oh & Kim, 2009). Research has revealed barriers to aging in place, despite the preference for doing so, including the lack of age-friendly home features, insufficient neighborhood safety and accessibility, the lack of a social support system, and loneliness and the feeling of exclusion (Ratnayake et al., 2022). Turkish people growing old in the Netherlands may constitute an especially vulnerable group in need of attention, given the complexity of the challenges they face for aging in place and well-being realization.

7.1. Strengths and limitations

An important strength of the methodology used is that it combines the exploration of rich qualitative data with the rigor of statistical analysis, enabling the description of (variation in) the viewpoints of difficult-to-reach participants. The ability to adjust Q-set items to suit target populations (through the use of clear, translated statements in this study) makes this approach highly suitable for the inclusive exploration of the perspectives of vulnerable populations. A disadvantage is that this method can be very time consuming.

An important limitation of this study is that the sample is not representative of all older people with Turkish migration backgrounds in the Netherlands. Further surveys are needed to investigate the prevalence of the identified viewpoints in the broader population. However, surveys inherently exclude people with low health literacy; in this respect, the current study yielded more representative findings than quantitative research would. In addition, more research is needed to gain insight into the perspectives of older people with other migration backgrounds on needs for aging in place in Europe.

8. Conclusions

In this study, Q methodology was used to systematically and deeply explore the complexity of well-being needs for aging in place among Turkish people in the Netherlands. Its empirical findings offer fresh empirical insights that can be instrumental for the development of age-friendly communities catering to this population. They indicate that older Turkish migrants in the Netherlands have both common and differing requirements for neighborhood resources. This systematic examination of older people's neighborhood needs contributes to theory building regarding how and under what conditions neighborhood communities facilitate well-being realization for natives as well as

immigrants. With the expected increase in international migration in coming decades, urban planners and policymakers must consider the requirements of migrating citizens. By doing so, they can actively contribute to the addressing of societal challenges associated with the care and support of older individuals at the community level.

CRedit authorship contribution statement

Anna Petra Nieboer: Writing – review & editing, Writing – original draft, Project administration, Methodology, Investigation, Funding acquisition, Conceptualization. **Jane Murray Cramm:** Writing – review & editing, Writing – original draft, Methodology, Investigation, Funding acquisition, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this article.

Data availability

Data will be made available on request.

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