

## **Motherland or Home Country : A Comparative Study of Quality of Life among Jews from the Former Soviet Union Who Immigrated to Israel, Jews in Russia, and Israeli Nonimmigrants**

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The present study's aim was to compare health-related quality of life (QoL) as measured by the SF-36 between 51 Jews from the former Soviet Union who immigrated to Israel between 3 and 8 years ago (Group 1) and 52 Jews who currently live in Russia (Group 2). Both were compared to a matched control group of 49 veteran Jewish nonimmigrant Israelis (Group 3). The results showed few differences between Group 1 and Group 2. However, both groups scored significantly lower than Group 3 on five of the eight subscales on the SF-36. It was concluded that Russian Jews who had immigrated to Israel did not differ significantly with regard to QoL compared to those who stayed behind in Russia and that more than 8 years are needed to reach the level of veteran Israelis who enjoy better QoL than both Jews in Russia and former Russians who immigrated to Israel.

**MOTHERLAND OR HOME COUNTRY**  
**A Comparative Study of Quality of Life Among**  
**Jews From the Former Soviet Union Who Immigrated**  
**To Israel, Jews in Russia, and Israeli Nonimmigrants**

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**When a person emigrates** from one country and immigrates to a new country on a voluntary basis, the expectation is clearly that of a better life in the new country. However, as immigration is a major life event requiring adaptation to a new environment, which is sometimes different socially, politically, culturally, and so forth, this event has been associated, at least temporarily, with a decline in subjective well-being as well as a decline in physical health.

How long does the adjustment to immigration take? Some months? Years? A lifetime? Does this ascribed status affect the immigrant's children as well? There is some agreement that with time there is an improvement in various dimensions of adjustment, such as subjective well-being and functioning (Scott & Scott, 1989) and psychological distress (Beiser, 1988), although there have been studies showing that after 10 or more years immigrants suffer from more psychological distress, such as depression and soma-

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712

tization, than nonimmigrants (e.g., Kohn, Flaherty, & Levav, 1989). In a recent study from Israel, Anson, Pilpel, and Rolnik (1996) showed that the first 3 years after immigration were associated with inferior physical and psychological well-being as well as poorer family functioning and social interactions and that, with time, the differences between Israeli-born residents and immigrants tend to fade away.

Immigration of Jews from all over the world to Israel has been one of the main goals and core values of the state from the beginning of its existence. The policy has been one of open immigration with heavy financial encouragement; that is, any Jewish person (either by ancestry or by marriage) receives initial financial aid, health insurance, assistance in finding employment, allocation of housing, free Hebrew language courses, free education, tax exemption on various goods as well as a number of other benefits. Immigration from the former Soviet Union increased enormously with the collapse of the communist structure and the subsequent economic, social, and political upheaval. Between the years 1989 and 1995, about half a million Jews from the former Soviet Union immigrated to Israel, today constituting about 9% of the Israeli population.

The objective of the present study was to inquire into the quality of life (QoL) of former Russians in Israel after the initial immigration crisis had passed. We chose the time span of at least 3 years in Israel following Anson et al. (1996) with 8 years as the upper limit. We compared this group to Jews living in Russia who did not emigrate and to veteran nonimmigrant Israelis. We chose young people as our subjects as it is well known that immigration at an older age is much more complicated than at a younger age (Scott & Scott, 1989). We compared the three groups on a well-known and well-researched measure of general health-related QoL, the SF-36, that was culturally adapted and translated into Russian and Hebrew as well as more than 20 other languages around the world (Ware, Gandek, & the IQOLA Project Group, 1994).

## METHOD

### PARTICIPANTS

The final study group consisted of 152 participants, between the ages of 25 and 45, divided into three groups matched for age, sex, education, employment, and work in profession, as follows.

*Group 1: Immigrants to Israel from the former Soviet Union.* A total of 89 subjects participated in the study out of which 51 subjects were eligible after

the matching of the five variables. All subjects were presently living in the city of Beer-Sheva, in the south of Israel, where a substantial proportion of these immigrants have settled. Subjects were recruited while shopping in a downtown supermarket known for its popularity among this immigrant group.

*Group 2: Russian Jews living in Russia.* A total of 68 subjects participated in the study, with 52 subjects suitable after the matching procedure. All participants were from St. Petersburg and were recruited partly through a Jewish organization (Hebrew language course) and partly by a “snowball” technique.

*Group 3: Veteran nonimmigrant Israelis.* This group consisted of individuals who were either born in Israel or who immigrated before the age of 10. As this was, logistically, the easiest group to collect data from, this was done after the other two groups so as to match the groups’ means for age, sex, education, and employment. Fifty-five subjects participated, 49 of whom were included in the sample. All the Israelis were from the city of Beer-Sheva and were recruited after being approached in a local shopping mall.

#### ASSESSMENT: TWO QUESTIONNAIRES ADMINISTERED TO SUBJECTS

1. *Demographic questionnaire.* A demographic questionnaire was administered in which the categories, education, profession, and so forth were formulated so as to be applicable to all three study groups. In addition, the subjects also were requested to state whether their present work was in the profession for which the person was trained, because in Israel, some immigrants are forced to work in jobs for which they are grossly overqualified (e.g., cleaning when educated as teacher). In addition, Group 1 was asked about the length of time since immigration, place of domicile before immigration, and so forth.

2. *The SF-36.* The SF-36 is a short, health-related QoL questionnaire with 36 items whose reliability, validity, and acceptability have been successful in a number of studies (e.g., Ware, Kosinski et al., 1995) and is widely used in medical outcome research. The scale has been adapted both to Russian (Varshavsky et al., 1995) and to Hebrew (Lewin-Epstein, Sagiv-Schifter, Shabtai, & Shmuel, 1998) and has been used in healthy populations (Ware, Snow, Kosinski, & Gandek, 1993) as well as in various diseases. The International Quality of Life Assessment Project conducting the research on the scale worldwide has adhered to the strict demands of cross-cultural research methods to ensure

conceptual equivalence and quality translations (Ware, Keller, Gandek, Brazier, & Sullivan, 1995). A higher score indicates better functioning.

The SF-36 is analyzed in eight scale profiles (Ware et al., 1993) as follows:

1. Physical Functioning (10 items), asking about the extent to which health limits physical activities such as walking, climbing stairs, and vigorous activities. Cronbach's  $\alpha$  in the present study for this scale was 0.86.
2. Role Functioning—Physical (4 items), asking about the extent to which physical health interferes with work or other daily activities. Cronbach's  $\alpha$  in the present study for this was 0.85.
3. Role Functioning—Emotional (3 items), asking about the extent to which emotional problems interfere with work or other daily activities. Cronbach's  $\alpha$  in the present study for this scale was 0.72.
4. Social Functioning (2 items), asking about the extent to which physical health or emotional problems interfere with normal social activities. Cronbach's  $\alpha$  in the present study for this scale was 0.74.
5. Bodily Pain (2 items), asking about the intensity of pain and the effect of pain on normal work. Cronbach's  $\alpha$  in the present study for this scale was 0.78.
6. Mental Health (5 items), asking about general mental health, including depression, anxiety, behavioral-emotional control, and general positive affect. Cronbach's  $\alpha$  in the present study for this scale was 0.80.
7. Vitality (4 items), asking whether a person feels energetic and full of pep versus tired and worn out. Cronbach's  $\alpha$  in the present study for this scale was 0.79.
8. General Health Perceptions (5 items), asking about personal evaluations of health, including current health, health outlook, and resistance to illness. Cronbach's  $\alpha$  in the present study for this scale was 0.69.

The reliability for the full scale was 0.83 as measured by Cronbach's  $\alpha$ . A last single item asks about evaluation of current health compared to 1 year ago. This measure was not used in the present study.

Group 1 and Group 2 answered the Russian-language version of the SF-36, whereas Group 3 answered the Hebrew version of the questionnaire. The data were collected at the same time for all the groups, in the spring of 1996.

#### DATA ANALYSIS

The data analysis was done in the Beer-Sheva Center using SPSS. *t* tests were applied to assess the association between length of stay in Israel and the SF-36. Analysis of variance (ANOVA) and  $\chi^2$  were used to assess the differences between the demographic variables, and ANOVA was used to assess the differences between the three study groups on the SF-36 subscales. Scheffe's analysis of contrasts was applied to detect the source of significance in the ANOVA.

## RESULTS

Group 1 was divided into two subgroups according to length of stay in Israel, 3 to 5 years ( $n = 24$ ) and 6 to 8 years ( $n = 27$ ). The two subgroups were compared on the eight scales of the SF-36, and no significant differences could be detected on any of the scales (data not shown here). Therefore, the following will relate to Group 1 without the subdivision.

Table 1 shows the demographic characteristics of the three study groups. The age was compared using a one-way ANOVA, as the variable was a continuous variable. The remaining measures were compared using  $\chi^2$ .

From Table 1, it can be seen that there were no significant differences between the groups as to the demographic variables. Initially, a two-way ANOVA was performed for gender by group for the eight subscales. None of the differences for gender was significant. Following this, we proceeded with a one-way ANOVA for group only. Table 2 shows the ANOVA between the three groups with Scheffe's analysis of contrast ( $p < .05$ ) of the eight subscales of the SF-36.

From Table 2, it can be seen that Group 1 has scores similar to Group 2 on all the scales, with the exception of Emotional Role Functioning, in which they score higher, and Bodily Pain, in which they score lower. Both, however, score lower than Group 3 on five of the eight scales. Only on Bodily Pain do both Group 2 and Group 3 score higher than Group 1. On two subscales, Physical Functioning and Vitality, no significant differences were found between the three study groups. Group 3 shows higher scores on all the scales, even the ones that did not reach significance, a tendency that would probably have been more apparent and significant had the sample been larger.

## DISCUSSION

The main findings can be summarized as follows: Immigrants to Israel from the former Soviet Union, after having spent from 3 to 8 years in Israel, did not differ significantly on most aspects of their QoL as measured by the SF-36 from Jews who did not emigrate. On the subscales of the SF-36 of Emotional Role Functioning, the immigrants function better than the Jews in Russia, whereas on the subscale of Bodily Pain, the immigrants are worse off than the Jews who did not emigrate. Furthermore, the results showed that veteran Israelis enjoy a better QoL on most dimensions than both immigrants and Jews in Russia do. Last, it was shown that there was no difference between the immigrants who had been in Israel from 3 to 5 years and the ones who had been in Israel from 5 to 8 years.

**TABLE 1**  
**Demographic Characteristics of the Three Study Groups**

	<i>Group 1: Jews From the Former Soviet Union (n = 51)</i>	<i>Group 2: Jews Living in Russia (n = 52)</i>	<i>Group 3: Veteran Israelis (n = 49)</i>	<i>Statistic</i>	<i>Significance</i>
Age (mean years $\pm$ SD)	35.01 $\pm$ 4.97	35.22 $\pm$ 5.78	35.77 $\pm$ 6.08	$F = 0.13$	.87
Sex (% males)	47	50	53	$\chi^2 = 0.34$	.84
Education (% 12+)	74	73	71	$\chi^2 = 0.23$	.89
Percentage employed	75	84	89	$\chi^2 = 1.38$	.50
Percentage working in profession <sup>a</sup>	86	82	88	$\chi^2 = 2.5$	.28

a. Of the ones employed.

The results indicate that the process of full integration—that is, feeling mentally and physically as good as the local population—takes many years, more than 8 and maybe much longer. It seems that after the initial process of absorption, finding a job, housing, and so forth, which has been widely documented (e.g., Fein, 1990), there is a second stage of integration that might be more subtle and slow and actually might not end during the lifetime of the immigrant. This is in accordance with several other studies that have suggested that the immigrant's well-being is inferior to the host population for as long as 20 years or more (Flaherty, Kohn, Levav, & Birz, 1988). Anson et al. (1996), studying immigrants up to more than 40 years after immigration, found that although the differences fade away with time, the immigrants never reached the level of well-being enjoyed by Israeli-born residents. The present study shows that between 3 and 8 years, not much happens in health-related QoL and that the process of integration is long and slow indeed. Earlier studies have pointed out that the main reason for this lies in the disruption of the long-standing social ties that the immigrants had; the adaptation to new cultural norms remained a disturbing and distressing experience (Shuval, 1982; Zilber & Lerner, 1996). According to Mirsky (1991), immigration is accompanied by a deep sense of loss, which is related to such deep structures as self-identity and internal representations of one's objects. These dimensions are supposedly quite stable, and, therefore, it should not be surprising that this process takes a very long time. However, one should note that this line of thinking is speculative because these variables were not directly studied and the study was not longitudinal. Further studies should address these issues.

**TABLE 2**  
**Means and Standard Deviations for the Three Study Groups on the Eight SF-36 Subscales**

<i>Scale</i>	<i>Group 1: Jews From the Former Soviet Union (n = 51)</i>		<i>Group 2: Jews Living in Russia (n = 52)</i>		<i>Group 3: Veteran Israelis (n = 49)</i>		<i>F Value</i>	<i>Significance of F</i>	<i>Scheffe's Analysis</i>
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>			
Physical Functioning	86.0	17.0	90.0	13.6	91.9	15.1	1.88	.15	
Role Functioning Physical	70.6	35.1	66.5	41.6	90.3	24.9	6.66	.002	1, 2 < 3
Role Functioning Emotional	75.6	32.1	57.3	37.5	90.5	21.5	14.08	.000	1 > 2 < 3, 1 < 3
Social Functioning	66.7	24.9	72.1	22.3	86.5	22.4	9.5	.001	1, 2 < 3
Bodily Pain	72.7	23.9	81.6	21.5	82.7	20.0	3.12	.049	1 < 2, 3
Mental Health	56.3	17.3	58.7	17.2	73.4	17.2	13.6	.000	1, 2 < 3
Vitality	58.2	15.4	57.9	16.7	61.8	19.1	0.76	.46	
General Health Perceptions	61.0	20.2	64.1	17.7	75.6	19.1	7.29	.001	1, 2 < 3

NOTE: Higher scores mean higher quality of life.

The findings showed that, after 3 years in Israel, the immigrant is more or less at the same level as his or her counterpart who did not emigrate, with the exception of Emotional Role Functioning, in which the immigrant is doing better, and Bodily Pain, in which he or she is doing worse. In general, the results seem to suggest that the immigrant has not improved his or her QoL at this point. However, it might be hypothesized that being in Israel where the local host population enjoys a better QoL, he or she has the outlook of a better future, albeit some time away, for the next generation. This positive outlook for the future might have value for the immigrant. It also could be argued that the individuals choosing to emigrate were a group that had an initially lower QoL than others that decided not to emigrate (e.g., many fears, diseases, unemployment), and this was the reason for emigration. If this was the case then, in effect, the immigrants did improve their QoL because their initial level was lower. However, this explanation seems unlikely because a recent study of 600 immigrants to Israel from the former Soviet Union (Zilber & Lerner, 1996) found no evidence of negative selection and attributes the increased psychological distress they found to the immigration process. Again, because the present study was not a longitudinal study, these explanations are only speculations that future studies should take into consideration.

Regardless of the issue of emigration/immigration, the results indicate that people in Israel today enjoy a high QoL as compared to the two other groups. The young Israelis in this sample are a group that has undergone, relative to older Israelis, fewer national stressful life events: The last was the Lebanon war in 1982, in which not all men participated (as opposed to the earlier wars of Israel); they have not experienced the stress of immigration as has the comparison group. Following this "life event" approach (Anson et al., 1996), together with the steady economic growth and increase in the standard of living in Israel, it is not surprising that this group reports a better QoL than the other groups. These findings are in line with another recent study comparing subjective QoL in 15 countries—among them Russia, with a sample also from St. Petersburg, which showed that the Israelis enjoy a relatively high QoL as compared to other countries, whereas Russia's is relatively low (The WHOQOL Group, in press). Moreover, one can not ignore that the Russians in general, including the Jews, underwent many social, political, and economic changes during the past 6 years. Russia changed so much that it could be argued that the population was exposed to a stressful life event possibly compared to the hardship of emigration. This might be a further reason for the lower QoL found there as compared to the Israelis.

One could speculate that the higher QoL found among Israelis is an artifact in that they were compared to Jews in Russia, being a minority, and not to the general majority population of Russia. Varshavsky and Bulygina (1997)

compared Jews in Russia to a matched sample of non-Jews and found no significant differences between the two groups; that is, the QoL seems to be lower for all populations in Russia, and the finding reflects currently genuine differences between the two societies.

The present study has several limitations. First, the sample size was small. This was partly because we insisted that the sample be fully matched on several parameters so that a meaningful comparison could be made. Furthermore, to reach Jews in Russia was difficult because it is not socially acceptable to inquire whether a person is Jewish. The study should be repeated with a larger sample. Second, we used the SF-36 because it had been culturally adapted to both Hebrew and Russian. However, it is possible that this questionnaire, with its emphasis on health and health-related behaviors, does not ask the questions relevant to immigration, such as sense of belonging and/or ideological issues. Third, the place of origin of Group 1 was not controlled for, so possibly some of the sample was from rural areas and some from urban areas, which may influence the variables under study. Furthermore, as the former Soviet Union is undergoing many changes, it is possible that the relatively low QoL found in the St. Petersburg sample in the present study is something temporary and might fluctuate.

In conclusion, the present study found that on the SF-36 measuring QoL, young Jews from the former Soviet Union who immigrated to Israel were similar, with few exceptions, to Jews in Russia who did not emigrate. Both, however, were worse off than nonimmigrant Israelis.

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