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A study of the universities of the third age in Hong Kong : an evaluation of elder academy model for the life long learning of older people

Ka Fai WONG

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**A STUDY OF THE UNIVERSITIES OF THE THIRD AGE IN
HONG KONG: AN EVALUATION OF ELDER ACADEMY
MODEL FOR THE LIFELONG LEARNING OF OLDER
PEOPLE**

**by
WONG Ka Fai**

**A thesis
submitted in partial fulfillment
of the requirements for the Degree of
Doctor of Philosophy in Social Science
(Sociology)**

Lingnan University

2013

ABSTRACT

A Study of the Universities of the Third Age in Hong Kong: An evaluation of the Elder Academy model for the lifelong learning of older people

by

WONG Ka Fai

Doctor of Philosophy

Education aims at the development of knowledge and skills for its own sake and pleasure. People aged over 65 years currently comprise 11% of the Hong Kong population. Such aging population in Hong Kong constitutes a challenge to our society. To be adaptive to changes in the environment, especially in aging, more emphasis is placed on “lifelong learning” than on “lifelong education” for self-fulfillment. Active aging is evidently supported as a solution to the impact of aging population. Lifelong learning is an important strategy for enhancing active aging. The provision and process of lifelong learning for older people can take several forms. Of these, the best known is the University of the Third Age (U3A). However, in Hong Kong, the number of well-structured lifelong learning models is limited. Among various U3A models, the Australian model is more suitable in Hong Kong. In 2008, the Labour and Welfare Bureau and the Elderly Commission launched U3A, named as the Elder Academy (EA), with local characteristics that fit the Hong Kong context. Initially 32 EAs were established in Hong Kong. In consideration of the limited studies on the lifelong learning model for older people, the current study aims to evaluate the local EA model for lifelong learning for older people in Hong Kong.

In the first phase of the macro level of evaluation, a documentary analysis was employed to examine various U3A models and 32 EA documents. Then, the in-depth interviews were conducted to obtain stakeholder perceptions on the local EAs. A total of 14 EA stakeholders, including 2 school principals, 2 teachers, 2 social workers, 4 younger tutors, and 4 older people, were invited to share their views about the characteristics for the local EA.

Phase 1 results identified the characteristics of local EA, such as the cross-bureau, cross-sector, cross-profession, and cross-age collaborations, the seed money, and an independent management committee. Local EAs have the ability to enhance the value of a “giving culture” and the positive image of the older people. They also provided platforms to train volunteers and health promoters, as well as to develop the new other learning experiences curriculum. In addition, it was found that Confucianism has an important impact on running the local EA model.

Together with older people's feedback, the micro level of evaluation (Phase 2) was undertaken to evaluate the effect of the proposed teaching-learning style used in the EA model. In Phase 2, a multiple method, a quasi-experimental study and in-depth interviews were conducted with participants in the "lecture and practicum" group. The quasi-experimental study evaluated the proposed teaching-learning style employed in the Health Frontier Trainers' Program on learning performance. A convenience sample was recruited over the course of a month. Up to 40 participants formed the "lecture and practicum" group, whereas 30 participants formed the "lecture-only" group. Pre- and post-tests on the learning performance were administered before and after the programs were applied to both groups. Assessment scores after the programs were recorded, after which their mean scores were compared. In-depth interviews were also conducted. A total of 10 participants consisting of 6 older participants and 4 younger participants from the "lecture and practicum" group were invited for interviews. Data were collected to examine the perceptions of the participants regarding the program.

A statistically significant difference between the two study groups was found only in the change in the learning performance of the older participants. The older participants in the "lecture and practicum" group experienced a greater enhancement in their learning performance than those in the "lecture-only" group, thus, the proposed teaching-learning style was confirmed to be more effective toward the learning of older people. The proposed teaching-learning style included experiential-based learning, which emphasized the experiential nature of learning and interaction in the context of reality. Moreover, several themes were identified from interview data, such as developing knowledge and skills, enhancing intergenerational learning, bridging theory and practice, and perceived difficulty in the learning topic. These themes indicated that older people preferred experiential learning to lifelong learning.

In conclusion, the characteristics of the local EA model were identified. Experiential learning was found to be better than lecture-based learning. Based on these findings, the local EA could develop a preferred lifelong learning model for older people when the local EA model with local characteristics is combined with the element of experiential learning.

DECLARATION

I declare that this is an original work based primarily on my own research, and I warrant that all citations of previous research, published or unpublished, have been duly acknowledged.

WONG Ka Fai
Date: 13 September 2013

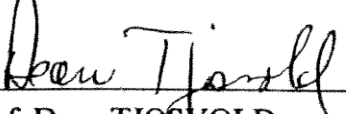
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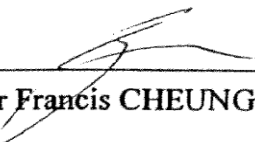
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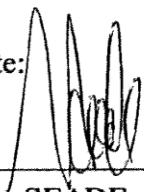
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LIST OF ABBREVIATIONS

Statistical Symbols

ANOVA	Analysis of Variance
t	Computed value of t-test
χ^2	Computed value of chi-square test
f	Frequency
F	F ratio
p	Significance value
SD	Standard deviation

Other Abbreviations

DC	District Councils
EB	Education Bureau
EA	Elder Academy
EC	Elderly Commission
FE	Formal education
HKCSS	Hong Kong Council of Social Service
IE	Informal education
ILR	Institutes for Learning in Retirement
LWB	Labour and Welfare Bureau
LLI	Lifelong Learning Institute
NEC	Neighborhood Elderly Center
NFE	Non-formal education
OECD	Organization for Economic Co-operation and Development
SWD	Social Welfare Department
U3A	University of the Third Age
WHO	World Health Organization

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CHAPTER ONE

Introduction

This study investigates the University of Third Age (U3A) in Hong Kong, and evaluates the Elder Academy (EA) model for the lifelong learning of older people. The introductory chapter discusses the background of the study. The significance, aim, and objectives of the study are also identified.

Background

Older people comprise the fastest growing sector of the population in most countries. This development can be attributed to the rising life expectancy and/or declining birth rates. Rapid changes in age structure can have major social and economic consequences, especially when unanticipated. Governments confront a growing financial burden from retirement costs, medical care, and possibly long-term care, which imply sharp increases in taxes or a renegeing on the promised level of benefits.

People over 60 years old comprise approximately 11% of the world's population, with the number increasing by 1 million every month. As the lifespan of people extends, this proportion is expected to increase to 22% by the year 2050 (The Hong Kong Council of Social Service, 2002). According to the World Health Organization (WHO), a society is an aging society when the proportion of people above 60 years exceeds 10% of the entire population, or when more than 7% of the entire population is above 65 years old. In the Asia-Pacific region, the aged population is expected to increase to 750 million or 14.9% of the total population by

2025. Likewise, WHO figures show that as the population size of Asia increases by 1%, the number of aged Asians increases by 3% (WHO, 2012).

In Hong Kong, people aged 65 years and above currently comprise 11% of the population (Census and Statistics Department, 2010). By the end of 2006, older persons over 65 years old comprised 12.5% (0.86 million) of the total population. This proportion is estimated to increase to 14% and 27% in 2016 and 2033, respectively. Hong Kong became a WHO-defined aging society in 1981, with an aged population of 500,000, which was equal to 10.2% of the population then. In 1999, 14% of the population, or 965,000 people, were considered aged (Department of Health, 2004; Lui, Leung, & Jegede, 2002).

In preparation for this change, WHO (2002) adopted the term “active aging” to facilitate opportunities for health, participation, and security, thereby enhancing the quality of life as people age. The aim of education is to develop knowledge and skills for its own sake, similar to inquiry of truth in the West and to the accepted path to success in the Chinese society. The focus, however, shifts from education to learning when people age. Nowadays, lifelong learning is also regarded as an important strategy for enhancing active aging. Lifelong learning refers to all learning activity undertaken throughout life, with the aim of improving knowledge, skills, and competence from a personal, civic, social, and/or employment-related perspective (European Commission, 2000). Lifelong learning must be considered as a complex and multi-faceted process; it begins in the pre-school level, moves on to the compulsory and post-compulsory periods of formal education and training, and continues throughout life. The central elements of lifelong learning are economic

progress and development, personal development and fulfillment, and social inclusiveness and cohesion (Field & Leicester, 2000; Field, 2006).

Few countries have included older people in their policies for lifelong learning (Withnall, 2000; Jarvis, 2002). “Keep on learning as long as you live” as the popular Chinese proverb goes. Learning during old age is significant not only to individuals but also to society. This is because older adults represent an invaluable, untapped resource. Providing learning opportunities for older people is regarded as an effective means of strengthening their participation and enhancing active ageing.

The provision/process of lifelong learning for older people can take several forms. Of these, the most popular is the U3A, which has become an international adult education success story for older people. The earliest U3A originated in France in 1973. The French model was entirely associated with university. There, the top-bottom approach was used, representing the government-supported and bureaucratic strategies. Since then, the model has spread rapidly in most European countries. In 1981, the U3A idea was modified in the United Kingdom (UK) through strong mutual aid. The UK model viewed U3A as a self-help body with the active participation of members as course leaders, students, course coordinators, office administrators, and so on. Australia followed the UK model in the mid-1980s. Since then, the U3A movement in Australia has come to epitomize the community-based and “member-driven” approach that encourages personal growth, as well as maximizes opportunities for the continued use of the enormous pool of knowledge and skills of older people.

Several core guiding principles distinguish the Australian model from others. These principles dictate that the program must be interest based, voluntary, and must be an individual choice. Lifelong learning in Australia is successful because of these factors. Moreover, Australian model is also successful because it offers a comprehensive reward and a credit transfer system, which increases students' motivation to continue learning, and it has an independent management committee to increase coherence and suitability. In 1983, Mainland China developed the Universities for the Aged for the older people with the initiative and support from the Central Government.

In early 1984, lifelong learning for older people was introduced in Hong Kong, through small-scale learning programs. Though formal courses that awarded recognized qualifications were limited, these were gradually made available by tertiary institutes or professional organizations (e.g., Open University, Lingnan University, Hong Kong University, and Hong Kong Association of Gerontology). However, many informal courses were available, and they were offered by various organizations from private profit-making companies to political parties, non-governmental organizations (NGOs), and government departments (e.g., Radio-Television HK Radio 5 and health education in outpatient clinics). Trained instructors taught all the courses (paid through wages or honoraria). Among the institutions that provided courses specifically to older persons, NGOs (whose funds mainly come from the Social Welfare Department) were the main providers of informal courses. However, participants were “spoon-fed” ready-made courses, and the courses were seldom initiated and taught by older people themselves (Hong Kong Council of Social Services, 2002).

With the support of key government agencies, including the Education Bureau (EB) and the Labor and Welfare Bureau (LWB), 32 EAs were established in local schools when the program was first launched in 2008. Following the self-sustainable principles (i.e., self-financed and self-organized) adopted by the Australian U3A, the EAs in Hong Kong developed several unique characteristics, such as cross-sectors (LWB and EB), schools and NGOs, cross-professions (teaching and social work), and cross-ages (young and old). Currently, 106 school-based EAs are in operation in various districts, and are well received by the older people. Many older people have benefited from this movement, thus achieving active aging in Hong Kong (Chan & Ma, 2004). As shown in the review of literature, lifelong learning for the older people is important, which lends relevance to the investigation of the application of U3A for the lifelong learning of older people in Hong Kong.

Significance of the study

Several studies on lifelong learning for older people have been conducted in the past, but these mainly focused on the learning needs and learning barriers of older people. Conducting the evaluation study of local EA is a great opportunity for the researcher to determine the characteristics of local EA development and to examine the local EA model for the lifelong learning of older people in Hong Kong.

Aim and Objectives

This study aims to evaluate the EA for the lifelong learning model of older people in Hong Kong. The researcher conducts this evaluation study into two phases discussed below:

Phase 1

In the macro level of evaluation, a qualitative study is employed in order to determine the characteristics of EA model development in Hong Kong. This phase involves a documentary study and in-depth interviews.

Phase 2

In the micro level of evaluation, multiple methods using a quasi-experimental study and in-depth interviews are applied in order to evaluate the EA model for the lifelong learning of older people in Hong Kong. This phase examines the proposed teaching-learning style applied to the Health Frontier Trainers' Program to enhance the learning performance of participants after completing the program.

Research Questions and Objectives

The following research questions are posed in Phase 1:

- 1) What local characteristic model is available in implementing the EAs?
- 2) How do the stakeholders perceive the EA model?

The following research questions are posed in Phase2:

- 1) Does the proposed teaching-learning style applied in the Health Frontier Trainers' Program improve the learning performance of participants compared to the lecture-based learning style?
- 2) How do the participants perceive the proposed teaching-learning style applied in the Health Frontier Trainers' Program?

Specific Objectives

The specific objectives of Phase 1 are as follows:

- 1) to describe the characteristics for the establishment of EAs in Hong Kong;
- 2) to study the feedback from the stakeholders regarding the EA model; and
- 3) to provide recommendations to facilitate the development of the local EAs in Hong Kong.

The specific objectives of Phase 2 are as follows:

- 1) to assess the overall learning performance of participants before and after the program;
- 2) to compare the proposed teaching-learning style applied in the program on learning performance compared to the traditional lecture-based learning style in Hong Kong; and
- 3) to explore the perception of the participants in the “lecture and practicum” group regarding the program.

Conclusion

The effects of demographic change increase with the growth of the aging population in Hong Kong. The philosophy of active aging effectively solves the demands of such population. A number of studies concur that the lifelong learning of older people is important in promoting active participation, which is why it is strongly encouraged in many societies. Lifelong learning for older people can improve the quality of life in the later stage of life. The provision/process of lifelong learning for older people can take several forms. Of these, the most popular is the U3A, which boasts of success stories by older learners. In this regard, EAs with local

characteristics derived from the Australian model were launched in 2008. The findings from the current study have important implications in the development and evaluation of local EAs model for the lifelong learning of older people.

This thesis comprises nine chapters. The current chapter presents the background, significance, aims, and objectives of the study. Chapter two reviews literature on the concept of lifelong learning and U3A models. Chapter three discusses the method used in Phase 1 of the study. The findings of Phase 1 are presented in Chapter four. Chapter five presents the discussion on Phase 1. Chapter six describes the method employed in Phase 2. Chapter seven provides the findings of Phase 2. Chapter eight presents the discussion on Phase 2, and finally, Chapter nine concludes the thesis.

CHAPTER TWO

Literature Review

This chapter synthesizes and analyzes the literature pertinent to the lifelong learning of older people in Hong Kong. The review includes different backgrounds of education, teaching, and learning. It also includes a discussion on the effects of the aging population and the understanding of lifelong education, lifelong learning, and its possible models. Several related studies, such as those on the outcomes and the processes of the lifelong learning of older people, are also addressed for identifying the criteria for evaluation in this study.

Definitions of Education

Education encompasses certain meanings in the literature from various authors, as follows:

“We infer that education is the process of bringing up children by adult members of the family and the society, a process of rearing children, a process of guiding, directing, and educating children” (Msango, Mumba, & Sikwibele, 2000, p. 19).

“Education refers to a sum-total of structures or systems, whether in a country or group of countries, or at a particular time, whose purpose is to educate pupils, which function according to more or less precise rules” (Mialaret, 1985, p. 14).

“In today’s world, education has come to be linked with economic progress,

transmission of culture from one generation to another, as well as the development of intelligence” (Carmody, 2004, p. 13).

The above definitions show education from different viewpoints of its outcomes: as a process, as a system, and based on its objectives or purposes. Education becomes a dynamic process that introduces behavioral changes and intellectual, social, cultural, and spiritual development in people. These changes and developments enable the people to obtain reasonable independence in considering, whether consciously or unconsciously, their personal interests, attitudes, abilities, social ideals, and needs so they themselves and society may progress.

Education continues throughout life, from the cradle to the grave, and embraces much more than conventional academic skills and subject matter. It includes other factors, such as the acquisition of occupational and household skills and even the formation of attitudes (Kelly, 1999). Msango et al. (2000) described that education covers all aspects of training and initiation into the life of society into which one has been born. Schooling, on the other hand, covers only the literacy aspects of training. It primarily addresses literacy, numeracy, and the acquisition of knowledge in such disciplines as science, literature, geography, and history. We learn to read and write in schools, as well as study various subjects. Education is thus greater in scope than schooling.

Education is the dynamic process of teaching and learning. It is an activity undertaken or initiated by one or more agents, and it is designed to bring about change in knowledge, skills, and attitudes of individuals, groups, or communities.

The term “education” emphasizes the educator, the agent of change who presents stimuli and reinforcement for learners and designs activities to induce change. The researcher agrees with this definition because it incorporates the processes of raising children to adulthood and drawing out or developing their potential so they can contribute to the community.

Educational processes involve not only learning but teaching as well. Dewey (1939) contended that education involves a tri-polar relationship between teaching, learning, and curriculum. How close is the relationship among the three? A better account of teaching focuses not directly on the outcome of learning, but on learning as an intended outcome. Therefore, teaching is an activity intended to bring about learning (Hirst & Peter, 1970; Schdffler, 1973).

Teaching encompasses all activities with the intention of bringing about learning and occurs in countless settings. This necessity, for teaching activities to indicate certain content that people are intended to learn, serves to clearly distinguish the activities that are, essentially, codified as teaching, however valuable they may be under the circumstances. Education can continue even without teaching. Thus, several forms of learning can occur without teaching. Educative learning does not imply that learning must occur in a teaching situation. Learning is a process that involves people acquiring knowledge previously unknown. Teaching and learning involve teachers passing on, or attempting to pass on, their expertise to people.

The link between the teacher and the people is the curriculum. In a broader sense, the curriculum refers to all experiences and activities from which learners learn

something. Both the teacher and the learner cooperate in building and formulating experiences conducive to learning. The curriculum is structured based on the ever-growing needs of people and the changing demands of society. Today, to meet the needs of learners, the curriculum has evolved from a rigid, predetermined, and fully controlled mode to a flexible and learner-driven one. Thus, from these definitions, we can assume that education aims to develop the knowledge, skills, and attitudes of students.

With regard to education for older people, the emphasis on teaching is less highlighted. Structured and systematic teaching dominates in younger and adult education to ensure a strong foundation of knowledge and skills, thus increasing their chances in employment and social competition. Focusing on the needs of older people entails less demand for skills but emphasizes a good quality of life. Thus, the orientation of education for older people is on learning rather than teaching. With the learner-centered approach, the self-directed curriculum design is encouraged in learning for older people.

Roots of Western Education

Education in the past was based on the need for survival and included domestic tasks, farming, apprenticeships in crafts and selected arts, and even learning to become religious leaders. Knowledge of the religious practices of ancient peoples was integral to understanding the social organization. The worldview of ancient peoples was that their world was organized by a consortium of gods to guide human activities.

Art in making tools was considered the beginning of education. Before the development of reading and writing, our ancestors orally transmitted their culture from one generation to the next. For culture to continue, it had to be transmitted from adults to the children. Children learned the language and skills of the group by enculturation and assimilated the moral and religious values of the group. Every person was expected to be apprenticed in the art and skill of hunting, learning which animals to kill, how to keep from being killed themselves, how to create spears and spear points from wood and stone, how to clean animals, how to make the necessary tools and clothes, how to farm, and how to build agricultural towers and forts. These activities required people to learn for survival (London & Clark, 1997).

Historically, Mesopotamian education is considered the cradle of formal schooling. Oral tradition was no longer used in education. The educational system reinforced status and power by making the priestly elite the guardians of the state culture. Direct apprenticeship, such as occupying functions in the department, was also used for advanced training among the youth. Generally, Ancient Egyptian education was conducted either in the home, by direct apprenticeship, or in the School of Books (basic schools) and the House of Life (an advanced school) for training scribes and administrative clerks for the Empire (Durant, 1950). Greek culture is viewed as the cradle of Western civilization, influencing the contemporary concept of education. The debate on how people learn began at least as early as the time of Greek philosophers, namely, Socrates (469 B.C.–399 B.C.), Plato (427 B.C.–347 B.C.), and Aristotle (384 B.C.–322 B.C.). Subjects taught in schools today have their origins in the topics studied by the ancient Greeks.

By the seventh century, philosophy was the first tool for critical thinking, reasoning, and discovering truths about life and reality used in Western thought. The Romans emphasized education as a vocation rather than as the discovery of truth. They defined the classical school curriculum, which was partially inherited from the Greeks and remains the most enduring educational legacy known in the Western world (Wallbank, 1992; Aries & Duby, 1987).

The Middle Ages was a time of religious consolidation. Knowledge was transmitted from the priest to the people (Monroe, 1925). The highlight was the shift of education from monasteries to universities. Renaissance philosophers fought for freedom of thought, which resulted in the birth of humanism. By the 16th century, the control of the Catholic Church was challenged by Copernicus (1473–1543), who suggested that the Sun, rather than the Earth, was the center of the solar system. The control of the Catholic Church was also challenged by Martin Luther (1483–1546), who sought to secularize education (Monroe, 1925). The notions of individual inquiry and discovery as bases for learning were reinforced in the Renaissance.

René Descartes (1596–1650), John Locke (1632–1704), and Immanuel Kant (1724–1804) believed that knowledge begins with experiences from the outside world. The mind gathers data via the senses and creates simple ideas from experience (Hergenhahn, 1976). According to them, these simple ideas combine to develop complex ideas. Meanwhile, Dewey, Montessori, Piaget, and other education specialists proposed views that children should be allowed to naturally develop (Hilgard & Bower, 1975).

Protestant religious reformers, including John Calvin, Martin Luther, Philipp Melanchthon, and Ulrich Zwingli, sought to free themselves and their followers from papal authority and to interpret their own religious doctrines and practices. While doing so, the Protestant reformers formulated their own educational theories, established their own schools, structured their own curricula, and reared their children in the reformed creeds. The Enlightenment was the first era in the history of civilization that did not have religion as the cornerstone of human progress. The philosophy in the schools at the time was rationalism. Kepler, Galileo, Newton, Hobbes, Locke, Hume, Rousseau, Herbart, Franklin, and Jefferson saw humanity marching progressively toward a new world. Using reason and the scientific method, they believed that humans could achieve progress on Earth. Schools were considered as progressive institutions that encouraged students to develop an open mind, a questioning attitude, and an eagerness to use the empirical method of science (Sharpes, 2002).

Over time, a number of systematic philosophies were developed. Dewey's Pragmatism emphasizes the educational process as a transaction/interaction between the person and the environment. Based on Dewey's conception, education is a process that has no end beyond growth. Particular experiences should be addressed based on the degree to which they contribute to growth or to having more experience. Learners can internalize a method of intelligence applicable to present and future situations via daily experiences (Ornstein & Levine, 2006). Emphasis on the importance of people's interactions and experiences with the environment influences contemporary concerns in education, especially studying lifelong learning for older people. Pragmatism describes the special characteristics of

lifelong learning for older people at present, such as freedom of the learners, knowledge acquisition from experiences, interaction with the environment, and the opportunity to participate in their own learning that can help in investigating the lifelong learning model for older people.

Roots of Chinese Education

Similar to Western education, education in China was handed down via oral tradition. Throughout its history, education in China has been more than purely intellectual training and the transfer of certain skills. Buddhism and Daoism played a dominant religious role in education. In the Tang Dynasty, Neo-Confucianism originated from Han Yu. Neo-Confucianists at the time created a more rationalist and secular form of Confucianism by rejecting the superstitious and mystical elements of Daoism and Buddhism. Zhu Xi (1130–1200), an important exponent of Neo-Confucianism, defended his Confucian beliefs of social harmony and proper personal conduct. Therefore, education in China cannot be separated from the moral improvement of the individual as a social being (Barker, 1997; Cortazzi & Jin, 1997; Hofstede, 1986).

Confucianism, a traditional philosophy that has shaped Chinese society in every aspect of life, became the dominant ideology. Several Confucian insights have been influential to education. The core belief of self-cultivation raised by Confucianism distinguishes it from numerous Western ways of thought. People should cultivate themselves, regulate the family, govern the state, and achieve peace in the world. Emphasis on the family is manifested in two prime structures: the structure of the five hierarchical relations (i.e., emperor–subject, father–son, husband–wife,

older–younger brothers, and friend–friend) that define social roles, relationships, and mutual obligations of individuals, and the structure of the five virtues, namely, *ren*, *yi*, *li*, *zhi*, and *xin*, (i.e., benevolence, righteousness, propriety, wisdom, and trustworthiness, respectively) that nurture the inner character of people and guide the family (Yao, 2000).

Above all, Confucius emphasizes *ren qing* or “人情” (which can be translated as human feelings or human sensibilities), natural affection, and love, to result in immensely appropriate and reliable networks (Yao, 2000). Self-cultivation requires people to look inward and bring changes to themselves instead of blaming others when trouble arises (Oh, 1991; Chan & Elliott, 2002; Yang, 2002; Wang, Wang, Ruona, & Rojewski, 2005). Consisting of large families, the Chinese tend to maintain harmonious relationships in their groups and avoid conflict (Chinese Culture Connection, 1987; Child & Warner, 2003; Liu, 2003; Wang et al., 2005; Zhang, Song, Hackett, & Bycio, 2006). This concept implies that the Chinese are interdependent (Bond, 1996; Earley, 1989; House et al., 2004; Hwang, 1987; Triandis, 1988).

Similarly, *guanxi* is another value of Confucianism that draws on connections, relationships, or networking to secure favors in personal relations (Markus & Kitayama, 1998). Furthermore, *mianzi* (giving face) shows respect for social status and reputation in society. Social harmony depends not only on building and maintaining harmonious relationships among individuals, but also on protecting their integrity (Lockett, 1988; Liu, 2003; Bjorkman & Lu, 1999). Both *guanxi* and *mianzi* reinforce the network between younger and older people, thus enhancing

intergenerational relationships (Redding, 1990; Yang, 1995; Luo, 1997; Xin & Pearce, 1996; Bian, 1994; Yang, 1986; Osigweh, Huo & Huo, 1993; Wong, Ngo & Wong, 2003).

The principle of *Zhong Yong* (中庸), which focuses on the middle way of human thought and action, is the basis of Confucian education. Confucian people always balance words with actions. In balancing *yin* and *yang* (“陰陽”), the balance between the good and the bad is maintained, rather than striving to eliminate the bad and cultivate the good. Similar to bamboo, the Confucian teaching and learning approach is firm in principle but flexible in approach. The extremes should be carefully understood, but simultaneously moderation is practiced. With regard to the lifelong learning of older people, contribution of older people is not excluded, but instead their capacities in lifelong learning throughout their lifespan are respected (Chen & Chen, 2004).

The study of Chen (2005) reveals the influence of Confucian teachings on Chinese self-development in acquiring, reflecting, contributing, selecting, and applying knowledge to reach spiritual and moral development at work. These values prompt continual learning, resulting in lifelong learning from the cradle to the grave, which corresponds to the theme of the present study. Finally, thrift (*Jian*) is a major Chinese virtue. This value urges people to prepare themselves for their aging, such as via the promotion of lifelong learning among older people (Hofstede & Bond, 1988; Hofstede, 1991).

Educational Practice of Chinese and Western Perspectives

Both Western and Chinese cultural developments prompted variations in the educational attempts of philosophers. Confucian education was introduced in China, and it focused on personal discipline, loyalty to the family and group, and the need for social and political harmony. It shaped Chinese education and cultivation. By contrast, Western education was based on rational inquiry, the importance of reason, and freedom of thought, as expressed by Socrates, Plato, and Aristotle. During the medieval period, education reflected scientific contributions in the Western world. Renaissance classical humanist educators developed the concept of well-rounded, liberally educated persons and highlighted human-centric, rather than scientific, knowledge. The emphasis of the Protestant Reformation on literacy and vernacular education (i.e., religious influence over education) influenced Western education. The Enlightenment posited that humans could improve their lives by using reason to solve problems. Therefore, Western education highlighted rational questioning and exploration for truth. Given these differences between Chinese and Western education, better understanding of their influences on education is discussed in the subsequent section.

With regard to the basic orientation of education, the Chinese traditional view is holistic, different from the Western technical-rational philosophy. The significance of education emphasizes Confucian tradition in China, that is, the social and moral aspects of life. The basic tenets of Confucian learning have been influential over the centuries, and they continue to be felt in contemporary Chinese education (Bush & Qiang, 2000; Wong, 2001). The Confucian tradition has influenced Chinese education for more than 2,000 years. Certain researchers argue that rote learning

was the emphasis for centuries, and the entire learning process was geared toward the memorization of ideas of antiquity, as evidenced in the Four Books and Five Classics.

The notion of “learning for the sake of one’s self” best signifies the individualistic orientation to education in Confucian tradition. Learning is considered an end in itself rather than a means to an end. It originates from Confucius’s dictum in the *Analects* (XIV. 25, cited in the *Analects of Confucius*, 2002), which was extended to criticize the learning attitude for the sake of pleasing others or showing off. In the Song Dynasty, this notion was seized upon by the Neo-Confucianists who attacked bureaucratic scholarship and the vogue of learning for civil examinations (Tsang, Paterson, & Packer, 2002). Tu (1985) interpreted “learning for the sake of the self” to mean self-cultivation. Therefore, learning is to cultivate oneself as an intelligent, creative, independent, autonomous, and authentic being; its process is directed inwards. In the West, this style of learning is similar to Maslow’s (1968) concept of the peak experience of learning, which is ultimately oriented toward self-actualization (Lee, 1996).

Confucian traditions of education also emphasize personal development, as opposed to Western education, which primarily focuses on the acquisition of knowledge. Western educators focused on the exploration of truth (The Mean, XX. 19, cited in the *Doctrine of the Mean*, 1996). Memorization is a significant part of learning in the Confucian tradition, but it should not be equated to rote learning. Memorization precedes understanding, and it is used to gain deeper understanding. It has never been regarded as an end in itself. Memorizing, understanding, reflecting, and

questioning are the basic components of learning in China. These components are interrelated and integrated, and they should be repeated for deeper learning and learning in the future (Lee, 1996). Similar to Kolb's experiential learning theory, which highlights the four stages of acquiring knowledge, it consists of the concrete experience, reflective observation, conceptualization, and active experimentation.

Chinese teaching is teacher-centered rather than learner-centered. It cites social harmony as one of its key priorities, and it emphasizes social hierarchy and stability to achieve this harmony. Young people are required to obey senior learners as well as teachers. The picture of passive, non-participative Chinese learners and a teacher-dominated, authoritarian classroom is common in China. Chinese teaching is largely didactic and text-bound, with little time allowed for discussion. Several scholars speculate that the over-reliance on teachers and textbooks may retard the development of ideas of the learners. Scholars believe that the creativity of learners is hindered from childhood. Although learners can obtain high scores in their exams, they may not be particularly competent at solving practical problems. Chinese learners are characterized as hardworking and diligent, but lack creativity and originality (Fang & Warschauer, 2004; Pierson, 1996; Scollon & Scollon, 1994). However, Western teaching consistently applies instructional methods, such as debates, group discussions, and field experiences. In contemporary Chinese society, although few learners are required to recite the traditional Confucian doctrines, their learning styles have been shaped and influenced by generations of scholars, parents, and teachers (Salili, 1996).

Definitions of Learning

As previously mentioned, learning is important in the education process. Learning is the action of receiving instruction or acquiring knowledge that leads to change in human performance or the performance potential in the behavior of the learner. A change in performance is the result of a learner's interaction with the environment, and it is caused by practice or other experiences endured over time (Schunk, 1991; Newby, Stepich, Lehman, & Russell, 1996).

Learning is important to both those who will learn and those who will help, guide, and facilitate it in others. Understanding learning is important because of the specific actions and technologies that can affect the quality and quantity of the material learned. Therefore, learning the definition of learning, how it occurs, and what factors combine to influence its process enables us to change and influence the levels of the ability and knowledge of the learners.

Learning is also a process that leads to the modification of behavior or the acquisition of new abilities or responses aside from natural development by growth or maturation. Bierly, Kessler, and Christensen (2000) defined learning as the process of linking, expanding, and improving data, information, knowledge, and wisdom. The individual learning process is complicated, involving numerous aspects of human nature and the interaction of an individual with the environment.

At the individual level, the researcher trusts that learning brings a continuous personal transformation. Smith (1982) described that learning is a personal and natural process and is an intrinsic process of every organism, system, or

organization. Learning occurs constantly, and therefore has become part of our daily activity (Cowan, 1995). It should be an ongoing process and does not always necessarily depend on a qualified teacher or expert. Learning should be much more than receiving instruction and acquiring knowledge, and it may also be intentional or unintentional (Rogers, 2003). It occurs anywhere, at any time, even at the dining table or on the road. Learning also involves building relationships between teachers and learners. Life is full of learning events, whether incidental, accidental, or purposeful. Rogers (2003, p. 13) called these events “learning episodes,” which consist of individual instances of learning that occur occasionally. Learning episodes are different from “learning practices,” which consist of cultured and structured ways of learning that each person develops for themselves, such as formal learning from school. Different types of learning views are based on their classification or categorization, such as lifelong learning for older people in this study (Rogers, 2003; Hager, 2001).

Learning Theories from Behaviorism to Humanism

The 19th century paved the way for the scientific study of learning. Working from the ideas of Descartes and Kant and influenced by Charles Darwin, psychologists began conducting objective tests to study how people learn and to discover the best approach to teaching. Edward Thorndike (1874–1949) believed that learning is incremental and that people learn by trial and error. He described how mental connections are formed by positive responses to particular stimuli. Classical conditioning, in which a behavior becomes a reflex response to a stimulus, and operant conditioning, in which a behavior is reinforced by reward or punishment, are typically noted (Hilgard & Bower, 1975).

Piaget (1896–1980) recognized that learners construct knowledge based on their experiences and that this construction is related to their biological, physical, and mental development. Cognitivism emphasizes learning as a process, and it also emphasizes the function of the learner in mediating learning. Constructivist learning is the process of correctly interpreting our senses and responding correctly to objects and events in the objective world (Alessi & Trollip, 2001). It is based on the assumption that knowledge is constructed by learners as they attempt to make sense of their experiences. Learners actively construct knowledge based on prior experiences, and they are not empty vessels waiting to be filled. Illeris (2002) suggested that learning comprises three integrated dimensions: the cognitive dimension, the affective dimension, and the social dimension. Learning involves complicated interaction among various elements.

Collaboration is equally important because learners learn by interaction with others; it is also likened to an apprenticeship (Collins, Brown, & Newman, 1989), in which the teacher participates with learners in solving realistic problems. Teachers may not know the answer to the problem, but they serve as models and guides, showing learners how to reflect on their evolving knowledge and pointing them in possible directions for overcoming difficulties.

Brown, Collins, and Duguid (1989) considered learning as a continuous, lifelong process resulting from acting in situations. Thinking activities are central to constructivism. Constructivists believe that students should be exposed to complex tasks that are expected to happen in real life. Therefore, learning environments should be provided for learners so that they may experience the full complexity and

authenticity of real problems. Driscoll (1993) explained that helping students to develop meta-cognitive skills is important for them to become self-directed learners. Reflexivity is a critical attitude in learners that promotes awareness of which structures create meaning and knowledge, and how they do so. Vygotsky's social development theory and Bruner's discovery learning are well-known foundations of constructivism.

Humanistic psychology expanded its influence throughout the 1970s and the 1980s. It focused on freedom, dignity, and potential. The notion that claimed, "human beings are capable of making significant personal choices within the constraints imposed by heredity, personal history, and environment" was presented in this period (Elias & Merriam, 1980, p. 118). Humanistic principles stress the importance of the individual and specific human needs. Among the major assumptions underlying humanism are the following: (a) human nature is inherently good; (b) individuals are free and autonomous and are thus capable of making major personal choices; (c) human potential for growth and development is virtually unlimited; (d) self-concept is important to growth and development; (e) individuals have an urge toward self-actualization; (f) reality is defined by each person; and (g) individuals have a responsibility to themselves and to others (Elias & Merriam, 1980).

The purpose of humanism is the development of self-actualized, autonomous people. Learning is student-centered and personalized, and the educator is a facilitator. Affective and cognitive needs are important, and the goal is to develop self-actualized people in a cooperative, supportive environment. This idea is contrary to the behaviorist's notion of operant conditioning and the cognitive

psychologist's belief that discovering knowledge or constructing meaning is central to learning. Humanists also believe in the importance of studying the person as a whole, especially as an individual grows and develops over time. Both experience and reflection affect the development of knowledge and skills. Studies have acknowledged that the importance of developmental stages can be encouraged by social interaction and the structuring of experiences within the learners' sphere of readiness (Dewey, 1938). The core concept of humanism is considered as the most appropriate approach to facilitating lifelong learning for older people. The humanistic approach can emphasize their learning process in terms of freedom, autonomy, individual growth, and self-actualization. Along with social negotiation and interaction, their learning is beneficial to older people (Wirth, 1966).

Impacts of Aging Population

Aging populations around the world are rapidly increasing, which suggests a shift in the population distribution of countries toward old age. This shift occurs because of increasing life expectancy and declining birth rates. Based on the data from the World Health Organization (WHO) (2012), the proportion of the world population of those aged 60 years and above will double from 11% to 22% between 2000 and 2050. The absolute number of people aged 60 years and above is expected to increase from 605 million to 2 billion over the same period. Asia and Europe are the two continents where a significant number of countries face severe population aging in the future. In Europe, the number of aged people is projected to increase to 35% of the population, and in Asia-Pacific, the increase is expected to reach 750 million or 14.9% of the total population by 2025. Based on the 2001 Hong Kong Population Census, 15.7% of the local population—or 1 in every 6 persons—would be aged 65

years or above by 2021 (Census and Statistics Department, 2002). The aging population in Hong Kong is expected to surge from approximately 915,000 in 2010 to 2.1 million by 2030, corresponding to 90% of the net increase in the total population over the same period (Census and Statistics Department, 2010).

Rapid changes in age structure can result in major social and economic consequences, such as to the health and welfare services of older people, especially when they are unanticipated. The Active Aging Policy is a possible solution to the impacts of an aging population. In the 1990s, a concept of active aging emerged as influenced by WHO. The concept extends the emphasis to health, active participation, and the inclusion of older people in all areas of family, community, and national life. The well-being and the positive engagement in community activities of older people are emphasized. The lifelong learning of older people is highly valued for its active participation, and it is strongly encouraged in numerous societies, such as France, Britain, the United States, Australia, Norway, and China. Learning activities for older people are believed to increase their social well-being because they create healthier older persons and increase social capital (Walker, 2006; Walker, 2002). However, in Hong Kong, both the government and the public have dedicated insufficient attention to this issue. Minimal research has been conducted, and limited resources have been allocated to the lifelong learning of older people.

Lifelong Education and Lifelong Learning

People are increasingly becoming aware of the importance of education and learning, as they both contribute to the rapid growth of the economy in a

knowledge-based society (Tuijnman & Bostrom, 2002). As discussed, active aging is considered the possible solution to address the impacts from the aging population. Active learning can be enhanced by the lifelong learning of older people. The understanding of lifelong education and lifelong learning are addressed in the following section.

Understanding lifelong education. Faure (1972) considered lifelong education not as a system of education, but as a philosophical principle with respect to the organization of education. Coombs and Ahmed (1974), Dave (1976), Rao (1970), Hawes (1975), and Adieshiah (1973) suggested that education encompasses not only a vertical, but also a horizontal continuum. Hawes (1975) noted, “Lifelong education seeks continuity and articulation along the vertical or longitudinal dimension... lifelong education also seeks integration at its horizontal and depth dimension at every stage of life” (p. 30).

Dave (1976) advocated that the field should embrace the vertical time dimension from birth to death, as well as the horizontal space dimension, including education in the home, in school, in the community, and in places of work. “Lifelong education is a process of accomplishing personal, social, and professional development throughout the lifespan of individuals in order to enhance the quality of life of both individuals and their collectives. It is a comprehensive and unifying idea that includes formal, non-formal, and informal learning for acquiring and enhancing enlightenment in order to attain the fullest possible development in different stages and domains of life” (p. 34). Lifelong education is synonymous to adult education or further vocational training for the working population. However,

lifelong education as a way of facilitating lifelong learning does not only mean retraining or education for the middle-age group in the population.

The UNESCO Institute for Education (UIE) (1996) developed a systematic philosophical principle of lifelong education that is widely used among educators.

Lifelong education should contain the following characteristics:

1. Lifelong education comprises three basic terms, namely, life, lifelong, and education, upon which the meaning of the concept is based.
2. Education does not terminate at the end of formal schooling but is a lifelong process. Lifelong education covers the entire lifespan of an individual.
3. Lifelong education is not confined to adult education. Rather, it encompasses and unifies all stages of education, that is, pre-primary, primary, secondary, and so forth. Thus, it views education in its totality.
4. Lifelong education includes formal, non-formal, and informal patterns of education.
5. The home occupies the first, the most subtle, and the most crucial function in initiating the process of lifelong learning. This process continues throughout the entire lifespan of an individual via family learning.
6. The community is also important in the systems of lifelong education from the time the child begins interacting with it. It continues its educative function in both the professional and the general areas throughout life.
7. Educational institutions such as schools, universities, and training centers are important, but only as agencies for lifelong education. They no longer enjoy the monopoly of educating people and can no longer exist in isolation from other educative agencies in society.

8. Lifelong education seeks continuity and articulation along its vertical or longitudinal dimension (vertical articulation).
9. Lifelong education seeks integration along its horizontal and depth dimensions at every stage in life (horizontal integration).
10. Contrary to the elitist form of education, lifelong education is universal in character, and represents the democratization of education.
11. Lifelong education is characterized by its flexibility and diversity in content, learning tools and techniques, and time of learning.
12. Lifelong education is a dynamic approach to education that enables the adaptation of materials and media of learning as and when new developments occur.
13. Lifelong education enables alternative patterns and forms of acquiring education.
14. Lifelong education has two broad components, namely, general and professional. These components are not completely different from each other but are interrelated and interactive.
15. The adaptive and innovative functions of the individual and the society are fulfilled via lifelong education.
16. Lifelong education conducts a corrective function, which is to address the shortcomings of the existing education system.
17. The ultimate goal of lifelong education is to maintain and improve the quality of life.
18. The three major prerequisites for lifelong education are opportunity, motivation, and educability.
19. Lifelong education is an organizing principle for all education.

20. At the operational level, lifelong education provides a total system of all education.

Groombridge (1982) suggested five major reasons to recognize the importance of late life education, such as 1) education can foster the self-reliance and independence of older people to reduce the increasing demands on public and private resources, 2) education is a major factor that enables older people to cope with numerous practical and psychological problems in a complex, changing, and fractured world, 3) education for and by older people themselves strengthens their actual or potential contributions to society, 4) self-awareness of older people, their self-interpretation, and the communication of their experiences to other generations foster balance, perspective, and understanding, which are valuable in a rapidly changing world of conflict, and 5) education is crucial for numerous older people who strive for expression and learning.

Coobs and Ahmed (1974) observed that education should be considered to occur throughout the life cycle of an individual, from earliest infancy to adulthood. Furthermore, education involves a great variety of methods and sources. Thus, the authors distinguish the following three modes of education:

1. Formal education (FE) is “the highly institutionalized, chronologically graded, and hierarchically structured ‘education system,’ spanning lower primary school and the upper reaches of the university.”
2. Non-formal education (NFE) is “any organized, systematic, educational activity carried on outside the formal system to provide selected types of learning to particular subgroups in the population, adults as well as children.”

3. Informal education (IE) is “the lifelong process by which every person acquires and accumulates knowledge, skills, attitudes, and insights from daily experiences and exposure to the environment—at home, at work, at play” (p. 8).

Education for older people in Hong Kong is mainly NFE. We usually experience IE, which is “the lifelong process by which every person acquires and accumulates knowledge, skills, and attitudes from daily experiences and exposure to the environment—at home, as work, at play; from the example and the attitudes of the family and friends; from travel, reading newspapers, and books or by listening to the radio or viewing films or television” (Coombs & Ahmed 1974, p. 8). Despite the difficulty in providing a clear distinction between these three types of education, FE and NFE are both used to reinforce the IE that an individual receives. This education mode promotes and facilitates certain valued types of knowledge (e.g., reading and writing) not readily or quickly acquired by individuals by ordinary exposure to their environment. Cropley (1980) also argued that lifelong education should last the entire life of an individual. He claimed that lifelong education enables an individual to acquire, renew, upgrade, and complete knowledge, skills, and attitudes. The ultimate goal of lifelong education is for each individual to have self-fulfillment, which is necessary in the context of the constantly changing conditions of modern life. One of his vital arguments is that lifelong education should increase the ability and motivation of an individual to participate in self-directed learning activities.

In China, lifelong education was established in the 1950s to complement the FE

system as an instrument to implement state manpower planning. Lifelong education, as a modern notion, was only introduced in China by the end of the 1970s, after the Cultural Revolution. Learning is not limited to the school or university campus and FE. An increasing number of adults continue their learning in various ways, including FE and IE. However, technological training to assist adults find employment is dominant. The departure from the manpower planning in the early 1980s instigated individual aspirations for learning. Such aspirations were integrated into the long tradition of self-motivation in learning, and resulted in the expansion into all types of lifelong education.

During the years before the reform, lifelong education was safely assumed to occur in a relatively formal framework. Adult education was only supplementary to FE as a vehicle to train adult manpower for the state. The reform changed the adult education system. In the early 1980s, self-study examinations were a major thrust in adult learning in China. Any citizen could register for the self-study examination. No age limit and no academic qualification requirements were imposed on the candidates (State Council, 1988). However, the most significant change was in the concept of lifelong education, which went beyond academic qualification and employment, and aimed to enhance adult lives and culture, resulting in self-actualization (State Education Commission, 1987). The change facilitated the present approach to the lifelong learning of older people in China.

Understanding lifelong learning. Lifelong learning is embedded in broad economic and political programs to adjust to the rapidly changing social and economic conditions that require competencies and flexibility no longer attainable

at the pace and in the institutionalized forms of “traditional” education (Alheit & Dausien, 2002). Thus, the characteristics of lifelong education are re-presented in the concept of lifelong learning because relatively more emphasis is placed on “learning” than on “education.” Lifelong learning is adopted, consistent with the characteristics identified by UIE experts, that lifelong learning is best understood as a process of individual learning and development across the lifespan from the cradle to the grave; that is, learning from early childhood to retirement. Lifelong learning is a concept that refers not only to education in formal settings, such as schools, universities, and adult education institutions but also to “life-wide” learning in informal settings such as at home, at work, and in the wider community (The Organization for Economic Co-operation and Development (OECD), 1996).

The National Center for Education Statistics in the United States (2000, p. 4) presented an alternative definition. “Lifelong learning refers to a process or system through which individuals are able and willing to learn at all stages of life, from preschool years through to old age.” Earlier attempts were made to address lifelong learning. Leigh (1930; cited in Cross, 1981, p. 255) contended that, “There is gradually emerging a conception of learning as a lifelong process beginning at birth and ending only with death, a process related to all points of the life experiences of the individual, a process full of meaning and reality to the learner, a process in which the student is an active participant rather than a passive recipient.”

Cropley (1980) described learning as a change process that occurs among people because of experience, and continues throughout life. On the one hand, learning includes attending classes in formal and structured institutions, such as universities

and vocational schools, where people learn systematically and purposefully. On the other hand, learning is also composed of what Cropley calls “unsystematic and unorganized” activities, such as parents playing with children and friends chatting with each other. People are often unaware that they are learning by these activities. Thus, learning is unconscious and spontaneous. Lifelong learning is strongly correlated with the daily experiences of each person in a rapidly changing society.

Continuous learning throughout the life of an individual is a unique way of producing more innovation and greater profits. Lifelong learning can then equip people with current information and skills. Older persons who received knowledge at a later age could still contribute to society after retirement. Therefore, learning should continue throughout the life of an individual. Peterson (1980, p. 5) identified three essential elements in the lifelong learning process. The first element stresses the ongoing nature of learning, with the implicit idea that no stage of human development (i.e., childhood or old age) is exempt from the opportunity. The concept of equal educational opportunity underlies this statement, with age as the main criterion. The second element emphasizes various agencies that may be involved, such as family, clubs, social networks, and organizations, whose members are older people. The third component stresses that learners are more likely to gain satisfaction if they are closely involved in the planning process (older people should ideally be involved in shaping their own learning opportunities).

Berman (1984, p. 100) also held lifelong learning in high regard. In his view, “learning is something that all people do and want to do for reasons which are intrinsically valuable to their human existence and quality of life.” Lifelong learning

is a process that can make young and old alike “connoisseurs of the past, implementers of the present, and visionaries of the future” (cited in Cribbin & Kennedy, 2002).

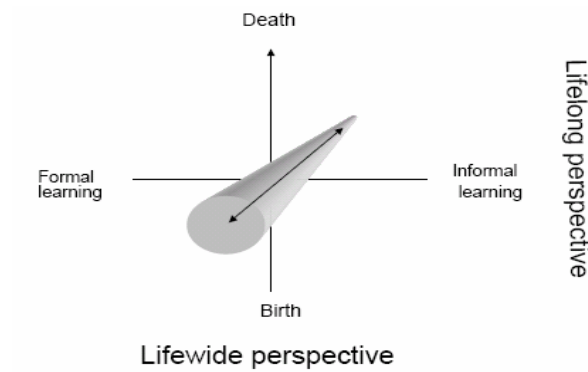


Figure 1 Life-long and Life-wide Perspective of Learning
(Bostrom, 2003, p. 18)

Lifelong learning is “an essential part of one’s growth and development as a human being, as a citizen in a participative democracy, and as a production and efficiently operating agent in a process of economic change and advance” (Cribbin & Kennedy, 2002, p. 173).

Considering these descriptions of lifelong learning, highlighting the term “life-wide” frequently used in discussing lifelong learning is crucial. The learning process no longer refers only to systematic organized learning activities associated with FE. Aside from the formal learning process, more attention has been given to learning under informal or non-formal circumstances. The needs of individuals are more important, and the individual should be the heart of the learning process (Tuijnman & Bostrom, 2002).

The current concept of lifelong learning gives less regard to the role of formal, traditional institutions and more to non-formal learning in various settings. Lifelong learning is also generally accepted, by definition, as a holistic, visionary, normative, and value-laden concept in the same way as, for example, ideas about democracy or equality (Dohmen, 1996). The lifelong learning framework implies a shift in responsibility not only from the state to the world of employment and the civil sectors of society but also from the state to the individual. Given the emphasis on learning rather than on education, the framework reduces the traditional preoccupation with structures and institutions, and instead focuses on the individual. The individual is at the heart of a lifelong learning system, and the realization of lifelong learning largely depends on the capacity and motivation of individuals to take care of their own learning.

Lifelong learning is a large and overarching concept with numerous adherents. Popular education, formal schooling, adult education, self-directed learning, continuing vocational training, on-the-job training, informal learning in the work place, and social education for older people are examples of its more specific elements (Sutton, 1996). Lifelong learning, based on humanistic principles, embraces all learning that occurs from infancy to adult in families, schools, vocational training institutions, universities, workplaces, and the community at large. Activities for lifelong learning can be classified in various ways, such as the types of institutions that support learning, learning activities publicly or privately organized, funded or supported requirement and recognition, and characteristics of the learners using socio-economic or demographic variables. Lifelong learning is generally undertaken not only for job- and career-related reasons but also for

personal development, self-fulfillment, and quality of life (Hagar, 2001).

In the past two decades, changes in economic situations, demography, and life quality expectations created new aspirations for adult education. The need for lifelong learning rather than lifelong education was prompted by the changes in a larger context in China. Emphasis on lifelong learning significantly shifted; first, from work-related training to personal developments and second, from pure leisure to self-development. Lifelong learning is not a foreign concept in Chinese society. The developments of lifelong learning demonstrated the emergence of individual needs and non-incentive motivations for their learning as a matter of leisure and as a way of realizing a meaningful life. A clear deviation from the traditional aims of education for social mobility or collective objectives was observed (Huang & Shi, 2008; Morgan, 2008). The major actor of educational opportunity for the aged is the University for the Elderly. By 1997, Shanghai had four major universities for older people (Cheng, Jin, & Gu, 1999).

Importance of Lifelong Learning: Enhancement of Active Aging

Positive influences have been noted from the lifelong learning of older people. These positive influences could not be defined by merely determining how materialistic their lives were or by calculating how much they had received since retirement. Undergoing the experience was important for older people. Active aging was associated with avoiding poor health and functional disabilities and promoting high levels of involvement with social relationships and activities with cognitive stimulation to enhance the quality of life (Anstey, Luszcz, & Andrews, 2002; Vaillant, 2002; Frazier, Hooker, Johnson, & Kaus, 2000).

Smith (1998) observed that a large number of older people are now pursuing continuing education. These people lived longer and healthier lives, retired earlier, and enjoyed greater leisure time, motivating them to go “back to school” both in formal and alternative settings. Several previous studies verified that unless physiological, psychological, or sociological barriers were present, most people could experience personal growth and learning throughout their lives. The cognitive stability of older people could be maintained throughout the years (Clough, 1992; Hiemstra, 1975; Moody, 1986; Peterson, 1983).

Ryff (1989) proposed six active aging criteria, namely, “positive social relationships, a sense of purpose, autonomy, self-acceptance, personal growth, and environmental fit” (cited in Fisher & Specht, 1999, p. 465). Lifelong learning for older people extends beyond the acquisition of basic knowledge and professional skills. Thus, constant learning in its broadest sense is essential in old age. The lifelong learning profile by Gross (1967) was used to evaluate the effectiveness of the program. Evaluation results indicated that learning in later life was beneficial to the active aging of seniors. Their level of self-esteem, ability to express ideas, and feeling of being heard were increased (cited in Cusack, 1995).

To investigate older people’s perception on their well-being after attending learning activities, Pinquart (2002b) regarded improved psychological health as a crucial aspect of active aging. The study suggested that chronological age did not change the individuals’ sense of purpose in old age; rather, it represented their sense of loss or decline, which remarkably improved after lifelong learning. Withnall (cited in Glendenning, 2000) emphasized that the purpose of educational activity in later life

is to provide solutions to the problem of how to achieve “active aging.” Seiffert (2002, p. 9) argued that, “Education in old age helps older people to remain integrated in society and to form their own social environment. It develops mental and spiritual strength, and thus has a preventive effect.”

Ryff and Heidrich (1997) explored the perceptions of the future in young, middle-aged, and older people based on their subjective assessments of their own progress and decline across various aspects of their lifespan. Unsurprisingly, the older people in their study, with a mean age of 73.4 years, had expectations of decline rather than progress in the future, different from the perceptions of young and middle-aged people. Nevertheless, a third of the healthy, financially stable, and well-educated group of older people in the sample anticipated improvement in their sense of well-being. Older people who perceived that they were in control of their environments continued to experience personal growth, and their lives had meaning and purpose. The strongest predictor of these perceptions was a high level of meaningful activity. This finding indicated that lifelong learning could facilitate active aging in older people.

Siebert, Mutran, and Reitzes (1999) used role identity theory as basis for research on the psychology of aging. The findings implied that the personal growth of older people was based on their need for friends who positively reinforced their identities. This theoretical basis partly explained the expressed interest of older people in educational experiences that offered social contacts with peers who had similar interests and experiences. The reason was that these contacts reinforced their role identities, especially at a time when they assumed the new role identity as students.

Carlton and Soulsby (1999) maintained that growing older could produce a feeling of exclusion from work and society, and thus, people could lose their sense of purpose. When people become marginalized, the lack of opportunity to learn new things compounds their disadvantages in addressing the changing world. Thus, we must acknowledge the power of learning and make education available, especially for older people because it could lead to new directions for their personal development and help them sustain active and independent lives.

A study on the U3As of Australia indicated that individuals could be classified either by their motivation to acquire knowledge in specific subjects, mental stimulation, search for meaning, and personal growth, or by the social aspects of the educational experience (Swindell, 1993). Freysinger (1995) obtained similar findings but assigned different levels of meaning to agency (self-development) and affiliation (connection with others). Similarly, Gaskell (1999), in her study of the UK Model learning environment, reported that people's motivation is dominated by social needs and the need for mental stimulation.

Generally, lifelong learning for older people is beneficial to the active aging process. Older people can ease their distress from the aging process and maintain good physical health. They can contribute via their active roles within their social networks and communities. With support from the interaction with others or peers, psychosocial health can be enhanced to achieve a purposeful life and personal development. Fostering independence results in fewer burdens. Thus, a positive platform for lifelong learning of older people should be considered.

Motivation of Lifelong Learning of Older People

Older people possess considerable potential for lifelong learning provided that they are aware of their learning needs, maintain positive social interactions, and build social capital (contribution to the public) continuously and in different contexts, such as intergenerational perspectives. The following explanations for the motives of lifelong learning of older people are illustrated.

The needs-based model is a common and popular mode by which adult educators approach the purposes of adult education. McClusky (1974) was an early investigator of the learning needs of older people. He posited that the following four “needs” of older people should be met by learning:

- coping needs or those needs arising from daily life adjustments, such as physical fitness, economic self-sufficiency, and basic education;
- expressive needs or those needs related to adults participating in activities for their own sakes, not necessarily to achieve a goal;
- contributive needs or those needs related to adults deciding to be useful contributors to society; and
- influence needs or those needs arising from adults wanting to become agents for social change.

Each category of needs was suggestive of the principal purpose of adult learning, with many programs being developed based on the predominant needs. When examining mainstream providers of adult education, most programs primarily geared toward the needs of older people were aligned with meeting the coping and expressive needs. This feature of the programs is related to educators’ perceptions

of older people as consumers of leisure activities and as passive recipients of learning and education (Boshier, 1973; Knowles, 1980; Boone, 1985; Koopman-Boyden, 1993).

Rubenson (1997), modifying the findings of Vroom (1964), explained the work motivations and incentives of people. His expectancy-valence model utilized the psychological theories of motivation to indicate that human behavior is a product of the interaction between the individual (with his/her acquired experience) and the environment (as he/she perceives and experiences it). An individual's motivation to learn was determined by the net force existing between him/her and the environment. The Rubenson model comprises two components, namely, expectancy and valence. Expectancy is the result of "the expectation of personal success in the educational activity," and the "expectation that being successful in the learning activity." "If the individual did not perceive himself/herself as able to participate successfully, or if no reward for doing is apparent," he/she would not be motivated to learn. Valence is related to the effect caused by the learning activity. If an individual considers the benefit from the learning activity to outweigh the loss, then, the motivation to learn will be higher. Rubenson's theory considers the external barrier. Any external barrier can directly affect an individual's motivation to learn instead of becoming another factor that needs to be considered.

Boshier (1973) held the same view as Rubenson, that motivation for learning is a product of the interaction between internal psychological factors and external environmental variables. "Both adult education participation and drop out could be understood to occur as a function of the magnitude of the discrepancy between the

participant's self-concept and key aspects of the educational environment" (p. 260). Discrepancies between the self and the ideal self, and between the self and the institutional environment, to name a few, constitute "incongruence," according to Boshier. These instances of incongruence are additive, such that when the incongruence is greater, the chance of not participating in learning or dropping out is greater. Thus, those with low self-esteem are less likely to have high expectations toward the learning process (Rubenson's theory) and are less likely to experience congruence with the educational environment (Boshier's theory).

The chain-of-response model, developed by Cross (1981), was originally and widely used to explain adult participation in learning activities. This model also explained the learning behavior of older people. The model comprises seven factors that are consecutively linked and influence people's choice of whether to participate in any course. The internal psychological factors are cross combined with the external environmental factors to present a complete picture of adult education participation.

The model begins with the view of the individual because participation in learning is a person's own decision. Whether one does not have any intention or interest to learn is not the issue. Cross (1981) suggested that the "individual's self-perception (**A** in the figure below) on his or her ability to learn tends to influence his or her attitude toward education (**B**) (p. 125)." However, self-perception is largely affected by other factors, such as their own experience in learning and the attitudes of people around an individual. The positive attitudes toward education that come from a positive learning experience, such as gaining happiness, meeting new friends by

taking courses, and receiving encouragement from family or friends, help build a positive self-perception and vice versa. If an individual has a negative attitude toward learning or less confident in learning, they will be less successful in the learning process. Similarly, an individual's attitude toward education is influenced by other factors. The value they placed on the goals to be achieved by participation in learning and the expectations that participation would meet such goals (C) would also affect the individual's attitude. A higher value placed on education and a higher expectation to achieve the goal contributes constructively to the individual's attitude. Mutual influences exist among factors (A), (B), (C), and (D), and at the same time, they are affected by inputs from (D) and (F), as shown in Figure 2. An individual illustrates their learning behavior after balancing all the factors.

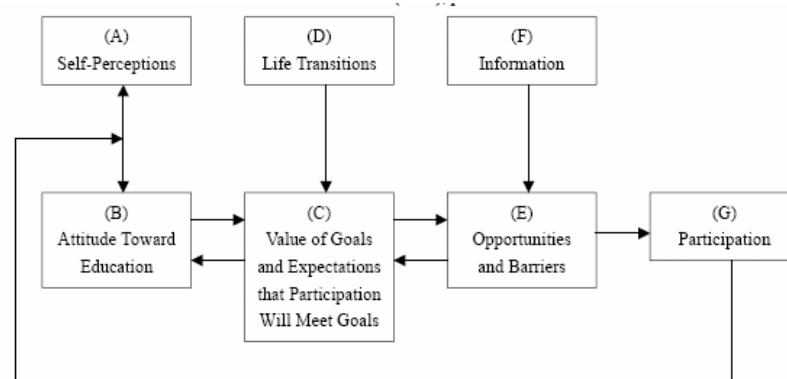


Figure 2 Chain-of-Response Model (Cross, 1981, p. 124)

The Cross Model mainly provides the factors to explain how an individual begins to participate in learning activities. In terms of continuous participation, Cross only suggested that if one could participate in learning, then the experience would serve as a positive influence toward their perception, and the cycle would begin again. However, further explanation should be provided after Box (G). Social

reinforcement is adopted to explain the behavior of continuous participation in learning activities.

The Cross Model does not explain how a learning experience can affirm positive self-perception and attitude toward education. Thus, the positive effect of learning activity should be revealed first. This information becomes the foundation for developing an explanation for the continuous participation in learning. Lifelong learning can increase the quality of life of an individual by having better health. Compared with non-learners, learners also enjoy life more, cope better with daily life, and are more active socially. The positive consequences of learning are called “reinforcements” in social reinforcement. Pavlov (1927) suggested that certain kinds of rewards are required to entice an individual to respond to a stimulus. A “reward” can be tangible, such as money and certificates, or intangible, such as the feeling of happiness resulting from appreciation from others. In the learning process, older people may perceive both the intrinsic (cognition to evaluate learning experience) and extrinsic (appreciation and recognition from the public, such as rewards or certificates) reasons to sustain their continuous participation in learning.

Factors influencing motivation of lifelong learning of older people. Studies focused on the motivating factors that influence the decision of older people to participate in lifelong learning. Gorard, Rees, and Fevre (1999) established that family socio-economic characteristics, cultural norms, and regional socio-economic and political profiles could influence the participation of older people in education. From educational expectation, several well-educated older people were actively interested in continuing professional advancement via certification, licensing, and

accreditation from institutions. This generation preferred formal and structured educational experiences (Grabinski, 1998). Jones (2000) argued that universities seriously underestimated the interest of older people in studying for a certification. He noted that when U3A first started in the UK, older people attending any kind of university simply for the pleasure of learning were such a novelty that studying for the sake of achievement and for identifiable qualification was not at all favored.

In the study of Scala (1996), participants with FE had a higher motive for enrolling in college than the participants without FE. The appeal of FE to retirees was confirmed to be related to the routines that many missed about working, such as a sense of achievement, a daily structure, a creative challenge, and social interaction with others. Studies suggested that older people enrolled in the UK Open University were highly motivated by the desire for recognition, a challenge, the stimulation of new ideas, pleasure, and “a sense of achievement,” enjoying the “structure and shape it gave to their days of retirement” (Johnson, 1995; Jones & Symon, 2001). Thus, well-educated older people were likely to participate in well-structured FE opportunities, resulting in qualification.

Abraham (1998) revealed that the Elderhostel participants were predominantly motivated by the desire for social interaction with others who had common interests. Long and Zeller-Hodges (1995) were primarily interested in the outcomes in terms of changes in the attitudes and behaviors of participants. They noted that aside from acquiring specific knowledge, certain participants emphasized that learning itself is a motivation for both participation and outcome.

On the other hand, barriers might influence older people's participation in learning activities. The system of these barriers provided by Darkenwald and Merriam (1982) is commonly cited. Barriers at all levels may pertain to older people, and each category may have relevance to certain individuals in decision-making. Situational barriers include disabilities that may prevent people's adequate mobility or limit the access to the use of public transport. Institutional barriers can include non-user-friendly enrollment procedures, high fees, inappropriate venues, or boring teaching methods and learning. Informational barriers may include brochures printed in too small type and cramped formatting or the failure to display brochures in places that older adults frequent. Psychosocial barriers can be a belief in the adage "I'm too old to learn" or generalizing from previous poor learning episodes to current programs.

Models of Lifelong Learning of Older People

The review has discussed the various insights on people's education and learning purposes from the Chinese and Western perspectives. Noticeably, people's learning focused on the development of knowledge and skills. For older people, the knowledge and skills development has shifted from aiming at life-survival to self-development or fulfillment. The researcher attempted the review on the process of lifelong learning of older people that included the models and the learning styles to determine the criteria to evaluate the lifelong learning model in Hong Kong.

Three of the earliest western models include the Institute of Learning in Retirement (ILR), the Elderhostel, and the U3A. Among the three models, the U3A model is considered as particularly effective.

Institutes for Learning in Retirement. The ILR is a campus-based program from the United States, which operates as an independent organization affiliated with a college or university and offers college-level courses. Individual colleges and universities, especially those that are part of a state higher education system, offer courses to older adults on an audit or tuition-waiver basis. ILR was founded in 1962. A group of 152 retired New York City schoolteachers under the leadership of Hy Hirsch founded a scholarly home for themselves in Greenwich Village, where they organized a learning community at the School of Social Research (Nordstrom, 2002; Stephan, Leidheiser, & Ansello, 2004; Markowitz, 2001).

Members of ILR organizations are groups of retirees and those people who seek learning opportunities. They come together to plan, participate, and conduct educational courses for their community. Numerous educational institutions sponsor ILRs across North America. More than 150 ILRs form the association called the Elderhostel Institute Network (EIN) (Young, 1996; Manheimer, Snodgrass, & Moskow-McKenzie, 1995). Nordstrom (2002), the program manager of EIN, explained that each institute is unique but all have common features. Although each institute is sponsored by a host college/university, learners are encouraged to take ownership of their institute by paying fees to support it and by participating in all aspects of the curriculum, instruction, and administration. Similar to the UK U3A, EIN programs reflect an egalitarian, self-help model of peer expertise and authority.

Elderhostel. Another model is the Elderhostel, which was founded in the mid-1970s in northeastern United States as a not-for-profit organization. Elderhostel combined two ideas, namely, a way of complementing the education of the cohort

whose learning was interrupted by the Great Depression and World War II and a way to provide affordable, stimulating leisure activities to the first American generation that retired from wage earning while still relatively young and healthy. Elderhostel is the largest education and travel organization in the world for adults 55 years old and over (Elderhostel Inc., 2004). The teaching was provided via week-long, non-credit courses on academic campuses. Courses are taught by regular faculty in 750 universities, colleges, and organizations worldwide. Elderhostel provides low-cost, temporary residential academic courses in each institution. The model has spread across the United States, Europe, Asia, and elsewhere, drawing thousands of traveling older learners to hundreds of learning sites (Baires, 1996; Stephan, Leidheiser, & Ansello, 2004).

University of the Third Age. Similar to the post-war United States, post-war Europe found itself with a population of middle-class retirees, many of whom had lost youthful schooling opportunities. The educational model called the U3A, which spread rapidly around the world, was developed to meet the needs of the retirees. U3A has developed into a global adult education success story, spreading to all continents, and amounting to several thousand units with varying structures and programs (Louis, 1995, cited in Formosa, 2000). The name “university” is used in the medieval sense of fellow students “joined together in the selfless pursuit of knowledge and truth for its own sake” (Midwinter, 1984, p. 4).

The term third age, as applied to education, originated from France in 1973, when the University of Toulouse offered summer programs for retired adults; the programs were referred to as a *université du troisième âge* (Glendenning, 2001). In

this context, U3A targeted those individuals who had retired and were pursuing additional FE. U3A follows different models but two major types predominate, namely, the French model, which is based on close association with the traditional university, and the UK model, which operates more in the spirit of mutual aid and “self-help” (Moody, 2004)

French model. Legislation passed by the French government in 1968 required universities to provide more community education. The French model originated from France in 1973 when the University of Toulouse offered summer programs for retired adults. The programs were referred to as the *université du troisième âge* (University of the Third Age). The model was entirely university-based, which responded to the government mandate of providing educational services to older people. The top-bottom approach was used to represent the government-supported and bureaucratic strategies.

The U3A was open to anyone past retirement age, and offered a wide variety of courses based on the assumed needs and interests of older persons. Most U3A courses bore no credit, and the programs offered by the universities also varied. Some universities provided open lectures only, some offered negotiated access to university courses, and some included excursions in their programs. Qualifications were not offered, and examinations were not required.

Fees were also kept to a minimum. The financial commitment of the students significantly varied among the French-model universities. Some were charged discounted course fees, others paid discounted semestral fees, and still others

received grants from local authorities. The programs offered by the universities also significantly varied: several universities provided only open lectures, some gave negotiated access to university courses, and others included excursions in their programs. Most U3A courses in Europe were non-credit-bearing. Modern French U3As remain linked to and administered by universities. The courses are mainly teacher-directed. University committees draw up curricula, and university faculty usually conduct the classes (Formosa, 2000).

By 1975, the French model had spread to other French universities and to universities in Belgium, Switzerland, Poland, Italy, Spain, Quebec, and California. The French model continues to be offered by many European universities using mainstream university buildings and university teaching staff (Swindell & Thompson, 1995).

UK model. The UK model of third age education originated in 1981 when Peter Laslett, the founding father of the U3A UK model, summoned the social scientists at Cambridge University. The model designed by Laslett and these scholars differed from its French counterpart. Academic admission requirements and examinations are unnecessary. The UK model is based on self-help and self-sufficiency and is not affiliated with traditional educational institutions (Lamdin & Fugate, 1997).

Laslett (1996, p. 228) noted that “the university shall consist of a body of persons who undertake to learn and help others to learn. Those who teach shall also learn and those who learn shall also teach.” Thus, the UK model makes no distinction

between the teacher and the learners. Members (as opposed to “learners”) can choose their own subjects and choose their tutors from among the membership; they can also decide on the teaching method. The model reflects total democracy in action.

Another principle of the UK model is “to make those in later years in Britain aware of their intellectual, cultural and aesthetic potentialities and of their value to themselves and to their society” (Laslett, 1996, p. 227). The UK model is based on the idea that an enormous resource of experts of every kind is available among retirees. Findsen (2001) observed that education providers seldom place older people at the center of learning. Older people are often neglected by mainstream educational agencies. However, the UK model epitomizes a self-help agency that controls the curriculum and the teaching and learning conditions and that is controlled by older people for older people. This autonomy has significantly affected curriculum design. Curriculum content is now based on what older people desire, not on what “second age” lecturers think older people need. The content includes topics such as “how to survive in retirement” and “how to remain healthy and financially secure.” The curricular content of the UK model ranges from philosophy, sociology, and architecture to mahjong and oil painting. The only limiting factors are the inclinations of the U3A members and the availability of knowledgeable instructors among the members.

The self-help philosophy relies on the availability of able instructors across a broad range of subject areas. Given their background training in their second age or the interests they developed after retirement, some U3A members can serve as tutors to

their U3A colleagues. This pool of adults who can competently teach will increase as the well-educated baby boomer cohort reaches retirement age. Manheimer (2002) predicted that a rapidly growing pool of competent, college-educated people will soon reach retirement age. Although many of these people will choose to work part-time, they will also seek continued learning opportunities. Many of them will be drawn to educational organizations where they can use their life experiences and contribute in teaching and organizing roles.

Older people bring a wealth of talent to the classes they attend. The new learning of older people complements their accumulated experience. Carlton and Soulsby (1999) maintained that the learning that older people are engaged in is often for direct use and less so for the future. Older people can interchange the roles of tutor and learner. Despite their knowledge and experience, older people may initially be intimidated by traditional classroom situations and thus prefer peer-group learning. A more supportive environment can enable them to gain confidence and overcome their self-perceived ignorance of the subject matter.

The self-help approach is based on the knowledge that experts of every kind retire. Thus, older people must rely on paid or unpaid second-age teachers. Laslett (1989) provided a strong rationale for this approach: the self-help approach incorporates peer teaching, an enjoyable feature of U3As for many people. In peer teaching, reciprocity is expected: peers teach and learn from each other. Brady, Holt, and Welt (2003) described peer teaching as a rare and provocative educational model in which, in the morning, an individual may teach a class of peers and, in that afternoon, they may have one of their “students” as their teacher.

The strengths of the UK model include minimal membership fees; accessible classes run in community halls, libraries, private homes, and schools; flexible timetables and negotiable curricula and teaching styles; a wide variety of courses ranging from the highly academic to arts, crafts, and physical activity; no academic constraints, such as entrance requirements or examinations; and the opportunity to socialize with alert like-minded people who enjoy doing new things. Each UK U3A is independent and is run by a democratically elected management committee of members. The self-help approach has been highly successful in the UK and in other countries, such as Australia and New Zealand.

Australian model. The initiative to develop U3A in Australia came from a small group of people who were interested in the UK model and decided that this idea would be worth transplanting to Australia. Thus, a public meeting was arranged in Melbourne in 1984. The first program was launched with support from the Council of Adult Education, which found space for the first “City of Melbourne U3A.” In 1985, after two more meetings, four other U3As were established in Victoria (U3A Network Victoria, 2004). This growth occurred with no centralized coordination and with little or no support from the government, funding agencies, or professional educators. The few U3As associated with universities or colleges are fully self-governed, with university input being largely facilitative.

The U3A in Australia epitomizes the community-based, do-it-yourself model that encourages personal growth, maximizing opportunities for the continued use of the enormous pool of skills and knowledge possessed by older people and minimizing dependence on professional educators and outside funding (Swindell, 1991). Core

guiding principles are paramount to the Australian model, namely, voluntary-based, interest-based, and individual choice.

In terms of governance, Australian U3As are incorporated organizations independently governed by a management committee democratically elected by members in annual general meetings. The management committee is usually composed of a president, vice president, secretary, and treasurer, who all work on a voluntary basis. The members of the management committee, who are U3A members, mostly come from professional fields and may include a retired educator, banker, accountant, travel agent, or construction company manager. The committee is mainly responsible for policymaking, program planning, decision-making, and development of a constitution or set of rules to govern U3A operations. Various subcommittees with at least one member from the management committee are formed to implement various activities. These subcommittees include administration, finance, communication, publications, and coordination. Administration work generally covers recruiting members, identifying tutors, coordinating classes, setting timetables and finding venues for classes, enrolling students, keeping attendance and reward records, and promoting and publishing U3A programs. Similar to governance, all administrative tasks are performed by U3A members who work on a voluntary basis and systematically perform their delineated duties.

All U3As in Australia are self-governed and self-funded. Funding for U3As from government departments is minimal. Membership cost is an affordable annual subscription fee. Several U3As operate central offices for their administrative

operations and are staffed by volunteers who provide many hours of service throughout the year. The operational costs of these U3As are minimal because all administrative personnel—secretaries, typists, treasurers, telephone operators, and tutors—are volunteers and do not receive any remuneration. The entire organization relies on voluntary participation and tuition and has a democratic, peer-based foundation. Classes are usually conducted in low-rent venues and sometimes in venues rented from the government.

Members choose their own learning activities. No examinations or educational qualifications are required or given. Members also share their expertise and knowledge with fellow members. U3As are characterized by democracy in action. The Australian model embodies a culture of mutual aid and volunteerism, which appears to be more of a “bottom-top” model of administration. No academic constraints, examinations, and entrance requirements are imposed. Most importantly, fees are low and affordable for all, and courses are conducted throughout the year.

The success of lifelong learning in Australia is driven by the following factors: “do-it-yourself/ voluntary-based, interest-based, and individual choice” as the paramount guiding principles; a comprehensive reward and a credit transfer system that increases the motivation of people to continue learning; and an independent management committee that increases coherence and suitability.

US model. As early as the 1970s, community colleges in the United States demonstrated their commitment to lifelong learning by providing various programs

specifically designed for older people. These programs were free and mostly held in senior citizen centers, neighborhood centers, housing projects for older people, and college campuses. IE programs, such as money management and preparation for retirement were provided, as well as formal courses, such as 20th-century America and creative writing. The Committee on Education for Aging was established in 1949. Education for older people was mainly provided by universities, ILRs, Elderhostel, and churches. Eisen (1998) classified learning into teacher-oriented learning and learner-oriented learning (cited in Lui, Leung, & Jegede, 2002). The teacher-oriented approach refers to traditional teaching, whereas the learner-oriented approach emphasizes self-learning among learners; the latter can control the pace of learning. Elderhostel provides people over 55 years old with an opportunity to learn via traveling. These programs are successful and popular in the United States because they provide older people with numerous new challenges and enjoyable activities. ILR was formed by a group of retirees over 50 years old, half of whom had received tertiary education. Generally, courses last for 6 to 15 weeks and include numerous perspectives, such as arts and humanities, local history, and foreign affairs. No grading assessment is adopted, and classes are held during the daytime (Lui, Leung, & Jegede, 2002).

Chinese model. Since the end of the Cultural Revolution, governments have regarded education as important for helping the over 100 million older Chinese adapt to social change. The largest program for older people is the network of 400 Universities for the Aged (UAs), which provide academic programs for approximately 470,000 older people in China. UAs have no entry requirements other than a minimum age of 50. The aging population differs widely in educational

background, income, and health. Thus, UA curricula vary to suit prevailing needs. UAs survive on three sources of income: government subsidy, community or enterprise sponsorship, and small student fees. In contrast to education for other ages, education for older people is regarded as both welfare and education.

In certain Chinese cities, UAs are prestigious, attracting professors of high reputation as teachers. Several UAs are run similar to traditional universities, as they offer degrees and give examinations. Courses are taught by part-time teachers who receive a small honorarium to cover transportation and compensate correcting homework. People pay small fees, and certain government subsidies are provided. Competition for a spot in UAs is stiff. To meet the unmet demand, UAs provide print and audiovisual materials for older people who cannot attend. Numerous corporations organize U3A-like activities for their retired staff; fees are often minimal because caring for older workers is considered a normal part of human resource work. Most U3As in China are associated with recreational centers that offer a range of activities and resources, such as recreational games, sports, health facilities, and communal dining. In smaller villages, U3A groups are located in schools. Several U3As offer courses in reading and writing to older people with poor literacy skills.

In 1997, four major UAs were established in Shanghai. These universities operate via more than 1,000 centers across the city. These centers are branches of the universities managed by local communities at different levels. The total student enrolment in the four UAs is approximately 100,000. Students include people from all lifestyles and social strata, such as retired generals, workers, and peasants.

Diverse courses are available, such as gerontology, psychology, health, hygiene, politics, social science, natural science, poetry, English, and theater, as well as specialized electives, such as Chinese calligraphy, painting, photography, dancing, cooking, gardening, and sports. Classes are designed to focus on applicability and divided into different levels. Generally, classes do not have a particular syllabus, and students and teachers who were often older people can decide on the curriculum together (Lui, Leung, & Jegede, 2002).

Hong Kong model. Hong Kong has limited well-structured educational systems or models for older people. Regarding formal learning programs and activities for older people, qualifications have rarely been awarded but are slowly being made available by tertiary institutes or professional organizations (e.g., Open University, Lingnan University, Hong Kong University, and Hong Kong Association of Gerontology). Many informal courses are offered by different organizations from private profit-making companies to political parties, non-government organizations (NGOs), and government departments [e.g., Radio-Television HK Radio 5 (RTHK-R5) and health education in outpatient clinics].

Most of these courses offer certificates of attendance or recognition upon course completion, as the Hong Kong people are partial to symbols of achievements, such as ceremonial occasions to celebrate completion (e.g., several NGOs conduct their own College for the Aged graduation ceremonies). The operation and design of these courses also vary. RTHK-R5 is a special program that provides interesting courses and activities (e.g., Chinese history and health) over the radio. Participants

can be anywhere within the reception range and gain access to teaching materials by post or the Web. However, these learning programs and activities do not provide direct interaction between learners and instructors.

Formal courses are costly and not financially supported by the government, and charges for informal or interest courses differ from one place to another. An internet browsing workshop costs over HKD 1,000 in a commercial class, whereas a similar class at a Neighborhood Elderly Center (NEC) run by an NGO is free. Classes are often taught by trained instructors (paid with wages or honoraria) and rarely manned by volunteers. Among all institutions providing courses specifically to older persons, NGOs (whose funding mainly originates from the Social Welfare Department) are the main providers of informal courses.

Although one NEC was planned for each locality with a population of 20,000 (accounting for over 300 NECs Hong Kong-wide), minimal effort has been made in the crossovers offering different courses using tutors and recruiting participants. Workers in these NECs tend to focus on their own membership of 300 and 500 paying an annual subscription of HKD 50 to teach their own courses and recruit their own tutors. Information for courses is available but is often confined within each membership network. For example, efforts have been made for NECs to run the RTHK-R5 programs jointly, but only a few NECs have responded. As for the implementation of the courses, the process follows the usual worker-driven format in which the worker plans the course and seeks approval for it from the supervisor(s). The worker then finds a tutor or another worker who can recruit and teach students. The participants are “given” and “spoon-fed” ready-made courses.

Seldom are the courses initiated and taught by older people themselves. In sum, the mode of delivery in Hong Kong is a completely “top-down” approach.

A network that assists the initial establishment of work can be established with support from the government and NGOs. Two major structural characteristics are missing from the older population in Hong Kong: (1) a volunteer culture and (2) middle-class organizers. In the past, the Social Welfare Department encouraged NGOs to focus on volunteer programs and activities to build a volunteer culture. These programs and activities instill a sense of voluntary contribution in the older generation. However, a sense of community commitment and voluntary contribution should be cultivated in all sectors, particularly by the formal and informal learning systems for older people. The lack of a middle class cohort can soon be overcome as more educated people enter the aged population in 5 to 10 years. A sense of self-development and fulfillment as well as more autonomy for learning for older people should be included.

Considering the possible strategies in implementing a lifelong learning model with local characteristics in Hong Kong, relevant work in Hong Kong is warranted. Various U3A models are compared in Appendix 1. Based on the following important characteristics for analysis, for example,

- 1) Relevance relates to goal-dependent items that can be the characteristics of EA establishment in Hong Kong to achieve the goals of lifelong learning for older people.
- 2) Effectiveness relates to the extent to which the goals of lifelong learning for older people are achieved.

- 3) Applicability relates to the degree to which the areas of operation (format, learning content, overall objectives, operation pattern, and teaching–learning components) are applicable and relevant to EA establishment in Hong Kong.

The Australian model is considered to be more workable and feasible in Hong Kong. The details of analysis have been illustrated in the findings of this phase.

Learning Styles for Lifelong Learning of Older People

After gaining insight into a template for EA development, the learning style used in the lifelong learning of older people should be reviewed. “Learning style” refers to the manner by which people consistently respond to and process information in a learning environment (Truluck & Courtenay, 1999). Learning style influences the setting in which individuals choose to learn, the subjects they choose to study, and their overall approach to learning. Most studies in the area of learning styles are classroom-based, conducted among children and adolescents and generally lacking a lifespan perspective. Three major teaching–learning strategies are applied to the lifelong learning model of older people: traditional lecture-based learning, service-learning, and experiential learning.

Traditional lecture-based learning. Lectures are major teaching tools in almost all institutions of higher education because they are necessary for providing information, ideas, and concepts (Fry, Ketteridge, & Marshall, 2003). The lecture is an effective means of transmitting knowledge. The lecture-based learning style caters to learning needs with limited time and manpower. However, traditional lecturing is often considered passive learning because students are engaged only in

listening and note taking and small opportunity is available for active learning (Exley & Dennick, 2004).

Lecture-based structures function as adroit conduits for rote learning and memorization. This learning style is considered task-oriented. In lectures, teachers deliver content but have no concern for the progress or understanding of students. Students provide only minimal feedback in a class, inhibiting critical thinking and potential. A one-way teaching and learning style may create unnecessary bias and misunderstanding among teachers and students. Thus, the lecture method is often linked to other methods, such as service learning (Brown & Roodin, 2001; Dorfman et al., 2004; Knapp & Stubblefield, 2000) and experiential learning (Anderson-Hanley, 1999; Bullard et al., 1996; Moriello et al., 2005; O'Hanlon & Brookover, 2002).

Service-learning. Service-learning has recently received increased attention as a pedagogical experience to be incorporated into the curriculum of higher education (O'Quin, Bulot, & Johnson, 2005). Service-learning simply means to make use of what we have learnt in university studies and use our research skills to serve in the community. Through service-learning, young people use what they learn in the classroom to solve real-life problems. They not only learn the practical applications of their studies, they become actively contributing citizens and community members through the service they perform. People participate in an organized service activity that meets identified community needs. This learning actively engages people in reflection to increase understanding of course content, provide broader appreciation of the discipline, and enhance their sense of civic

responsibilities (Bringle & Hatcher, 1995; Eyler & Giles, 1999; Zolotkowski, 1998).

Service-learning is structured learning, in contrast to community service, in which people commit their time and energy to a worthy cause without engaging in a structured learning process. Service-learning has also been used in intergenerational programming (Blieszner & Artale, 2001; Dorfman et al., 2004; Knapp & Stubblefield, 2000; Nichols & Monard, 2001; O'Quin et al., 2005; Weinreich, 2003). Intergenerational service-learning is an innovative method of teaching and learning that focuses on interactions between younger and older people while integrating community service activities into the academic curricula (McCrea, Nichols, & Newman, 2000; Newman & Smith, 1997). This learning is a cyclical process of providing services, reflecting on that experience, linking the experience to course content through classroom discussion, and translating the experience into new understanding that improves the services provided and leads to continual learning (Cone & Harris, 1996; Fisher & Finkelstein, 1999; Kolb, 1984).

Granville (2001) and Kaplan (2002) suggested that successful intergenerational service-learning fulfills the age-appropriate developmental needs of both younger and older people, exhibits relational and reciprocal characteristics (i.e., drawing on the strengths or assets of each generation), and creates a community in which learning is achieved through collective engagement in authentic activities. The Alabama Intergenerational Network for Service-Learning (Hanks & Icenogle, 2001) indicated that trust and communication are built through the shared norms of the workplace and dispel the misconceptions of older and younger workers about each

other. The attitudes and feelings of two generations change after working together in skill-building activities.

Blake (2000) maintained that older tutors in these programs affect the reading performance, attitudes about reading, self-confidence, and motivation to read of learners. The frequency of tutoring sessions also develops trusting relationships among participants. Knapp and Stubblefield (2000) indicated that an intergenerational service learning course positively influences younger people's knowledge and perceptions of aging. Dorfman et al. (2004) reported that students gain improved attitudes toward older people after joining an educational program that employs intergenerational service-learning.

Experiential learning. Experiential learning is “the process whereby knowledge is created through the transformation of experience” (Kolb, 1984, p. 38). Experience is the central role of experiential learning that distinguishes it from both cognitive learning theories, which emphasize cognition over affect, and behavioral learning theories, which deny subjective experience any role in the learning process (Kolb, Boyatzis, & Mainemelis, 2001; Fry, Ketteridge, & Marshal, 2003). Certain abilities are required to gain genuine knowledge from an experience, including the following:

- People must be actively involved in the experience.
- People must be able to reflect on the experience.
- People must possess and use analytical skills to conceptualize the experience.
- People must possess decision-making and problem-solving skills to use

the new ideas gained from the experience.

Experience gained through life, work, and education significantly affects learning, a perspective called learning by doing or experiential learning. Experiential learning integrates affect, perception, cognition, and behavior, providing a holistic learning framework for considering human development consistent with knowledge about human learning, growth, and development (Baker, Jensen, & Kolb, 2002).

The four-stage learning cycle proposed by Kolb (1984) shows how experience is translated into concepts via reflection. These concepts are used as guides for active experimentation and the choice of new experiences. The first stage is concrete experience (feeling), which immerses people in actual situations and enables them to be sensitive to the feelings of others. This stage is important because it is involved in experiences and deals with human situations in a personal way. The second stage is reflective observation (watching), which stresses reflection and observation. The focus is on understanding the meaning of ideas and situations through careful observation from different perspectives and through their impartial description. The third stage is abstract conceptualization (thinking), which is used to explain the experiences (as opposed to using feelings) to understand problems or situations. This stage focuses on using logical concepts and ideas and emphasizes thinking. The fourth stage is active experimentation (doing), which is active doing. People attempt to solve practical problems by using previously developed theoretical explanations. They can also apply their knowledge in simulated and real-life situations. The cycle presented below (Figure 3) illustrates how people may enter the learning cycle at any point and can optimally learn new tasks if they

practice all four modes.

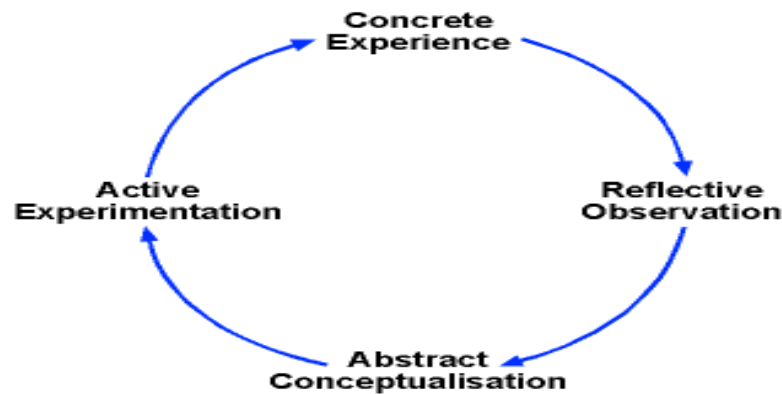


Figure 3 Experiential Learning Cycle (Kolb, 1984)

The advantages and disadvantages of three teaching/ learning strategies are summarized in Table 2.1.

Table 2.1. Advantages and Disadvantages of Three Teaching /Learning Strategies

Teaching/Learning Strategies	Advantages	Disadvantages
Lecture-based learning (Light & Cox, 2001; Murphy, 1998)	<ul style="list-style-type: none"> - More effective than other methods in transmitting information - Efficient when teaching in groups - Explains things better - Provides students with an overview of a course or a topic - Shares the lecturer’s research findings with students 	<ul style="list-style-type: none"> - Ineffective for teaching behavioral skills - Not as effective as the discussion methods that promotes thought - Ineffective for teaching values associated with the subject matter, for inspiring interest in a subject, or for personal and social adjustment - Not suitable for changing students’ attitudes - Hierarchical structure; a lecturer is clearly identified as an expert, and the students are clearly identified as the audience
Service-learning (Blieszner & Artale, 2001; Bringle & Kremer, 1993; Weinreich, 2003)	<ul style="list-style-type: none"> - Collaborative learning: distributed leadership, heterogeneous grouping, positive interdependence and individual accountability, social skills acquisition, and group autonomy - Better understanding of text material - More knowledge in specific content areas - Students learn to adapt to situations in which they are initially uncomfortable - Increases acquisition of professional experience - Students become more knowledgeable about 	<ul style="list-style-type: none"> - Difficulty in fitting the students’ already busy timetable into service learning - Transportation to the community service area - Difficulty in selecting a sensitive and capable person who could work in the service and who has the time and ability to monitor and work with the reactions of students in each community service visit - Difficulty in coordinating students’ available time with the site’s needs

	community resources and human service systems	
	- Mutual cooperation between students and community	
	- Well-structured and meaningful experiential components	
	- Students are more responsible for their own learning	
Experiential learning (Gillis, 1991; Pulsford, 1993; Spier, 1992)	<ul style="list-style-type: none"> - Experiential activities are interactive, involve the learners physically and psychologically, enable role-play in a safe environment, and stimulate creativity - Experiential activities enable participants to gain insight into behavior associated with interactions and to practice handling interpersonal conflict in a safe environment - Clinical experience with older people increases students' self-confidence. - Students are rewarded by their interaction with older people - No thrusting environment for beginner students in role plays or simulation games - Bridges the gap between classroom and clinical experience - Information is more meaningful and more likely to be retained when applied soon after it is taught - Promotes learning as an active process - Integrates experience into learning - Doing instead of just listening 	<ul style="list-style-type: none"> - Students need to solve the tension caused by having different teaching strategies - Students' learning style and learning background can influence the outcomes of experiential learning - Group size limitation - Ensure that teachers are skilled and confident in the use of experiential learning methods - Experiential learning is not "real life"—the situational practices are trivial and artificial

Summary

This summary determines the knowledge gap in this study. In the previous review, we examine the historical context of the nature of education and learning. From both the Western and Chinese perspectives, we have discussed different views on the purpose of education and learning. Western education is oriented to rational inquiry, reasoning, and freedom of thought, whereas Chinese education (influenced by Confucianism) focuses on the path to success (i.e., great wealth and high status). However, our learning focuses on developing knowledge and skills for their own

sake and for pleasure.

Dewey (1956) suggested that learning is based on humanistic principles. People with a sense of autonomy and self-actualization are eager to learn, to gain fulfillment in life. To be more adaptive to changes in the environment, particularly in aging, more emphasis is placed on “lifelong learning” than on “lifelong education.” Lifelong learning has become more individually oriented, as it reduces the traditional preoccupation with structures and institutions. In particular, older people engaging in lifelong learning ask for their own interest and self-fulfillment rather than for survival and higher status in society. Informal learning is more emphasized than formal learning among older people. The origins of informal learning are rooted in families and the apprenticeship that remain highly applicable even today.

The literature review inspires us to keep learning throughout our life. Regardless of cultural background, every individual spontaneously complies with his/her own needs or interest to expose themselves to different dimensions of learning opportunities. Older people re-adapt informal learning for their lifelong learning. Numerous studies support the idea that the lifelong learning of older people can enhance active aging and foster their independence, making them less of a burden on society.

The process/ model of lifelong learning for older people can take several forms. The most popular among these forms is the U3A. After reviewing various U3A models from different countries, two distinctly different approaches to U3A have been

successfully adopted by several countries. The original French model required U3As to be associated with traditional university systems. By contrast, the UK model, developed several years later, is largely “self-help” in nature, with little or no support from external sources. Other approaches that incorporate several features of these “parent” models have evolved to suit local conditions.

The Hong Kong situation cannot effectively adopt the French and the UK models because Hong Kong older people have specific characteristics and enjoy leisure-based courses that have practical use for their learning activities, deemphasizing the academic aspect. Moreover, the member-driven approach is well accepted to exercise more autonomy in their administrative work. Thus, the Australian model can be an effective reference for developing Hong Kong EAs.

Initial support from the government in the establishment period must be considered for Chinese older people’s characteristics. A total of 32 EAs were subsequently launched in 2008. These EAs have not only promoted the lifelong learning of older people but also highlighted intergenerational interaction and volunteerism. However, limited studies have identified the core elements of local EAs.

This review reveals the relevance of investigating the lifelong learning model for older people. The local EA model for lifelong learning of older people in Hong Kong should be appraised by the characteristics of “relevance”, “effectiveness”, and “applicability”. Whether the local EA can be regarded as the lifelong learning model for older people in Hong Kong remains to be seen. The present evaluative study seeks to address such a knowledge gap.

CHAPTER THREE

Research Design, Methodology, and Data Analysis

(Phase 1)

In this phase of the study, an exploratory and descriptive research on the EA model in Hong Kong was conducted. This chapter outlines the research methodology adopted in Phase 1 of the study, including the research design, sampling method and size, definitions used, method of data collection and analysis, and ethical considerations.

Rationale of the Study Design

The current evaluation study is divided into Phases 1 and 2. In the macro level of evaluation, Phase 1, the overall aim is to determine the characteristics of the EA models in Hong Kong. The first part is a documentary study of both the review of various U3A models and written documents on EAs in Hong Kong. In-depth interviews were then conducted of Phase 1 to explore the key stakeholders' feedback on EAs in Hong Kong.

Documentary study on the review of both the U3A models and the written documents on EAs in Hong Kong. A documentary study was conducted in Phase 1. The documents that contain information on the phenomenon we intend to study were analyzed (Bailey, 1994). Document analysis is a social research method and an important research tool that is an invaluable part of most schemes of triangulation. Payne and Payne (2004) described the documentary method as an effective technique for categorizing, investigating, interpreting, and identifying the

limitations of physical sources that are commonly written documents, whether in the private or public domain. Documentary analysis is a qualitative research technique that heavily relies on written materials as sources of information, such as official, personal, and professional documents. The selection of materials for analysis is evidently a decision of the researchers, and the amount and categories of material can be objectively quantified (Bryman, 2004). In classifying and interpreting a great number of written documents on 32 EAs, the method of documentary study was deemed the most appropriate method for adequately identifying the EA model in Hong Kong.

A comprehensive review was first applied to the U3A models, the policy framework, the characteristics of courses, and the learning needs and perceptions of older people. The researcher retrieved relevant information on various U3A models from different countries to determine the characteristics of U3A. The 32 EA documents were then included in the review. The documentary materials selected from the 32 EAs include publicity leaflets for student recruitment, program and teachers' lists, and progress reports. Critical issues in the core characteristics of the EA model in Hong Kong were identified.

In-depth Interviews. In-depth interviews were then conducted in Phase 1. In-depth qualitative interviews are excellent tools for studying the EA stakeholders because interviews employ an open-ended, discovery-oriented method that enables the interviewer to deeply explore stakeholder feelings and perspectives on EAs (Rubin & Rubin, 2004). An in-depth interview is an open-ended, discovery-oriented method for obtaining detailed information from a stakeholder regarding a topic.

In-depth interviews can uncover valuable insights and enable the uncovering of “the real story” from the people involved. Researchers engage the stakeholders by posing questions in a neutral manner, listening attentively to their responses, and asking follow-up and probing questions based on the responses to explore stakeholder perceptions.

Thus, in Phase 1, the in-depth interview method was used to obtain stakeholder feedback on the establishment, operation, and participation of EAs in Hong Kong to map the results of the documentary review.

Sample: Sampling Method and Size

To provide a comprehensive picture of EAs in Hong Kong, the target population of this study was the stakeholders, and the target response was their feedback on the establishment and operation of EAs. Each group of stakeholders (i.e., planners, tutors, and older learners) from all EAs should be interviewed; however, only the stakeholders from 14 EAs participated and provided their opinions in this phase of the study. These EAs are as follows: 屯門長者學苑 (Yan Chai 2nd Secondary Schools and Neighborhood Advice and Action Council or NAAC), 思賢長者學苑 (Steward Ma Kam Ming Charitable Foundation, Ma Ko Pan Memorial College, Asian Association for Lifelong Learning, and Neighborhood Advice and Action Council or NAAC), 活學活用長者學苑 (Hong Kong True Light College and Aberdeen Kai-Fong Welfare Association Limited), 銘基長者學苑 (CCC Ming Kei College and Salvation Army Mong Kok Multi-service Center for Senior Citizens), 香港聖公會中西區長者學苑 (SKH Lui Ming Choi Memorial Primary School and

HKSKH Western District Multi-service Center for the Elderly), 明儒長者學苑 (Hong Kong Chinese Women's Club College and Hong Kong Young Women's Christian Association), 陽光長者學苑 (Po Chiu Catholic Secondary School and Lau Chan Siu Po District Elderly Community Center), 保良局長者學苑 (PLK Mr. & Mrs. Chan Pak Keung Tsing Yi School and PLK Mrs. Chao King Lin Neighborhood Elderly Center), 聖公會長青長者學苑 (SKH Li Ping Secondary School and HKSKH Lady MacLehose Center), 青崇長者學苑 (Shatin Tsung Tsin Secondary School and Hong Kong Young Women's Christian Association), and 東華三院深田長者學苑 (TWGH Yow Kam Yuen College and TWGH WTSW District Elderly Community Center).

A purposeful sampling method was applied to determine the target stakeholders to be invited for interviews. Purposive sampling involves selecting information-rich cases that address the research questions (Denzin & Lincoln, 2005; Lincoln & Guba, 1985). Participants were selected based on the researcher's personal judgments of which could be the most representative or informative of the population (Polit & Beck, 2010). According to Devers and Frankel (2000), given that qualitative researchers sample for meaning rather frequency, they are interested in "what" instead of "how much" or "how many." Thus, as qualitative data were clumsy, time consuming, and expensive to analyze, the researcher sought participants based on two criteria: (a) the fit between their experience and the research question, and (b) the presence of the characteristics of a "good informant." To meet the first criterion, participants should have lived through the experience, are presently undergoing the experience, or have observed someone undergoing the

experience. To meet the second criterion, the characteristics of good informants, the participants should be willing to talk, reflect, describe, and share their experience with the researcher. Thus, the selection criteria in this study aim to identify the respondents that can represent the establishment, operation, and participation of EAs in Hong Kong.

The inclusion criteria for planners (i.e., school principals, teachers, and social workers) are as follows:

- participation in the whole establishment, and
- participation in managing the organization of EAs in Hong Kong.

The inclusion criterion for tutors (younger students) is as follows:

- participation in the teaching activities of EAs in Hong Kong.

The inclusion criterion for older learners is as follows:

- participation and planning in the activities of EAs in Hong Kong.

Prior to obtaining the informed consent (Appendix 2) of participants, the researcher explained this phase of the study to the selected stakeholders. A purposive sample of 14 EA stakeholders, comprising 2 school principals, 2 teachers, 2 social workers, 4 younger student-tutors, and 4 older learners from 11 EAs, was interviewed. The profiles of the informants are shown in Table 3.1. These informants comprise eight females and six males, with ages ranging from 15 to 70 years old. The duration of the participation was from one to more than two years. The older interviewees were generally well-educated, as almost all received secondary school education.

Table 3.1. Profiles of Participants in In-depth Interviews

Number	Code	Sex	Age	Education	Duration of participation of EAs	Employment
1	P1	M	70	Graduate	>2 years	School principal before retirement
2	P2	M	69	Graduate	2 years	School principal
3	T1	M	48	Graduate	1 year	Teacher
4	T2	M	40	Graduate	1.5 years	Teacher
5	SW1	F	39	Graduate	2 years	Social worker
6	SW2	F	36	Graduate	2 years	Social worker
7	S1	M	17	Secondary	1 year	Tutor in EA
8	S2	F	17	Secondary	1 year	Tutor in EA
9	S3	F	16	Secondary	1 year	Tutor in EA
10	S4	F	15	Secondary	1 year	Tutor in EA
11	E1	F	72	Primary	1 year	Housewife before retirement
12	E2	M	62	Secondary	1 year	Officer before retirement
13	E3	F	65	Primary	1 year	Worker before retirement
14	E4	F	64	Secondary	1 year	Housewife before retirement

Operational Definitions of Phase 1

- 1) University, as used in this study, is a loose term with no connotation of academic requirement or examination. University is used in the medieval sense, that is, when scholars or people interested in learning gather in set places to join with people of similar interests for a discussion and better understanding.
- 2) Third age refers to a phase of life when individuals are no longer tied to the responsibilities of regular employment and/or raising a family. This phase does not link to a chronological concept of age, but refers to an age of active retirement that comes after the age of youth and the age of work and homemaking.
- 3) University of the Third Age refers to learning activities or programs organized for people in the third age.
- 4) EA refers to a school-based academy, with the support of schools and NGOs in

Hong Kong, which provides programs for the older people to serve multiple objectives as follows:

- to promote lifelong learning;
- to maintain healthy physical and mental well-being;
- to realize the objective of fostering the sense of worthiness in elders;
- to optimize existing resources;
- to promote harmony between the elders and the young;
- to strengthen civic education; and
- to promote cross-sectoral harmony.

5) Lifelong learning refers to a process across the entire lifespan of individuals that aims to enrich their fulfillment.

6) Stakeholders, as used in this study, refer to the people involved in EA, such as students (tutors), older learners, school teachers/principals, and social workers.

Data Collection and Data Analysis

Data Collection Procedure. After gaining support from the Elderly Commission (EC) and the 32 EAs to conduct this phase of the study, the documents on EAs were collected from the EC and EAs in April 2008. The 14 in-depth interviews were then conducted from May 2008 to June 2008, using an interview guide (Appendix 3) that ensures the appropriateness of the questions asked. Developed from the literature, an interview guide enhances the reliability of the interview as a data collection method. To support the validity of the interview guide, the questions contained therein were discussed with the supervisors.

Each interview, which lasted for 45 to 60 minutes, was conducted in a private and

comfortable room. This arrangement prevented disturbances during the interview and encouraged the subjects to freely express themselves. Open-ended interviews enable a researcher to follow the participants' lead, ask clarifying questions, and facilitate the participants' expression of their experiences and opinions.

Data Analysis. A key goal in the analysis is to ensure that the data supported the researcher's findings and conclusions. Data analysis was conducted to reduce, record, organize, and provide meaning to the data. The researcher had to maintain a balance between the need to be concise and to preserve the richness of the data (Polit & Beck 2010). Throughout the study, the researcher documented the data collection and analysis activities, clearly indicating the source of data, its collection method, data management and preparation, and analysis. The data analysis process in a documentary study depends on the categorization of the comprehensive review of the written and visual materials, as well as the progress reports provided by the 32 EAs, such as the characteristics of the different U3A models, the core elements for a sustainable EA model, and the course characteristics.

The thematic analysis method was applied for handling the interview data. This method aims to create a more full-fledged textual description: an interpretive-descriptive text that is rich and deep in meaning. Thematic analysis involves searching and identifying common threads that extend throughout an entire interview or set of interviews. Themes are usually abstract and difficult to identify because they may be beneath the surface of the interviews (Morse & Field, 2002). The interview data were audio-recorded, transcribed, and coded for thematic analysis (Burnard, 1991). The main themes in this phase were then identified.

Rigor in Handling Documentary and Interview Data

To establish the trustworthiness of the qualitative data collected, the data and process were evaluated using the following criteria:

1) Authenticity refers to whether the evidence is genuine and of reliable and dependable origin. Authenticity of the evidence for analysis is a fundamental criterion in any research. The researcher ensures that the document consulted is genuine and has integrity. According to Platt (1981), circumstances that necessitate a scrutiny of a document may arise. These circumstances include the following:

- The document does not make sense or has obvious errors.
- Internal inconsistencies are present in terms of style, content, and other aspects.
- Different versions of the same document exist.
- The available version is derived from a dubious, suspicious, or unreliable secondary source.
- The document is in the hands of a person or persons with vested interest in a particular reading of the text.

EA documents and related reports directly came from the EC. Thus, these documents are genuine and intact, and do not affect the validity of the findings.

2) Meaning refers to the clarity and comprehensibility of the evidence. The ultimate purpose of examining the documents is to understand the meaning of the document contents (Scott 1990). However, document contents can have a literal or a face value meaning and an interpretative meaning.

3) Representativeness refers to whether the evidence is typical of its kind or, if it

is not, whether the extent of its untypicality is known. Representativeness refers to whether the documents consulted are representative of the totality of the relevant documents. Otherwise, the documents do not truly reflect the actual situation for investigation. The researcher may then be misled to various points, which results in the incorrect interpretation of the findings (Scott, 1990).

4) Credibility refers to the confidence in the truth of the data and their interpretations, as well as to whether the evidence is free from error and distortion (Scott, 1990; Polit & Beck, 2010). In the current study, prolonged engagement and observation at the site of inquiry, member checks, and peer debriefing were performed. Prolonged engagement and observation are consistent with the first two activities in the research method proposed by Van Manen (1990). With regard to experience, the researcher is oriented to the context with thoughtfulness and dedication. To be oriented to the context, adequate time or “prolonged engagement” must be spent. This action enables the researcher to identify the multiple influences that shape the context. Investigating the experience as we live it provides the investigator with the opportunity to deeply focus and reflect on the fundamental nature and structure of the context. This examination of the experience provides the depth of understanding that is consistent with the observation.

The member-checking process involves interviewing participants from whom the data were originally collected for data validation, interpretation, and conclusion. In this study, this process occurred when the researcher met the participants for the second time. During the meeting, the researcher discussed the transcript from the first interview with the participants. The participants changed or amended the data

that they wanted clarified for the transcripts to reflect their thoughts. All the new and relevant data were added to the final exhaustive description and the fundamental structure. The member-checking process used in this study confirms the underlying meanings of the participants' expressions.

Another measure to ensure credibility is peer debriefing. According to Lincoln and Guba (1985), peer debriefing enables the researcher to test the insights against uninvolved peers, receive advice about the methodology steps in the emergent design, and discharge personal feelings, anxieties, or stresses that may affect the inquiry. This process was also used in this study to establish credibility. The researcher's biases and meanings were explored, and interpretations were clarified.

This action promoted investigator honesty and provided an opportunity to evaluate personal biases and their possible effects on the study. The researcher shared the descriptions and interpretations with his supervisor to discuss the progress of the investigation. These discussions helped the researcher to become aware of his own biases and the meanings that he sometimes wanted to give to the data.

5) Transferability refers to the extent to which the findings from the data can be transferred to other settings or groups (Lincoln & Guba, 1985). The best chance of providing transferability of the findings requires collecting a broad range of descriptive information for inclusion, which is called thick description (Polit & Beck, 2010). Transferability of the findings rests on the reader who finds a similarity of circumstances in the findings. The researcher is responsible for providing clear and rich descriptions that a reader can evaluate for suitability or

transferability to his/her situation (Lincoln & Guba, 1985). In the present study, transferability was accomplished by identifying broad criteria for the sample selection and purposive sampling, and by providing the reader with rich, in-depth descriptions that portray the meaning of the informants' feedback and experience.

6) Dependability refers to data stability over time and over conditions (Polit & Beck, 2010), and likewise pertains to the internal reliability of the process by which the results of an inquiry are identified (Lincoln & Guba, 1985). A colleague who was not involved in this research and was experienced in qualitative methods agreed to audit the process of this study. Transcripts and final thematic analysis were reviewed by this expert, who supported the themes identified in this study.

7) Confirmability refers to the objectivity or neutrality of the data, that is, the potential for congruence between two or more independent people on the accuracy, relevance, or meaning of data (Polit & Beck, 2010). The intent of confirmability is to illustrate, as clearly as possible, the evidence and thought process leading to the conclusion (Speziale & Carpenter, 2007). To ensure confirmability, the researcher recorded all the activities related to the study in a journal and maintained an open dialog with the supervisor about all the activities related to the study. In this study, audit trails were established, and the independent colleague reviewed the data for the presence of the trails. The sequence of data collection, processing, condensing, and interpretation was recorded so that another individual could follow the process that led the researcher to the conclusion.

Ethical Considerations

Ethical issues in research are related to the protection of participants to ensure the absence or lessen the possibility of harm, anxiety, discomfort, or trauma (Coup & Schneider 2007). Parahoo (2006) asserts the existence of ethical implications at each stage of the research process, from the choice of topic to the selection of design and publication of the findings. The researcher is responsible for protecting the participants and conducting all research in an ethical manner (Dempsey & Dempsey 2000).

Aside from the permission to conduct the research, obtained from the EC and the Asia Pacific Institute of Aging Studies in Lingnan University where the study was conducted, the researcher was cognizant that each research approach and every study has its own ethical implications (Parahoo 2006). Therefore, the researcher proposed to implement and abide by the following ethical principles:

Autonomy. Participants should be given clear unambiguous information regarding the research, and comprehend the information and the option to consent or decline participation voluntarily (Polit & Beck 2010). Informed consent must be sought from every participant. Hunn (2007) advised that the consent form should be clear, concise, and easy to read, with no jargon. These forms were stored in a locked press, which only the researcher had access to. The researcher also explained to the participants that they had the right to withdraw from the study at any time.

Beneficence. A fundamental ethical principle in research is beneficence, where the onus is on researchers to minimize harm and maximize benefits for the

participants themselves, as well as other individuals, or society as a whole (Polit & Beck, 2010). The researcher hoped that the current study could be of benefit to the elderly quality of life and subsequently determine the preferred model for lifelong learning of older people.

Non-maleficence. Research should not cause any harm to participants, either physical or psychological (Parahoo, 2006). The researcher also focused on detecting the fatigue response in the participation by observing their non-verbal behavior, as well as validating such feeling throughout the interview process. Participants were welcome to contact the researcher in case they had any questions about the study.

Fidelity. This principle involves the building of trust between the researcher and the participants (Parahoo, 2006). The researcher should put the safety and well-being of the participant above the completion of the study. The researcher upheld this principle by ensuring that the participants were aware that they could withdraw from the study at any given time, and no information was used within the study.

Confidentiality. Confidentiality is essential; the researcher safeguarded the participant's identities and responses from public disclosure (Dempsey & Dempsey, 2000). Confidentiality of data and anonymity of the participants were assured and maintained. The data were only used for the current study and not for any other purposes. Any documents related to this study would be kept in locked area and would be destroyed after publication of the data.

Pilot Study

Pilot interviews on three stakeholders (a teacher, a tutor, and an older learner) were conducted to assess the feasibility of the study. The interviews provided the researcher with the opportunity to practice using the interview guide and interview skills in this phase of the study, which also helped the researcher to better understand the participants' responses before the actual study commenced. No modification of the interview guide and refinement of the interviewing skills were made.

Summary

This chapter presented an overview of the research methodology in Phase 1. The research design and the procedure for data collection and analysis were justified. The data handling method was clearly addressed to reduce possible threats to the representativeness of the data. The next chapter presents the Phase 1 findings of this study.

CHAPTER FOUR

Findings

(Phase 1)

This chapter presents Phase 1 of this study. It is divided into two parts, namely, the findings of the documentary study and the findings of the in-depth interviews.

Findings of the Documentary Study

This documentary study aims to investigate the EA model practiced in Hong Kong. This section discusses the review of various U3A models in other countries, as well as the establishment, operation, recourses, goals, and features of the EA courses. The researcher obtained information on various U3A models from literature review and the Web sites of U3As. 32 EA documents were included for the review. The documentary materials selected from the 32 EAs include publicity leaflets for student recruitment, program and teachers' lists, and progress reports.

Review of U3A Models

Various U3A models are available, but there are two main models, namely, the French model and the UK model are prominent. After analysis, the French and Chinese model is similar to the current educational system, and thus easier to set up and operate. These models entail less involvement of older people. The well-structured educational system will provide lifelong learning opportunities for older people. The learning needs may not be entertained by the top-bottom approach. Similar to the French model, the US model is associated with the formal educational institutions or the learn-and-travel programs, requiring bureaucratic management

and entailing higher costs for teachers and tutors and higher venue and administrative cost. Meanwhile, the UK and Australian models use the self-help and self-sufficiency approach and involve member commitment through a culture of volunteerism. Members in the Australian model can emphasize their autonomy in developing their U3As, such as their administration and course design. Only minimal membership fees are paid by the members in the UK and Australian models. The Australian model has adapted good points from the UK model to develop U3As, including the principles of self-help, interest-based learning, autonomy, and minimal formal support. Compared with the main U3A models, the Australian model is a relevant reference for EA development in Hong Kong.

The U3A models discussed aim at improving health of older people. Continual learning is empirically found to be effective in stimulating new cell growth and preventing cell death and bringing enjoyment of life, self-confidence and coping abilities that enhances well-being and contribution in the community. Based on the principles of “do-it-yourself” learning in the Australian model encourages continual use of the enormous pool of skills and knowledge of the older people, who do not become socially marginalized but develop a sense of social contribution and ongoing anticipation. Instead of social drain, the Australian model reviewed can finally lead to successful ageing that is perfectly matched with the characteristic of “effectiveness”.

The French, Chinese and US models are associated with formal educational systems and thus limited by the designed campus for operations. Less flexibility is foreseen among these U3A models, whereas the UK and Australian models exhibit more

flexible operation and prompt a sense of voluntarism and autonomy. Members can contribute in the democratically-elected management committee, which is mainly responsible for policymaking, program planning, decision making and development of rules and administrative works to govern the operation of the U3A. The French and Chinese models do not have these features.

For teaching-learning style, peer-group teaching and learning is the strength of the UK model, reflecting the democratic in operation of U3As. The Australian model allows members to participate in tutor recruitment, course curriculum design, coordination of classes, setting timetables and finding venues for classes, student enrolment, keeping attendance records, publicity and publication of U3A programs. In the French, Chinese and US models, older people are taught by paid staff who may not understand their learning needs. These models do not involve the abovementioned administrative work; this limitation inhibits active aging. Although all U3As aim at directing older people's quality of life and enjoyment of older people, lecture-based learning with less active participation is prominent in the French and Chinese models. Learning content is related to knowledge and needs for academic exploration. By contrast, the UK and Australian models emphasize active participation in learning based on student interests. In other words, the operational format of the Australian model exhibits more applicability in EA development in Hong Kong.

Based on the analysis with the characteristics of "relevance", "effectiveness" and "applicability", the Australian model based on the UK model has been found to be a significant influence on the EA development in Hong Kong. The Australian model

provides the characteristics of the U3A in developing EAs for the lifelong learning model in Hong Kong.

Review of Written Documents from 32 EAs in Hong Kong

With reference from the Australian model and the situation in Hong Kong, U3As (named as EAs) were implemented in Hong Kong in 2008 to promote the lifelong learning of older people, cultivate a volunteer culture, and enhance intergenerational interaction. The findings from the review of the 32 EA documents present a possible framework for EAs in Hong Kong.

The member-driven, self-sufficient, interest-based approach practiced in the Australian model matches the needs and concerns of older people in general. The operation of this model (i.e., in terms of format, learning content, overall objectives, operation pattern, and teaching-learning components) is governed by a democratically-elected management committee, and is applicable to the Hong Kong context. The schedules of the community courses, such as after school hours and on weekends, are also feasible in Hong Kong. Thus, all EAs in Hong Kong follow the Australian model as the development template. EAs adopt the medieval concept of a university, in which people freely exchange knowledge and learn from one another. In this case, the university becomes a venue wherein a lifelong learning process can occur, and people can freely enter and leave at any time or at any level they wish. The guiding principles below are paramount to the local EA model.

- a) Voluntary-based: U3As are voluntarily run by older people and are independent of direct government control.

- b) Interest-based: Entry to classes is based on interest; there are no tests or examinations required, and formal qualifications are unimportant.
- c) Active learning and individual choice: Individual students and tutors (minor teachers) negotiate the content, format, and duration of the classes. The U3A committee has minimal control. The learners themselves monitor the courses.
- d) Interactive teaching: Unlike one-way knowledge transfer, tutors and students actively participate in the course discussions.

Characteristics and crucial steps in the establishment and operation of the 32 EAs in Hong Kong.

a) EA Characteristics

All EAs are structurally developed from the schools and the NGOs. The 32 schools each receive HKD50,000 from the LWB as seed fund for developing their EAs as student-managed programs. EAs adopt most of the elements of the school-based approach jointly piloted by CCC Ming Kei College and Asia Pacific Institute of Aging Studies in Lingnan University.

According to the EA reports, all local EAs have the following characteristics:

- a) Local schools take the lead in establishing the EAs to operate during off-school hours (e.g., after 3:30 pm or during weekends).
- b) EAs that accepted the seed grant are required to offer health education or self-care and computer as the two core courses for older learners. The Department of Health (DH) adopts a train-the-trainers approach to offer the first round of health education programs. The young students are the tutors responsible for teaching older people the use of a computer.

- c) Older people registering for the first time are charged minimal or no fees, but are required to take two subjects or more as their core subjects.
- d) EAs are tied to a local NGO, thus enabling the NGO to help send older people to school.
- e) EAs are free to offer different programs, as long as they can manage these programs.
- f) EAs facilitate cross-bureau (i.e., education, labor, and welfare), cross-sector (i.e., schools and NGOs), cross-profession (i.e., teachers and social workers), and cross-age (i.e., young and old) collaborations.
- g) EAs promote intergenerational harmony, as the younger and older generations meaningfully interact (i.e., teaching and learning) for mutual benefits (e.g., young students learn from older people about endurance in times of adversity).
- h) EAs are good platforms for empowering older people (by learning more about the resources available and how to use them) and for encouraging them to create their own management team for future sustainability.

b) Crucial Steps in EA Establishment

As previously mentioned, the EC invited the schools and the NGOs to establish EAs in 2008. All EAs were developed by the schools, NGOs, and self-arranged associations. Five primary schools and 27 secondary schools (five secondary schools categorized as Band 1, and 22 secondary schools categorized as Band 2/3) were established. These 32 schools and 24 NGOs had different backgrounds, such as U3A/elderly learning experience and religious ideation, which could influence the services they provided.

Based on the EA reports, the government support and coordination are the first requirements for establishing EAs in Hong Kong. For example, the EB provides registration exemption for the academic courses taught within school premises. Second, the seed money provided by the LWB is instrumental in initiating collaboration between the schools and the NGOs. This money is particularly useful in attracting NGOs to invite older people to participate in the EA courses offered in schools. However, once the NGOs and the school are connected, the seed funding is no longer necessary because many EAs utilize only a small amount of the fund. Moreover, the DH provides training to a group of health ambassadors (through the train-the-trainer approach as previously mentioned) to facilitate the teaching of a basic healthcare course in EAs. Given that the district officers of the SWD highly endorse the idea, the local NGOs actively participate.

c) EA Operation

As mentioned in the EA reports, EAs are governed by teachers from the schools and workers from the NGOs. Independently incorporated committees carry out the administration and coordination tasks. The committee work adds extra workload to the teachers and the staff members of the NGOs. Hence, having full ownership of the EAs is difficult for the schools or for the NGOs. Sustainability depends on the establishment of a designated program management group. For this purpose, three of the EAs formed EA management committees for all operational work.

Some schools use their parent–teacher associations to invite older people in the planning and teaching of courses. Social workers have a crucial role in setting up the management committee. Older volunteers (including retired professionals) and

teachers from partner schools are invited to become part of the management committee. Social workers brief the committee members on their roles and duties to enhance their sense of belonging and commitment. The committee members arrange all the logistics of running the EAs, such as the courses and venue selection, course fee estimation, tutor recruitment, promotion strategies, and other concerns. Social workers serve as facilitators in empowering committee members to run the EAs. Regular meetings are held for the effective operation of EAs. The management committees that involve older people as committee members are reportedly successful in running the EAs because these committees can serve as the central organization for promoting EA activities. The management committees are also effective platforms for communicating with other parties.

Cooperation between schools and NGOs is satisfactory in all EAs. However, one or two schools/NGOs require clarification from the Secretariat as to who should process the application or whether multiple partners are allowed. Overall, the cross-sector collaborations are productive; thus, several schools have started collaborating with NGOs in their application for various education funds to run youth programs in their schools. The NGOs are appreciative of the free use of space and equipment provided by the schools.

The roles and duties of the two parties are clearly defined as addressed in the EA guidelines. EAs are tied to the local NGOs to help in the recruitment of older people into EAs, given that older people are easily accessible in older people community centers. No standardized system is in place for the recruitment of older learners into EAs. All EAs are given total autonomy to proceed with their own strategies for the

promotion of the academies and the recruitment of older learners. The EAs are free to decide whether to collect registration charges. Their promotional activities include the placement of banners, leaflets, and posters in schools and community centers, and the announcements of activities during school assemblies, in local newspaper advertisements, and through word-of-mouth. The current associations mainly come from social centers operated by local NGOs, thus guaranteeing a number of participants. Some individuals would register after learning about the project through print media and broadcast media, such as RTHK Radio 5. Moreover, NGOs assume the duties for the registration of courses and the invitation of volunteers to teach the courses.

The schools are responsible for recruiting and preparing the tutors, as indicated in the EA memos. Teachers, social workers, and, in some cases, older people commit themselves to train the tutors and assist in course preparation. A total of 1,120 students are involved as volunteers in the EAs; most act as tutors who prepare and teach the courses. For the computer courses, one to two tutors are assigned to teach one older people. Numerous self-reports made by the tutors indicated that their work is a meaningful voluntary work. They learned how to prepare materials for teaching and interact with older people. The tutors also learned to be more respectful of older people. More importantly, they enjoyed listening to the various experiences of their older “friends,” such as their triumphs and failures, and learning how to face similar adversities. Some tutors even indicated a change in their negative perceptions of older people. These tutors learned to understand the characteristics and learning needs of older people. Moreover, the tutors reported that, at present, they understand the joy of helping people. In effect, EAs facilitate

cross-bureau (i.e., education, labor, and welfare), cross-sector (i.e., schools and NGOs), cross-profession (i.e., teachers and social workers), and cross-age (i.e., young and old) collaborations that are evidently the core elements for success. Although the EAs mostly adopt the philosophy of the Australian mode of operation, these EAs exhibit local features in serving older people in Hong Kong.

EA Resources. Based on the EA reports, all EAs are financially independent. Each approved EA is given a one-time subsidy of HKD50,000 by the LWB as seed money for EA establishment. This funding helps in initiating collaborations between the schools and the NGOs, and is also particularly useful in encouraging NGOs to invite older people to participate in the EA courses. Once the NGOs and the schools are connected, the seed money is no longer necessary as indicated in the EA reports. Many of the EAs reported that the amount of seed money, although small, is enough as a kick-off grant, which is mainly used in paying for the extra caretaking hours, the tutors' traveling expenses, or the minor structural modifications of the school campuses and other needs, such as the addition of handrails to staircases, purchase of classroom equipment, photocopying, stationery, computers, furniture, digital cameras, traveling, telephones, ceremonial activities, promotion, insurance, and voluntary work training. Some EAs hand over the seed money to their NGO partners to organize related activities. Most of them operate the project through the fees they collect from the older learners. EAs can optimize the use of existing resources, as the schools are generally equipped with resources and basic facilities (e.g., younger students, teachers, alumni, retired teachers, parents' association, halls, and special facilities, such as a computer room and a library) required for learning programs. School principals offer their school

campuses to EAs as venues for holding courses after school hours (e.g., between 3:30 pm and 6 pm during weekdays) and on weekends. All administrative personnel, such as secretaries, treasurers, telephone operators, and some tutors, are mostly volunteers from the involved schools and NGOs. Thus, the operational costs of EAs are kept to a minimum.

Aside from receiving the seed money, many EAs conduct their own fundraising and donation campaigns. These small donations are listed in Table 4.1.

Table 4.1. Summary of Small Donations or Funds from Other Sources

Nature	Amount	Number of EAs
Donation	\$6250	21 (=total 131,250)
	\$5000	1
Sponsorship	\$1600	1
Fund-raising	\$4404	1

EAs are evidently strongly supported by people other than the stakeholders. Although most EAs adhere to the self-financial mode and charge reasonable course fees, eight EAs did not agree to continue the project in the future because of financial factors and the extra workload for schoolteachers and social workers.

EA Goals. The 32 EA documents provided much information that confirmed the goals of EAs in Hong Kong. The establishment of EAs can promote lifelong learning among older people and encourage them to make the best use of their time, as well as keep pace with the times by acquiring new knowledge and learning new skills (e.g., internet browsing and learning the English language). Learning about health and actively participating in serving the community and contributing to society enable older people to maintain their physical health and mental well-being, as well promote their self-confidence and productivity. Younger students can also

enhance their communication with older people by participating in EA activities. Thus, EAs can promote harmony among the older people, the young, and even the sick.

Some older people's written appreciation notes expressed the following sentiments:

"Thank you so much...I have learned how to use computer and health care knowledge...."

"Younger students as teachers can help me in learning computer knowledge and skills in e-card production....Thank you for their effort and helping."

Some younger students' written reflection notes conveyed these insights:

"I have learned from older people...Their experience can provide me an insight to face challenge in the future."

"Heartfelt thanks to our older people as they are living models for us to learn..."

"After making older people in EA, no matter how old older people are, they can discharge "positive energy" to us...Enjoying talking with them and mixing well with them."

Cross-sectoral harmony can be promoted by EAs because collaboration with school stakeholders, tertiary institutions, and NGOs is important in the implementation of EAs. EAs provide an avenue for the older and young people to serve as volunteers for the SWD in expanding the social networking for vulnerable groups (i.e., training older learners to be neighborhood watchers who report instances of elderly or child abuses). Moreover, EAs serve as a training platform for the DH to expand its health

promotion programs. The DH adopted the train-the-trainers approach and offered its first round of health education training to the junior teachers so they could teach basic health aside from computer lessons to all older learners. In the course of confirming the set goals of EAs, the researcher was motivated to explore how the EAs were established and to evaluate the local EA model for the lifelong learning for older people.

Features of EA courses: Curriculum design, negotiability and accessibility, learning style, and course fee.

a) Curriculum Design

EA courses vary from leisure to academic. Any proposal or request to change the nature of these courses will be considered. These courses are of two types: (1) compulsory courses, such as health-related classes and computer/IT classes, and (2) optional courses, such as handicrafts, drawing, Chinese calligraphy, cooking, language, musical activities, dancing, traditional Chinese medicine, physical exercise classes, and field trips (Table 4.2). Healthcare classes are mainly taught by retired doctors and nurses invited by the NGOs. Computer/IT classes are taught by employed teachers or trained tutors. Other subjects, such as Cantonese operatic singing, Tai Chi, Chinese calligraphy or painting, and Hong Kong history, are taught by retired volunteers upon approval of the courses by the management committee. Among the compulsory courses, health-related and computer courses are popular and are requested frequently by older people. All older people are satisfied with how the courses are run. Physical exercise classes, musical activity classes, and language classes among the optimal courses (e.g., functional English for shopping) are particularly welcome. Importantly, this crucial finding suggests

that older people prefer opportunities for networking with peers of similar interest.

Table 4.2. Summary of Courses offered in 32 EAs until March 31 2008

Nature of classes	Number of Presentation	Total hours taught	Total number of participants
Compulsory course/class			
Computer/IT class	68	132	1597
Health-related class	42	84	1586
Optional courses/ activities			
Language class	17	34	311
Physical exercise class	16	32	311
Musical activities class	13	26	344
Dancing class	8	16	175
Field trip and visit	8	40	91
Handcraft class	8	16	91
Drawing class	6	12	80
Traditional Chinese Medicinal class	5	10	103
Photography class	4	8	103
Astronomical class	3	6	58
First aids training class	2	4	39
Chinese calligraphy class	2	4	33
Cooking class	2	4	24
Aromatherapy class	1	2	21
Reading class	1	2	26
Others (e.g. religious studies)	3	5	62
Total	209	437	5055

Older people are required to enroll in at least one assigned basic healthcare course. More than 200 classes have been taught and more than 430 hours of teaching have been completed. A total of 5,055 older people attended these classes/sessions in 2008. The attendance record was generally good, reflecting the people's great support for EAs. For the compulsory courses, the attendance was nearly 100%. Except for five EAs, all EAs required the completion of one compulsory health-related course and one optional course by March 31, 2008.

b) Negotiability and Accessibility

As expressed from the older people's appreciation notes, autonomy is provided to EAs in drafting the most suitable courses for older people. The course content is broad and diverse. With the self-directed learning approach, older people can

suggest their own learning activities. Most EAs in Hong Kong allow older people to freely discuss and negotiate the course content, length, time, duration, and venue for accessibility to these courses.

According to the EA reports, the duration of the courses is flexible and can be adjusted by older people. Most courses last for 1.5 to 2 hours per session. The venues for EAs are near the older people's living environment, making these venues accessible to them. More importantly, the views of the older people are considered in preparing the courses. Formal classes are arranged for fixed periods and sessions (e.g., computer classes), whereas informal learning sessions are arranged for groups, such as those with special interests (e.g., handicrafts and religious studies). Different from the usual preference of younger learners, older people consider the classes and discussions to be too short (most are conducted for 45 to 60 minutes). This finding indicates that they prefer more sharing of experiences and interaction.

c) Course Fee

The average course fee is HKD5 to HKD150 per semester, as indicated in the EA reports. Majority (82%) of the courses charge HKD10, but some (13%) are free of charge. The course fee is used for hiring tutors, photocopying services, course materials, and traveling allowances for the volunteers. The older people expressed that they have willingly paid the course fees. One suggestion is to maintain this method in running the courses to keep costs to a minimum. No complaints regarding the fees have been received thus far.

d) Learning Style

A lecture-based learning style is primarily applied, especially in compulsory courses, such as health-related classes. Only the leisure-based courses, such as cooking and handicrafts, involve more interactions and sharing of experiences. The lecture-based learning style is not ideal in developing knowledge, and is unable to promote intergenerational relationships. However, as a one-way and directive teaching mode, it is effective in delivering important healthcare information to participants.

In summary, findings from the documentary study indicate much support for a model with local characteristics as a feasible model for EAs in Hong Kong. Such model is useful in achieving the set goals of EAs. To support the above findings further, interviews with key stakeholders are presented with the following themes: the core features of local EAs, the older people's perception of EAs, the younger students' perception of EAs, the EAs as multi-purpose platforms, and the perceived difficulties in running EAs.

Findings from the in-depth interviews with key stakeholders

The in-depth interviews aim to explore the key stakeholders' feedback on the establishment, operation, and course characteristics of EAs. Five themes are identified, namely, the core features of establishing local EAs, older people's perception of EAs, younger students' perception of EAs, EAs as multi-purpose platforms, and perceived difficulties in running EAs. The themes and sub-themes are presented in Table 4.3.

Table 4.3. Themes and Sub-themes of Phase 1

Themes	Sub-themes
Core characteristics for establishing local EAs	- Support from schools and NGOs
	- Function of management committee
Older people's perception of the EAs	- Gaining more information
	- Becoming students
	- Achieving good health
	- Meeting and interacting with more people
Younger students' perception of the EAs	- Building self-efficiency
	- Learning more for survival
	- Receiving support from older people
EAs as multi-purpose platforms	- Building positive attitudes toward older people
	- Fostering intergenerational harmony
Perceived difficulties in running the EAs	- Enhancing volunteerism

Core characteristics of establishing local EAs. Although the schools and the NGOs have different backgrounds and previous experiences on lifelong learning among older people, their models for running EAs are most likely the same as those suggested by the ECs. The discussion on the sustainability of EAs includes two sub-themes, namely, the support from schools and NGOs, and the function of the management committee.

a) Support from schools and NGOs

Some organizations (e.g., Po Leung Kuk, Tung Wah Groups of Hospitals, Yan Chai Hospitals Group, and Hong Kong Sheng Kung Hui) are extremely supportive. For instance, EAs in the Yan Chai Hospitals Group (primary/secondary schools) are managed by a retired school principal. He effectively coordinates all the logistics of their EAs, encourages charitable donations, and invites volunteers to run the EAs. He encourages the EAs to organize their own specific courses, not to overlap them. He is also involved in teaching Chinese calligraphy. According to the retired school principal,

“Promoting the EAs is a meaningful event. It can help older people enjoy the

learning opportunities....”

“I feel...it is an effective way to promote the EAs when our three EAs are joined together... Resources can be fully utilized.... And older learners can have more choices for their learning.”

“Although it is a bit hard teaching older people, I enjoy it while observing their progress...”

One principal said,

“...have an open attitude to organize the EAs ... Highly support the implementation of the EAs to serve the local older people...”

“...Our education should be integrated into the community...Greater acceptance of new things in our teaching and learning perspectives.”

One social worker asserted,

“...The EAs can be regarded as another service platform for our older people that can give older people more updated information... I really support...”

Another social worker said,

“Although our staffs have exerted much effort to promote the EAs initially, when we get good feedback from participants, we forget our extra-workload in setting up the EAs ...”

The Director of the Education Services of the Hong Kong Council of the Church of Christ in China, who is a retired school principal, admitted to having an open attitude about supporting schools that are open to the community. He fully approved of the emergence of EAs to promote lifelong learning among older people. Existing resources, course planning, and promotion work can be shared among EAs. In other

words, older learners can have more flexibility in choosing their courses. The support of the alumni and retired teachers of the Queen Elizabeth School Old Students' Association Secondary School (QES Old Students' Association Education Center Elder Academy) was important in running the EA.

b) Function of the management committee

Another important characteristic that should be considered in ensuring EA sustainability is the introduction of a management committee into the model. This characteristic was demonstrated in the EA in Ming Yue. Older people, retired people, and volunteers were invited to be part of the management committee. These members are responsible for the entire operation of the EAs. This work role of older people can provide significance and meaning to their self-identification. The committee can effectively structure the operation and maintenance of EAs; otherwise, handling all the tasks will be difficult. Another work aspect in the management committee is influencing the older people's learning motivation and participation. A social worker serves as a facilitator, providing guidance to the members in running the EAs. EAs are intended to be fully governed by older people. According to one social worker,

“The older people invited to the management committee can help in the promotion of the EA their sense of belonging, self-worth, and self-confidence can be enhanced... .Once the older people can join the committee, they become more active in interacting with others...their participation in the committee can enable them to be more happy and satisfied.”

Another social worker shared the following insights:

“Their cohesiveness within the committee can maintain the sustainability of the

EAs”

“I only provide some ideas to facilitate their administrative work, especially budget planning...strongly agrees to the promotion of the concept of a management committee in running the EA.”

Some experienced lifelong learning organizations for older people (e.g., Po Leung Kuk, Hong Kong Sheng Kung Hui, etc.) value this model for running the EAs. In the future, their EAs intend to establish management committees to empower more older people to manage their EAs.

The expansion of EAs to tertiary institutions was confirmed, as the older people would have greater demand for higher learning in the future. Seven tertiary institutions (i.e., Hong Kong University, Chinese University of Hong Kong, City University of Hong Kong, Hong Kong Shue Yan University, Lingnan University, Open University of Hong Kong, and Hong Kong Institute of Education) supported the launch of EAs in their campuses. Some older learners commended these academies and willingly participated in their establishment.

Older people’s perception of EAs. Older people are the core stakeholders of EAs in Hong Kong. They experience the entire establishment and operation of local EAs. Their experiences may be embedded with the characteristics of Confucianism, similar to the Chinese society, which aids in understanding the effective model for lifelong learning among older people in Hong Kong. Five sub-themes are identified, namely, gaining more information, becoming students, achieving good health, meeting or interacting with more people, and building self-efficiency.

a) *Gaining more information*

Specific characteristics of the older Chinese people cause reluctance to be exposed to the outside world. Their needs and ideas have been mostly stifled. Thus, EAs provide them with the chance to experience new things. Many older learners are provided with a great opportunity to learn what they have not learned before. One older person said,

“I have never known how to draw a flower using a computer... Now I know... I know how to draw and....to how to operate a computer...Thank you to my tutor...”

According to another older person,

“Unbelievable...now I can use a computer to “talk” to others...”

b) *Becoming students*

The older people enjoyed their role as “students” and the experience of school life. An enhanced self-esteem and psychological well-being were observed in them as a result of their sharing experiences with the youth. One older person remarked,

“...Never thought that I could be a student...study at my grandson’s school... Interestingly, I have been talking more with my grandson and son after studying in the EA...”

Another older person mentioned,

“Before... studying in schools... I didn’t think I could reach it in my life...But now the EA can offer me an opportunity to complete my study wish...if possible, I want to receive a certificate after studying here...”

c) *Achieving good health*

Some older people expressed an improvement in their health after attending the activities of the EAs. According to one older person,

“In Tai Chi classes, Tai Chi can support my health... I am really thankful for their concern, especially the ‘tutors’ who make the classes more joyful and energetic...I will continue studying courses in the EA.”

Another older person who had suffered from carcinoma for years said,

“After attending Tai Chi classes, I feel my health has improved...less dependence on pain medication... My husband feels I have become happier, and my depressive mood has been reduced...”

d) *Meeting and interacting with more people*

Most of older people were able to enhance their social interaction and network. Participating in EA activities enabled them to meet many people. One older person said,

“...Very happy while talking with many younger students... They like my sharing with them my work experiences in the past...I will continue to study in the EA because the tutors make me younger and...I can help them by sharing my experience... I think.”

Another older person said,

“At first, I felt uneasy about being an old person studying in the school, but...after a few health and IT classes, I changed my mind...I am impressed by the tutors’ patience. They tolerate my “slow” movement and my “hand tremor”...I thank them...I learned how to send e-mails...at least I can have another way of contacting my overseas family members. More importantly, I feel...I have respect and recognition, things I did not experience from my family before...I indeed thank ‘Ah Ching’ (tutor) who helped me in tidying up my house...”

e) *Building self-efficiency*

Self-development is regarded as an important motivator of older people in EAs. The benefit they gained is evident in their contribution to the EAs. As suggested by one older person,

“I can contribute to the community by working as a member of the management committee...My wife and son support me in the EA’s activities and tasks... I am proud of....I can contribute myself in my ‘end stage’ by serving others.”

One older person in the Ming Yue EA said,

“....Now, I am confident in discussing others after attending courses from EAs...”

Younger students’ perception of EAs. Younger students have an important role in the EAs in Hong Kong. They are trained as tutors to teach the older people, and can have productive experiences from their interaction with older people. Three sub-themes are identified, namely, learning more for survival, receiving support from older people, and building positive attitudes toward older people.

a) *Learning more for survival*

The EAs provided young students with valuable learning opportunities. In teaching computer skills to older people, these younger students realized that older people are capable of learning as fast as the younger students do, contrary to the usual perception. One younger tutor said,

“...While talking with them, they shared their valuable experiences with me...Such sharing can give me insights into dealing with my own challenges in the future....”

According to another younger tutor,

“I like listening to older learners... sharing their life stories and... helping them to learn more...From the experiences they shared with me; I gained advice on how to solve my problems.”

b) Receiving support from older people

The valuable experiences of older people, such as in handling life’s problems, can help the younger generations. Others can learn from the thoughts and behavior of old people. Actively sharing with their younger tutors enables older people to contribute more of themselves to the society. As one younger tutor expressed,

“...Sometimes, they (older people) help me resolve my personal problems such as conflict with parents and relationship issues...I like them very much... Such genuine support helps me a lot....”

One younger tutor mentioned,

“I am surprised that older people can manage the computer more effectively than I expected...Their learning capacity cannot be looked down on... While talking with them, they shared their valuable experiences with me.... There were no boring feelings, and more support from their experience was noted. They are eager to learn new knowledge, and this makes me more active in my own study....”

c) Building positive attitudes toward older people

Older people generally have a negative image in society. They are criticized as burdensome to the community, and they require much care. However, the current study noted some significant observations. One younger tutor remarked,

“Older people show an active and persistent attitude in learning... Before working as a tutor in the EA, I had a ‘stigma’ against older people who I thought would bring problems to our community, but now...I am very impressed

with their valuable experiences and contributions... More respect... More understanding...especially communication with them...I learned much from the EA service.”

Another younger tutor said,

“...When I am teaching them...I am surprised ...their responses are fast and active...I need to change and correct my negative thinking about them...I need more appropriate and...respectful attitude to talk to older people...”

Based on the analysis of the interview data, younger students learned to be more respectful of older people through their participation in the EAs. Some younger students even expressed a change in their negative beliefs toward older people. The EAs also provided them with the opportunity to promote a positive image of older people as active and capable learners and good life mentors to the younger generation. More importantly, older people are more than willing to pass on their life skills and strength in facing adverse conditions. Younger students enjoyed listening to the diverse experiences of their “older” friends, understanding their triumphs and failures in their own lives better and becoming bolder in facing their own adversities.

EAs as multi-purpose platforms. The principals and teachers from the schools and the social workers from the NGOs commended the EAs for serving as multi-purpose platforms to achieve the set goals. Two sub-themes are explored in this connection, namely, fostering intergenerational harmony and enhancing volunteerism.

a) *Fostering intergenerational harmony*

EAs provide platforms for more interaction across generations. As one principal shared,

“...School campuses should be open to the community. We can use the facilities of the schools like the computer room, music room, library, and others.... EAs provide a good platform to promote intergenerational harmony...Our students can broaden their capacities in learning from older people’s experiences...Then students can understand more about the older people and improve their relationships...”

Another principal said,

“...Our teachers can willingly work in their own time to coordinate EA activities...Meanwhile, our students can spend more time interacting with the senior members of their families. They will learn to pay more attention to older people’s needs, including their older neighbors... It provides a meeting point for promoting intergenerational harmony...”

b) *Enhancing volunteerism*

Cultivating volunteerism for moral education in EAs is considered as an important component. Volunteerism may increase people’s sense of social belonging and of a caring community. People can then promote the positive values of self-fulfillment. According to the principals of Po Leung Kuk Mr. & Mrs. Chan Pak Keung Tsing Yi School,

“The EA project can be incorporated into the development of the OLE curriculum... The establishment of EAs has fulfilled the purpose of serving our community... Older learners and younger students can also provide services to our mentally challenged students... This Physically Handicapped and Able-bodied (PHAB) integration is another desirable effect of EAs.”

“....with the help of NGOs, our students can gain training as ‘tutors’ in the EA ... It is another way to provide moral education to our students. They will learn to respect older people, especially the senior members of their respective families.”

One social worker said,

“EAs provide an opportunity to extend elder services to the school campus as well as to develop community service in a different way, such as the promotion of child and elderly abuse prevention services. Then...enable students and older people to be actively concerned about their neighbors.”

Social workers consider EAs to be useful in serving a group of young-old people (less than age 60) because their learning needs are not addressed in elderly centers. Their comments positively support EAs as effective platforms for active aging, intergenerational harmony, and learning. Aside from intergenerational harmony and learning, PHAB integration can also be achieved by EAs. For example, older people in the Po Leung Kuk EA were impressive in serving the sick and conducting support activities for a group of mentally challenged students in a partner school.

Principals and teachers particularly noted the role of EAs in achieving the new OLE requirements in secondary schools. Social workers shared the same observation in the performance of developmental work with the youth in schools in a manner that is less stigmatizing. As EAs are based in local schools, they serve as focal points for neighbors to know one other. For example, older people and younger students can be acquainted with their neighbors, thus preventing the social isolation of older people who live alone and abused older people and children.

Perceived difficulties in running EAs. Difficulties were encountered in running EAs. Aside from not receiving large donations or funds, teachers and social workers also expressed having “additional work.” Extra workload involves the initial setting up of EAs and training younger students as tutors to teach older people. Most teachers and social workers experienced difficulty in recruiting suitable persons for teaching courses, especially professional courses such as dancing. The course fees could not cover the expenditure of some courses.

According to some social workers, the promotion of active aging and local EAs, funding, recruitment of volunteers, and mobilization of retired teachers and professionals is insufficient. Hence, they proposed a centralized unit for handling resources, records, and databases for running EAs.

Summary

In this chapter, the documentary study provided relevant information on and support for the analysis of the characteristics of local EAs, and then facilitated the EA development for the lifelong learning of older people in Hong Kong. The interview data provided several themes and sub-themes to complement the findings of the documentary study. The results of this phase clearly provided the macro picture on the core characteristics for establishing a local EA model. Then, in the micro level of evaluation, Phase 2, the proposed teaching-learning style applied in the local EA was evaluated to determine whether the local EA model is preferable for the lifelong learning of older people.

CHAPTER FIVE

Discussion

(Phase 1)

This chapter discusses Phase 1 of the study. We identified the characteristics of the local EA model based on the results of the documentary study and in-depth interviews. The following section discusses the core characteristics of establishing and operating local EAs, older people's perception of EAs, younger students' perception of EAs, EAs as multi-purpose platforms, and perceived difficulties in running EAs.

Core Characteristics of the Local EA Model

The core characteristics of local EA model can be relevantly identified for lifelong learning of older people in Hong Kong through the findings at this phase. Although there are two core models (the French and UK models) for lifelong learning of older people, both models do not fit the Hong Kong context because older people who have not been well educated can fully adopt "self-help" approach applied in the UK model. Older people's financial situation has not supported learning activities in well-organized education as in the French model. Thus, given that they have not reached the well-educated level, older people in Hong Kong mainly focus on practical use or leisure-based learning opportunities, and passive characteristics require motivation for EA establishment, operation, and activities. A specific and unique model with local characteristics should be used for lifelong learning of older people. The self-sustainable principle (i.e., self-financing and self-organization) in the Australian model, which is a modified form of the UK model, may become

more applicable and workable in Hong Kong.

The EC provides a relevant template to match with the characteristics and the learning needs of older people in Hong Kong, including similar infrastructures for EAs, design of EA courses, recruitment of EA members, training of EA tutors, strategy of EA publicity, and fees of EA courses, which will aid in establishing and running local EAs. In the “sparkling off” stage of its establishment, local EAs relied on support from various sectors including schools, non-government organizations (NGOs), and the government. The method of standardized template facilitated for older people and EA planners the establishment and operation of EAs in Hong Kong, but the difficulties and barriers could be minimized as much as possible (Darkenwald & Merriam, 1982).

Different from the French model, the EA model is not affiliated with traditional educational institutions; it is also different from the UK model. The EA model is not largely self-reliant, and requires different types of support in its initial establishment. In a Confucian society like Hong Kong, people have high regard for authority such as governmental support. The method of a well-organized and relevant template to develop the local EAs for lifelong learning of older people is a feasible strategy for local EA establishment (Chan & Elliott, 2002; Yang, 2002).

Another local characteristic in establishing local EAs is seed money from the LWB, which is another type of governmental support. During the initial period, the seed money is regarded as a blessing from the Hong Kong government, which differs from the French and UK models. Such governmental support indicated that the

Hong Kong government is actively attempting to promote active aging to resolve the impact from the increasing older population. This step can encourage continuous collaboration between NGOs and schools. Both schools and NGOs are willing partners. For example, the school principal described, *“it is an effective way to promote EAs,”*; *“promoting the EAs is a meaningful event. It can help older people enjoy the learning opportunities...”* and the social worker said, *“The EAs can be regarded as another service platform for our older people that can give older people more updated information... I really support...”*.

According to the standardized template, schools are encouraged to take the lead in running the local EAs. Support provided by the EB facilitates the exemption of EA registration. The initial driver of the scheme should be the schools because they are primarily responsible for the learning and development of their students as well as for providing the facilities and space. However, opening the school during off-school hours can bring additional risks (e.g., older people having accidents); thus, the schools have to cover these risks with additional insurance premium. For these reasons, funds (if any) are better given to the schools to enable them to maintain services at an optimum level, which is important in improving school infrastructure and insurance for the operation of local EAs. Conversely, NGOs that run the social centers (SCs) are good “feeders” of older people. Several NGOs are ready to send their older people to schools because schools have adequate learning equipment and supplies (i.e., computers) unlike the SCs.

The use of the seed money once became a subject of debates. A number of schools and NGOs initially considered the HKD50,000 seed money to be insufficient. At the

time of this review (end of January 2009), schools holding this money had not used much of it. The money was mostly spent for insurance and minor structural adaptations (e.g., stair rails). Nevertheless, the NGOs holding the seed money complained that the amount could only cover a one-year program. The main reason for this disagreement is that schools regard EAs as a regular learning activity (whether extracurricular or OLE), whereas several NGOs regard EAs as additional work. Evidently, EAs run by schools demonstrate better management, a higher level of inspiration, and better integration. Thus, they stand a better chance at self-sustainability.

Based on the findings from the interviews, the principals showed an open attitude of support toward the implementation of EAs, as evident in the way they encouraged teachers to coordinate with these EAs, recruited retired people and volunteers in planning and teaching courses, and solicited donations and networked for the operation and sustainability of EAs. The principals supported the idea that school campuses should be open to serve local communities. Moreover, a “*giving culture*” is an important characteristic that ensures the sustainability of EAs. The alumni and retired volunteers are invited to help in running the EAs. These characteristics should be included in the EA model for better management of EAs.

After the local EAs become stable for approximately one year, a management committee, which is as considered a crucial characteristic, was introduced for the effective operation of EAs. This strategy mirrors that of the Australian model and can emphasize the strengths and potential of older people. Their contribution can strengthen EA cohesiveness and facilitate a sense of commitment. Older people are

invited to the committees to assume roles in administration and planning of the curricula and activities to allow them to live up to the concept of active aging. After working in EAs, some older people stated that, “...sense of belonging, self-worth, and self-confidence can be enhanced after working in the management committee”, “Members are always invited to work together for planning EA activities”, and “I can apply my management experience to manage the administrative works of the EA. One social worker also stated, “the older people invited to the management committee can help in the promotion of the EA. Once the older people can join the committee, they become more active in interacting with others...their participation in the committee can enable them to be more happy and satisfied”, and they (older people) can use their social network to help the administrative works of EAs, like recruitment of tutors and members and promotion of EA activities” . As mentioned in previous studies (Anstey, Luszcz & Andrews, 2002; Vaillant, 2002; Seiffert, 2002; Glendenning, 2000), older people can remain integrated in society. Their physical, psychological, and social health, social interaction, and network with outside can be significantly enhanced by working as committee members of EAs. Afterwards, school principals, teachers, and social workers continuously supported EAs in the role of facilitators.

The same characteristics and features of local EA courses are suggested by the EC to facilitate the establishment and operation of local EAs. For example, two compulsory core courses, namely, computer and basic health, are included to enhance the self-care abilities of older people and enable them to connect better to the surroundings by using a computer, as described in the comments, such as “after attending Tai Chi classes, I feel my health has improved...less dependence on pain

medication... My husband feels I have become happier, and my depressive mood has been reduced...” and *“I learned how to send e-mails...at least I can have another way of contacting my overseas family members”*. The motives for participation in learning activities are complicated and multi-dimensional. The two compulsory core courses suggested can enhance the new knowledge and skills of older people as well as their social relationships. One older person said, *“I will continue to study in the EA because the tutors make me younger and...I can help them by sharing my experience... I think”* and *“We (older people) can learn more updated knowledge from younger people”*. In using what they have learned, older people can contribute themselves in the community (Picton & Yuen, 1998). The researcher concluded that older people are interested in learning so they could keep in touch with themselves, their community, and the world, which is in line with the active aging (Frazier, Hooker, Johnson, & Kaus, 2000).

Aside from offering these two compulsory core courses, older people are encouraged to express their ideas and opinions on what they want to learn, the venue of courses, and the tutors involved, all of which are similar to the Australian model. The findings supported the view that that older people enjoyed suggesting ideas to organize the learning activities in EAs, and were consistent with the results of a survey on lifelong learning conducted by Swank et al. (2000). The barriers to lifelong learning can be reduced because the learning needs and actual realities that older people encounter can be considered (Darkenwald & Merriam (1982). The 100% attendance gained from the two compulsory courses is explained by the higher motivation in learning of older people for more practical use of knowledge and skills. However, different from the respondents in previous studies (Scala, 1996;

Jones & Symon, 2001), older people in Hong Kong are not as highly educated and thus are more likely to require more practical learning to apply this knowledge and skills in their living. Academic qualification and recognition are unimportant for older people there as supported in their responses, such as *“Obtaining academic qualification...to me, I think it is not important...I only need learning more...for better health and better life...More people I can meet and talk with them”* and *“Just want ‘tasting’ as a university student and no need formal qualification”*. Consequently, older people can improve the quality of their lives, build upon a current skill, take better care of their health, and achieve a better network using a computer. As mentioned in the literature, the needs of individuals are more important and should be the heart of lifelong learning. Lifelong learning is undertaken not only for job- and career-related reasons, but also and especially for personal development, self-fulfillment, and enhancement of quality of life (Tuijnman & Bostrom, 2002; Hagar, 2001).

However, older people request a free-style method in their courses; that is, a balance between active participation and autonomy should be arranged and emphasized. EAs are encouraged to work together to offer more subject choices and convenient locations for older people, thereby facilitating access to these courses (e.g., Yau Chi Hospitals Group’s EAs). Based on the Australian model, the management committee organized in EAs generally appreciates their interest and contribution/commitment in course content design, time or duration, venue, and delivery to achieve voluntary-based, interest-based, and individual choice. The ideas of older people were considered prior to designing the courses as supported by the social workers’ comments, such as *“We respect older people’s expectation on*

the course design” and *“We observe...older people actively suggest their idea when discussing on the EA courses’ curriculum. Their opinions can reflect what they really need to learn here”*. Although the EA courses predominately use school facilities (e.g., computer room, library, and dancing room) that are unavailable in elderly centers, greater flexibility and availability of school facilities are ensured for older people. Levin (1998) suggested that a lifelong learning system should be flexible instead of rigid in terms of timing, availability, and content of learning opportunities. This flexibility is an important situational factor affecting the participation of older people (Cross, 1981; Atkinson, 1989).

All local EAs adopt the lecture-based learning style especially in two compulsory core courses as the EA reports’ description. In this sense, the types of leisure-based courses that they expect are identified, such as computer course and health-related courses in EAs. This learning mode easily transmits new information or knowledge to older people because of its strong emphasis on the Chinese culture of “self-effacement” that comes from the Confucian value of modest behavior. A high belief in modesty toward older people is common as the Chinese prefer not to express their true opinions to avoid embarrassing or offending others (Yeh & Xu, 2010; Chan, 1999). Therefore, they express no objection to lecture-based learning that subsequently causes passivity and less interaction with others. Traditional lectures used in EAs are usually considered as an example of passive learning, in which students engage only in listening and note taking, and have little opportunity for active learning (Exley & Dennick, 2004; Dorfman et al., 2004). Teachers or tutors cannot assess the learning progress in class. This learning method hampers their potential and contradicts the self-directed approach in lifelong learning among

older people. Alternative teaching-learning styles, such as on-line learning, discussions, and interactive exercises are used in some EA courses.

In fact, findings from several EA reports and the interviews indicate that some older people expect more interactive and self-directed learning as illustrated in the older people's feedbacks, such as "*quite boring in lecture-based learning...If more discussion, it will be better...*" and "*more interactive learning should be more suitable for us to learn health knowledge because we can share my experience with other members*". They need more freedom in their learning and enjoy the interactive teaching-learning approach more than the "spoon-feeding" style. Thus, to be consistent with the previous studies, lifelong learning for older people should rely on the humanistic approach that stresses the importance of individual and human needs. Older people are free and autonomous and are thus capable of making major personal choices toward self-actualization. Their potential and self-concept for development of growth are unlimited. Therefore, older people in EAs are interested in discussing with their tutors and sharing with others in their learning (Huitt, 2001; Hagar, 2001; Tuijnman & Boström, 2002). Physical exercise, musical activity, and language classes, which are among the courses that older people recommended in EAs, also have higher attendance rates, thus reflecting what older people expect to encounter in leisure-type learning activities.

From the above discussion, one argument is whether the lecture-learning style is suitable for local EAs. Kennedy (2003) noted that "*experiences*" could help in new learning. Thus, linking the conventional learning format with other methods such as experiential learning can bring new learning aspirations to the lifelong learning of

older people because experiences gained through life, work, and education are central to learning in contrast to merely transmitting information through the conventional learning method (Anderson-Hanley, 1999; Bullard et al., 1996; Moriello et al., 2005; O'Hanlon & Brookover, 2002).

Local EAs are financially independent and follow the “do-it-yourself”/ member-driven approach in handling their budget for operations. Small donations are sufficient to sustain the programs. Donations/funds are required to sustain operations; thus, flexibility in raising donations/funds should be maintained. Older people can raise funds themselves by charging a modest tuition fee or encouraging the hosts to continue to provide courses free of charge, similar to the practice in most Australian U3As. In Australia, older people are taught by voluntary tutors, and they contribute to their own consumables, significantly reducing the costs of running the EAs. EAs in Hong Kong are moving toward this type of operation, with the facilities being supported by local schools. Thus, the willingness of schools is the most important factor for sustaining EAs. Moreover, EAs are district-based, and their activities cut across all policy domains. Funding from District Councils can be made available for managing these EAs.

A centralized database for the standardization of courses and tutor information is required. When the local EAs reach a certain level of maturity, information on the courses and tutors should be shared and made available to all EAs in Hong Kong. An online database can be developed to provide information on the daily operations of EAs. Information on courses, available tutors, and registration should also be available on the Web for easy access of older learners. Courses can be run at

appropriate levels in appropriate schools, that is, basic level classes in primary schools, intermediate level in secondary schools, and advanced level in senior secondary or tertiary settings. Course information should also be easily accessible. The registration of levels achieved by individuals can be made by promoting from a level one class to an intermediate class and so on. An information management system (a Web-based internet portal) appropriate for these tasks is also required.

Older People's Perception of EAs

The findings indicated that the health of older people can be maintained and enhanced in EAs. EA activities contribute to the maintenance of good health, and can diminish the effect of psychological and physical diseases. Older people can learn more about their common health problems, including the causes and strategies for management and prevention. Importantly, older people can clarify their misconceptions on their ill health handling methods through EA health-related courses. Moreover, older people will learn to use the computer for a number of activities, such as *"I know how to draw a flower using a computer"* and *"I can use a computer to talk to others"* indicating that older people can gain new knowledge and skills to deal with their daily lives and keep in touch with others.

Empowerment of older people can be carried out. Most people associate empowerment with personal control. Rappaport (1987) pointed out that "by empowerment I mean our aim should be to enhance the possibilities for people to control their own lives" (p. 119). Empowerment is a developmental process that enables people to achieve increasing control of various aspects of their lives and participate in the community with dignity. The definition of empowerment proposed

by McWhirter (1991) explicitly calls for attention to community well-being: the process by which people, organizations, or groups who are powerless (a) become aware of the power dynamics at work in their life context; (b) develop the skills and capacity for gaining some reasonable control over their lives; (c) exercise this control without infringing upon the rights of others; and (d) support the empowerment of others in their community. (p. 224). Rappaport (1995) later endorsed empowerment as a process involving respectful, caring, and reflective participation in a community group to gain equal access to and control over resources.

In this sense, older people in EAs appear to be motivated by experience of some event or condition that threatens them or their family. Older people participate in learning health knowledge by engaging the shared experience and influence of groups in their efforts in EA courses toward the goals of increased individual and community control, political efficacy, improved quality of community life, and social justice (Presby, Wandersman, Florin, Rich, & Chavis, 1990; Wallerstein, 1992). They can eventually apply the new participatory competence to ever-expanding areas of their lives. Thus, older people are able to shoulder health knowledge transfer among their peers and in the community, enabling them and the people around them to be more alert to their health status. The importance of health knowledge transfer is considered as a set of activities and approaches that move health knowledge among those older people, enabling them to acquire new forms of health knowledge in their daily living. Subsequently, with more health prevention measures, lesser financial burden to the community can be achieved (Gowdy, 2006; Jacobson & Prusak, 2006).

Conversely, according to Newman's theory (1994) of health as an expanding consciousness, consciousness is defined as an individual's informational capacity to interact with the environment. Expanding consciousness can enhance meaning in life and help in reaching new connectedness with other people and the world they live in. Older people have experienced learning and sharing in EA activities. They can choose opportunities for personal growth and facilitate change in person-environment interactions. The growth and change are reflected in patterns of expanding consciousness, such as increased relatedness with others or a higher being. Numerous studies have already demonstrated that volunteering results in better health, and older volunteers are the most likely to receive physical and mental health benefits from their volunteer activities because volunteering provides them with physical and social activities and a sense of purpose at a time when their social roles are changing (Anstey, Luszcz, & Andrews, 2002; Vaillant, 2002; Seiffert, 2002; Siebert, Mutran, & Reitzes, 1999; Carlton & Soulsby, 1999).

An increased sense of commitment, connection, and continuity is a strong spiritual motivator that enables older people to commit themselves to learning and voluntary work in EAs. Commitment describes the participants' sense of personal responsibility to help others. Older people can apply their valuable experiences and skills to help manage EAs as shown in their statements, such as "*I can contribute to the community by working as a member of the management committee.*" For many, this sense of commitment may have roots in their religious and Confucian beliefs. Thus, older people's persistent and patient learning attitude shown in the findings can be explained by their sense of commitment. When older people help others and contribute themselves, their value and self-esteem can be enhanced (Okun & Michel,

2006), as one older person said, *“I am proud of...I can contribute myself in my ‘end-stage’ by serving others.”*

The connection also describes the sense of kinship with others and their love of people. These older people felt a strong connection to others, generally, to all mankind, and specifically, through their organization involvements. In addition to increased connection with others, older people can also strengthen their spiritual connections. Social network and interpersonal relationships are promoted by this sense of connectedness (Wong, Lee, & Lee, 2008; Wong & Yau, 2010). Older people can extend their social network through learning and teaching in class, as shown in their statements, such as *“...very happy while talking with many younger students...They like my sharing with them my work experiences in the past”* and *“I like...younger people calling me as “teacher” as my sharing can draw their attention. Although EA course completed, we continue keeping in touch”*. They can share more interesting topics with their families, thereby resulting in greater family harmony. They no longer suffer from loneliness, boredom, and depression (Okun & Michel, 2006). Older people highly value their learning and teaching opportunities in the EAs.

Continuity pertains to a desire to transmit values of caring to others that older people have learned earlier in their lives or in EA courses, as well as a desire to pass on the blessings they had received. Positive experiences gained from sharing what they have learned and helping others lead to a desire to volunteer more as illustrated in comments such as *“...I like them (older people) very much... Such genuine support helps me a lot...”* and *“I really learn much from older people”*. Once older

people have volunteered, additional positive volunteering experiences result in more volunteering (i.e., blessings). Therefore, older people actively share their experiences with others and with younger people (Okun, 1994; Cheung, Yan, & Tang, 2006; Okun & Michel, 2006).

Intergenerational harmony can also be promoted by intergenerational activities such as computer courses in EAs. These activities foster cooperation and promote interaction among generations. Older people can remain productive, useful, and contributing members of society. Such activities also increase interaction with younger students and allow them to become more engaged with one another to prevent isolation in their later years. Moreover, older people learn new innovations and technologies from their younger tutors, and gain emotional support by participating in meaningful activities, thus decreasing their psychological unwellness and increasing their self-esteem (Fisher & Specht, 1999). Older people and younger students willingly share their experiences and interact with each other. Older people draw insights from their own experiences as they go through their lives, which frequently translate into a greater capacity to be effective in facilitating younger people's growth and solving their difficulties (Larkin & Newman, 2001; Newman, Larkin, & Smith, 1999). The idea of instituting intergenerational interaction is an appealing strategy for stimulating younger people's thinking about aging and lifespan development. Educators attempt to expose younger people to information on aging by bringing older people stories into the classroom; younger people directly gain a deeper understanding of aging through interpersonal relationships with older people (Kaplan, Wagner, & Larson, 2001).

Kaplan, Henkin, and Kusano (2002) explored how intergenerational programs are implemented in schools, and how such initiatives enhance and reinforce the educational curriculum, contribute to student learning and personal growth, enrich the lives of senior adult participants, and positively impact the surrounding communities. Larkin, Graves, and Davis (2003) and Bales, Eklund, and Siffin (2000) discussed intergenerational learning in a school-based and intergenerational program. The results of their studies suggested significant increases in the number of positive words used to describe older people and a decrease in the number of negative words used. Younger students are more accepting of older people as their peers. Intergenerational service learning is an innovative method of teaching and learning that focuses on the interactions between younger and older adults while integrating community service activities into the academic curricula (McCrea, Nichols, & Newman, 2000; Newman & Smith, 1997). Good intergenerational relations are confirmed to heal fractured communities and promote policies of social inclusion. Older people can learn updated IT knowledge from younger people and enable them to be in step with society, whereas younger people can gain knowledge of the aging process and develop communication skills with older people, thereby reducing negative image toward older people. Direct intergenerational interaction can effectively enhance the relationship between younger and older people.

The above discussions signify that the pre-set goals of EAs have been met (Elderly Academy, 2012; Ho, 2006). However, older Chinese people influenced by Confucianism must be considered. They focus on the fulfillment of life that comes with the complete development of man. Older Chinese people in EAs demonstrate

the Confucian ideation to drive themselves to participate in lifelong learning. Older people are eager to gain more health information that is consistent with the Confucian value of self-learning or continual learning for self-cultivation in acquiring, reflecting, contributing, selecting, and executing knowledge to attain spiritual and moral development in their lives within the community (Chen, 2005). As older people gain more health knowledge, they are able to master good health for self-development, thus enhancing active aging. Older Chinese people also expect and value the moral standard of collective outcome or group orientation. Confucianism maintains that a human being is not primarily an individual, but instead contributes to the attainment of group goals of cooperation, which implies that the Chinese are interdependent.

Moreover, *guanxi* (relationship) is important in Confucian thought, which triggers more interactive behavior in Chinese older people and thus achieve group cohesiveness and mutual dependence (Romie, 2002; House et al., 2004; Chen and Chen, 2004). Therefore, older people in EAs enjoy meeting people for active learning and discussion in their groups. They also enjoy the opportunity to “groom” the younger generation with their wisdom and knowledge about life. These views are consistent with the Chain-of-Response Model proposed by Cross (1981)—older people have considered different factors to determine their participation in learning, including knowledge gained for their well-being, social recognition and relationships with others, and contribution in the community.

Aside from older people’s interest and motive in lifelong learning, their diligence is another explanation for their motivation for lifelong learning. Chinese older people

are highly responsible, especially with regard to their health. They actively participate in learning for health maintenance. Older people also adhere to persistence in work, even after retirement, to contribute to society (Wang et al., 2005; Westwood & Lok, 2003). With the Confucian trait of thriftiness, they believe that they earn more “good luck” from serving other people.

As several older people never experienced “university education” or being students in college, they are eager to participate in the local EAs. One older person stated, “...*Never thought that I could be a student*”. Most of them may not seek formal qualifications, which can be explained by the Confucian value of behaving for self-development and fulfillment of their lives (Han & Altman, 2010). In accordance with Maslow’s needs theory (1968), older people may perceive the need for self-actualization to enable them to actively participate in learning activities. Although older people focus on inner self-development and self-achievement, some expect recognition and achievement. In terms of the course levels or credits, they showed concern about whether their studies would lead to any qualification. One older person said, “...*if possible, I want to receive a certificate after studying here.*”. Older people agreed that if credits were given and recorded, they might pursue higher-level studies in the future. Everyone wanted university education, but knew that it was difficult to achieve. Older people suggested the use of a single-level/credit recording system in the future for a more systematic operation of EAs. Thus, to address this need, comprehensive and systematic records are kept to recognize the completion of certain courses. For some well-educated older people who are interested in gaining credits or qualification for a university degree, a system should be established for recording the level and content of courses as well

as the qualifications. This qualification can be given in the form of a certificate issued by EAs.

Younger Students' Perception of EAs

Younger students obviously learn more in the area of moral knowledge based on the valuable experiences shared by older people. Younger students consider EAs as a good model platform for learning from older people. Older people can become role models for younger students by allowing the latter to observe their learning attitudes and behaviors. Older people are good life mentors. Through the EAs, younger people learned about survival in adverse conditions by listening to the life stories of *"their older people,"* who make good mentors for these younger students, as illustrated in comments, such as *"sharing with older people can give me insight into dealing with own challenges in the future."* Older people are capable of helping because they are experienced and mature enough to discreetly handle these matters. Thus, younger people consider their older people as life mentors who can help them with personal problems, especially the emotional kind such as conflict in a relationship, as demonstrated in this comment: *"...the experiences they (older people) share with me, I gain advice on how to solve my problem."*

Not surprisingly, younger people have already mentioned many negative aspects that they associate with old age, such as *"before working as a tutor in the EA, I had a 'stigma' against older people who I thought would bring problems to our community."* Younger people know that the culture of our time and media especially are to blame for the negative thoughts and stereotypes of aging. They are aware that their own negative thinking is significantly influenced by the general

atmosphere in society (Mapoma & Masaiti, 2012). After interacting with older people in EAs, younger people change their perception on aging due to the function of having shared experiences and regular contact with older people (Parnell, 1980; Seefeldt, Jantz, Serock, & Bredekamp, 1982). Dewey, Vygotsky, Montessori, Newman, and Smith (1997) highlighted the notion that intergenerational interaction should be conducted in a manner that provides participating people with “self-guided experiences of exploration and discovery” (p. 5; cited in Kaplan & Larkin, 2004). Conversely, social learning theory (Bandura, 1977) emphasizes the importance of observing and modeling the behaviors, attitudes, and emotional reactions of others. The learning and support that younger people gain from older people are based on their observation of older learners’ attitudes and behaviors as well as their social interactions with them (i.e., sharing experiences). Younger people have been influenced by the notion of filial piety. According to the traditional filial piety perspective on intergenerational communication, older people are viewed positively and respected, and offer various types of resources to people in the younger generations; meanwhile, younger people, in return, are attentive to older people and provide care and support when needed (Kim & Yamaguchi, 1995; Sung, 2001).

All EAs employ younger people as tutors for the older people in subjects involving information technology (IT) and computers (e.g., internet browsing and e-mail). Younger people view this task as meaningful voluntary work. They learn to prepare materials for teaching and interact with older people. Those involved as tutors in computer courses are given the chance to understand the characteristics and learning needs of older people. They are also given space to practice their

organizational and communication skills with older people. These young students reported feeling the joy of helping people, through which the value of “volunteerism” would be instilled in them and the rest of the younger generation.

They also learned from the older people’s persistent learning attitude. One younger person expressed, “*Older people show active and persistent attitude in learning*” and “*older people actively ask questions and share what they have learned*”. Furthermore, younger people have become more active in learning after participating as tutors. They can understand the joy of helping others. This approach is feasible in drawing the younger and older people together, thereby promoting intergenerational interaction.

As these younger tutors have learned to understand the characteristics and learning needs of older people, as previously discussed, some of them have changed their perceptions of older people. One younger person expressed, “*I need to change and correct my negative thinking about older people.*” Negative perceptions of older people can be minimized. Public awareness of active aging can be increased in Hong Kong by promoting a positive image of the older people. Systematic strategies for promoting and recruiting older people should be considered, including the use of television, RTHK Radio 5, internet, and various publications. At the same time, public awareness of older learners’ eagerness to learn and capability to learn new things should be raised, although they learn in a manner different from their younger cohorts. For instance, although older people may need more time to learn, they are willing to work harder.

EAs as Multi-purpose Platforms

EAs can also provide another platform as they are able to incorporate aging issues into the new OLE curriculum. A principle states, “*The EA project can be incorporated into the development of the OLE curriculum.*” In this sense, younger people acting as tutors in EAs can broaden their perspectives and develop positive personal values and moral judgment. As discussed before, through the experiences of older people and model learning, younger people can learn new survival skills and gain support for problems they will encounter in the future. In cultivating the Confucian virtues of self-fulfillment, younger students learn to value hierarchy and harmony. After participating in EAs, younger people have more respect toward older people.

EAs can serve as training platforms. For example, the Department of Health can use EAs for the delivery of its health promotion programs. Basic health knowledge is a compulsory course for all older people registered in EAs. This course enables active older people, as well as young people who trained in these classes, to perform self-care and care for others (e.g., providing basic health information to their friends with poor health). In addition, the syllabi on elderly abuse can be taught so that older people will become self-aware or motivated toward organizing neighborhood watchers who will report possible elderly or child abuses.

As previously discussed, EA activities can provide good opportunities to develop a sense of volunteerism, that is, older people and younger tutors can help each other and cooperate to help other groups in need. Retired professionals such as teachers or nurses are encouraged to join as tutors in EAs. Older people can also be trained to

participate in administrative work in the management committee. McLellan and Youniss (2003) reported the types of volunteer service that are potentially beneficial to older and younger generations. Similarly, O'Sullivan (2002) argued that volunteerism provides a service that is useful to the recipient, a way for volunteers to express their desire to "do good," and a way to strengthen the social cohesiveness of the community. Thus, EAs can serve as a focal point for training older people and younger students as volunteers.

Perceived Difficulties in Running EAs

The EA reports and interview data showed that difficulties were encountered in the initial setup stage, such as "*our staffs have exerted much effort to promote the EA initially*". Seed money is used in operations and not for manpower containment, resulting in extra workload. The negative views of school teachers and frontline social workers such as the need for more communication with frontline staff, more recognition and attention on staff workloads, and more flexible working hours allowed should be addressed. EAs do not turn down anyone who volunteers to help in the EAs.

A positive image of aging by encouraging members of EAs to take up learning again should be reported widely in both print and visual media to encourage more volunteers to join and to buffer the extra workload. Coordination between departments can promote various initiatives, including support from EBs and preparatory work, which are crucial to making the frontline teachers aware of movement, thereby decreasing their resistance and hesitation.

As local EAs are newly established in Hong Kong, people have limited knowledge of these organizations, including their purposes and operations. Negative stereotypes toward older people persist. Thus, systematic and extensive promotional activities for active aging and the establishment of EAs should be undertaken. The District Councils (DCs) should be considered as a source of funding because EAs will become locally managed setups for local people. The variety of teaching materials and courses is a unique feature of EAs in Hong Kong. Therefore, we suggest the creation of a computerized database maintained by a centralized unit or agency, such as the EC and local DCs, to unify the course materials and provide updated information for tutors and volunteers.

Significance of the Findings of this Phase

The results of this phase provide preliminary insights into the characteristics of the EA model in Hong Kong. The strengths of foreign U3A models, such as “self-help” and “volunteerism,” are adopted by EAs in Hong Kong. Significantly, Chinese culture has unwittingly influenced the establishment and operation of EAs. Chinese people adopt the Confucian values of hierarchy, harmony, and submissiveness. We respect and follow the standardized template from the authority. Therefore, the top-bottom approach should be initially adopted when establishing EAs, which should then be followed by the bottom-top approach. In other words, after reaching the stabilization stage that is individually determined and assessed by each EA, operational emphasis should be given to older people themselves, such as in forming an independent management committee.

Elements of humanistic learning should be applied in EAs, such as in the course

design, content, and venue, which meet the needs of older people. Although the characteristics and format of EAs are similar to those of Western models, their venues and functions are different. EAs utilize the off-school time slots for EA courses, cultivating a schooling environment for older people learning especially in the university campus. Moreover, the transmission of civic and moral education to the younger generation is a significant function of EAs. These practices in establishing and operating EAs are regarded as cultural characteristics of local EAs. However, based on the findings from EA reports and interview data, the lecture-based learning style in class may be inappropriate for older people because they enjoy more interaction and the experiential nature of learning. Thus, the effect of the teaching-learning style applied in the existing EA model to the lifelong learning of older people should be determined. As the macro level of evaluation, Phase 1, only identifies the core characteristics for establishing the local EA model, the further evaluation should be conducted to examine the effect of the proposed teaching-learning style in EA courses as applied to the lifelong learning of older people.

In sum, Phase 1 of this study focuses on the macro level of evaluation in order to identify the characteristics of the local EA model. Phase 2 was conducted for the micro level of evaluation to examine the effect of teaching-learning style applied in EA courses in order to determine whether the local EA model is preferable to the lifelong learning of older people.

Summary

The establishment of local characteristics EAs is a successful initiative. The positive

outcomes of EA courses are evident. Following the self-sustainable principles (i.e., self-financing and self-organization) adopted by the Australian U3A, EAs in Hong Kong have developed unique characteristics. Most significantly, a school-driven and push-start approach is workable in Hong Kong. The standardized structure and system for the establishment and initial operations of EAs as well as support from the government, including seed money, are effective and efficient. These practices differ from the U3A models in foreign countries.

In Chinese society, people rely on the Confucian values of hierarchy and harmony. Older people may treat the standardized template for establishing and operating local EAs as well as the support from government as authority. Thus, they respect this hierarchy and authority to obtain harmony and behave in accordance with the predetermined system. This special structural characteristic is helpful in the initial establishment of EAs, especially in Hong Kong.

When local EA operations are finally stable, the self-help approach can be introduced to develop an independent management committee for operations. The same approach can be applied in the course characteristics of EAs. Older people are allowed to share their opinions on learning and express their ideas on their desired course content, time, learning format, and other factors. Thus, although local EAs are run similarly to the Australian model, with positive effects on the older people, minor variations are also identified.

The researcher noted other benefits of EAs in addition to identification of core characteristics in building successful local EAs, including cross-bureau, cross-sector,

cross-profession, and cross-age collaborations; provision of seed money; establishment of a management committee with the involvement of older people; and concept of volunteerism and the value of a “giving culture.” According to the feedback from several stakeholders, older people and younger students can be trained as volunteers to aid the SWD social network in reporting possible elderly or child abuses in the community.

EAs have an important role in promoting the positive image of older people. Indeed, older people can be good life mentors and models for younger people. The researcher considered the advice of school teachers regarding the possibility of EAs implementing the new OLE curriculum. The difficulties that need to be addressed include publicity, promotion, and recruitment. The lecture-based learning style may not be ideal in the lifelong learning of older people. At the macro level, the characteristics of the local EA model is identified in Phase 1, whereas at the micro level, the evaluation of the proposed teaching-learning style applied in the local EA course for the lifelong learning of older people should be required. This evaluation is discussed in Phase 2.

CHAPTER SIX

Research Design, Methodology, and Data Analysis

(Phase 2)

During the evaluation of the local EA model for the lifelong learning of older people, Phase 1 only provided the characteristics for the local EA model at the macro level. Thus, in the micro level of evaluation, Phase 2, it evaluates the effect of proposed teaching-learning style applied in the local EA course. As discussed, the health-related course is the most popular among all EA courses. Thus, the researcher applied the Health Frontier Trainers' Program as a study platform to obtain a comprehensive evaluation. A multiple method design is adopted in this phase to evaluate the effect of the proposed teaching-learning style applied in the program in order to determine how the proposed teaching-learning style is preferable to the lifelong learning of older people. This chapter outlines the research methodology employed in Phase 2 of the study, namely, the research design, sampling method and size, definitions used in this study, method of data collection and analysis, and ethical considerations.

Rationale for the Study Design

The multiple method research design was employed in Phase 2. The advantage of this design is that it presents complementary effects. The researcher can exploit the benefits of each method to avoid the limitations of using a single approach. Moreover, enhanced validity of the results can be achieved because combining quantitative and qualitative research methods provides opportunities to test the alternative interpretations of the data and to examine the extent to which the results

are shaped (Polit & Beck, 2010). Therefore, applying the multiple method design in the current study is justified because the method provides valid evidence to support the preferred teaching-learning approach used in the lifelong learning model for older people in Hong Kong.

Phase 2 comprises a **quasi-experimental study** and **in-depth interviews**. The quasi-experimental study was used because it enables the comparison of the learning performance of the proposed teaching-learning style in the “lecture and practicum” group with the lecture-based learning style in the “lecture-only” group in the program. To obtain feedback from the participants in the “lecture and practicum” group, in-depth interviews were conducted. Qualitative data were collected from interviews to offer insights into the experiences and perceptions of participants on the program.

Quasi-experimental study. A non-equivalent group design was conducted in Phase 2. Experimental studies are considered the gold standard in assessing the effect of a program on changing outcomes. However, in some cases, quasi-experimental studies may be more feasible or appropriate, especially when random assignment is not feasible, and the pool of potential participants is too small to fill both treatment and control groups. This study design compares the outcomes of individuals who receive the program activities with those for a similar group of individuals who do not receive program activities. The design can support discussions of cause and effect unlike true experiments that cannot definitively establish this link (Polit & Beck, 2010).

The true experimental study could not be conducted in this phase because achieving the random sample assignment is impossible. The group assignment was determined according to the study period preferences of the participants, and such arrangement was imposed through the secondary schools and EAs policy and arrangement. Although the study design did not involve a randomization procedure, a control (“lecture-only”) group for the comparison of intervention effects and a pretest for testing initial equivalence between groups were included. This design appeared to be an appropriate and reasonable alternative to randomized trial (Campbell & Stanley, 1966).

Thus, the quasi-experimental design is appropriate for the current study. Pre- and post-measurement research methods evaluated the effect of the proposed teaching-learning approach applied in the program. The details of the program are discussed later in this chapter.

In-depth interviews. As indicated in Phase 1, in-depth interviews were also conducted to map the results of the quasi-experimental study. Feedback obtained after the program from the participants belonging to the “lecture and practicum” group is important to provide a comprehensive perspective on the lifelong learning model of older people.

Sample: Sampling Method and Size

The target population for this phase of the study comprises older and younger students interested in working as Health Frontier Trainers in the EAs. The Health Frontier Trainers’ Program was organized by the EA in Lingnan and the nursing

team from the Open University of Hong Kong (OUHK). The EA in Lingnan recruited the participants. The older participants came from the New Territories West EAs Cluster, and the younger students (Form 5 or above) came from two Tuen Mun secondary schools. Among all EAs in Hong Kong, EAs in the New Territories West EAs Cluster and these two Tuen Mun secondary schools are the significant representative of the samples because EAs in those areas were popular and well-organized.

With regard to the sampling method, convenience sampling is a non-probability method that may be appropriate when the researcher aims to obtain a gross approximation of the truth while avoiding the time and cost involved in conducting a random sample (Field, 2006). This aim is similar to the expectations of the researcher in this phase of the study, that is, to describe the preferred model for the lifelong learning of older people. Given the limited number of potential participants, as well as the limited time and costs and limited availability of the practicum room in the OUHK, the researcher used convenience sampling as a reasonable method to recruit participants with similar backgrounds from May 2011 to August 2011. To resolve this possible limitation, the method of in-depth interviews was used to further support the valid results.

Ninety-one participants were recruited in this phase. The “lecture and practicum” group has 61 participants (n=61), whereas the “lecture-only” group has 30 participants (n=30). A number of participants recruited in both groups were found representative because of similar characteristics and attendance rate in health-related courses in EAs. A summary of the demographic data of the

participants is shown in Table 6.1. The details are discussed in the next chapter.

Table 6.1. Summary of the Demographic Data of the Participants

Demographic data	“Lecture and practicum” group (n=42)			“Lecture-only” group (n=30)		
	Younger		Older	Younger		Older
Age*	25		17	12		18
Gender	Male		Female	Male		Female
	9		33	4		26
Education level	Primary	Secondary	Tertiary	Primary	Secondary	Tertiary
	4	29	9	1	25	4

*Younger participants= \leq 55 years old; Older participants= \geq 55 years old

The researcher conducted in-depth interviews to obtain data on the experiences of the participants from the “lecture and practicum” group after attending the program. Through purposeful sampling method, 10 participants comprising six older participants and four younger participants were invited. 10 to 12 participants are considered sufficient in qualitative inquiries to understand the experiences and the perceptions of the participants (Pilot & Beck, 2010). The researcher explained the study objectives prior to obtaining the participants’ informed consent to join this phase of the study. The profiles of the informants in the sample are presented in Table 6.2. Their ages ranged from 16 to 76 years. The duration of the participation of EAs was from one to one and a half years.

The inclusion criteria for older and younger participants are as follows:

- Completed the entire Health Frontier Trainers’ Program in the “lecture and workshop” group
- Willing to share their experiences

Table 6.2. Profiles of the Sample that Participated in In-depth Interviews

Number	Code	Sex	Age	Education	Duration of participation of EAs	Employment
1	EP1	M	70	Primary	1.5 years	Worker before retirement
2	EP2	M	69	Primary	1.5 years	Worker before retirement
3	EP3	M	65	Secondary	1 year	Worker before retirement
4	EP4	F	76	Secondary	1.5 years	Housewife before retirement
5	EP5	F	60	Secondary	1 year	Teacher before retirement
6	EP6	F	55	Secondary	1 year	Housewife before retirement
7	ST1	M	16	Secondary	1 year	Tutor in EA
8	ST2	M	17	Secondary	1 year	Tutor in EA
9	ST3	F	16	Secondary	1 year	Tutor in EA
10	ST4	F	16	Secondary	1 year	Tutor in EA

Definitions of Terms of Phase 2

- 1) The Health Frontier Trainers' Program refers to the intervention in Phase 2. The program adopts the train-the-trainer approach, covering the theoretical concepts of healthcare of older people that were identically delivered to the "lecture and practicum" and "lecture-only" groups. A two-day clinical practicum was also employed to study the "lecture and practicum" group.
- 2) In this study, the proposed teaching-learning style refers to the one implemented in the program and obtained from the feedbacks of older participants in Phase 1. This teaching-learning approach emphasizes individual experience, interpersonal interaction, and real practice. These characteristics are related to the experiential-based learning approach.
- 3) Learning performance, as used in this study, specifies the participants' learning outcome after a period of supported study (Gagne, 1984).
- 4) This study refers to an older participant as an individual aged 55 years or older. These individuals undergo a transition from retirement and match the general

definition of an older person. The researcher believes that these data should be conveyed to policy makers and program planners.

- 5) In this study, a younger participant refers to an individual aged 55 years and younger. They perform active roles as students and as part of the workforce in the society.

Health Frontier Trainers' Program: Intervention

Most of the participants are concerned about their health problems and liked to participate in healthcare-related course. The researcher determined that the Health Frontier Trainers' Program is the appropriate study platform for evaluating the effect of the proposed teaching-learning style applied in the EAs. The researcher designed the Health Frontier Trainers' Program based on the literature and expert opinions. The program provides a guide for participants on the required healthcare trainer competencies to provide assistance to instill healthcare knowledge in the EAs. The curriculum meets the health needs of older people in Hong Kong. The program design comprises four main parts, namely, lecture, basic clinical skills sessions, assignments, and program evaluation.

With regard to the course structure, a four-day lecture was conducted in both study groups to deliver theoretical concepts on the healthcare of older people. The lecture covers the roles and responsibilities of health frontier trainers; the Hong Kong healthcare system; physical, psychological, and social health problems of older people and their basic management; and principles of clinical skills training, such as vital sign monitoring, skills for transferring individuals, wound care (general) and

use of personal protective equipment, and hand washing. The teaching methods adopted are lecture-based teaching, discussion, and presentation. The visual aids used are charts and flash cards.

The two-day training sessions in basic clinical skills were conducted in the practicum room to enable the participants to learn and practice their clinical skills and techniques. These training sessions were conducted for the “lecture and practicum” group only. The details of the program are presented in Appendix 4. The intervention for the quasi-experimental study should be consistent in both the “lecture and practicum” and the “lecture-only” groups. To achieve this criterion, the researcher delivered the intervention to both groups to maintain the consistency in dosage, frequency, and intensity.

Program Evaluation

The effect of the proposed teaching-learning style applied in the Health Frontier Trainers’ Program is evaluated using the participants’ learning performance. The evaluation includes the questionnaire and the assignment scores of participants.

Questionnaire. Evaluation of the Health Frontier Trainers’ Program pertains to the systematic collection of data on the success of the training program (Goldstein, 1986). To adopt the pre- and post-test measurements, the researcher assessed the effect of the proposed learning approach applied in the program. Comparing the pre- and post-test measurements of the change in the overall learning performance among the participants of the “lecture and practicum” and “lecture-only” groups was emphasized rather than the measurement of specific

outcome variables using psychometric instruments. Following this reasoning, the researcher designed a simple and easy-to-use self-structured questionnaire (Appendix 5) that consists of 12 statements to assess the learning performance of individuals. A learning performance specifies the student learning outcomes after a period of supported study. The evaluation focuses on the particular knowledge, skill, or behavior that a student is expected to exhibit after a period of study. Learning performance reflects the concerns on the acquisition of a certain level of knowledge. Measuring the learning performance provides information on the cognitive, affective, and psychomotor perspectives gained by students (Harden, 2002; Soulsby, 2009). However, the researcher only intended to compare the overall learning performance of the two groups without focusing on the three separate domains of learning outcomes mentioned in this phase.

The two-part questionnaire aims to measure the overall learning performance of the participants. The first part obtains the demographic data in three areas, namely, age, gender, and education level, whereas the second part comprises a structured, 12-item questionnaire using a 10-point Likert-type scale. The point descriptors range from strongly disagree (1) to strongly agree (10). The range of scores is from 12 to 120, with the higher scores indicating a more positive overall learning performance.

The researcher developed the questionnaire based on the review of literature. Eight experts evaluated the tool for content validity. Among the experts, four specialize in elderly studies, and the other four are educators in gerontology. The content validity Index (CVI) was 0.89, indicating that the questionnaire items were relevant and

appropriate in content.

The test-retest reliability method is one of the simplest ways to test the stability and reliability of a questionnaire over time (Polit & Beck, 2010). The researcher administered the same questionnaire to 10 participants (5 younger and 5 older participants) twice over a month. The correlation between the scores in the first test and the scores in the retest was estimated using the Pearson product-moment correlation coefficient. The questionnaire yielded a test-retest reliability coefficient of 0.81. After the program, a satisfactory Cronbach's coefficient alpha of 0.911 was achieved, indicating an internal consistency of the questions. Therefore, the questionnaire used in the study is reliable and homogeneous (Portney & Watkins, 2000).

Assignment scores of participants. Participants in both study groups were required to undergo assessments to monitor their learning performance. Their learning performances were assessed by quiz, the group project presentation, and basic clinical skills examination (only applied in the "lecture and practicum" group).

Data Collection and Data Analysis

Data collection procedure. Support was obtained from both the EA in Lingnan and the nursing team from the Open University of Hong Kong. This phase of the study was conducted in Lingnan University and the Open University of Hong Kong from May 2011 to August 2011. Prior to this period, written consent was obtained from all participants to ensure that they clearly understood the aims of this

study (Appendix 6). Pre- and post-tests were administrated in both groups before and after the program using the same questionnaire to evaluate the learning performance of the participants. They were allowed to complete the questionnaire by themselves and were asked to return the completed form to the researcher. Moreover, the participants completed the assessments at the end of the program. The researcher recorded and monitored the assessment scores for comparison.

Ten participants were invited to the in-depth interviews conducted in August 2011, a week after the completion of the program, using an interview guide (Appendix 7). This interview guide was developed based on the literature, and enhances the reliability of interviews as a data collection method. To support the validity of the interview guide, each interview question was discussed with the researcher’s supervisors.

Each interview was conducted in a private and comfortable room. The interview lasted from 45 to 60 minutes. This arrangement prevents disruptions and encourages the subjects to freely express their thoughts. Open-ended interviews enable a researcher to follow the participants’ lead, ask clarifying questions, and facilitate the participants’ expression of experiences and opinions. The study flow of Phase 2 is presented in Table 6.3.

Table 6.3. Study Flow of Phase 2

Study group	Pre-test	Intervention (Health Frontier Trainer Program)	Post-test	Interview
“Lecture & practicum” Group	✓	4-day healthcare knowledge session 2-day clinical practicum	✓	✓
“Lecture-only” Group	✓	4-day healthcare knowledge session	✓	

Data analysis. The main goal of the analysis is described in Chapter 3. In conducting the quantitative data analysis in this phase, SPSS for Windows software version 17 was used for entry, processing, and analysis of data as descriptive statistics. Descriptive statistics were used to summarize the participants' demographic characteristics and learning performance. Chi-square test, Fisher's exact test, and independent t-tests were conducted to determine the homogeneity between the participants in the two groups at baseline. This step was crucial especially when the study groups were not formed by random assignment. To compare the homogeneity of categorical variables between the study groups, Chi-square test was employed. To compare the continuous homogeneity between the study groups, independent t-test was conducted to detect the intervention effect by comparing the change in learning performance before and after the intervention between two groups. The significance was set at 0.05.

In analyzing qualitative data, the thematic analysis method was applied. Interview data were audio-recorded, transcribed, and coded for thematic analysis (Burnard, 1991). The main themes were identified after the thematic analysis.

Reliability and Validity of Quantitative Data

Reliability refers to the consistency of the results obtained from the research study (Polit & Beck, 2010), and mainly concerns the accuracy of a certain measure. To ensure reliability, a test-retest reliability coefficient was obtained and found satisfactory, indicating the reliability of this phase of the study.

Validity refers to the extent to which a study actually investigates the aspects that

the researcher claims to investigate (Polit & Beck, 2010). The researcher used a combination of quantitative and qualitative methods to improve the validity of results. The sample and its size, as used in the current study, were representative of the older population to which the research results would apply.

All groups were taught by the same researcher to reduce any variation that might influence the research findings. In adopting a single-blind method to reduce bias, no attempt was made to influence participants to change their responses in the questionnaires (Portney & Watkins, 2000). The questionnaire yielded a satisfactory CVI that is relevant in proving the validity of quantitative data. The data collected were analyzed objectively.

Rigor in Handling Interview Data

This information is addressed in Chapter 3 (pp. 80–83).

Ethical Considerations

Ethical considerations are mainly addressed in Chapter 3 (pp. 84–85). Nevertheless, the following points that are relevant in Phase 2 are highlighted. Although the participants' right to provide informed consent was addressed in this phase of the study, the possibility of inducing response bias was considered in providing the participants with detailed information about the intervention and measurement activity (Portney & Watkins, 2000; Waltz, Strickland & Lenz, 1991). In particular, the quasi-experimental study involving both research study groups tests the intervention effect (Portney & Watkins, 2000). In resolving these two conflicting concerns, adequate information was provided to the participants to enable them to

understand the nature of the research and its possible risks and benefits as basis for making their decision.

Pilot Study

Pilot studies were conducted for both quantitative and qualitative data collections in this study. A pilot study on five younger and five older participants was conducted to determine the feasibility of the data collection method. The participants were able to independently complete the questionnaire within 10 minutes; thus, the questionnaire was considered appropriate and relevant in this phase. Pilot interviews with two participants provide the researcher with the opportunity to test the interview guide and practice his/her interviewing skills. No modification in the interview guide or refinement of the interviewing skills was made after pilot testing.

Summary

This chapter presents an overview of the research methodology. The research design and the procedure for data collection and data analysis employed in the study were justified. The study adopted both quantitative and qualitative data-handling methods to increase the representativeness of the results. The next chapter presents the findings from Phase 2 of the study.

CHAPTER SEVEN

Findings

(Phase 2)

This chapter describes the second phase of the study and is divided into two parts. The first part presents the findings of the quasi-experimental study. The first section outlines the recruitment process for the participants. The second section compares and determines whether any significant differences exist in the demographic characteristics and the baseline of the outcome variable between the participants who completed the study and those who did not. The second section also compares the characteristics of the participants, and determines the homogeneity of the “lecture and practicum” and “lecture-only” groups. The third section reports and compares the changes in outcome variables within and between the study groups. The fourth section presents the assessment scores of the two study groups. The second part presents the findings of the in-depth interviews. Four themes and eight sub-themes are identified from the interview data. Summaries made after the findings present the relevant discussions.

Findings of the Quasi-experimental Study

Recruitment of the Participants. The period of the study was from May to August 2011. The samples for the quasi-experimental study comprised older and younger participants recruited from the New Territories West Elder Academy (EA) Cluster and two Tuen Mun secondary schools. A random assignment of the samples could not be achieved because of the study period preference of the participants and because of the policy and arrangement between the secondary schools and the EAs.

Ninety-one participants were recruited for the present study, 61 of whom belonged to the “lecture and practicum” group and 30 belonged to the “lecture-only” group. Seventeen younger participants could not complete the study because of engagement in other school activities, whereas two older participants dropped out due to physical discomfort. Thus, 42 participants completed the study (n=42) in the “lecture and practicum” group, representing an attrition rate of 20.9%. In the “lecture-only” group, 30 participants completed the study (n=30), representing a completion rate of 100%. The demographic data of the total participants (N=91) are summarized in Table 7.1.

Table 7.1. Demographic Data of the Total Sample

	Lecture and practicum (n=42)	Lecture-only (n=30)	Drop out (n=19)	Total (N=91)
Characteristics	Frequency <i>f</i> (%)			
Gender				
Male	9 (21.43)	4 (13.33)	5 (27.78)	18 (19.78)
Female	33 (78.57)	26 (86.67)	13 (72.22)	73 (80.22)
Education level				
Primary	4 (9.52)	1 (3.33)	0 (0.00)	5 (5.50)
Secondary	29 (69.05)	25 (83.33)	15 (78.95)	69 (75.8)
Tertiary	9 (21.43)	4 (13.33)	4 (21.05)	17 (18.7)
	Mean±SD			
Age	35.86±21.00	42.90±22.18	23.32±15.33	35.56±21.36
Range	16–71	16–68	16–65	16–71

Concerning the demographic characteristics, the majority of the participants for both the “lecture and practicum” (n=33, 78.57%) and “lecture-only” (n=26, 86.67%) groups were female. The mean age of the participants in the “lecture and practicum” group was 35.9 years, with a range of 16 to 71 years, compared to 42.9 years in the “lecture-only” group, with a range of 16 to 68 years. As to education level, 69% of the participants in the “lecture and practicum” group and 83% of the participants in the “lecture-only” group reached the secondary level of education.

Comparison of Completing and Non-completing Participants in the Study.

The characteristics of participants who completed the study were compared to those who did not complete it. Except for age, no statistically significant differences were noted for any of the characteristics and outcome variables at the baselines when chi-square test, Fisher's exact test, and independent *t*-test were used. The results suggested that the group that completed the study and the group that did not complete the study were comparable.

As expected, a statistically significant difference was noted in the characteristic of age ($t=3.563$, $p=0.001$). A statistically significant difference in the groups of younger and older participants was likewise noted ($\chi^2 [2,91]=9.04$, $p=0.003$) using the chi-square test because the huge difference in the age range of older and younger participants was foreseen. The participants who did not complete the study belonged mainly to the group of younger participants. The results are summarized in Table 7.2. The same strategy was adopted in the subsequent analysis when the homogeneity between the "lecture and practicum" and "lecture-only" groups was examined.

Table 7.2. Baseline Characteristics and Outcome Variables of Participants who Completed and did not Complete the Study

Characteristics	Completed the study (n=72)	Did not complete the study (n=19)	χ^2	<i>P</i>
	Frequency <i>f</i> (%)			
Gender			0.231	0.631
Male	13 (19.06)	4 (13.33)		
Female	33 (78.57)	26 (86.67)		
Education level				0.748
Primary*	5 (6.94)	0 (0.00)		
Secondary*	54 (75.00)	15 (78.95)		
Tertiary	13 (18.06)	4 (21.05)		
	Mean±SD		<i>t</i>	<i>P</i>
Age	38.79±21.63	23.32±15.33	3.56	**0.001
Learning performance (Pre-test)	79.39±21.63	76.52±14.64	0.655	0.514

*Results for education level were grouped together for Fisher's exact test.

χ^2 : Chi-square test; *t*: independent *t*-test; ** $p<0.05$; * $p<0.5$

Homogeneity of the “Lecture and practicum” and “Lecture-only” Groups.

The homogeneity of the “lecture and practicum” and “lecture-only” groups in terms of demographic characteristics and outcome variables was examined. The results demonstrated non-significant difference only in the characteristic of age ($t=-1.371$, $p=0.175$) and in the outcome variable of learning performance ($t=0.655$, $p=0.514$). The results are summarized in Table 7.3.

Given the significant difference in demographic characteristics, a comparison of the learning performance of these characteristics was further conducted to ensure **homogeneity** (Tables 7.3a, 7.3b, and 7.3c). The comparison revealed a non-significant difference in the characteristics of gender ($t=0.855$, $p=0.395$), education level ($F [2,69]=1.970$, $p=0.147$), and age group ($t=0.686$, $p=0.496$). These results indicated that despite the significant differences in gender and education level between the two study groups with the chi-square test, these characteristics did not have a significant difference in the pre-test learning performance with the t -test. After the aforementioned analysis, the **homogeneity** of the “lecture and practicum” and “lecture-only” groups was confirmed and appeared relevant toward the intervention effect in the subsequent section.

Table 7.3. Baseline Characteristics and Outcome Variable of Participants in the Two Study Groups

Characteristics	Lecture and practicum (n=42)	Lecture-only (n=30)	χ^2	<i>P</i>
	Frequency <i>f</i> (%)			
Gender			29.39	**0.000
Male	9 (21.43%)	4 (13.33%)		
Female	33 (78.57%)	26 (86.67%)		
Education level			57.583	**0.000
Primary	4 (9.52%)	1 (3.33%)		
Secondary	29 (69.05%)	25 (83.33%)		
Tertiary	9 (21.43%)	4 (13.33%)		
	Mean±SD		<i>t</i>	<i>P</i>
Age	35.86±21.00	42.90±22.18	-1.371	0.175
Learning performance (Pre-test)	77.24±17.82	82.40±16.87	0.655	0.514

χ^2 : Chi-square test; *t*: independent t -test; ****** $p<0.05$; ***** $p<0.5$

Table 7.3a. Comparison of Baseline Characteristic of Gender of Participants of the Study

Characteristics	Male (n=13)	Female (n=59)	<i>t</i>	<i>P</i>
	Mean±SD			
Learning performance (Pre-test)	83.15±20.12	78.56±16.94	0.855	0.395

t: Independent *t*-test; ***p*<0.05; **p*<0.5

Table 7.3b. Comparison of Baseline Characteristic of Education Level of Participants of the Study

Characteristics	Primary (n=5)	Secondary (n=54)	Tertiary (n=13)	<i>F</i>	<i>P</i>
	Mean±SD				
Learning performance (Pre-test)	89.00±25.72	77.11±16.63	85.15±16.48	1.970	0.147

F: One-way ANOVA test; ***p*<0.05; **p*<0.5

Table 7.3c. Comparison of Baseline Characteristic of Age of Participants of the Study

Characteristics	Younger (n=54)	Older (n=37)	<i>T</i>	<i>P</i>
	Mean±SD			
Learning performance (Pre-test)	77.72±14.52	80.35±20.00	0.686	0.496

t: Independent *t*-test; ***p*<0.05; **p*<0.5

Comparison of Outcome Variable of Learning Performance within and between the Two Study Groups. This section analyzes the change in learning performance of the study groups before and after the program. The outcome variable of learning performance was statistically summarized using mean and standard deviation, with changes before and after the program (Table 7.4). No significant difference for the change in learning performance between the two study groups was noted.

However, both “lecture and practicum” and “lecture-only” groups showed overall enhancement of learning performances, at 22.8% and 15.5%, respectively. The results indicated that the former was more useful than the latter.

An analysis of the change in the learning performance of older and younger

participants indicated a **significant difference** in older participants ($t=2.27, p=0.030$) and a non-significant difference in younger participants ($t=-1.20, p=0.240$) (Tables 7.4b and 7.4c). The results revealed that the “lecture and practicum” for the older participants was effective than for the younger participants, despite both older and younger participants in the two groups reporting enhanced learning performances.

The learning performance of older participants improved by 29.7% and 7.6% in the “lecture and practicum” and “lecture-only” groups, respectively. The learning performance of younger participants was enhanced by 18.5% and 29.5% in the “lecture and practicum” and “lecture-only” groups, respectively. These results indicated that the younger participants could adapt well to the lecture-based learning approach.

Table 7.4. Changes in the Outcome Variable of the Two Study Groups Before and After the Program

Outcome variable	Lecture and practicum (n=42)	Lecture-only (n=30)	<i>T</i>	<i>P</i>
	Mean±SD			
Learning performance (Pre-test)	77.24±17.82	82.40±16.87		
Learning performance (Post-test)	94.88±11.78	95.20±14.15		
Change in learning performance	17.64±19.14	12.80±18.95	1.063	0.292

t: Independent *t*-test; ** $p<0.05$; * $p<0.5$

Table 7.4a. Changes in the Outcome Variable of the Older Participants of the Two Study Groups Before and After the Program

Outcome variable	Lecture and practicum (n=17)	Lecture-only (n=18)	<i>T</i>	<i>P</i>
	Mean±SD			
Learning performance (Pre-test)	73.76±20.75	87.72±17.25		
Learning performance (Post-test)	95.71±11.26	94.44±16.23		
Change in learning performance	21.94±20.12	6.72±19.55	2.269	**0.030

t: independent *t*-test; ** $p<0.05$; * $p<0.5$

Table 7.4b. Changes in the Outcome Variable of the Younger Participants of the Two Study Groups Before and After the Program

Outcome variable	Lecture and practicum (n=25)	Lecture-only (n=12)	<i>t</i>	<i>P</i>
	Mean±SD			
Learning performance (Pre-test)	79.60±15.53	74.42±13.19		
Learning performance (Post-test)	94.32±12.32	96.33±10.88		
Change in learning performance	14.72±18.28	21.92±14.32	-1.196	0.240

t: independent *t*-test; ***p*<0.05; **p*<0.5

Comparison of Assessment Scores of the Two Study Groups. The learning performances of the two groups were also compared using assignments, such as quiz, group project presentation, and basic clinical skills examination (only applied in the “lecture and practicum” group). After the program, the assignment scores of the younger and older participants in the “lecture and practicum” group were higher than those in the “lecture-only” group (Table 7.5). These findings indicate that the learning performance of the younger and older participants in the “lecture and practicum” group is better than that in “the lecture-only” group. A 100% passing rate in basic clinical skills examination indicates that the participants in the “lecture and practicum” group have adequate competency in mastering basic clinical skills.

Table 7.5. Assessment Scores of the Two Study Groups

Assignment	Lecture and practicum (n=42)	Lecture-only (n=30)
	Mean±SD	
Quiz (Younger / Older participants)	92.20±10.23 / 77.21±15.67	89.22±9.72 / 69.89±12.88
Group project presentation	80.72±10.06	78.25±11.17
Basic clinical skills examination	100	Not applicable

Findings of In-depth Interviews with the Participants

After the presentation of quantitative data, the second part presents the findings of the in-depth interviews. In-depth interviews were used to explore the feedback and experiences of the participants of the Health Frontier Trainer Program in the

“lecture and practicum” group. Four themes were identified, namely, developing knowledge and skills, enhancing intergenerational learning, bridging theory and practice, and perceived difficulty. The themes and sub-themes are presented in Table 7.6.

Table 7.6. Themes and Sub-themes of Phase 2

Themes	Sub-themes
Developing knowledge and skills	- Enhancing knowledge on health
	- Learning clinical skills and techniques
Enhancing intergenerational learning	- Fostering socio-emotional growth
	- Enhancing coherence
	- Enriching mutual support and interaction
	- Promoting teaching and learning
Bridging theory and practice	- Experiencing real complexities
	- Transferring knowledge
Perceived difficulty	

Developing knowledge and skills. Participants in the “lecture and practicum” group who attended the program were provided opportunities to develop their knowledge on health of older people and basic clinical skills, which they found to be helpful. These results are similar to those in phase 1. Two sub-themes were identified, namely, enhancing knowledge on health and learning clinical skills and techniques.

a) Enhancing knowledge on health

Both older and younger participants felt that their knowledge on health was improved, and that this knowledge would aid them in managing their health and avoiding common health problems. Several older participants focused on their newly developed clinical skills, which are seldom taught in these types of training. Moreover, they were particularly interested in learning about certain kinds of health problems that they have personally encountered. Thus, they raised numerous

questions and required clarifications to enhance their knowledge. In contrast, younger participants expressed greater interest in the methods of injection and demonstrated advanced medical knowledge and skills. Listed below are several comments from the older participants.

“...I know more about the causes of hypertension and stroke... I need to perform more physical exercise to prevent from heart diseases... After this session, I now know how to perform simple health assessment... I know more about our healthcare system and how to access healthcare services...” (EP1)

“...Before, I do not care about the importance of a healthy diet...and moderate exercise. Now, I recognize that eating properly and doing morning exercises...are very important to us. This course has helped clarify many wrong health concepts...for example...the wrong method for washing hands... Antibiotic drugs need a whole course taken, etc.” (EP3)

“The health knowledge I have gained from the Program can help me to take care of my husband. The concept of body temperature...related to infections... I did not know before... Now...I know that...very useful. You taught me various methods for measuring body temperature.” (EP4)

Listed below are several comments from the younger participants.

“I am interested in learning more about dementia care because my grandmother seems to have... This course has given me an idea of what dementia is... I know more about community resources for this type of illness... I will share this information with my family.” (ST1)

“...There are comprehensive views on health problems of older people... Moreover, I can learn some basic nursing care...and enhance my knowledge of health concepts.” (ST3)

“Communication skills with the older people...I felt was the most useful...”

Although we use these skills every day, this course provides many real cases for discussion, especially the part where the teacher shared his experiences in his workplace.” (ST4)

b) Learning clinical skills and techniques

Clinical skills and techniques are considered as special health-related knowledge. The participants expressed that they felt they could acquire new skills and techniques in health maintenance, and were thus attentive during the lectures on clinical skills and techniques. For instance, several older participants gave up their breaks to practice the skills they had learned in the practicum. In addition, several younger participants who planned to study nursing actually asked numerous questions and willingly practiced the clinical skills they learned. Listed below are several comments from the older participants.

“The Program is very useful... I learned to check my vital signs, as well as the proper method for wound care... I am confident that I can take care of myself.” (EP2)

“Although I have already learned basic health concepts, after the sessions my healthcare knowledge was enhanced further... I can check my own blood pressure and... help others in the future.” (EP4)

“....Interesting... I know how to check my pulse rate... I am happy... I can pass the examination on checking blood pressure...pulse rate...body temperature... Real practice in the practicum helped me remember what I learned in the classroom... I can recall the skills I have learned in the video in the practicum session...good way for learning.” (EP3)

“Learning in the practicum is my first...never forget that experience...it was a thrill to handle real medical equipment... Everything there... I want to

learn...especially stimulation of clinical skills...very impressive.” (EP1)

Listed below are several comments shared by the younger participants.

“Clinical skills training can widen our views on healthcare work...” (ST2)

“Wound care skill is very useful...I developed the basic skills of assessing inflammation...I am interested in learning dressing skills and techniques...What the aseptic technique...is? Now I have learned...And it can prepare myself to study nursing programme in the future.” (ST3)

“Although I had learned some techniques on blood pressure checking...after the program, I realized I acquired the wrong concepts and skills...the skills in checking vital signs that I learned in the Program help me much...” (ST4)

Enhancing intergenerational learning. Participation in this program provided both older and younger participants with numerous opportunities to communicate with one another. This result is similar to that obtained in phase 1. The intergenerational learning of the participants was enhanced progressively through the learning activities given in the program. Four sub-themes were identified, namely, fostering socio-emotional growth, enhancing coherence, enriching mutual support and interaction, and promoting teaching and learning.

a) Fostering socio-emotional growth

Aside from developing knowledge and skills, the psychological well-being of participants was also affected. The interaction among participants could influence their personal growth and development. Provided below are several comments shared by the older participants.

“After the Program, I felt...I have changed my belief... I have a mission to help others by what I have learned. When I committed myself to helping others...my feelings became peaceful and joyful... I have learned... ‘Heartfelt love’ is a basic element in caring for others.” (EP2)

“Social networking is important... I have learned much...from talking with others. For example, I learned to understand others from various points of views... Here, I have met many people... They reflect my weaknesses and enable me to open up, especially in the mutual sharing in the first warm-up session of this Program.” (EP4)

“Getting support from mutual sharing and discussion... More sharing with them helped to calm me when undergoing clinical skills examination... I have more confidence while working with group mates.” (EP5)

“Having discussion with younger participants...can update myself and be less detached from reality...” (EP1)

Listed below are several comments shared by the younger participants.

“Empathy... I felt that this word is very important for us...” (ST2)

“I feel happy and satisfied as I can teach and share with older people during the group discussion...” (ST3)

“Older people shared their problem...make us more alert and attentive... It is a good model of learning for us...” (ST4)

b) Enhancing coherence

The participants were evenly divided into several groups in this program. Thus, the group dynamics could be easily observed. Living and working together enhanced the process of teaching and learning. All the participants who were interviewed

enjoyed learning through the group activities provided. Coherence among the participants was also established. Several older participants shared the following observations:

“We (younger and older participants) were always concerned about the clinical skills examination. Mutual help and support can be found...such as advice on the proper method for checking blood pressure...can help learning clinical skills and techniques.” (EP2)

“All group members (younger and older participants) shared what they have gained, especially in learning of the skills for vital signs assessment. Maybe all of us were worried about the examination. Although...there is limited time for practice, we all enjoyed learning and working together.” (EP3)

“Although I am old... I also commit myself...do my best in the final group presentation...” (EP6)

Several younger participants related the following experiences:

“During group clinical skills practice, everyone was keen on sharing their ideas in order to have good practice of we have learned... I am willing to act as a patient for the older participants practicing their skills...also is a good opportunity to interact with elders.” (ST1)

“I am willing to share clinical skills and techniques among my group mates...Mutual suggestion and advice is crucial in the group presentation... No problem in sharing the workload among group mates...therefore...can be the best in the final presentation.” (ST3)

“Working with older people...makes me...or is necessary...put more effort in the group work so that they are not disappointed...” (ST4)

c) Enriching mutual support and interaction

Most of the participants stated that they did not encounter any communication problem during the program. Developing good mutual support and interaction helped the older participants to develop a greater sense of fulfillment. Older and younger participants could develop good relationships after the program. This result is likewise consistent with that obtained in phase 1. Several older participants shared the following thoughts:

“I really enjoyed talking with students...they respect me...and I can learn more from young students, such as preparing PowerPoint presentations and online search for pictures.” (EP2)

“I did not feel scared and uneasy to talk with younger people.” (EP3)

Several younger participants expressed the following insights:

“No problem in interacting and working with old people. Their patience and eagerness for learning...is a good model for me to learn.” (ST2)

“My communication with older people is good. I can ask personal questions from older people directly.” (ST3)

d) Promoting teaching and learning

Both older and younger participants revealed their eagerness to apply their clinical skills in real situations. As some older participants reflected,

“I have taken up the role of tutor to help others... I share what I have learned. The more I share my knowledge...the more I learn... Apart from helping people, I am able to learn more and correct the wrong concepts I have learned.” (EP4)

“I welcome the challenge my knowledge because through this process... I can

learn more and update myself.” (EP5)

Several younger participants shared the following comments:

“I observed one older participant pay much attention to practicing clinical skills...while she has mastered the skills... She is willing to share her knowledge with others... She also teaches...and discusses with others...” (ST2)

“I appreciate the older people’s learning attitude... His active participation seems to take up the teaching role in facilitate and guiding our learning process.” (ST4)

“The older people are good models, they are eager to learn...eager to share what they have...” (ST1)

Bridging theory and practice. The strategy of the clinical skills practicum, which is a new learning element of the program, could help participants to integrate the theories they learned into practice. Therefore, the two sub-themes of experiencing real complexities and transferring knowledge were identified.

a) Experiencing real complexities

Participants showed interest in the concrete experience gained during the practicum as a platform for building new knowledge. Several older participants liked this learning process, as revealed in the following comments:

“When I tried checking pulse rate and blood pressure, I saw the differences between reality and from the teaching materials... Quite difficult to master the blood pressure monitoring set...I need more practice.” (EP6)

“Attending the practicum is a good opportunity to expose ourselves to learning about the difficulties encountered by frontline staff... Hand-on practice can

increase our learning process...easily absorb new knowledge by doing more... I like this learning approach because there is more time for us to ask the teacher questions the course of the practicum...the relationship with a teacher can be enhanced as more interaction.” (EP4)

“...In real practice, I really imagine that doctors and nurses need have heavy workloads every day... It is a good chance for us to learn in real situation... Before learning healthcare knowledge is only in the classroom. For example, I cannot imagine the important areas in cleaning wound...today...learning there (practicum room)...a great difference is... I can ‘taste’ knowledge rather than only ‘read’ knowledge...” (EP2)

“...while doing practice...good in experience and continued reflection and sharing with others on what problems I have ... Moreover, practice can help me better understand the theoretical concept I have learned in the classroom.” (EP1)

Several younger participants expressed the following observations:

“Real practice can link up the textbook and reality...” (ST1)

“Misunderstandings and unclear concepts in the classroom can easily be clarified in this learning approach...of course, such learning also need us more active participation...” (ST3)

b) Transferring knowledge

The success of transferring knowledge depends on the people involved and the environment. When the younger and older participants studied together during the program, knowledge transfer among them was noted through formal or informal interactions. As the older participants shared,

“We can finish the group assignment. For our group effort, our proposal included the details we have learned...such as helping people by health promotion...”

(EP2)

“After the program, I will help others to check their vital signs...pay much attention to preparing proposal... Although there is limited time, I am confident that I can apply what I have learned...” (EP3)

“...We (older participants) actively prepared the assignment. Some even took the initiative in calling meetings to discuss their projects.” (EP6)

Several younger participants shared these insights:

“I observed that older participants actively participated in the discussions on the proposal...they would also quickly clarify issues they found with their group mates and the teacher.” (ST1)

“...Very interesting... Most of them (older participants) enjoyed sharing their views on the traditional caring attitude and skills, like how to treat fever...how to apply cooking manual for healthy life in the past...” (ST2)

“I learned valuable experience from the older people during group discussions.”
(ST4)

Perceived difficulty. Both older and younger participants mostly described the benefits gained from the program. However, a number of them described the disadvantages that affected their learning process. For example, several participants felt stressed when faced with the examination. One participant said, *“Really stressful...while hearing the examination.”* The participants accepted that the assessment method could improve their achievement; however, they preferred the less stressful assessment method, such as homework and group projects. Several younger participants shared that they felt uneasy during their initial interactions with the older participants; however, they later adjusted and soon felt comfortable

interacting with their older group mates. They also commented that the course content was too fundamental and that they felt bored with the topic being discussed.

The printed teaching material was also considered as a problem for older participants because of the extremely small font size of the lecture notes. Moreover, they felt that the pace of lecture needed to be adjusted because several older participants realized that their own knowledge of healthcare did not match with what was being taught, but felt it would be disruptive to interrupt the class with their questions. Therefore, they hoped that more support toward their learning after classes would be provided, such as a question-and-answer platform. Both older and younger participants indicated that a better option would be to have online teaching materials available for use as reference.

Summary

This chapter has presented the findings of Phase 2. The first part covered the results of the quasi-experimental study concerning the effects of the proposed teaching-learning method in the learning performance of the participants in EAs. The experiential learning style included in the proposed teaching-learning method was determined to be more useful. This phase of the study involved 72 participants, 42 of whom formed the “lecture and practicum” group and 30 formed the “lecture-only” group. No significant difference was noted in terms of the characteristics and baseline outcome variables of the participants who completed the study and those who did not complete it. The “lecture and practicum” and “lecture-only” groups were homogeneous in the characteristics measured, indicating no significant effect on the outcome caused by the demographic variables.

Although no significant difference was noted in the change in learning performance between the two study groups after the program was applied, a **significant difference** was observed in the change in the learning performance of the older participants. Together with better results of the assessment obtained in the “lecture and practicum” group, the older participants in the “lecture and practicum” group were confirmed to have experienced greater achievement in their learning performance than those in the “lecture-only” group. The proposed teaching-learning style in the “lecture and practicum” group was ascertained to have a significant effect on the learning of older people.

Aside from the aforementioned results, the second part presents the results from the in-depth interview data. A week after the completion of the program, six older participants and four younger participants in the “lecture and practicum” groups were interviewed regarding their perception of the program that they attended. Four themes and eight sub-themes were identified using thematic analysis: developing knowledge and skills, enhancing intergenerational learning, bridging theory and practice, and perceived difficulty. The results should help in mapping the results from the first part of Phase 2, as well as in discussing the lifelong learning model of older people in the next chapter.

CHAPTER EIGHT

Discussion

(Phase 2)

This chapter discusses the results of Phase 2 of this study. In the first section, the demographic characteristics of the participants are explained. The effect of the proposed teaching-learning approach on the learning performance of the participants is discussed based on quantitative and qualitative data. The significance of the results in facilitating the evaluation of the local EA model for the lifelong learning of older people is also presented.

Baseline Characteristics of the Participants

The sample of older and younger participants in this phase represents a distinctive population with typical characteristics, as the New Territories West Elder Academies (EAs) cluster is regarded as popular and representative compared to other EAs in Hong Kong. Overall, all the participants, especially the older ones, were interested in updating their healthcare knowledge for health maintenance. Older participants were concerned with their health problems because most of them have generally faced health problems. They always acquire health knowledge and update their healthcare information for dealing with their ill health and caring for their families. With regard to achieving active aging, those older people were observed to have coping needs that motivate them to learn more for daily life adjustments. They also have contributive needs that encourage them to serve their families and other people using their learning (McClusky, 1974). Thus, as discussed in Phase 1, the researcher considered older people's ideas on their learning needs

before developing the program curriculum.

Baseline data were collected from 91 participants who agreed to participate in the study. Nineteen participants (20.9%) dropped out during the study period. Seventy-two participants remained in phase 2: 42 participants formed the “lecture and practicum” group, and 30 participants formed the “lecture-only” group. Valid participants who were older comprised 48.6% of the baseline. Their age ranged from 55 to 71 years. Over 78% of older participants were female. Among the older participants, 72% attained secondary level of education. These results correspond to those of previous reports in which the majority of older people are aged between 55 and 75 years. Women tended to participate in lifelong learning more often than men did. Educational level influenced motivation for learning because better educated older people are more familiar with the student’s role and the transition to that role. Those older people were interested in gaining more new information and knowledge and continuing professional advancement (Swindell, 1990; Ostiguy, Hopp, & MacNeil, 1998; Picton & Yuen, 1998; Grabinski, 1998; Covey, 1980).

Ensuring beforehand that both study groups are homogenous is important in maintaining the integrity of the study, as we examine the change in participants’ learning performance caused by the proposed teaching-learning style used in the Program. After the data analysis, no significant differences were found in terms of the participants’ demographic characteristics, except for age, and the baseline outcome variable (learning performance) between the participants who completed the study and those who did not. Thus, the results concerning participants who completed the study can be generalized to those who withdrew from the study. A

statistically significant difference was foreseeably found in terms of age, as both older and younger generations were intentionally recruited as sample in this phase of the study; thus, the big difference in the age range of younger and older participants was expected. Therefore, the homogeneity of the “lecture and practicum” and “lecture-only” groups in demographic characteristics and learning performance needs to be confirmed further to ascertain that the demographic characteristics caused no significant effects on the participants’ learning performance. The demographic characteristics did not have a significant difference in the pre-test of their learning performance. After statistical analysis, the homogeneity of the “lecture and practicum” and “lecture-only” groups could be ensured, relevant to the effect of the proposed teaching-learning style on participants’ learning performance.

Learning Performance among Older and Younger Participants

The learning performance of both older and younger participants was affected by the proposed teaching-learning style applied in the program. Learning performance was evidently confirmed by both quantitative and qualitative results. After the program, based on the results of pre-/post-questionnaire evaluation, the learning performance of both younger and older participants in the “lecture and practicum” group was enhanced by 18.5% and 29.7%, respectively. Compared to assessment scores, the younger and older participants in the two study groups both obtained higher mean scores; the mean scores of the older and younger participants in the “lecture and practicum” group were higher than those participants in the “lecture-only” group by 3.2% and 9.5%, respectively. These results indicate that although the two study groups achieved positive changes in learning performance,

the proposed teaching-learning style used in the program was more useful among older participants than among younger participants, possibly due to the former's active and persistent learning attitude, consistent with the results of Phase 1 and previous studies. Carlton and Soulsby (1999) supported that older people needed specific skills for survival and independence, such as handling their health, finance, and social relationships, to achieve active aging. Pinguart (2002a) expressed that older people perceived a positive feeling when they were motivated in lifelong learning activities. Thus, the learning performance of older participants could be enhanced.

Other factors contributing to the positive change in learning performance of participants could be related to the course content and structure, which were found appropriate, relevant, and applicable to the lifelong learning of older people. The healthcare curriculum was specifically designed for both older and younger participants to master basic healthcare knowledge and skills, enabling them to independently deal with their health problems after the program. Similar to those of other countries (Picton & Yuen, 1998; Ostiguy, Hopp, & MacNeil, 1998), healthcare-related courses are regarded as core courses in U3As, enabling individuals to care for themselves in the community. Thus, the use of the healthcare course as a core course in local EAs must be continued, in developing the preferred lifelong learning model of older people.

Regarding the course structure, the clinical skills practicum designed to provide participants with healthcare knowledge and skills was previously non-existent. The main difference lies in the emphasis on the concept of "learning by doing" in the

“lecture and practicum” group. Previous studies confirmed that learning new knowledge was effectively achieved by “doing” (Baker, Jensen, & Kolb, 2002).

Dewey (1938) justified that lifelong learning should be based on learning by doing. He emphasized that we learn new knowledge from experiences gained in the process of doing. Particularly, Knowles (1970) focused on the importance of experience as the heart of the learning process, as people are encouraged to reflect upon and share their experiences, rather than simply accept the authority of the content of teaching materials. People should be assisted by teachers in obtaining new knowledge through practice in real situations, indicating the concept of experiential learning (Kolb, 1984). Therefore, the proposed teaching-learning style should be developed for the “lecture and practicum” group based on the element of “hand-on-experience.” This proposed teaching-learning style should cover the theoretical and clinical skills practicum on the health problems of older people, empower participants to independently manage their health problems, and help participants address their neighbors’ health needs. These considerations enhance the effective utilization of community resources and reduce the healthcare service burden in Hong Kong. Applying the proposed teaching-learning style to the course content revealed that the learning performance of the “lecture and practicum” group was better than that of the “lecture-only” group. Thus, the two-day clinical skills practicum received by the “lecture and practicum” group was confirmed to bring positive influence on the learning performance of participants.

In addition to the above mentioned factors, feedback from all the participants also supported the program and helped them improve their learning performance. Both

older and younger participants learned more about healthcare knowledge and how to perform clinical nursing skills, as indicated in their responses: *“I know more about the causes of hypertension and stroke”, “I can know how to measure my blood pressure...know how to take care of my wound... know how to ask for help whenever any discomfort I have suffered”* and *“this course has given me an idea of what dementia is... I know more about community resources for this type of illness.”*. Notably, most of the older people paid more attention to the illnesses they had suffered. After updating their healthcare knowledge through the program, the older participants became capable of caring for their health and their families more effectively, gauging by their responses, *“I know more about the basic management of ‘heart attack’”* and *“...health knowledge I have gained from the Program can help me to take care of my husband.”*. Most of the older participants felt more confident in taking care of themselves and others in need. They also clarified their misunderstanding over common health problems, as illustrated in these comments: *“...clarify many wrong health concepts”, “EA health course’s curriculum outline is clear and systematic that can enhance our understanding on various types of health problems of older people”,* and *“Misconception can reduced.”*. The younger participants could understand older people’s health problems more, and were more concerned about their roles in preparing for active aging. Additionally, their understanding of how to communicate with older people improved, thus facilitating their relationships with them.

Moreover, both older and younger participants recognized clinical skills practicum as a new and innovative learning opportunity for improving their learning performance. They had no prior training in hands-on basic clinical nursing skills.

Older participants felt that the hands-on clinical skills training provided during practicum offered them a real-situation platform for learning and using their knowledge, as indicated in their responses: “*Clinical skills training can widen our views on healthcare work*”, “*I know how to check my pulse rate... I am happy... I can pass the examination on checking blood pressure...pulse rate...body temperature;*” and “*Wound care skill is very useful.*”. Older participants valued such learning from the practicum because they learned professional nursing care skills. They believed that mastering such skills increased their self-confidence, enabling them to easily face their life adjustments in the future. Conversely, younger participants’ responses indicated that they considered the clinical skills practicum to be important to their learning. The younger participants believed that they had already learned basic healthcare knowledge from the curriculum of their secondary schools. Therefore, some of them were more eager to learn advanced level of healthcare knowledge and technical skills-based learning activities, such as injections and blood tests, as they mentioned: “*...interested in learning dressing skills and techniques...What the aseptic technique is...And it can prepare myself to study nursing program in the future.*”. More practice in the practicum could facilitate older and younger participants’ learning of abstract knowledge, such as the concepts of blood pressure, pulse rate, and so on. Thus, the element of practicum could enhance participants’ learning performance.

Older participants were revealed to have better learning performance compared to younger participants. This finding invalidates the stereotypical idea that younger people have better learning capacities compared to older people. This result is explained by the orientation/motivation for learning participation. Younger

participants expected all the learning opportunities to be mere stepping stones for their future studies and employment. Aside from such inappropriate learning motivation, younger participants were not adequately mature to exhibit learning readiness. Some of them considered the program as an extra-curricular activity compared to the compulsory academic courses of their secondary schools. Their formal academic result/reward was unaffected by their learning performance in the program. Some younger participants were quite carefree and did not take responsibility for their learning, adopting a passive attitude during real practice. They only emphasized memorization in achieving good examination results instead of learning for self-development and growth (Kennedy, 2002). As discussed, some younger participants only paid attention to the “high-technology” clinical skills as motivation toward preparing for their further studies and employment. Similar to the previous studies, Hartley and Trueman (1997); Newstead et al. (1997) reported that older people performed better in exams and cheated less than younger people did, and that the latter showed lower readiness for learning compared to the former. Our local younger participants have relatively less prior exposure and seldom use “experience” in the learning process. Most young people are only concerned with obtaining good examination outcomes. They were already influenced by the educational culture. This culture of “examination” has influenced our teaching-learning style, preventing young people from linking their experiences to theory. The younger participants preferred lecture-notes for their “excellent” outcome-based learning, and preferred less self-direction and self-fulfillment. Although the younger participants offered positive feedback on the practicum sessions, deeper learning was not observed (Jenkins & Healey, 2007). Generally, the younger participants displayed lower readiness for learning compared to the

older participants.

Conversely, older participants who practiced the active aging concept were well adapted to lifelong learning, which highlights self-directed learning. Lifelong learning enabled older people to exceed the acquisition of basic knowledge and skills. Their motivation focused on self-fulfillment and personal development, mainly to gain updated healthcare information and skills for their interests and contact with others (Hagar, 2001; Cribbin & Kennedy, 2002). As mentioned in previous studies (Carlton & Soulsby, 1999; Ardelt, 2000), the acquisition of new knowledge among older people leads to new directions in their personal development and helps them sustain active and independent lives. Such knowledge acquisition is considered as a crucial element for older people adapting to the changing environment (Seiffert, 2002).

Knowles (1968) and Rossman (2000) focused on andragogy or the study of learning strategies among individuals, which is based on a humanistic conception of self-directedness and autonomy applied to the learning process. This distinct educational approach helps people to fulfill their needs for self-directed learning. People develop in-depth knowledge of the self and others through guided interaction that evokes the affective component of learning to motivate the fulfillment of maximum potential. The older participants in this study were considered to be adequately mature to master the motivation for self-directed learning, positively enhancing their learning performance. The capacity for self-directed learning steadily increases with age (Knowles, Holton, & Swanson, 2005). Richardson (1997) presented evidence that older people strive for deeper

levels of learning, are intrinsically motivated, manage time better, and perform better compared to younger students, who tend to be satisfied with superficial understanding and lack intrinsic motivation.

Older participants might need to learn more about healthcare to maintain their health status, enhance their social network for psychosocial support, or achieve recognition as illustrated in their ideas, such as *“The Program is very useful... I learned to check my vital signs, as well as the proper method for wound care... I am confident that I can take care of myself”* and *“When I committed myself to helping others...my feelings became peaceful and joyful... I have learned... ‘Heartfelt love’ is a basic element in caring for others”*. According to the need-based model (Boone, 1985; McClusky, 1974), older people consider learning as a way to meet their expressive needs. This expressive need prompts individuals to join activities for their own sake and not necessarily for goal-based work. Fisher and Specht (1999) mentioned that older people tend to regard participation in learning as a way to relax, develop interests, interact with others, and meaningfully use their free time. Thus, the older participants in the current study were obviously motivated to learn because they had a greater tendency to engage in their studies, value interactions with peers and teachers, and modify their learning to achieve the best learning performance.

Rubenson’s model (1977) showed that sustainable learning behavior is a product of the interaction between the individual and the environment. Older people’s motivation to learn was determined by the net force existing between the individual and the environment. When older participants consider the benefits of participating

in the program as outweighing the losses, then their motivation to learn becomes higher and affects their overall learning performance as supported by one older people's perception: *"Social networking is important... I have learned much...from talking with others. For example, I learned to understand others from various points of views... Here, I have met many people... They reflect my weaknesses and enable me to open up, especially in the mutual sharing in the first warm-up session of this Program"*. Similarly, Cross' chain-of-response model (1981) suggests that the self-perception of older participants tends to influence their attitude toward learning. Learning behavior could be continued with positive influences on self-perception to achieve better learning outcomes. Thus, both intrinsic and extrinsic forces are crucial to the self-perception of older participants in maintaining their learning (Saul, 1993). The continuity of interest; capacity to perform clinical skills practicum; and achievement in completing tasks, such as the project assignment and quiz, increase self-esteem, resulting in individuality and emotional benefits. These factors contribute increased motivation to learn among older participants.

Most of the older participants have more prior exposure to healthcare knowledge compared to the younger participants. Older participants could easily associate what they acquired as they relate their learning with prior experiences. New learning implications are generated through reflection and thinking. Kolb (1984, p. 38) defines experiential learning as follows: "Learning is the process whereby knowledge is created through the transformation of experience". This learning is cyclical, and it involves four stages, namely, concrete experience, reflective observation, abstract conceptualization, and active experimentation. Learners

undergo the cycle several times, and the cycle is considered as a spiral one. The important idea was discussed for its relevance and feasibility toward the lifelong learning of older people. In addition, older participants in Chinese society are possibly influenced by Confucianism. They are encouraged to be proactive in their own learning, and not to fear making mistakes, which are considered as a part of learning (Sheh, 2010). Therefore, older participants exhibit active readiness and persistent attitude toward their learning opportunities.

With the above discussion, explaining the lower learning performance of the younger participants compared to the older participants is easy, as all the facts are considered. Younger participants tended to adopt the lecture-based learning approach. Thus, the younger participants in the “lecture-only” group had greater learning performance. The proposed teaching-learning style used in the “lecture and practicum” group, covering experiential-based learning style, is favorable to the lifelong learning of older people. Therefore, including practicum in the local EA healthcare courses is highly recommended.

Teaching-learning Approach of the Health Frontier Trainers’ Program

We highly considered the learning needs of older people in picking out the teaching-learning style in the lifelong learning process of older people. As previously discussed, the proposed teaching-learning style could effectively enhance participants’ learning performance. Based on the feedback of all the participants, the program can help them learn new knowledge and skills by bridging theory and practice, and through mutual support from participant interaction as illustrated in these comments: “*We (younger and older participants) were always*

concerned about the clinical skills examination. Mutual help and support can be found...such as advice on the proper method for checking blood pressure...can help learning clinical skills and techniques” and “During group clinical skills practice, everyone was keen on sharing their ideas in order to have good practice of we have learned... I am willing to act as a patient for the older participants practicing their skills...also is a good opportunity to interact with elders”. The proposed teaching-learning style was adopted among the “lecture and practicum” group through the two-day clinical skills practicum. Participants in the “lecture and practicum” group learned clinical nursing skills, such as checking vital signs, aseptic techniques, and basic wound care skills, through actual practice. The participants’ learning performance was enhanced, as they were capable of associating text with practice, as reflected in their responses: “...on-hand practice can increase our learning process...easily absorb new knowledge by doing more” and “real practice can link up the textbook and reality.” During practice, the participants not only learned more about skills and techniques, but also enhanced and clarified their understanding through continual reflection and thinking, as they stated, “Misunderstandings and unclear concepts in the classroom can easily be clarified in this learning approach” and “...through doing practice...good in experience and continued reflection and sharing with others on what problems I have ... Moreover, practice can help me better understand the theoretical concept I have learned in the classroom”. Afterwards, the participants developed new knowledge that they could share with others and use to help others in need. Thus, mutual interaction and support developed, increasing their motivation for continual learning behavior (Cross, 1981).

As discussed in previous studies, lecture-based learning, experiential learning, and service learning were commonly used in teaching older people (Light & Cox, 2001; Weinreich, 2003; Gillis, 1991; Pulsford, 1993). The study by Exley and Dennick (2004) described lecture-based learning style as effective only in transmitting information. However, such teaching-learning style results in passive learning, as students engage only in listening and note-taking during a lecture, with little opportunity for active learning and interaction. Despite this drawback, lecture-based learning is continuously used in local EAs because of limited time and manpower. The curriculum design and mode of course delivery should emphasize the completion of simple tasks and comprehension of basic skills through observation, experience, and real practice to allow older participants to articulate their expressive learning needs and expectations and to consider their lower educational level and limited audio-visual ability (Shum, 2009). Evidently, the experiential-based learning style was found appropriate and feasible for the lifelong learning of older people. Emphasis is on self-directed learning from concrete experiences, and interaction is elicited, unlike in the lecture-based learning style.

Experiential-based learning defines learning as a process in which knowledge is created through the transformation of experience. It is the central process of human adaptation to the social and physical environment, providing conceptual bridges across life situations and portraying learning as a continuous, lifelong process. Knowledge is obtained from the combination of transforming and grasping experiences. The importance of the learners' direct experience is emphasized in Kolb's model. The learners undergo a cycle of learning stages: experience (feeling), reflection (watching), abstract conceptualization (thinking), and active

experimentation (doing). They can enter the cycle at any stage, but must continue through all four stages for learning to occur. Learning is conceived as a process that is unrelated to outcomes, as the concepts individuals acquire are derived and continuously modified by their experience (Kolb, 1984).

Individual experience is considered as the central source of learning and is built on practical life experiences. Self-directed and student-centered orientations are important features of experiential learning. These features indicate that learners are actively committed to the learning process, for example, older participants who have high motivation and readiness to learn. As discussed by Biggs (1996), experiential-based learning embraces the importance of experience and the interaction between people and the environment to realize conceptual change, as opposed to mere acquisition of information, such as in traditional lecture-based learning. Conversely, adaptive learning activities, which have various extensions through time and space, encompass the long-term mastery of generic situations, whereas development encompasses the lifelong adaptations of people.

In practice, an experiential-based learning style enables the development of knowledge to enhance the clinical skills and techniques of the participants. The participants can easily consolidate what they learned in the classroom, resulting in the application of theory into practice. Many studies (Sternberg & Zhang, 2000; Reese, 1998; Vince, 1998; Kolb & Wolfe, 1991; Laschinger, 1990) reported that the experiential-based learning approach helps students to develop professional knowledge and skills, such as management, computer/information science, psychology, medicine, nursing, accounting, and law. Several researchers concluded

that the learning experiences in experiential-based learning style are positive, and that students consider their learning to be enhanced (Anderson-Hanley, 1999; Bullard et al., 1996; Karner, Rheinheimer & Due, 1998; Moriello et al., 2005; O'Hanlon & Brookover, 2002).

Oliver, Hurd, Beavers, Gibbs, Goeckner, and Miller (1995) used the experiential-based learning style applied in the geriatric medication program, and investigated the drug compliance of older people in the community. The results of their study indicated that experiential-based learning style effectively guides older people in enhancing their drug compliance. Moreover, experiential and learner-centered formats provide more effective ways for attitude change. These methods focus on helping students to examine their existing understanding of old age and older people, as well as the impact of these attitudes on their practice (Pugsley & Clayton, 2003; Quinn, 1999).

The experiential-based learning style is also confined to changing the willingness and the perceived preparedness of students to provide supportive care (Cornelius, 2004; O'Connell & Mechaber, 2004) and gain knowledge about aging (Bullard et al., 1996). These studies demonstrated that the experiential-based learning style is practical and well-suited to overcoming the gap between classroom and real-world practice.

Looking at the past of lifelong learning as we move forward validates our results. Traditional lecture-based learning was well accepted in the formal education system. Learning has changed in response to the knowledge explosion, the globalization

challenge, and the need to be competitive and adaptive. Lifelong learning of older people is an outcome of addressing these factors; thus, we need to be wary of associating the different types of learning styles and develop the new system/model for preparing active ageing (Alheit & Dausien, 2002; Tuijnman & Bostrom, 2002; Cropley, 1980). Each generation bore different attitudes and motives to influence their learning behaviors, as each generation had different priorities. Nowadays, the older participants, who are more eager to learn to adapt, adopt a more flexible and practical teaching-learning style. The experiential-based learning style is considered as relevant to the learning of older people. Currently, evolutionary learning focuses on lifelong learning and the development of human potential. It promotes self-directed, flexible, and ongoing collaborative learning. This type of learning enables older people to cope with uncertainties and changes, renew perspectives, and creatively design new forms of social systems (Banathy, 1996). An experiential-based learning style not only encourages older participants to reflect and reinforce their learning, but also fosters emotional care, social interaction, and mutual support among peers. In the current study, the proposed teaching-learning style, which adopts the experiential-based learning approach, is suitable to and feasible for the program.

Effect of Intergenerational Learning

Both older and younger participants perceived benefits from attending the program. The program typically presents the element of intergenerational learning. The older participants considered the program as beneficial to their personal development; for example, enhanced interactions with the younger generation progressively improve the social network and competency of older people. Group discussions with

younger participants stimulated the cognitive function of the older participants as illustrated in their feedbacks: *“After the Program, I felt...I have changed my belief... I have a mission to help others by what I have learned. When I committed myself to helping others...my feelings became peaceful and joyful... I have learned... ‘Heartfelt love’ is a basic element in caring for others”* and *“having discussion with younger participants...can update myself and be less detached from reality...”*. The younger participants also appreciated the older people, who had attentive and self-directed learning attitudes. The younger participants considered the older people as good role models in real-life experience, similar to phase 1, as supported by the comment: *“Older people shared their problem...make us more alert and attentive... It is a good model of learning for us...”*.

In this study, the interactions among teachers and peers could be extended, especially in the clinical skills practicum. When practicing clinical skills together, both older and younger participants were more involved in sharing experiences related to what they learned in the program, as reflected in their comments: *“I really enjoyed talking with students...they respect me...and I can learn more from young students, such as preparing PowerPoint presentations and online search for pictures”*, *“I did not feel scared and uneasy to talk with younger people”* and *“There is no problem in interacting and working with old people. Their patience and eagerness for learning...is a good model for me to learn”*. In other words, collective relationship and cohesiveness were enhanced in the clinical skills practicum. A number of related studies (Chun-Heung & French, 1997; Ajiboye, 2000; Calpin-Davies, 2003) suggested that clinical skills practicum was important in developing skills, knowledge, and attitude. Learning in the clinical skills

practicum played an important role in developing people's competency, their confidence, organizational skills, relationships, and preparedness for daily practice (Clare et al., 2002). Learning occurs in relationships and in every interaction. Both relationships and interactions are as important as skills in helping individuals improve. Interaction-related skills include communication, social skills, giving instructions, and accepting feedback. Interdependence skills include learning and developing everyone's learning skills (Cowan, 1995). Thus, both older and younger participants in the clinical skills practicum also enhanced their mutual understanding and relationships when practicing together, resulting in the promotion of intergenerational harmony.

McClusky (1978) called for intergenerational interactions to promote learning in later years. Intergenerational interactions are based on the assumption that, although separated by time and experience, each generation has a common stake with other generations in relating to the wholeness of life. Differences naturally exist between generations because of varying values, beliefs, and experiences; however, such differences only highlight the need of people to learn from one another (Hiemstra, 2002). Intergenerational programs effectively reduce stereotypes and improve mutual understanding and trust between younger and older generations. Davis and Westbrook (1981) demonstrated how 10- to 11-year-old students, who participated in a series of structured intergenerational dialogues facilitated by visiting older volunteers, displayed an increased level of awareness of aging issues and of older adults. Interestingly, the participating children were more likely to interact with older adults outside the classroom. Studies revealed the positive perceptions of aging and older people among children and youths, as well as changes in older

adults' perceptions of young people (Kaplan, Henkin, & Kusano, 2002; Corbin, Kagan, & Metal-Corbin, 1987; Ward & Balavage, 1996). These findings were consistent with the respect that several young participants had for the older participants in the present study. In Chinese society, the Confucian value of "respect with harmony" might have influenced the value system of the younger participants (Yeh & Xu, 2010).

The older participants were observed to play a teaching role in the current study. Several studies indicated that older people played critical roles in facilitating intergenerational learning. Older people should be active lifelong learners practicing intergenerational learning to be facilitators. They should encourage curiosity and arouse the younger learners' interest in learning to foster an effective learning culture. Older people should be flexible and open-minded, and develop themselves to avoid being like the traditional Chinese authoritative figure. Allowing the differences in opinions and accepting the co-existence of conflicting ideas are necessary. Older people should also realize that they can learn from the younger generation. Both generations should show appreciation, enjoyment, and excitement in learning something new from each other. Teaching and learning actually occur simultaneously and reinforce each other (Maintao, 2000; Chen, 1997).

Moreover, intergenerational learning facilitates the enhancement of knowledge transfer across generations. Knowledge transfer involves the transfer of both explicit and tacit knowledge. Tacit knowledge is subjective, unique, contextualized, intimately bound with personal experience, beliefs, attitude, and the value system, not easily transferable, and requires personal contacts for transfer. Transfer of tacit

knowledge was evident, as participants noted, *“I appreciate the older people’s learning attitude... His active participation seems to take up the teaching role in facilitate and guiding our learning process”* and *“Very interesting... Most of them (older participants) enjoyed sharing their views on the traditional caring attitude and skills, like how to treat fever...how to apply cooking manual for healthy life in the past...”*. Conversely, explicit knowledge involves knowledge in words and in papers; thus, the lecture-based teaching-learning style used in this program carries out explicit knowledge transfer. Our formal educational program allows such knowledge transfer among people, although not suited to the lifelong learning of older people. As discussed, the lifelong learning of older people requires an autonomous and self-directed approach. It requires focusing on individual needs to match with their living practice. The transfer of tacit knowledge is more valuable in our society, as it facilitates the socialization process across generations (Polyani, 1966; Krough, Ichijo, & Nonaka, 2000). Intergenerational learning involves the transfer of tacit knowledge. This type of learning is informal, unplanned, and self-directed, and closely related to the relevance of lifelong learning of older people in Hong Kong.

Knowles’ idea on andragogy could once again be employed to understand how and why older people learn from younger people. Knowles (1989) argued that people need to know why they need to learn. Internal motivation is more powerful in older people. Self-directed learning and experience usage are considered as adult learner attributes. According to Knowles, people are problem-oriented in terms of learning, whereas children are subject-oriented. In the current study, the older participants had some of these learning attributes. Older participants had to be aware of their

learning needs and knew why they needed to learn to become motivated, especially when learning from younger participants. In this regard, the objective of intergenerational solidarity could be achieved through mutual sharing among younger and older generations.

As previously discussed, the intergenerational programs aimed at enhancing intergenerational support are regarded as vehicles for the purposeful and ongoing exchange of resources and learning among older and younger generations to achieve individual and social benefits (Hatton-Yeo & Ohsakom, 2000; Keele University, 2002). Intergenerational learning occurs through the sharing of information, thoughts, feelings, and experiences between two generations. This type of learning can occur informally, such as when we talk to our grandparents, older relatives, or family friends. Sometimes, it occurs from more organized or planned activities, such as the Health Frontier Trainers' Program of this study.

Kaplan, Henkin, and Kusano (2002) investigated intergenerational programs that involved visits to elderly centers, childcare by older people, or volunteer services. They reported that these programs help transmit values and beliefs from generation to generation, and promote understanding and tolerance between younger and older generations. In addition, several studies revealed that intergenerational programs, such as school-based learning and teaching programs, help young and old people become more aware of the resources available in the community, develop a feeling of connectedness with others and their families, and consolidate social support. Children benefit from extra nurturing and attention, whereas older people benefit from feeling needed and appreciated (Boström, 2003; Raynes, 2004; Roos, 2004;

Duquin, McCrea, Fetterman, & Nash, 2004; McCrea & Smith, 1997).

The older participants in the current study projected a positive influence on the younger participants and learned to facilitate psychosocial development. They enjoyed a special status that made them particularly well suited to connect with young participants, as discussed in previous studies. They consistently showed up, put in time, and demonstrated that they cared. The study noted that when senior adults consistently volunteer in preschool settings, they tended to positively impact the classroom environment. Senior adult volunteers, enlisted as mentors for children needing additional assistance, were found to have a “calming effect” in the classrooms; teachers and observers noted less disruption and noise with the presence of older adults (Cheang, 2002). Freedman (1999) noted that the best mentors for mentoring initiatives with senior adult mentors were the people who were patient listeners and relationship-oriented in dealing with younger people. Styles and Morrow (1992), in their evaluation of Linking Lifetimes, a predecessor to the Across Ages model, asserted that success in mentor–mentee relationships was more of a function of the participants’ interaction style than that of the type of activities in which they were engaged. The best matches were underscored by communication patterns characterized as “youth-driven,” (p. 29) that is, younger people determined the pace of information disclosure.

Intergenerational learning is beneficial to both older and younger people. Intergenerational learning provides opportunities for continued learning, as well as involvement and connection with others. Older people feel more valued, more invested in their communities, and more hopeful for the future instead of feeling

isolated. Overall, intergenerational learning plays an important role in lifelong learning of older people in Hong Kong.

Perceived Difficulty

Several participants, especially the younger ones, felt distressed during examination. This type of feeling can be explained by the traditional view of education. These younger participants focused on examinations that help with wealth status and recognition rather than self-fulfillment. The idea of lifelong learning should be promoted to change this concept, assigning more responsibility to the individual instead of “education,” in which examination results are given importance (Medel-Annuevo, Ohsako, & Mauch, 2001). Cultural consideration should be included in intergenerational learning, as perceptions about aging clearly vary across cultures. According to Chan (1999), Confucianism encouraged the Chinese to respect hierarchical relationships; thus, older people had a significant position within collective interactions. Several younger participants were uneasy and distant at first, but they changed once mutual understanding was established. The intergenerational program is an effective resource for nurturing the social and emotional growth of the participants. However, program success cannot be guaranteed. Greater attention should be placed on how programs are designed and facilitated, which could affect their success. For example, a reasonable balance in teaching materials and areas covered between older and younger generations should be strengthened because participants have different backgrounds and educational levels. If possible, the learning needs of all participants should be assessed beforehand. Given the older participants’ concern with aging, the font size of the text in lecture notes and the pace of lecture should be reasonably adjusted. An

online database for teaching materials should be created as a learning reference, as suggested in Phase 1.

Significance of the Findings of this Phase

The significance of this phase of the study is interpreted in different aspects. One aspect is the significant result that ensued from the quasi-experimental studies and interviews. The learning performances of the older and younger participants were enhanced in the “lecture and practicum” and “lecture-only” groups. However, a more significant enhancement was found among older participants in the “lecture and practicum” group. The productive effects of applying experiential-based learning in the proposed teaching-learning style were explored. Evidently, this result indicates that experiential-based learning can fruitfully enhance the learning performance of older people. Moreover, based on the results, the experiential-based learning style should be applied in the local EA model to develop the lifelong learning of older people.

Another aspect is the success of the lifelong learning model for older people, as discussed in the following:

1) Elements of the experiential-based learning style

The experiential learning elements of “experience” and “learning by doing” are useful to the lifelong learning of older people. The inclusion of the practicum is essential to experiential-based learning, based on the example in this study. The core program of the practicum is hands-on practice with continued real interaction.

2) Importance of providing choices for older people

Lifelong learning promotes self-directed, flexible, and ongoing collaborative learning. Thus, providing choices for older people in the program they want to attend is important. The fulfillment of older participants' learning needs and priorities requires that they be given freedom of choice in terms of course content, structure, level, venue, fee, manpower, and instructor. Lack of choice may affect the motivation of older people toward lifelong learning.

3) Element of intergenerational learning

Intergenerational learning is regarded as the core component for achieving the lifelong learning of older people that benefits different generations. The school is an ideal place for developing intergenerational interdependence. The "school without walls" mode is adopted to enable older people to help classes flow in and out of community settings. In their interactions with older people, younger people can understand the relevance of their classroom learning to the real world. The positive image of older people can be promoted. As service-learning opportunities are foreseen, both young and old volunteers experience firsthand the joy of caring for others.

4) Older people as facilitators

Older people who depart from the traditional Chinese authoritative figure are excellent mentors/facilitators who can ease the intergenerational learning program. The role and responsibility of the facilitator should be identified clearly to promote this strategy. Training, such as the Health Frontier Trainers' Program, should be given beforehand. Its benefits for older and younger

generations are guaranteed.

5) Centralized database for learning materials

Learning materials should be provided to participants as reference and be available for all EAs. Therefore, an online database should be developed.

Summary

This chapter discussed the findings from the quasi-experimental study, comparison of assessment scores, and in-depth interviews. The findings were discussed in relation to the effect of the proposed teaching-learning style applied to the Health Frontier Trainers' Program on enhancing the learning performance of participants and their perception of the "lecture and practicum" program. This study provided evidence of enhanced learning performance among older and younger participants. A **statistically significant difference** was also observed in the learning performance of older participants. The interview data showed the importance of experience, interaction, and intergenerational learning. The proposed teaching-learning style, which adopts experiential-based learning, is seemingly useful in enhancing the learning performance of the participants. The effect of the proposed teaching-learning style applied in the program was discussed in relation to previous research findings and the literature. Aside from usefulness, the main concern of Phase 2 of the study is the use of experiential-based learning in the local EA model as an appropriate and feasible framework for the lifelong learning of older people based on its unique characteristics and current study experience.

CHAPTER NINE

Conclusion

This concluding chapter presents the strengths and limitations of the study, as well as recommendations for future studies. Based on the experience, recommendations, and implications for the lifelong learning of older people, conclusions are drawn regarding the determination of the local EA model for the lifelong learning of older people in Hong Kong.

Strengths of the Study

The strengths of the present study can be categorized into two major perspectives. The first perspective is the use of a stringent design to identify the characteristics of the local EA model at the macro level. The other perspective at the micro level involves the evaluation of the proposed teaching-learning style applied in local EA course to determine the lifelong learning model for older people.

Stringent Design in the Study. After considering exploratory and descriptive research in Phase 1, the documentary study method was used. Documentary study covers a wide variety of primary data source analysis, including a literature review of the EA model. Merriam (1988, p. 118) claims that, “documents of all types can help the researcher uncover meaning, develop understanding, and discover insights relevant to the research problem.” In view of a limited documentary study performed using a local EA model, the in-depth interview with key stakeholders could effectively map the results to identify the core characteristics of the local EA model. According to Patton (1990), interview data from multiple sources (four

types of stakeholders) are an effective means of collecting information and investigating events in such a way that the researcher cannot directly observe and overcome the problem of a single user-oriented approach. Thus, the data become more valid and relevant.

The gap in the local EA model is caused by the lack of emphasis on individual experience and interaction (learning by doing/practice). Thus, using the multiple methods approach that includes the quasi-experimental study, the comparison of assessment scores, and the in-depth interviews in Phase 2 is suitable for the examination of the effect of the proposed teaching-learning style applied in the Health Frontier Trainers' Program to enhance the learning performance of the participants. A quasi-experimental study is an effective way to investigate the outcome effect if random assignment evaluation is not appropriate or feasible (Hunter, 2006). This approach, together with the comparison of assessment scores and the perceptions of participants collected from the in-depth interviews, can be used to evaluate the effect of the proposed teaching-learning style, covering the experiential-based learning, to eventually determine the preferred lifelong learning model of older people. A multivariate approach is a powerful tool for addressing the research objectives. This approach is different from that in previous studies that commonly use a univariate approach to examine learning among older people.

Contribution of New Knowledge from the Two-phase Study

a) Core Characteristics of the Local EA Model. Following the self-sustainable principles (self-financing and self-organization) adopted by the Australian U3A, EAs in Hong Kong have developed unique characteristics. A school-driven and

push-started approach was deemed applicable and workable in Hong Kong. The standardized template of structure and system for the initial establishment and operation of local EAs, as well as support from the government, including seed money, has been found to be effective and efficient. A support from the principals/teachers and social workers from NGOs is an important factor in effectively running local EAs. An open attitude is also necessary. Principals assert that school campuses should be allowed to serve local communities. They invite donors and create networks for local EA operations. Social workers create means of doing developmental work with younger people in a less stigmatizing manner.

After stabilizing the local EA operation, the self-help approach applied in the Australian model was introduced to develop the independent management committee for further operation. The “bottom to top” approach was applied in the local EAs. Older people have been involved in the management committee. Joining the committee enabled them to help in administrative work and in teaching courses. The contributions of older people to the community and their self-worth enhancement are tangible. Social workers facilitate and empower the committee members to run local EAs, thereby reducing the workload of teachers and social workers.

The courses designed are suitable for the learning needs of older people and for promoting active aging. Local EAs have autonomy to organize the most suitable courses for older people. Health-related courses could provide updated knowledge to them. As for the optional courses, computer/IT, music, and language courses have been identified as more desirable. More importantly, the preparation of

courses should involve the opinions of older people. More flexibility in the format of the classes is good for older people. Formal classes are arranged for fixed periods and sessions (e.g., computer classes), and more informal meetings are set for groups with special interests (e.g., handicrafts, religious studies).

New insights for multiple-platform local EAs serving the following purposes were obtained: (1) promote cross-sectional collaboration; (2) achieve the lifelong learning of older people; (3) enhance intergenerational harmony; (4) foster volunteerism; (5) expand health promotion programs in Hong Kong; and (6) promote the positive image of older people as good mentors and models for younger people.

b) Lifelong Learning Model for Older People. Concerning the elements of success of the lifelong learning model for older people, the following consideration must be emphasized. The core element of experiential-based learning of “experience” and “learning by doing” is essential for the lifelong learning of older people. The application of practicum is powerful in experiential-based learning. The importance of practicum is hands-on practice with continuous real interaction. Moreover, the importance of providing choice for older people must be emphasized. Providing choices for older people was important in the program they have attended because the lifelong learning of older people promotes self-directed, flexible, and ongoing collaborative learning. From the perspective of fulfillment of the priorities of learning needs of older people, they should have the freedom to choose the course content, structure, level, venue, fee, manpower, and instructor. The lack of choice might affect the older people’s motivation toward lifelong learning.

The component of intergenerational learning for the lifelong learning model of older people must be addressed. Intergenerational learning should be promoted as lifelong learning, which benefits across generations. The school is an ideal place where intergenerational interdependence takes form. The mode of “school without walls” should be adopted to enable older people to help classes flow in and out of community settings. In their interactions with older people, younger people would find the real-world relevance in the lessons they learn in the classroom. A positive image of the older people can be promoted. Both younger and older volunteers would experience firsthand the joys of caring for others because service learning opportunities are foreseen. In addition, to facilitate older people’s contributions and help promote active aging, they can be designated as the facilitators in the lifelong learning programs for older people. Older people, being different from the traditional Chinese authoritative figures, can be good mentors/facilitators to stimulate this intergenerational learning program. To promote this strategy, the role and responsibility of a facilitator should be identified clearly. Training, such the Health Frontier Trainers’ Program, can be given to aspiring facilitators. The benefits to both the older and younger generations are guaranteed. Finally, establishing an online centralized database for learning materials is crucial for the lifelong learning model for the older people. The learning materials and other related resources should be provided as reference and made available to all local EAs.

Thus, local EA model have the above attributes to enhance the lifelong learning of older people. Once more emphasis on the elements of experiential-based learning is achieved in our local EA model, and then the local EA model can be preferable to the lifelong learning of older people in Hong Kong.

Limitations of the Study

Research is often constrained by real-life circumstances. These constraints ultimately imposed limitations on the present study. First, inadequacy existed in relation to the representativeness of the study sample. The use of a non-equivalent group design resulted in a limitation in the study design. This design carried the same limitation because the random assignment was not used for comparison (Portney & Watkin, 2000). Therefore, to guarantee the equivalence between the “lecture and practicum” and the “lecture-only” groups was not possible before the program commenced. Nevertheless, performing a random assignment of the study group was not feasible because the group assignment was determined according to the participants’ own preference of the study period and the arrangements imposed by the secondary schools. This design appeared to be an appropriate and reasonable alternative to randomized trial because the present study design had a “lecture-only” group to compare the effect of the proposed teaching-learning style and included a pre-test to establish initial equivalence between groups (Campbell & Stanley, 1966).

Another limitation of the present study was the use convenience sampling to recruit participants. As with other studies, true access to the total population is extremely difficult. Therefore, non-probability samples are often used instead of probability samples (Portney & Watkin, 2000). Convenience sampling is appropriate when the researcher aims to obtain a gross approximation of the truth while limited by the time and cost of a random sample (Field, 2006). To resolve this possible limitation, the method of the comparison of assessment scores and the in-depth interviews were used to further render the results valid.

Another inadequacy that might have introduced possible limitations was the quality of the program. The content and structure of the program were designed by the researcher. Although the researcher has sufficient clinical experience and relied on the literature review and expert ideas to form the program for investigation, the input from older people was not sought on the program content, level, duration, and other factors. The characteristics of the program might have affected the outcome evaluation. For improvement, suggestions from stakeholders should be obtained, and their learning needs should first be assessed. Doing so can minimize potential limitation.

This study was also limited by its inability to control the attention effect, which refers to the attention provided by the researcher to the participants during the “lecture and practicum” program. In the study, the “lecture and practicum” group had the usual four-day lecture sessions and two-day clinical skills practicum. In contrast, the “lecture-only” group only received the four-day lecture sessions. Without incorporating the attention placebo to the “lecture-only” group, this study was rendered incapable of balancing the effects of additional contact from the researcher and the clinical staff during the clinical skill practicum. To attain a more thorough evaluation of the benefit of the “lecture and practicum” program, incorporating an attention placebo group to the experimental design is recommended for future studies.

Finally, this study utilized a double-blind method, thereby imposing a certain degree of evaluation bias on the intervention effect. In the quasi-experimental study, the knowledge of the participants regarding their own study status can influence their

performance and reporting of outcomes. The resulting bias on the validity of findings is more prominent when the assessments are subjective in nature, as in this study. At the same time, the outcome assessor's expectations of the group performance can also influence the validity of data recording. To eliminate the associated bias, performing a double-blind study is recommended (Portney & Watkins, 2000). Nevertheless, due to practical reasons, this approach was not feasible for the current study. To strengthen the validity of the study conclusions, this study adopted a single-blind design in which the researcher does not introduce further bias in the process of data collection and analysis.

Recommendations for Future Research

The findings indicated the core characteristics in establishing a local EA model. Together with the experiential-based learning in local EA model, the lifelong learning model of older people in Hong Kong can be formed. Therefore, further research is recommended to increase our understanding of the lifelong learning of older people because the current findings could not answer some existing questions.

First, performing a randomized controlled trial and double-blinding is advised to arrive at a more rigorous evaluation of the effect of experiential-based learning. In addition, the sample size should be increased to cover heterogeneous backgrounds, thereby allowing the evaluation to be more relevant to the real situation. This approach is suggested for subsequent research because this study lacked the use of random assignment for comparison.

In addition, in the absence of an attention placebo group, the study was unable to

control the influence of attention on the outcome measurements. In other words, the participants in the “lecture and practicum” group likely benefited from the attention provided in the program. Future studies should incorporate an attention placebo group among the participants attending in the study group, thereby controlling the attention effect that occurs through the intervener (researcher)–participant interaction.

To have a better interpretation of study findings, further research assessing the performance level of the participants through specific outcome variables with multidimensional parameters, such as quality of life, personal satisfaction, self-esteem, and social competency, is advised. The lack of tailor-made measurements for the lifelong learning model of older people was clear. To achieve stringent data interpretation, valid and reliable assessment instruments should be developed to measure the effect of the lifelong learning of older people.

Further exploration of different contexts of the lifelong learning of older people, such as finance and computers, should be pursued to better understand its feasibility. As a variation in participant perception, examining the factors that may affect the outcome of the lifelong learning of older people would also be worthwhile. Finally, as previously mentioned, the characteristics of the program might influence the outcome evaluation; thus, inviting stakeholder input on the program to render the findings valid is suggested.

Implication

Several implications can be drawn from the study. First, the public should be made

more aware of the importance of the lifelong learning to older people and of the positive image of the older people. Older people are eager to learn and can learn new things; they simply learn differently than their younger counterparts (e.g., they need more time but work harder). The role of the older people as good life models and mentors should be highlighted. Younger people look upon older people as life mentors for personal problems, especially those of an emotional kind (e.g., conflicts in a relationship). Older people are able to help because they are experienced and sufficiently mature to discreetly handle delicate matters. Older people are also role models for younger people in that the latter can learn from the former's learning attitude and behavior; older people are persistent learners and are most willing to help others to learn. Local EAs can serve as promotional platforms for spreading positive image messages to the public via schools and other mass media, including RTHK Radio 5, television programs, the internet, and printed publications.

Although minimal resources are required to run local EAs, a reasonable sum of money is required to maintain the operation (as in other countries, such as the Australian U3As). Seed money or funding is required for operations, such as a trust fund managed by a charity, because all EAs should be financially independent. Older people should be allowed to raise funds among themselves by charging minimal tuition fees. Alternatively, the service and materials could be provided free by the host tutors (as in most Australian U3As). District Council funds should be made available because EAs are district-based and their activities cut across all policy domains.

Support from the government is important in the establishment of local EAs. To

accelerate the movement of the lifelong learning of older people in Hong Kong, the global policy for linking the organizations in the community should be continued. The “school-driven” policy is a good example. Aside from this movement, different types of social capital (public and private sectors and companies) should be encouraged to contribute to the lifelong learning of older people in terms of funding support for the operations of local EAs, learning opportunities in their companies, and so on. If possible, intergenerational service learning should be promoted to further develop the lifelong learning of older people.

Conclusion

To study the lifelong learning of older people, the first of all, we should learn different views on the purpose of education. Starting from the historical perspectives, Western education is oriented to rational inquiry, reasoning, and freedom of thought, whereas Chinese education, which is influenced by Confucianism, focused on the path to success with great wealth and high status. Overall, learning is regarded as the core components of education, which focuses on the development of knowledge and skills for its own sake.

As indicated by Dewey (1956), the process of learning is based on the humanistic principle. People with a sense of autonomy and self-actualization are eager to learn to gain fulfillment in life. Especially in aging, more emphasis is placed on “lifelong learning” than on “lifelong education.” Lifelong learning has become more individually oriented, as it reduces the traditional preoccupation with structures and institutions. In particular, older people engaging in lifelong learning have asked for their own interest and self-fulfillment rather than for survival and higher status in

society.

In Hong Kong, as in other countries, the aging population has a great impact on the rest of the population, such as social and economic effects, especially when such effects are unanticipated. To prepare for these changes, “active aging” is emphasized to optimize health maintenance, active participation, and security in order to enhance the quality of life of older people. Today, lifelong learning has become an effective strategy for enhancing active aging as older people continue active participation in society. Enhancing the quality of life of older people is important to reduce the burden to the community.

The provision/process of lifelong learning for older people can take several forms. Probably the most popular form of lifelong learning is the U3A. Various successful U3A models have been noted in lifelong learning programs for older people in countries. The two most prominent U3A models include the French and the UK models. The Australian model was developed from the UK model and a good example for establishing the local EA model. Early in 1984, the lifelong learning for older people was introduced in Hong Kong through small-scale learning programs. By 2008, 32 EAs had been launched with the support from the government.

The present evaluation study aimed to determine the characteristics of the local EA model, and to evaluate the local EA model for the lifelong learning of older people by examining the proposed teaching-learning style applied in EA course. The literature review provided evidence on the education and learning from the Eastern and Western perspectives to understand the purposes of lifelong learning. The

review of various U3A models offered the criteria of evaluation on the local EA model for the lifelong learning of older people in Hong Kong.

The study adopted a stringent research design, such as the documentary study, and the in-depth interviews applied in the macro level of evaluation, Phase 1, and the quasi-experimental study and the in-depth interviews then applied in the micro level of evaluation, Phase 2. Phase 1 identifies the characteristics of the local EA model, namely, cross-bureau, cross-sector, cross-profession, and cross-age collaborations; the provision of seed money; the establishment of a management committee involving older people; the concept of volunteerism; and the value of a “giving culture.” In other words, the support from the government, welfare, and schools is very important in the development of local EAs. Confucianism also unintentionally influences us to implement local EAs. The following evaluation at the micro level is conducted to examine the effect of the proposed teaching-learning style applied in local EA course on the participants’ learning performance to examine whether the local EA model is preferable to the lifelong learning of older people in Hong Kong. The results of Phase 2 revealed no significant difference in the change in learning performance between two study groups. However, **both “lecture and practicum” and “lecture-only” groups had an overall enhancement in learning performance.** In the “lecture and practicum” group, an enhancement of 22.8% was observed, whereas an improvement of 15.5% was noted in the “lecture-only” group. These results indicated that the “lecture and practicum” program was more useful than the “lecture-only” program.

When separately studying the change in learning performance of the older and

younger participants' change, a **significant difference was observed in the older participants ($t=2.27, p=0.030$)**, whereas a non-significant difference was noted in the younger participants ($t=-1.20, p=0.240$). Together with feedback of the participants from the “lecture and practicum” group, the proposed method of learning (related to experiential-based learning) was found to be useful in enhancing the learning performance of older participants.

Experience gained in this study provides useful guidance in the generation of new knowledge. The characteristics of local EA model and the elements of success in the lifelong learning model of older people include the elements of experiential learning, the importance of providing choice for older people, the element of intergenerational learning, older people as facilitators, and a centralized database for learning materials. The identified limitations suggest directions for further studies on lifelong learning of older people in Hong Kong. Conclusively, the local characteristics EA model combined with the element of experiential-based learning is preferable to the lifelong learning of older people in Hong Kong.

APPENDIX 1

Comparison of various U3A models

	French Model	UK Model Australian Model	Chinese Model	US Model
System	Government University No membership system No sponsorship	Self-help; Self-sufficiency Membership system No sponsorship (Australian Model) The U3A Trust Sponsorship (UK Model)	Traditional school No membership system No sponsorship	ILR (independent organization affiliated with a college or university) Elderhostel (learn-and-travel) No sponsorship
Campus	University	Home Church/ Community Hall	Formal institution Designed Campus	University Community colleges Senior citizen centers
Run by	Paid staff (University staff)	Members (Volunteers basis in both models) Member-driven/ “Do-it-yourself” approach (Australian model)	Paid staff (Staff Employed)	Paid staff (Staff Employed)
Taught By	Paid teacher (Formal qualifications/Expertise required) Teacher-student relationship (Respect)	Members (No qualifications criteria) (Volunteers basis) Facilitator / Peer relationship (Equal status)	Paid Tutor (Formal qualifications/Expertise required) Teacher-student relationship (Lifelong respect)	Paid Tutor (Formal qualifications/ Expertise required) Teacher-student relationship (Model of behaviour)

	French Model	UK Model Australian Model	Chinese Model	US Model
Major learning orientation	Knowledge-based Academic exploration	Interest-based	Knowledge-based Needs-based	Teacher-oriented/ Learner-oriented Knowledge /Interest-based
Popular subjects	Humanities and art	Literature, Music, Current affair	Health, Chinese Calligraphy, Painting	Creative writing, Money management, Retirement preparation
End-result	Coping with changes advancing age brings; Control of one's life No qualification and examination offered	Physical/ Mental stimulation; No qualification and examination offered	Pragmatic and serve society; Qualification and examination offered by some U3As	Awards = encouragement No grading examination; Attendance certificate; Not for qualifications;
Overall objectives	Learning for improving the quality of life	Learning for its own sake and pleasure	Learning for survival; health; contribution; and pleasure	Learning for pleasure and stimulation
Administered by	Paid staff	Volunteer Members	Paid/ Appointed staff	Retired members

	French Model	UK Model Australian Model	Chinese Model	US Model
Management style	Bureaucratic (Top-Bottom approach)	Democratic (Bottom-Top approach)	Bureaucratic (Top-Bottom approach)	Bureaucratic (Top-Bottom approach) but autonomy in ILR
Headed by	Council	Incorporated organizations (Australian model) that Governed by a democratically-elected management (both models)	University/ Government	Organizational committee
Election	No election	Yearly	No election	No election
Presentation Style	Lecture Less participation	Debate/Discussion Active participation	Lecture Less participation	Organized but informal learning
Time	Structured	Flexible and self-determination	Structured	Structured
Fee	Minimal course fee	Minimal annual membership fee	No membership system Minimal course fee	No membership system Minimal course fee

APPENDIX 2

邀請參與研究信

【階段一】

親愛的參與者：

你好！我是嶺南大學的博士學生，現正進行一項研究，並誠意邀請你參與。這項研究的目的是評估香港長者學苑的建立，執行情況和成效。

參加這項研究屬自願性質，而你亦可以在這項研究進行的任何階段退出。你的個人資料只用作研究用途，並將會作絕對保密和匿名的處理。倘若你願意參與這項研究，請在下部份同意書適當的空位上簽名。如有任何查詢，歡迎隨時與我聯絡，我的電話號碼是 27686812。

我衷心希望你能支持及參與此項研究，多謝！

黃家輝
嶺南大學博士學生
二零零八年九月

同意書

我已閱讀和被告知有關邀請參與研究信的內容，就本人的疑問及查詢，亦得到滿意的解答。我同意及自願參加此項研究。

簽名： _____

姓名： _____

日期： _____

APPENDIX 2a

**Invitation and Consent Form
(Phase 1)**

Dear participants,

I am a PhD student from the Lingnan University. I cordially invite you to participate in a study. The purpose of this study is to evaluate the establishment, operation and the effect of Elder Academies in Hong Kong.

Please be assured that your participation is voluntary in nature. You can withdraw from this study at any time during the process. All your personal data will be used for research purpose only, and is subjected to strict confidentiality and anonymity. If you agree to participant, please sign on the following consent form. For any inquiry, please feel to contact me at any time. My telephone number is 27686812.

I look forward to receiving your support and support and participation. Thank you.

Yours sincerely,

Wong Ka Fai
PhD student, Lingnan University
Sept 2008

Consent form

I confirm that I have read and be informed of the information provided in the invitation letter. All my queries and personal concerns have been answered to my satisfaction. I agree to give my consent to participation in this study.

Signature:

Name:

Date:

APPENDIX 3

Interview Guide (Phase 1)

Objective

To explore feedback from stakeholders on the establishment period of the EAs

Interview Guides

School Principals/ Teachers/ Social Workers

- 1) Why does the organization join the EA?
- 2) What is your expectation from the EA?
- 3) How does the organization organize/ coordinate the content of the program of the EA? Any characteristic (i.e. learning model...; teacher involved...; venue...; promotion strategies ;...)?
- 4) What is your experience and perception from running the EA?
- 5) What is the outcome from the EA? Any benefit? (i.e. different perspectives)?
- 6) What is difficulty you have encountered?

Tutors (Younger Students)

- 1) Why do you participate into teaching the EA program?
- 2) What is your expectation from teaching the EA program?
- 3) How do you conduct the teaching session? (i.e. Teaching strategies adopted; Training beforehand)
- 4) What is your experience and perception from teaching the EA program?
- 5) What is the outcome from the EA? Any benefit? (i.e. different perspectives)?
- 6) What is difficulty you have encountered?

Older learners

- 1) Why do you participate into the EA program?
- 2) How do you know about the EA program?
- 3) What is your expectation from the EA program?
- 4) What is your personal experience on the EA program? Any benefit gained?
- 5) What is the outcome from the EA? Any benefit? (i.e. different perspectives)?
- 6) What is difficulty you have encountered?

APPENDIX 4

Health Frontier Trainers' Program

Program description and design

The Health Frontier Trainers' Program is designed to provide a guide for participants on the competencies needed by health care trainers in providing assistance on training of health care knowledge in the EAs. The Curriculum meets the health needs of the older people in Hong Kong. The participants go through the preliminary health care concepts and basic clinical skills training to be the health frontier trainers.

The program design is divided into four main parts, known as lecture, basic clinical skills training sessions, assessment and program evaluation.

1) Lectures

4 days lectures are used to deliver the theoretical concepts of the roles and responsibilities of the health frontier trainers; the health care system of Hong Kong; knowledge of the elder' physical- psychological-social health problems and its basic management strategies and the principles for clinical skills training like vital sign monitoring, skills for transferring individual, wound care (general) and use of PPE and hand washing

2) Basic clinical skills training sessions

2 days basic clinical skills training sessions are used to provide the opportunities to participants to learn and practice their clinical skills.

3) Assessment

Participants' learning performance is assessed by the following assignments: quiz, the group project presentation and basic clinical skills examination.

4) Program evaluation

The effect of the Program is evaluated through multi-data sources methods, including pre/post-test questionnaires, assessments and interviews with stakeholders.

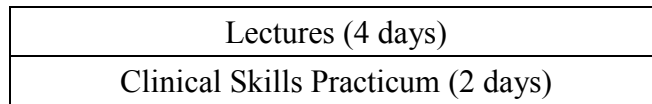
Venue

Lectures are conducted in the lecture rooms, whereas basic clinical skills training sessions are conducted in the practicum room of the educational institutions.

Length of program

This is a six days study program which provides a popular starting point for new, inexperienced or unqualified trainers who deliver training for the older people in EAs.

Participants (new, inexperienced or unqualified trainers)



Certificate in Health Frontier Trainers

Name of Award

While participants have completed the program and fulfill the criteria of grading system of the program, the Certificate in Health Frontier Trainers is issued to the participant.

Language of Instruction

Chinese is the major language of instruction of the program.

Objectives of the program

Upon successful completion of the course, students should be able to:

1. conceptualize the roles of health frontier trainers;
2. understand the concept of healthcare system in Hong Kong;
3. describe the elder' physical- psychological-social health problems and its basic management strategies;
4. apply basic clinical skills in the clinical practicum;
5. Integrate what participants learned in development of basic competencies required of the health frontier trainers in the EAs.

Program content

The program content consists of five topics as:

- Topic 1: Introduction of health care system in Hong Kong
- Roles of health care professionals
 - Roles of health frontier trainers

- Topic 2: Preparation of health frontier trainers
-Basic knowledge and skills needed for the trainers
- Topic 3: Common physical problems of the elderly
-Understanding of physical problems
-Basic management
- Topic 4: Common psychosocial problems of the elderly
-Understanding of psychosocial problems
-Basic management
- Topic 5: Skills for basic clinical skills training
-Vital sign monitoring
-Skills for transferring individual
-Wound care (general)
-Use of PPE and hand washing

Teaching schedule

In this program, four lectures, lasting for four hours per lecture, in which students will be provided theoretical concepts and inputs. Participants can be facilitated to develop a solid knowledge base of the study topics. For clinical skills training sessions, during the course also includes two sessions, lasting for six hours per session, in which students will have the opportunity to learn and then to practice basic health care skills. The teaching schedule is planned as:

Teaching Session	Topic	Place	Lecture hour	Practice hour
1	Roles of health frontier trainers Preparation of health frontier trainers		4	-
2	Common physical problems of the older people		4	-
3	Common psychosocial problems of the older people		4	-
4	Skills for basic nursing health care (Theoretical concept) <i>Quiz</i>		4	-
5	Skills for basic nursing health care (Skills training) (A class) <i>Skill assessment</i>		-	6
6	Skills for basic nursing health care (Skills training) (B class) <i>Skill assessment</i>		-	6
			Total: 12 hours	Total: 12 hours

APPENDIX 5

Learning Performance Questionnaire

Number: _____

Health Frontiers Trainer Programme

前瞻健康培訓導師活動

Evaluation Form

成效評估問卷

Thank you for your participation in the Health Frontiers Trainer Programme. The questionnaire aims to evaluate the effectiveness of the programme. The questionnaire is in pre-test and post-test basis. You are requested to administrate the questionnaire based on your current situations. Your participation in this evaluation bears the same importance to us and this will contribute to the overall improvement of the programme. Please be assured that the information you provided will be treated in strict confidentiality.

歡迎參加是次前瞻健康培訓導師活動！此問卷之目的為從多角度評估活動成效。煩請閣下花費數分鐘完成此問卷，您的寶貴資料將有助我們進行相關之計劃研究及成效評估。您提供的資料及意見將絕對保密。

This is 此為

- Pre-test questionnaire 前測問卷
- Post-test / Post-activity questionnaire 後測問卷

Date 日期 : _____

Part A 第一部分

(Personal Particular) 個人資料

Age 年齡 : _____

Sex 性別 : _____

Education 教育 : _____

Part B 第二部分

Please circle the appropriate scores (1=Strongly disagree, 10=Strongly agree) to indicate your opinions in the following aspects.

請圈出相應數字來指出你的意見 (1=非常不同意, 10=非常同意)

Assessment Criteria 評核標準	Score 分數									
1. I understand the concept of health. 我明白健康概念。	1	2	3	4	5	6	7	8	9	10
2. I am able to take care of my own health. 我能夠照顧自己的健康。	1	2	3	4	5	6	7	8	9	10
3. I realize ageing phenomenon in Hong Kong. 我了解香港人口老化的現象。	1	2	3	4	5	6	7	8	9	10
4. I have learned about the common physical problems of the elderly. 我已學習過關於長者常見的生理問題。	1	2	3	4	5	6	7	8	9	10
5. I have learned about the common psychosocial problems of the elderly. 我已學習過關於長者常見的心理問題。	1	2	3	4	5	6	7	8	9	10
6. I am able to perform effective interpersonal communication skills. 我能夠表現有效的人與人之間溝通技巧。	1	2	3	4	5	6	7	8	9	10
7. I understand health care system in Hong Kong. 我明白香港醫療系統。	1	2	3	4	5	6	7	8	9	10
8. I am confidence to be a Health Frontier Trainer. 我有信心成為前瞻健康培訓導師。	1	2	3	4	5	6	7	8	9	10
9. I realize the roles and the duties of a Health Frontier Trainer. 我了解前瞻健康培訓導師的角色及責任。	1	2	3	4	5	6	7	8	9	10
10. I am able to perform basic clinical skills (e.g. vital signs checking, wound care; transfer of individuals; hand washing skills.) 我能夠表現基本臨床技巧 (如維生指數檢查, 傷口護理, 轉移個體, 洗手技巧)。	1	2	3	4	5	6	7	8	9	10
11. I know the principles of observation skills. 我知道觀察技巧的原則。	1	2	3	4	5	6	7	8	9	10
12. I am willing to participate into the training. 我願意參與訓練。	1	2	3	4	5	6	7	8	9	10

Additional opinions for the programme (If any) 對活動附加的意見 (如有)

APPENDIX 6

邀請參與研究信

【階段二】

親愛的參與者：

你好！我是嶺南大學的博士學生，現正進行一項研究，並誠意邀請你參與。這項研究的目的是評估應用在前瞻健康培訓導師活動的建議學習方法之效果，從而為老年人找出有效的終身學習模式。

參加這項研究屬自願性質，而你亦可以在這項研究訪問進行的任何階段退出。你的個人資料只用作研究用途，並將會作絕對保密和匿名的處理。倘若你願意參與這項研究，請在下部份同意書適當的空位上簽名。如有任何查詢，歡迎隨時與我聯絡，我的電話號碼是 27686812。

我衷心希望你能支持及參與此項研究，多謝！

黃家輝
嶺南大學博士學生
二零一一年五月

同意書

我已閱讀和被告知有關邀請參與研究信的內容，就本人的疑問及查詢，亦得到滿意的解答。我同意及自願參加此項研究。

簽名：_____

姓名：_____

日期：_____

APPENDIX 6a

**Invitation and Consent Form
(Phase 2)**

Dear participants,

I am a PhD student from the Lingnan University. I cordially invite you to participate in a study. The purpose of this study is to examine the effect of the proposed teaching-learning style applied in the Health Frontier Trainers' Program, thereby finding out the lifelong learning model of older people.

Please be assured that your participation is voluntary in nature. You can withdraw from this study at any time during the process. All your personal data will be used for research purpose only, and is subjected to strict confidentiality and anonymity. If you agree to participate, please sign on the following consent form. For any inquiry, please feel to contact me at any time. My telephone number is 27686812.

I look forward to receiving your support and support and participation. Thank you.

Yours sincerely,

Wong Ka Fai
PhD student, Lingnan University
May 2011

Consent form

I confirm that I have read and be informed of the information provided in the invitation letter. All my queries and personal concerns have been answered to my satisfaction. I agree to give my consent to participation in this study.

Signature:

Name:

Date:

APPENDIX 7

Interview Guide (Phase 2)

Objective

To examine participants' perception and feedback on the Health Frontier Trainers' Program in the "lecture and practicum" group.

Interview Guides

Older and Younger Participants

- 1) Why do you participate into the Program?
- 2) What is your expectation from the Program?
- 3) What is your experience and perception on the Program?
- 4) What do you think about your learning experience / performance? Any benefit?
- 5) Any comment on the practicum in your learning. Any difference from conventional learning approach?
- 6) What are the most important factors in facilitating your learning?
- 7) What are difficulty and improvement you have noted?

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