

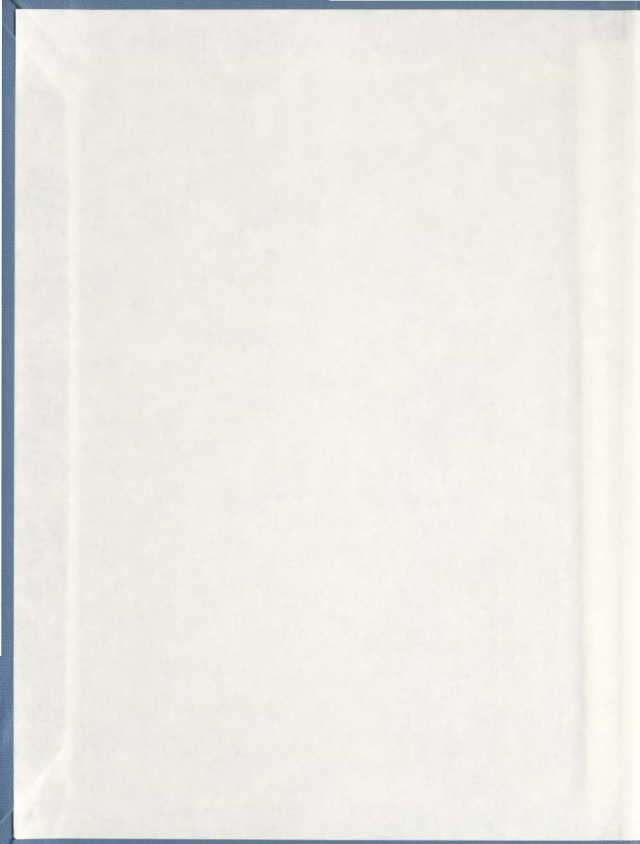
TOWARDS MEETING THE HEALTH CARE NEEDS OF THE
CHINESE ELDERLY: MEANING AND POTENTIAL
HEALTH CONSEQUENCES ASSOCIATED WITH CARE
RECEIVING FOR THE CHINESE ELDERLY

CENTRE FOR NEWFOUNDLAND STUDIES

**TOTAL OF 10 PAGES ONLY
MAY BE XEROXED**

(Without Author's Permission)

MARIAN MacKINNON



Towards Meeting the Health Care Needs of the Chinese Elderly:
Meaning and Potential Health Consequences Associated With Care
Receiving for the Chinese Elderly.

by

Marian MacKinnon

A thesis submitted to the
School of Graduate Studies
in partial fulfilment of the
requirements for the degree of
Master of Nursing

School of Nursing
Memorial University of Newfoundland

August, 1993

St. John's

Newfoundland



National Library
of Canada

Acquisitions and
Bibliographic Services Branch

395 Wellington Street
Ottawa, Ontario
K1A 0N4

Bibliothèque nationale
du CanadaDirection des acquisitions et
des services bibliographiques

395, rue Wellington
Ottawa (Ontario)
K1A 0N6

9.5.1.4. \mathcal{L}_1 norm

© 2004 Blackwell Publishing Ltd *Journal of Internal Medicine* 255: 105–112

The author has granted an irrevocable non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of his/her thesis by any means and in any form or format, making this thesis available to interested persons.

L'auteur a accordé une licence irrévocable et non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de sa thèse de quelque manière et sous quelque forme que ce soit pour mettre des exemplaires de cette thèse à la disposition des personnes intéressées.

The author retains ownership of the copyright in his/her thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without his/her permission.

L'auteur conserve la propriété du droit d'auteur qui protège sa thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

ISBN 0-315-86636-5

Canadă

Abstract

A qualitative, exploratory, descriptive study was carried out to explore the meaning and potential health consequences, to the Chinese elderly, of being dependent on family for physical, financial, psychological and social needs. Themes arising from the data provided the framework for presentation and discussion of the findings.

Ten elderly Chinese participated in the study which involved tape recorded face-to-face interviews. A pilot study was initially conducted with four Chinese elders using an interview guide of semi-structured and open ended questions. The interview guide was developed by the researcher. Following the pilot study, the revised interview guide was used with six more Chinese elderly to obtain in depth descriptions of the elder's experiences related to care receiving. Data were analyzed using the constant comparative method.

Analysis of the data revealed that elderly Chinese immigrants may experience psychological, social, as well as potential physical health consequences related to the care receiving situation. Four major concepts emerged from data analysis: 1) loneliness and isolation, associated with absence of social contacts, language difficulties, intergenerational differences, and transportation problems; 2) reduced resources with which to reciprocate, and hence

balance the care receiving relationship; 3) an expressed need for meaningful relationships and roles within the family; and 4) the desire for greater independence within the care receiving situation with families.

Implications for providing culturally sensitive care are discussed, as well as implications for nursing education and research. Some speculative relationships between relevant concepts are suggested as a possible basis for a future framework for care receiving.

Acknowledgements

This thesis would not be complete without acknowledgement of the contributions, support and encouragement of many people. First, I wish to express my most sincere appreciation to my thesis supervisor, Dr. Lan Gien, for the academic guidance, inspiration, and support she offered and for the hard work and long hours she put in to assist me in meeting deadlines. I wish to express my appreciation to Marianne Lamb who challenged my thinking and who, early in the process, asked me to clarify my concepts, a suggestion that had a significant impact on the thesis process. I also wish to extend my thanks to Dr. Douglas Durst, who provided encouragement, academic support and guidance and who "demystified" the whole process of thesis writing and made it seem more possible. The hard work and commitment shown by all of my committee members, especially my supervisor Dr. Gien, provided me with the kind of support necessary to make the challenging task of writing this thesis an exciting educational experience. My thanks is also extended to Dr. Christine Way who initially inspired my interest in qualitative research and who first kindled my interest in working with elders from other cultures.

I am also very grateful to all of my interpreters; Wanda Chang, Grace Wong, Jiun Cho-Chen, Daisy Tsoa and Allan Au, for

their enthusiasm and hard work during the data collection stage. They offered their time in spite of very busy schedules of their own.

I wish to express my most sincere appreciation to the Chinese elderly who extended a warm welcome and who graciously shared their time and experiences with me. In addition, I want to offer my appreciation and thanks to the many Chinese people in the community who assisted me in finding participants for this study. A very special thank you to all of these people without whom this research would not have been possible.

Finally, words cannot express my thanks to my four sons for their patience, support, and understanding while their mother "got educated." I also want to express my deepest appreciation to my mother (who is a nurse), and to my sister, Berna, who shared in the celebration with every achievement along the way, and who provided moral support (and chocolate bars) during crises.

All of these people have contributed to the personal enrichment I have gained from this process. I thank them all very much.

Dedicated to my mother, Mrs. Merle Wilson, to the memory of my father, Mr. Bernard Wilson, and to my four sons, Sean, David, Sasha and James MacKinnon.

Table of Contents

Abstract	ii
Acknowledgements	iv
Dedication	vi
List of Tables	xii
List of Appendices	xiii
 CHAPTER ONE: INTRODUCTION	 1
Problem Statement	1
Purpose of the Study	6
Research Questions	7
Definition and Use of Terms	8
 CHAPTER TWO: LITERATURE REVIEW	 10
Background Information	11
Brief History of Chinese	
Immigration to Canada	11
Chinese Cultural Tradition	13
Filial Piety	18
The Impact of Ethnicity on Health Needs	
and Care Receiving	21
Support from Family for the	
Ethnic Elderly	22

Support from Family	
for the Chinese Elderly	24
Influence of Language Ability on	
Adjustment	26
Language Ability and the	
Chinese Elderly	28
Meaning and Potential Health Consequences	
Associated With Care Receiving	29
Loneliness and Isolation	31
Aging and Power Resources	35
Meaningful Roles and Relationships	39
Independence/Dependence.....	41
Summary	46
CHAPTER THREE: METHOD	49
Design	49
The Population	51
Sample	51
Data Collection	53
Access to Respondents	54
The Interviews	56
Working with Interpreters	59
Data Analysis	62
Validity	63
Ethical Considerations	64

	ix
CHAPTER FOUR: FINDINGS	67
Characteristics of the Sample	67
Thematic Analysis and Findings	76
Findings Related to the Research Questions .	77
1. Potential Psychological, Social and Physical Consequences Associated With Care Receiving	77
Loneliness and Isolation	77
Potential Physical Health Consequences	81
2. Desire to Reciprocate for Care Received	82
Aging and Power Resources	82
Decision Making in the Family .	84
Fear of Being a Burden	85
3. Ability to Maintain Expected Roles and Status Within the Family	87
Meaningful Roles and Relationships .	87
Emotional Needs	88
Disagreements	91
4. Feelings and Attitudes toward Requiring Care from Family	91
Independence/Dependence	91
Helplessness/Hopelessness .	94

	x
CHAPTER FIVE: DISCUSSION	97
Research Findings	97
Discussion of Sample Characteristics	97
Discussion of Research Findings Related	
to the Research Questions	103
1. Potential Psychological, Social	
and Physical Consequences Associated	
With Care Receiving	103
Loneliness and Isolation	103
Potential Physical Health	
Consequences	106
2. Desire to Reciprocate for	
Care Received	107
Aging and Power Resources..	107
Decision Making	109
3. Ability to Maintain Expected Roles and	
Status Within the Family	110
Meaningful Relationships and roles	110
Emotional Needs	113
4. Feelings and Attitudes Toward	
Requiring Care From Family	114
Independence/Dependence	114
Helplessness/Hopelessness	117

CHAPTER SIX: SUMMARY AND CONCLUSIONS	120
Summary of the Study	120
Limitations	121
Sample Size	121
Data Collection Process.....	121
Suggestions for Further Research	123
Implications	124
Nursing Practice and Education	125
Nursing Research and Theory	128
Conclusions	131
REFERENCE LIST	133

List of Tables

Table 1:	Respondents by Age and Sex	68
Table 2:	Respondents by Length of Time in Canada .	70
Table 3:	Respondents by Marital Status	71
Table 4:	Respondents by Reading Ability	73
Table 5:	Respondents by Speaking Ability	73

List of Appendices

Appendix A:	Letter of Approval from Human Investigation Committee	152
Appendix B:	Semi-Structured Interview Schedule .	153
Appendix C:	Personal Data Questionnaire	161
Appendix D:	Letter of Introduction (English) .	164
Appendix E:	Letter of Introduction (Chinese) .	165
Appendix F:	Consent Form (English)	166
Appendix G:	Consent Form (Chinese)	167

A journey of a thousand miles begins with a single step.

(Traditional Chinese Proverb)

CHAPTER ONE

INTRODUCTION

Between 1986 and 1991 the number of Chinese immigrants arriving in Canada increased by approximately 32% (Statistics Canada, 1993). Ten percent of the immigrants from China are elderly, either coming with family, or coming to join family members (National Advisory Council on Aging, 1993a; Weeks & Cuellar, 1983). This move from one country to another has the potential to be a stressful event for the immigrant elder as he/she adjusts to the values, customs, and lifestyle of the new country as well as to the westernization of his/her children and grandchildren (Disman, 1983; Kalish & Moriwaki, 1973). Consideration of the psychological, social, and potential physical consequences of elderly Chinese living with their adult children in Canada may have important implications for development of nursing theory, and subsequent nursing practice in this area.

Problem Statement

Problems associated with aging and increased need for care were conceptualized by Dowd (1975) as a loss of power

advantage. When the elderly are no longer able to reciprocate by other means for needed assistance, they may be pressured to relinquish their authority within the family. Blau (1964) perceived power resources to be money, approval, respect, and compliance. Other authors perceived power resources to include such things as love, self-esteem, energy, knowledge, and good health (Miller, 1991a; Tilden & Gaylen, 1987). As the aged or ill person's power resources decline they may be left with nothing to offer in return for the care they are given. In an effort to reciprocate, the elderly may give up their status and authority in the home and comply with the demands of their caregivers (Blau, 1964; Dowd, 1975).

When elders immigrate to a new country their world may become limited to immediate family (Billones & Wilson, 1990; Die & Seelbach, 1988; Hoe, 1979; Naidoo, 1985). With the move to the host country, many suffer the loss of their means of livelihood, and thus their economic basis of authority (Kalish & Yuen, 1971). Once having joined their families in the new country, elders who perhaps held prestigious positions in their country of origin, may find themselves dependent on their adult children. They may lose status in the family and become resentful because they may not be accorded the respect that they feel they deserve (Coombs, 1986; Lopata, 1973; Naidoo, 1985; Wu, 1975). These changes are relevant to most elders who immigrate, including the Chinese.

Leaving their home (country) to immigrate to a new land may represent an enormous loss to the elderly Chinese immigrant (Disman, 1983). Surroundings which were comfortable and familiar are left behind, as is a lifetime of customs and familiar daily activities (Disman, 1983; MacLean & Bonar, 1983). Friends and cohorts too are left behind (Kuo & Tsai, 1986; Salvendy, 1983; Wu, 1975). At first the elder may not realize the extent of their loss (Cheng, 1978). Due to philosophical teachings which discourage emotional expression, the Chinese elderly may find it difficult to make their problems and feelings known and thus gain needed support (Cheung, 1986; Kleinman, Eisenberg & Good, 1978; Leong, 1976; Tseng, 1975). Yeh (1972) explains the basis of avoidance of excessive emotional expression in the Chinese culture:

The Chinese believe that if one follows Confucian teachings closely, and avoids excessive and incongruent emotions, mental disturbances should not occur. Confucianism also teaches that maintaining harmony in familial and social relationships requires inhibition and avoidance of emotional expression. Thus the logical suppression of emotions and the taboo against discussing one's feelings can be seen as psychocultural coping mechanisms (p. 132).

Chinese moral and ethical values, attitudes, and behaviours are based on the philosophical and religious teachings of Confucianism, Taoism and Buddhism (Bond & Hwang, 1986; Lee, 1986). Central to these religious teachings is the concept of filial piety which means that children, in particular, sons, respect their elderly parents and provide care for them in their old age (Lang, 1968; Yu, 1983). Traditionally, reciprocity was considered an important aspect of filial piety (Cho, 1990; Bond & Hwang, 1986). Sons cared for their parents in exchange for the transfer of parental property to them. The parents expected to maintain an exonerated position in the family. They expected to be treated with dignity and to be called upon for their advice and opinion (Cho, 1990). Hence care of the aged in China was not perceived as a situation of dependency but as the exchange of resources for care (Cho, 1990).

The majority of Chinese elders who experience living with their children upon arrival, eventually prefer to live independently (Chan, 1983; Ujimoto, 1987; Wu, 1975). Many who continued to live with offspring did so for financial or health reasons only (Wu, 1975). Differences in lifestyle, values and allegiances, as well as reduction in status within the family, were found to be major problems associated with living with offspring (Chan, 1983; Gelfand & Barresi, 1987; Rosenthal, 1986; Wu, 1975).

Chinese elders in Canada may feel socially isolated as a result of financial difficulties and transportation problems (Chan, 1983; Coombs, 1986; Die & Seelbach, 1988; Hoe, 1979; McCallum & Shadbolt, 1989; Naidoo, 1985; Watson, 1990). Inability to speak English may aggravate feelings of isolation by creating the need for assistance with the most simple activities (Auger, 1990; Chan, 1983; Coombs, 1986; Die & Seelbach, 1988; Goodwin, 1988; Naidoo, 1985; Watson, 1990; Wu, 1975). Families may not be able to provide for all of the social needs of their elderly. Adult children may have forgotten their own adjustment struggles and may feel their presence mediates the transition for their parents. Therefore, problems faced by the elder may be overlooked (Canadian Task Force on Mental Issues Affecting Immigrants and Refugees, 1988; Coombs, 1986).

Existing social programs have lessened economic obligations towards kin integration for both Chinese and Canadian born elderly and their families. Such programs may not be available to some Chinese elders (Treas, 1977; Wister, 1985; Wu, 1975). This lack of access to social programs and financial support from the Canadian government may mean that many Chinese elderly have no independent means of support. The situation of dependency in which Chinese elders find themselves in Canada may influence their feelings of self-efficacy and self-esteem and consequently create adjustment

problems. Requiring aid from children for basic needs may cause Chinese elders who have come to Canada to feel they are a drain on their children's resources. They may particularly feel this way if they are unable to reciprocate in some way (Lee & Ellithorpe, 1982).

Much of the past research on problems associated with care receiving is based on white populations and on related concepts such as reciprocity and dependency. The paucity of investigation into the perceptions of elders in care receiving situations indicates the need for qualitative exploration. Research is required to determine how cultural beliefs and values either interfere with, or abet, the general well-being and self-esteem of the Chinese elder in care receiving situations.

Purpose of the Study

The purpose of this study is to explore and describe the meaning and potential consequences for the Chinese elderly of the experience of living with and being dependent on offspring for psychological, social, and in some cases, physical support.

Hopefully, the results will ultimately increase the conceptual knowledge base about the potential health

consequences and the perceptions of the elderly in care receiving situations. Additional purposes are: to provide nurses and other health care professionals with further information that will assist them to understand factors affecting the well-being of Chinese elders in Canada; to assist health care professionals to provide culturally sensitive care to this group; and, to facilitate the development of theory for guiding further research on care receiving situations.

Research Question

The research question proposed for this study is: What are the meanings and potential health consequences of care receiving for the Chinese elderly in St. John's, Newfoundland?

The following specific questions were formulated to guide the research:

- 1) what are the potential psychological, social, and physical consequences of being a care receiver;
- 2) do the Chinese elderly want to reciprocate in some way for care received;
- 3) are the Chinese elderly able to maintain their expected status and role within the family in the care receiving situation;

- 4) what are the feelings and attitudes of the Chinese elderly toward requiring care from their families?

Definition and Use of Terms

This section provides definitions of terms for which the meanings are specific to this study.

- | | | |
|---------------------|---|--|
| Care Receiver | - | an elderly person who is dependent on his/her family for psychological, social, financial, and/or physical support (care). |
| Filial piety | - | loyalty and respect to parents, and the responsibility of caring for parents in their old age. |
| Financial needs | - | the need for food, shelter, clothing transportation, and discretionary money. |
| Health consequences | - | psychological, social, and physical problems which appear to be related to the care receiving situation. |

- Physical needs - the need for necessary assistance with activities of daily living and the need for support and opportunity to maintain or improve physical status.
- Psychological needs - the need for self-esteem, emotional support, love and affection (demonstrated in the Chinese culture through such behaviours as deference and respect) as well as the need to feel valued.
- Reciprocity - the perceived equal exchange of valued tangible or emotional commodities (Tilden & Gaylen, 1987).
- Social needs - the need for social interaction with friends and others, as well as, the need for involvement in the larger community outside the home.

CHAPTER TWO

LITERATURE REVIEW

In spite of the increase in immigrants from Asia and South East Asia, research specifically on the needs of this group has been found to be sparse (Bond, 1986; Wong & Reker, 1985)). In 1971, Kalish and Yuen stated "published material specifically on the elderly Asian-American is extremely scanty" (p.40). Although written in 1971, it appears to be true today. A computer search plus use of reference lists disclosed very little current information on the Chinese elderly. Chan (1983) confirmed the lack of research in the statement: "there is an alarming paucity of data and theorizing about the elderly Asian-American" (p. 36).

This scarcity of data may at least partially be accounted for by the fact that the Chinese community has been found to be difficult to access (Lin & Lin, 1978). The history of racism and discrimination against the Chinese in Canada and in North America (Chen, 1980; Coombs, 1986; Hoe, 1979; Kalish & Yuen, 1971; Yu, 1983; Spector, 1985; Sue & Morishima, 1982) may have at least partially explained why this group found it difficult to trust those (eg. researchers) within western culture who claimed a benevolent interest in their history and

their needs. Furthermore, because of philosophical, moral, and religious teachings, which valued modesty and discouraged self interest, the Chinese may not have been comfortable talking about themselves. Discussion of problems outside the family has been considered a cultural taboo.

Research on the perspective of the care receiver was equally sparse. Consequently, this literature review was partially based on discussion papers and has highlighted areas related to health needs and care receiving amongst older Chinese immigrants. In this chapter, background information on the Chinese culture is presented first, followed by a review of the general literature on the effect of ethnicity and language ability on the health and adjustment of older immigrants. A review of the literature related to care receiving will then be presented.

Background Information

Brief History of Chinese Immigration to Canada

East Asian immigrants to Canada and the United States began arriving around the mid 1800's (Chan, 1983). Some became self employed tradesmen; others worked at menial jobs (Chen, 1980; Hoe, 1979; Lore, 1976; Wu, 1975) and still others

arrived late in life and did not work at all in this country. Consequently, many elderly Chinese in North America may have modest or low incomes and some may have no income at all (Kalish & Moriwaki, 1973).

The Chinese in the last 50 years emigrated largely because of overpopulation, lack of opportunity in their own country, and extreme poverty (Chen, 1980; Kalish & Moriwaki, 1973; Wu, 1975; Yu, 1983). More recent immigrants, the elderly in particular, have been sponsored by family members.

From about the time they first began to arrive in the 1800's, they faced racism and discrimination, not only by the average citizen, but by federal and provincial laws and statutes (Chan, 1983; Cho, 1990; Kalish & Moriwaki, 1973; Lore, 1976). They were viewed by many as "treacherous heathens" and were avoided and treated badly (Chan, 1983; Cho, 1990, p. 56; Lee, 1987). In the 1960's and 1970's their image began to change (Chan, 1983). They became known for their endurance and frugality, and the public came to view them as hard working, successful people (Chan, 1983; Cho, 1990; Yang, 1986). Their tendency toward high achievement was thought to be at least partly due to feelings of insecurity for which money may have provided some comfort (Chan, 1983; Redding & Wong, 1986). The economic and scholarly achievements of the Chinese youth has continued to contribute to the new, more

positive image (Gould, 1988; Ho, 1986; Lore, 1976; Yang, 1986).

Chinese Cultural Tradition

Chinese cultural tradition has spanned more than four thousand years and is presented only very briefly in this section.

Literature on the Chinese culture was replete with demonstrations indicating the prominent position of the elderly (Fairbank, 1957; Hsu, 1967; Kalish & Yuen, 1971; Lang, 1968; Wu, 1975; Yu, 1983). Within the Chinese culture, the aged have represented honour, dignity, pride, and wisdom, and this respect for the elderly has been a guiding principle for the Chinese for several thousand years (Wu, 1975). Because of the prominent and venerated position the elderly have been said to hold in the Chinese family, China has sometimes been called a "gerontocracy" (Kalish & Yuen, 1971, p. 40). Kalish and Moriwaki (1973) suggested that the Chinese have looked forward to old age as a time when they could "sit back and enjoy the fruits of their labour while members of the family sought their advice on important issues and in making decisions" (p. 201). As long as mental capacities were maintained, status in the family was raised rather than lowered by old age (Kalish & Moriwaki, 1973).

Traditional behaviour and social interaction in China has been strongly influenced by Confucianism, Taoism and Buddhism (Lee, 1986). The considerable significance placed on "reciprocity and loyalty, benevolence and righteousness, self respect and self-reliance, self control and face saving" came from the teachings of Confucius (Lee, 1986, p. 2). Yang (1957) described reciprocity and loyalty as the foundation of authoritarianism, filial piety, and the close knit family structure of the Chinese. This author's description indicated that the venerated position held by the Chinese elderly was based not only on love and respect but also on the elder having some control of power and resources. This control and ability to reciprocate gave the aged person a position of authority to which the younger generation was expected to respond with obedience.

The traditional values of benevolence and righteousness taught an awareness of others and a concern for doing what was right by them (Lee, 1986; Tsui, 1976). Self respect and self reliance provided the basis of the Chinese tendency to be very private and ethnocentric. The concept of community was found to make sense to the Chinese only in terms of family (Lin & Lin, 1978; Watson, 1990). This dependence of the Chinese on family and community resources was demonstrated in a study by Chan (1983). Findings from that study indicated that older

Chinese women in Montreal seldom, if ever, used services outside the Chinese community.

Confucian teachings that illness could be avoided by suppression of the expression of emotions and by leading a balanced life (Lee, 1986; Lin & Lin, 1978) provided the basis for acceptance of somatic illness as an expression of emotions and feelings in the Chinese culture. Family privacy about certain kinds of problems arose not only out of the value of self reliance but also out of a fear of disgrace or loss of "face" for the family (Bond & Hwang, 1986; Leong, 1976). Difficulties related to business, finances, educational and health issues, marital problems, as well as family discord were believed to be the responsibility of the family and were not to be discussed outside the home (Lin & Lin, 1978; Watson, 1990).

As a result Confucius' teachings, family responsibility has been deeply ingrained in the Chinese culture. For this reason, and because the older generation did not live as long as they do now, care of the aged in China may not have proven to be a serious problem (Kalish & Moriwaki, 1973; Wu, 1975). In addition, the elderly who lived to an older age often held power over land, money, and jobs (Kalish & Moriwaki, 1973; Lang, 1968). Kalish and Moriwaki (1973) described the Chinese obligation of family toward the elderly in the following context:

Chinese society was based on the idea of a stable family unit living in the same locale for the lifetime of the older person. The obligation of the family to care for the elderly was beyond question. The rules were known by all and conformed to with little deviation. Children who did not conform were punished by severe social sanctions, but usually only the threat of such sanctions was sufficient (p. 200).

In Imperial China, large joint families which consisted of the parents of several conjugal families living together with the eldest father presiding, were universally accepted as the ideal (Hsu, 1967; Lang, 1968). Sometimes, the eldest brother presided over his married and unmarried brothers and their children as well his own. Occasionally, a fourth and fifth generation were included in these large joint families (Lang, 1968). Although the joint family was considered the ideal, few families were able to conform with this ideal. Poor families were unable to put it into practice for a variety of reasons, including illness and early death of older family members (Lang, 1968). Hence, in reality the joint family may have been the exception rather than the rule. Due to western influence, the extended family in all of its variations has

been gradually disappearing even in China (Lang, 1968; Wu, 1975).

In contrast to the situation in Canadian culture where aging parents have been found to most frequently live with an adult daughter (O'Neill & Ross, 1991), the tradition in China was for aging parents to live with their eldest son and daughter-in-law. As a result, while not officially recognized as one of the important relationships, the potential negative relationship between mother/daughter-in-law has been legendary in the Chinese culture (Lang, 1968). The official significant relationships, passed on from the teachings of Confucius, included: 1) father-son; 2) husband-wife; 3) elder brother-younger brother; 4) grandfather-grandson; 5) uncle-nephew (Hsu, 1967; Lang, 1968). This patrilineal tradition is not unique to the Chinese culture. It exists in Canada to varying degrees within the different cultural groups.

In traditional Chinese culture, achievements of the individual have benefited the family as well. The worth of a Chinese person was valued as much by his/her past accomplishments as by their future potential. Chinese elderly who have come to this country to join their families, expecting respect and recognition for their past labours, may have been disappointed. Their children may have been influenced by western society which rewards the achievement and productivity of the individual, while "the wisdom and

accomplishments of the elderly have often been perceived as irrelevant or forgotten and ignored" (Kalish & Moriwaki, 1973, p. 201).

Filial Piety

Filial piety has been defined as "loyalty, respect, and devotion to parents" (Wu, 1975, p. 273). It was considered the "root of all virtue" (Lang, 1968, p. 24). While much of the literature indicated that filial piety was intended to be a reciprocal relationship, the emphasis was on the devotion and obligation of children to parents much more than that of parents to children. The filial son was not merely to formally fulfil his obligation to care for his parents but was to do so with warmth, respect, and reverence (Lang, 1968). The Chinese equivalent of fairy tales or short stories have often focused on the theme of filial piety. For example:

Kuo Chu is a poor man burdened with a wife, mother and child. One day he says to his wife, 'we are so poor that we cannot even support mother. Moreover, the little one shares mother's food. Why not bury this child? We may have another, but if mother should die, we cannot obtain her again'. The wife does not dare contradict him. He begins to dig the

grave and suddenly discovers a vase full of gold - a gift from heaven to the filial son (Lang, 1968, p. 25-26).

Marriages were arranged by parents with the understanding that the new wife would take care of her husband's parents (Lang, 1968; Kalish & Moriwaki, 1973; Yu, 1983). Romantic attachment between couples was considered unnecessary and was strongly discouraged because it was considered "detrimental to the supremacy of filial piety" (Hsu, 1967, p. 209). The emphasis in marriage was placed on the woman's duty to her husband's parents and on prolongation of the patrilineal line.

Filial piety was the first of four steps in education of a child toward "social adequacy" (Hsu, 1967, p. 208). The second step toward social adequacy was described as estrangement between the sexes and was considered necessary because a close relationship between the sexes was considered detrimental to the "supremacy of filial piety" (Hsu, 1967, p. 209). The third element was loyalty to household, clan, kin, and community, while the fourth dealt with the spiritual world and was described as "ritual appropriateness." The most vivid manifestation of filial piety was ancestor worship which implied that the ancestor was not entirely dead but continued to live in the beyond and to help his/her descendants through his/her supernatural powers. Ancestors were believed to be

kept alive through worship. The rites of ancestor worship were based on the belief that those who performed them helped both the living and the dead. If the ancestor had no descendants he/she had to wander the world as a ghost. Sons were the ones who performed ancestor worship, hence one of the reasons for the importance of having sons (Cho, 1990; Hsu, 1967; Lang, 1968).

Once a basic concept of Chinese culture, filial piety amongst Chinese in North America was described by Wu (1975, p. 275) as "a concept of the past." Belief in the tradition of filial piety has continued to be evident amongst Chinese in North America, but the behaviour has not been as common as in the past (Cho, 1990; Wu, 1975; Yu, 1983). While the Chinese elderly in North America have continued to expect loyalty and support from their adult children they were found to prefer not to live with them unless circumstances determined it as a necessity (Chan, 1983; Wu, 1975).

Kalish and Moriwaki (1973, p. 200) suggested that the idea of filial piety has existed in western culture as well. For example, one of the Biblical ten commandments was to "honour thy father and thy mother." Filial piety, however, has been the primary social value taught in the Chinese culture, while socialization toward filial piety in western culture has occurred along with conflicting messages about independence and self-reliance (Kalish & Moriwaki, 1973).

The Impact of Ethnicity on Health Needs and Care Receiving

The impact of culture and ethnicity on the health care needs as well as on the meaning and potential consequences of care receiving for the ethnic elderly have not been adequately researched (Parsons, Cox, & Kimboko, 1993; Rosenthal, 1986). However, many authors have speculated about the effect of culture and ethnicity on health and on health beliefs held by elderly immigrants, as well as on family and professional relationships (Anderson, 1990a; Johnson et al., 1988; Low, 1984; Majumdar & Carpio, 1988). Some authors have observed that immigrants of all ages have encountered significant difficulty in adapting to the beliefs, values, and bureaucratic structures of a new culture (Barney, 1991; Die & Seelbach, 1988; Driedger & Chappell, 1987; Fountain, 1991; Guttman, 1987; Lipsom & Meleis, 1985). Furthermore, it has been argued that the problems and circumstances surrounding aging have often compounded issues of adaptation for the ethnic elderly (Die & Seelbach, 1988; Capobianco, 1989).

Cultural beliefs and values may have, at times created problems in adjustment to a new culture. However, they may also have been an integrating force, providing the elderly person with guidelines for determining the nature of the relationship with family, and providing direction on how to think and behave during old age (Driedger & Chappell, 1987;

Harwood, 1985; Rempusheski, 1989). The nature of involvement in the larger community after "old age" has arrived may be determined by cultural beliefs and values (Barney, 1991; Gelfand & Barresi, 1987). Guttman (1987, p. 43) wrote that ethnicity is "mysterious and powerful" and becomes increasingly important as people grow older. This author further noted that, along with religion, ethnicity affected the total personality and played a central role in people's lives. Gelfand and Barresi (1987) along with Guttman (1987) noted that cultural beliefs and values provided an internal harmony which may have counteracted some of the disabilities and alienation that has sometimes accompanied aging.

Support from Family for the Ethnic Elderly

In many cultures there has been the expectation that older parents live with adult children in their old age. However, it has been suggested by some authors that because of different experiences and changing values, second generation ethnic people may not have placed the same significance on caring for their elderly (Chan, 1983; Gelfand & Fandetti, 1980; Kalish & Moriwaki, 1973; Kalish & Yuen, 1971; Naidoo, 1985; Penning & Chappell, 1987). The possible erosion of traditional, strong family support may have caused older people to become fearful that they will find themselves alone

in their old age (Chan, 1983; Kalish & Yuen, 1971; MacLean & Bonar, 1983; Naidoo, 1985; Rosenthal, 1986; Webster, 1991).

Guttmann (1987), and Gelfand and Fandetti (1980) asserted that changing economic times and social values, along with other social realities, have affected the utilization and availability of family support systems by the ethnic elderly. These authors observed that middle class Italians were much less likely to want their families to live with them than those who were working class. Maldonado (1978) claimed that even aging Chicanos could no longer expect to find all of their social support within the extended family. Urbanization has led to the breakup of the Chicano extended family, with the consequence that the older person's role has largely been diminished.

Guttmann (1987), however, argued that in many cases families have remained the chief support in times of illness. This has been noted to be true amongst North American elderly (Shanas, 1977; Stoller & Earl, 1983), as well as those from other cultures (Goodwin, 1988; Somerset & Radcliffe, 1984). Guttmann (1987) further observed that neither informal networks nor formal delivery systems have been adequate by themselves to meet the needs of the ethnic elderly.

Fecher (1982) noted that one of the most important needs of the elderly from many cultural backgrounds was a feeling of security that they would not be rejected or placed in homes

for the aged when their physical strength diminished nor ridiculed or degraded once their mental capacities failed.

Support from Family for the Chinese Elderly

Although support from family in old age has largely remained a hope and expectation amongst most Asian elderly, some authors found that as with other cultures (Anderson, 1985; Lock, 1990) interactions within the extended Chinese family were sometimes a source of problems for the elderly (Anderson, 1985; Chan, 1983; Die & Seelbach, 1988). In his study of elderly Chinese women in Montreal, Chan (1983) found that family relationships were often strained. The women were found to be isolated in their children's suburban homes where communication with family members was often difficult and confrontational. They reported waiting lengthy periods of time to be taken to Chinatown to shop or to visit with friends (Chan, 1983). Problems of isolation and conflict were at times found to be so great that the majority of women studied moved out to live on their own, often into conditions of poverty. Intergenerational conflicts, differences in lifestyle, and value differences between themselves, their adult children, and their grandchildren were some of the reasons given for acquiring separate residences. Intense conflicts with daughters-in-law on raising children, competition for the

affection and attention of the son and husband, and conflict over control and authority were cited as additional cogent reasons for leaving. Chan (1983) concluded that Chinese elders, living in Canada, will probably not be adequately cared for by family members in their old age.

Yu (1983) investigated filial belief and behaviour in the Chinese-American family. One finding from that study indicated that Chinese-American males between the ages of 18 and 35 years tended to have low belief in filial piety, as well as low filial behaviour. While the level of belief remained about the same in the 36 to 55 year old age group, their filial behaviour increased. Yu attributed this change in behaviour as the men aged to their sense of tradition and obligation.

Kalish and Yuen (1971) observed the erosion of the tradition of support from family in the following statement: "Support from family, neighbours and friends is an unknown entity, but observations of a large number of [Chinese] families [in the San Francisco area] indicates that there has been serious erosion of Chinese patterns of kinship and community" (p. 39). Wu (1975) agreed with Kalish and Yuen (1971) that care and respect of the aged in the Chinese culture in North America may have been a myth. He cited as an example the fact that one of the problems faced by older Asians has been reduced social status in the family. This growing discrepancy between filial piety as a belief and as a

practice has been found to be a source of unhappiness and distress among aging Chinese (Wu, 1975; Yu, 1983). In contrast, Somerset and Radcliffe (1984) in a Canadian study on the needs of ethnic elderly, found that family care and concern for the Chinese elderly has remained strong.

Some other authors have noted that care for the Chinese elderly in North America may be associated with the expectation of an inheritance (Hsu, 1967; Hsu, 1971). Cho (1990) observed that sons were more likely to want to care for their elderly parents in their homes if their parents were wealthy. He also noted that some sons, who received no financial reward from their parents provided quality care.

Ujimoto (1987) urged further study to investigate intergenerational relationships among Asian families. He suggested that the dependency and reciprocal relationships which have been the traditional Asian model are not as common in Canada where the emphasis is on independence and individualism. Lee (1987) noted that due to the expectation of being cared for by family, Asian elders may have viewed institutionalization as "abandonment."

Influence of Language Ability on Adjustment

A report from the Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees (1988) indicated that

"without language, one can never truly enter a culture" (p.23). A number of researchers agreed that difficulties with language amongst the ethnic elderly presented a significant barrier to "outgroup relationships" (Lock, 1990; McCallum & Shadbolt, 1989; Naidoo, 1985, p. 3). Life satisfaction, utilization of services and adequate health care were also found to be affected by language ability (Goodwin, 1988; McCallum & Shadbolt, 1989). Lack of language skills, along with uprootedness, were believed to be the two issues which caused the most emotional distress for the ethnic elderly (Guttmann, 1987).

In a cross sectional study of Australians who were 60+ years and from four different ethnic groups, McCallum and Shadbolt (1989) found that lack of English language skills seemed to create stress for minority elderly. These authors examined the relationship between language proficiency and the stress process in old age. The subjects included mainstream Australians, British immigrants, non-British immigrants who were proficient in English, and non-British immigrants who were not so proficient. There were two conclusions: 1) ethnic elders with poor English were forced to depend mainly on family, and 2) "difference from mainstream culture and language predicted greater psychological distress in old age" (p.95).

Driedger and Chappell (1987) noted the contribution of language to self and ethnic group identity. These authors stated that many groups of ethnics used the mother tongue as a resistance to ethnic assimilation. These groups seemed to feel that if language waned, assimilation and loss of ethnic identity, as well as the values and beliefs that accompanied it, would not be far behind.

Language Ability and the Chinese Elderly

Inability to use the English language has caused a number of problems for Chinese elderly who immigrated in old age. Wu (1975) reported the following:

They could not read labels, street signs, newspapers, or names of stores where they did their shopping. They could not carry on a simple conversation with their neighbours, apartment managers, people in the stores or ask for information from the bus drivers. Many were afraid to go out alone because they could not tell their home address and were afraid they would not find their way home. Indeed they felt themselves imprisoned and considered themselves deaf, dumb, blind or crippled by their language problem (p.272).

In addition, some Chinese elders were observed to have less than grade school education, and lacked the skills, experience, and knowledge to successfully cope with life in a modern society (Bengtson et al., 1975; Cheng, 1978; Driedger & Chappell, 1987; Kalish & Moriwaki, 1973; Wiley, 1986; Wu, 1975).

Older Asians in Canada were found to experience extreme isolation even though they were living in an extended family (Chan, 1983; Naidoo, 1985). Language barriers along with transportation problems, economic restraints, and culture shock may have alienated the Chinese elderly from the mainstream of Canadian society. This situation renders them vulnerable to complete dependence on their immediate families for socialization needs as well as for the most basic needs such as food and shelter (Auger, 1990; Canadian Task Force, 1988; Coombs, 1986; Lee, 1987; Somerset & Radcliffe, 1984; Wong, 1980).

Meaning and Potential Health Consequences Associated With Care Receiving

A search of the literature revealed only one study which was based on the perspective of the care receiver. Parsons and colleagues (1989) conducted an exploratory study involving 33

elders from three groups (black, white, and hispanic). They examined three components of intergenerational caregiving (satisfaction, affection, and communication) from the elders' perspective. The subjects were asked open-ended questions on their general attitudes about their care receiving situation. Among other findings, this study found that elders were fearful of being a burden and hid their feelings from their caregivers. Clark and Anderson (1967) found similar results. Arling (1976), in a study of white widows, investigated the effects on morale of involvement with family as compared to involvement with friends and neighbours. Arling found that even though there was mutual concern between parent and child, empathy with one another and genuine sharing of experiences was difficult for them. One of the conclusions reached by Parsons and colleagues (1989) was that "the need for counselling of elders around feelings about being dependent upon families may be the most important need identified" (p. 19).

Chinese elders in care receiving situations may elect to hide their feelings from their care givers and may be in need of counselling. A cultural taboo against excessive expression of emotions may compound the situation (Lee, 1986; Lin & Lin, 1978; Tseng, 1975; Yeh, 1972).

Loneliness and Isolation

Isolation is described by Rathbone-McCuan and Hashimi (1982) as "a process in which individuals lose their sense of personal integrity or connection with other social resources" (p.169). Social and emotional isolation have been described as two separate concepts. Social isolation refers to actual interactions with other persons and the existence or the lack of social relationships (House & Kahn, 1985). Emotional isolation refers to the lack of a confidante or someone with whom the person feels emotionally intimate (Chappell & Badger, 1989). This second type of isolation may have been more akin to the concept of loneliness as described by Ebersole and Hess (1990). Being lonely was differentiated by Ebersole & Hess (1990) from "being alone" (p.492). Being alone was defined as a comfortable state of being apart from others while loneliness was described as an affective state involving negative feelings such as longing or feelings of emptiness.

Four causes of isolation were identified by Rathbone-McCuan and Hashimi (1982). The first cause was physical isolators including lack of transportation, inability to speak English, and illiteracy in their own language. The limitation of language was found to cause people to depend mainly on family who were in close proximity and who shared the same language. Those proficient in English were found to be able to

extend their contacts beyond their family to neighbours and friends. McCallum and Shadbo't (1989) in their study on the stress process in old age found that extent of difference from mainstream culture and language predicted greater psychological distress in old age. Watson (1990) and Wu (1975) explained that communication problems between parents and adult children or grandchildren may also have contributed to isolation. The elder may speak almost no English, while their children and, in particular, grandchildren may speak almost no Chinese. Without language to communicate beliefs, values and attitudes isolation of the older generation may be acute (Watson, 1990).

The second cause of isolation was the psychological isolators such as uncertainty, suspicion, depression and timidity (Rathbone-McCuan & Hashimi, 1982). Because of their heavy reliance on resources within the family, the Chinese have tended to remain culturally isolated and to retain a social distance from society (Chan, 1983; Driedger & Chappell, 1987; Hoe, 1979; Lee, 1987; Lin & Lin, 1978; Pham, 1986; Spector, 1985; Wu, 1975). Cheng (1978) stated that assistance from professionals and institutions is a relatively new concept to elderly Chinese. One of the findings by Cheng was that 24 percent of the sample of 628 elderly Chinese distrusted western medicine.

Lack of financial ability has been noted to create the third major isolator. Lowered income may have interfered with social interaction (Dowd, 1975). The inability to pay for social activities or transportation may have seriously hampered the development and maintenance of social contacts.

Finally, social isolators such as change in family and work roles were considered. The American Association of Retired Persons (AARP) (1990) identified a difficulty in reaching the elderly from minority groups because they seemed to be isolated in their homes. Many minority elderly, including Asian elderly, were noted to place the needs of their family above their own personal needs, thus increasing their isolation. For example, they stayed at home to care for grandchildren so that younger family members could work outside the home.

Several authors have studied the relationship between the lack of social interaction and personal morale. Absence of a confidante was found by Chappell and Badger (1989) to be highly related to lower life satisfaction, feelings of unhappiness, and the perception that one's income was inadequate. Blau (1973) found that loss of contact with others was related to a decrease in self image. Roberto and Scott (1986) observed that friendships were important to the psychological and social well-being of older adults. These authors found that because relationships are based on mutual

need and maintained by choice with people considered to be equals, friendships were important in helping to maintain a sense of self-esteem and usefulness. In her essay on friendships, Hess (1972) stated that friendships offered an important substitute at a time of loss of central life roles. The cohort aspect of friendships was also found to be important. Because cohort friends usually share the same history and are status equals, more ease and understanding exists in the relationship than with others who may be more dissimilar in age and experience (Hess, 1972). Chan (1983) found that elderly Chinese women entertained friends in their home and went out to visit with friends at least once per week when they had the opportunity. They also went to religious services on a weekly basis.

Furthermore, isolation may reduce the level of social support necessary for the well-being of individuals. The literature on social support has referred to supportive interactions between individuals including interactions with family members and networks of friends and others (Norbeck, 1981). Adults with adequate supportive relationships are believed to feel less vulnerable and helpless and to engage in more risk taking behaviour (Kalish & Knudtson, 1976). Social support has been found by some authors to provide protection from mental and physical illness, especially during stressful life events (Kuo & Tsai, 1986; Thompson, 1987). Loss of such

support is believed to predispose the individual to feelings of vulnerability and eventual illness (Cassel, 1976). There may be an additional hardship associated with the absence of friendships. Rook (1987) found that there may be a stigma associated with the absence of companionship.

Of particular relevance to the Chinese elderly in this study is the finding by McCallum and Shadbolt (1989) that ethnic elders have a greater need than those from the mainstream culture to organize social networks in order to avoid psychological distress. Elderly Chinese in care receiving situations may suffer loneliness and isolation and therefore be at increased risk for illness and feelings of helplessness.

Aging and Power Resources

Further literature relevant to this study is that on social exchange and equity theories. The central concept of social exchange theory is the idea of "power" (Dowd, 1975). Social exchange theory examines causes and consequences of the disadvantaged power position of older people which leaves them dependent on, or indebted to, others. Dowd (1975) proposed that such unequal exchanges reflected a decline in power resources associated with aging which leads to increased difficulty in maintaining balanced exchange relationships.

There were several definitions of power resources. They can broadly be described as anything that one partner perceives as rewarding and "which consequently renders him susceptible to social influence" (Dowd, 1975, p. 590).

Dowd (1975) further theorized that disengagement is used by the elderly as a power exchange. Older people have disengaged, not because they wanted to, but because society or the family has had the power advantage and has placed pressure on them to do so. The greater their power resources (good health, self-esteem, money, property, etc.) have been; the less pressure there has been for them to disengage. Nevertheless, the costs in terms of self-esteem and compliance, eventually become too high and the elder disengages from society (Dowd, 1975). Hsu's (1967) descriptive study of 1000 households in a small semi-rural town in southwest China supported this theory. He found that many old people in China became resigned in their attitude and avoided active participation in life. This withdrawal behaviour or disengagement, was noted to be more evident among aged parents who no longer held much authority within the family (Hsu, 1967). Some authors argued that disengagement in aging has been common to all societies and differs only in pattern and in how it has been initiated (Cumming & Henry, 1961). In western culture, the elderly have been thought to desire continuous involvement until withdrawal is forced upon them.

In eastern cultures, where the elderly have been thought to be valued for their wisdom, the aged person may initiate the disengagement process (Cumming & Henry, 1961).

Equity theory has been based on perceptions of justice and has suggested that people who find themselves participating in unequal relationships become distressed (McCulloch, 1990; Walster, Walster & Bercheid, 1978). Findings from studies on North American elderly on the effects of intergenerational exchange have suggested that older parents who have received more aid than they gave have experienced the situation as a loss. The inability to reciprocate in relationships has been found to undermine the older adult's sense of independence and self-worth. Furthermore, over benefiting was perceived to violate the cultural norm of independence (McCulloch, 1990; Mutran & Reitzes, 1984; Roberto & Scott, 1986). Fischer (1981) asserted that shifts in adult-child relationships were relatively more satisfying when they involved status equals who were independent from each other.

Stoller (1985) studied 753 non-institutionalized, white, North American elderly to investigate exchange patterns in informal networks of the elderly and the impact of reciprocity on morale. Findings indicated that most older persons who received help tried to reciprocate in some way. This study indicated that the inability to reciprocate had greater significant impact on morale than did the need for assistance.

Inability to reciprocate was identified by Roberto and Scott (1986) as an explanation for feelings of anger expressed by individuals who perceived themselves as receiving more than they were able to give. In addition, equal assistance among friends was found to be significantly related to well-being and morale. Older women who perceived their friendships as equitable reported higher morale and fewer feelings of loneliness (Roberto & Scott, 1986)

Not all research supported the above findings. In a study of 403 North American adults over the age of 60 years, Lee and Ellithorpe (1982) found no significant relationship between positive morale of the elderly parent and either aid received from children or aid given to children.

In general, a number of losses associated with aging in relation to power resources have been identified (Cho, 1990; Kalish & Moriwaki, 1973). Blau (1964) stated that as the elders' power resources declined, the family no longer gave them the same respect, looked to them for approval, or asked for advice on important decisions. Beckingham and Baumann (1990) argued that it was important for the elderly to retain status and meaningful roles within the family. They asserted that the elderly family member must be given the opportunity to participate "to the maximum extent in every decision that involves his or her physical, social, and emotional well-being" (p. 786). These authors further explained that

exclusion from the decision making process may become an additional area of loss for the elderly person and may have negative psychological effects on the aged individual.

Meaningful Roles and Relationships

Coming to a new country and moving in with children who are already established may lead to the loss of a meaningful role for the elder (Cho, 1990; Naidoo, 1985; Rathbone-McCuan & Hashimi, 1982; Scharlach, 1989). Phipps (1979) noted that a role in the family has frequently defined the tasks assigned to an individual. To a certain degree, roles have also determined relationships and status within the family. Naidoo (1985) found that elderly women were more likely to have a meaningful role in the home of their children than elderly men. This may have been because there are fewer traditional male activities in an urban home; whereas, the services of elderly women are useful for babysitting, cooking, and house cleaning (Naidoo, 1985).

When the elderly experienced a diminished role in the family through exclusion from meaningful activity, they were found to experience lowered self-esteem and a perceived or real reduction in social status within the family (Bengtson et al., 1975; Naidoo, 1985; Scharlach, 1989). Wu (1975) noted that elderly Chinese in North America were upset when, in

contrast to Chinese tradition, they perceived their own social status within the family to be lowered to one of less importance than that of their grandchildren.

Parsons and colleagues (1989), in the study of elderly blacks, whites, and hispanics, found that the elders felt no sense of contribution to the household. They noted, "Neither elders nor their younger families seem to know how to develop satisfying multigenerational household roles and relationships" (p. 18). These authors suggested that families require assistance in recognizing the need to allow elders the opportunity to be interdependent by contributing to the household in some way. They suggested this would give the elder a supportive role and ease their feelings of being a burden.

Clark and Anderson (1967) defined six needs that must be satisfied in old age if the elderly are to maintain good mental health. Two of those needs seemed to be relevant to this study: the need to be fully involved in life and the need to have satisfying relationships with others. Three further studies supported the importance of these two needs. In a study of 120 elderly white subjects, Rook (1987) found that relationships in which there was conflict had a more powerful effect on well-being than did agreeable, supportive relationships. Tilden and Gaylen (1987) noted that a significant amount of stress experienced in daily life

resulted from interpersonal relationships. Miller (1991), in a study of the factors promoting wellness in older persons, concluded that health promotion amongst elders must include encouragement to remain both physically and intellectually involved and to maintain positive relationships with family and cohorts.

Independence/Dependence

In order to have a sense of personal independence, individuals must have a feeling of being in control of their life and be able to make some choices over the affairs affecting their life. A considerable body of literature supported the adverse effects of absence of control on health and well-being. Fuller (1978), in a study of nursing home residents, found that perceived choice and opportunity to be involved in decision making was important to increased morale and was predictive of well-being. Findings by Ziegler and Reid (1979) supported Fuller's results. They found that having control was significantly correlated with life satisfaction and self concept. Seligman's (1975) work further illustrated that serious health consequences, even death, may result from extreme feelings of loss of control.

Treas (1977) explained that different economic times, changing values, and the availability of social programs

implied that neither aged parents nor their adult children need be totally dependent on each other. This author argued that the elderly neither held the same financial influence over their offspring nor were they in a position of complete dependence on them for financial support in times of need. Treas (1977) further argued that when the aged were financially independent, kin were able to exert less influence over them.

Cho (1990) noted that such freedom from economic dependence may not be available to the Chinese who have arrived in North America late in life. They have often had little money of their own and for a variety of reasons were not eligible to receive assistance from government. Several authors noted that in their younger years in North America many Chinese elderly worked in menial jobs that provided no social security benefits. In addition, many immigrants sent any extra money home to China to fulfil their filial role. For some this has meant that they are dependent on younger family members in their old age (Cho, 1990; Kalish & Yuen, 1971; Wu, 1975).

Many elders, including Asian elders, were found to prefer independent living which included living alone or with a spouse (National Advisory Council on Aging, 1993b; Shanas, 1977; Sugiman & Nishio, 1983; Wister, 1985; Wu, 1975). There were several reasons for this preference, including the

western norm of independence, the desire for privacy, intergenerational conflicts, and differences in lifestyle (Chan, 1983; Hayter, 1981; Shanas, 1977; Ujimoto, 1987; Yu, 1983). In his discussion paper, Wu (1975) noted "the elderly who had experienced living with their children opposed living together" (p. 274). Chan (1983) found that elderly Chinese women perceived their self-identity to be at stake when living with their families and opted for independence in order to safeguard it.

North American families were observed to make the decision to live together only when there was no alternative or when the alternatives were unacceptable. Living together was a situation which both parties could or expected to find stressful. Neither the elderly nor their families chose to do so as a first choice (Clark & Anderson, 1967; Sugiman & Nishio, 1983; Shanas, 1977; Wister, 1985). In addition, those ethnic and Caucasian elders who did express a desire to live with family did so mainly for reasons of companionship or health. However, even this group indicated they would not wish to live together unless their offspring found the arrangement acceptable both psychologically and financially (Clark & Anderson, 1967; Sugiman & Nishio, 1983).

Treas (1977) found that when a health crisis occurred the initial response of ethnic elderly couples was to try to care for themselves and to maintain independence in the face of

infirmities for as long as possible. Family or informal supports were found to be used by married elders only when the capacity of either or both partners failed significantly. Kalish and Yuen (1971) noted that in a situation of dependency, strong feelings of independence may have interfered with the self-esteem of the Asian elder. MacLean and Bonar (1983) observed that the tendency by some ethnic elders to rely on himself/herself or his/her marital partner partially evolved from their newly acquired belief "that older people should not be a burden to their children" (p. 14). In addition, older Asian Americans found it difficult to ask for help from professionals. Such help was considered a request for charity and it was noted that older Asians would "suffer great hardship rather than lose face" by asking for help from institutions (Kalish & Yuen, 1971, p. 44).

In a descriptive study investigating the influence of age on illness perception, Keller, Leventhal, Prohaska and Leventhal (1989) found that because of the threat that they may never return to their pre-illness state, the onset of illness in late life was perceived by the elderly as a major life crisis. Beckingham and Baumann (1990) also noted acute concern by the elderly that a health crisis may herald changes to their life in the form of loss of independence. These authors suggested that the elderly were additionally concerned

about the possibility of becoming an added responsibility on the family member who was likely to become the caregiver.

Research by Clark and Anderson (1967) provided further support for these findings. They found that elderly parents had several goals including independence and adequate personal resources. These authors cited eight sources of low morale; the most important was dependency. Also included as sources of low morale were boredom, loneliness, and loss of prestige. Gatz, Bengtson, and Blum (1990) quoted the distress voiced by one elderly care recipient, "My family do a lot of things for me that I can do for myself I don't like it I think it bothers me because I have always been so independent" (p.417).

Embedded in the concern about independence/dependence is the issue of privacy. In his study, Wister (1985) found that independent living was a strong preference for the elderly because of the privacy and freedom of choice it provided. Older persons in Wister's study (1985) were found to view the opportunity to be in control of their own lives and to make choices, without outside interference as very important. Such findings may have indicated that the elderly prized their independence and privacy and were unwilling to relinquish it except in the face of dire necessity (Wister, 1985). Hayter (1981) commented that people have tended to feel more relaxed and secure in their own living space, perhaps because having

one's own place implies choice and provides privacy, security, autonomy, and greater self-identity. Michael, Fuchs, and Scott (1980) found the level of income to be a positive indicator of living alone. These authors viewed this finding as "a reflection of an economic demand for privacy" (p. 60). Hayter (1981), however, noted that the importance of privacy and the autonomy it provides has not been adequately recognized in the literature.

Summary

The literature reflected the importance of the role of parents and adult children in each others' lives. However, living together did not appear to be a preferred choice for either the aged parent or their adult children. The literature suggested that this was true for Asian elders as well.

The traditional philosophical and religious teachings of the Chinese who began to immigrate more than a century ago have continued to have a significant impact on the values, attitudes, and behaviours of the average Chinese Canadian, both young and old (Lee, 1986). Filial piety, with its long and powerful history, appears to have continued to be an influence on the values, if not the actions, of both the elderly and their adult children. Kalish and Moriwaki (1973)

described the problem when they observed that elderly Asians have been in a dilemma.

On the one hand, they recognize and at least to some extent accept the values of their adopted homeland that being a burden to children is bad, that having the privacy and independence of one's own home is good, that education of the grandchildren should not be sacrificed for the care of grandparents. On the other hand, they recall their early learning that the old person is entitled not only to financial support, but to personal care, to virtual devotion. Although they themselves had usually escaped the demands of filial piety, they have not escaped the acceptance of its importance (Kalish & Moriwaki, 1973, p. 201-202).

These conflicting values have likely presented a problem for aging Chinese Canadians in care receiving situations. Their difficulties may have gone unnoticed due to cultural taboos about discussing problems outside of the family. Such cultural traditions, along with economic dependency, isolation, language difficulties, and transportation problems, as well as lack of familiarity with bureaucratic structures in this

country, have potentially contributed to the likelihood that older Asians have been somewhat invisible and unlikely to be politically effective in getting their health care needs met.

The perspective of Chinese elders in care receiving situations and factors that have influenced his/her well-being have not been addressed by the research community. Recognition of declining ability to do for oneself can be a stressful experience for older adults. The paucity of information as well as the absence of theory development around the specific concept of care receiving has indicated the need for qualitative investigation into the concept. Future research needs to reflect increased concern for potential psychological and physical effects of the care receiving situation on the growing number of Chinese elders and their desire to maintain personal autonomy. Such research could provide better information to service suppliers and lead to the provision of appropriate and necessary services.

CHAPTER THREE

METHOD

Design

An exploratory descriptive design was used for this qualitative research study. This approach was consistent with the nature of the research questions which were intended to explore and discover attitudes about the meaning and potential health consequences of the care receiving situation from the perspective of the elderly Chinese care receiver.

An interview schedule using open ended and semi-structured questions (Appendix B), designed by the investigator, was used to conduct face to face, audiotaped interviews. The schedule was used so that areas shaped by the research questions were addressed in each interview. It included 37 questions. Questions 5, 6, 7, 11, 12, 17, 18, 19, 20, 21, 22, 23, 24, 34, 35, and 36, were intended to explore research question one, collecting data about the potential psychological, social and physical consequences to the Chinese elderly of living with and requiring care from their adult children. Questions 14, 28, 29, 31, and 33 addressed research question two, regarding the desire to reciprocate for care received. Questions 3, 8, 10, 13, 16, 25, 26, and 27, were

included to investigate research question three, concerning roles and relationships within the family in the care receiving situation. Finally, questions 4, 9, 15, 30, and 32 were intended to gather information regarding research question number four on feelings and attitudes of the Chinese elderly toward requiring care from their adult children. Open ended questions were used to help focus the respondent's thoughts and to allow freedom of expression. Probes and extra questions were used to gain more information on a topic under discussion and to encourage full expression by the respondent (Berg, 1989).

A personal data questionnaire (Appendix C) was used to collect demographic and other background data. Initially, a pilot study was carried out involving four Chinese elders. Following the pilot study, minor changes were made to the questions. Six additional Chinese elders were then interviewed. Data from all ten interviews were included in the study.

The data collected was solely dependent on the "self-reporting" of the respondents. Most research in this area has involved caregivers as sources of information; therefore, it was considered important to obtain in-depth data which explored and described the perspective of the elderly care receiver.

The Population

The target population was first generation elderly Chinese immigrants who resided in the St. John's, Newfoundland. Chinese elderly were chosen because the Chinese are one of the most populous visible minority groups in Newfoundland with 58% of the total Chinese population residing in St. John's (Statistics Canada, 1993).

Recognizing that being "old" is a subjective concept defined by both culture and health (Clark & Anderson, 1967; Coombs, 1986), age 60 years or older was defined as one of the criteria for inclusion in the study. Additional criteria were that respondents be first generation Chinese, and that they lived with their adult children.

Sample

The sample was a non-probability, convenience sample selected from the accessible Chinese population. Data saturation and accessibility were the main factors determining sample size.

When a potential respondent was identified through one of the available sources, a phone call was made by the interpreter to explain the research and to gain the

respondent's cooperation and involvement in the study. If agreement to participate in the study was reached, a time was set for the interview.

Ten Chinese elderly were interviewed for this study. A total of 40 names were obtained through a variety of sources, including a Chinese church, people known to the interpreters, the Chinese Association of Newfoundland and Labrador, and one well-known and highly respected Chinese elder. Seventeen of the 40 potential respondents agreed to be interviewed. Ten of these 17 met the criteria and were included in the study. The remaining 7 were excluded, because they (6) owned their own home and had children living with them, or he/she (1) was still working.

Of the respondents included in the study, three were personally contacted through a local church. Six were located through persons who had connections in the Chinese community and one was found through a list of names provided by the Chinese Association of Newfoundland and Labrador.

Of the remaining 23 potential respondents, 6 were appropriate for the study but elected not to participate. Five others were also appropriate but the families communicated that their parent was not interested in participating. The most common reason given by both elders and their adult children was that they did not feel comfortable talking to a

stranger. Twelve of the contacts were not appropriate or did not meet the criteria.

Data Collection

Data was collected using face to face audio-taped interviews. It was transcribed word for word, on the same day. The majority of interviews were one to two hours in length, but the data for two interviews were collected over two sessions. The questions were asked in English and translated into Chinese by an interpreter. Answers by the respondents were immediately translated into English. Data collection was completed over a period of approximately three months. Four interviews took place during the winter and six in late spring and early summer. A personal log book in which analytic memos describing observations, key points, creative thoughts and ideas were documented, was kept by the investigator. These process notes recorded in detail the behaviours and interactions of the respondents, the interpreters and the researcher. In addition, the notes included data about the process of decision-making, the general progress of each interview and of the study as a whole. This log was intended to be used during the analytic process to verify data from the transcripts and audiotaped interviews. Entries were completed

as soon as possible following each interview in order to avoid omissions due to memory lapses and to capture the spontaneous reactions of the interviewer.

The following section discusses the problems encountered during the data collection process in relation to access, the interview, and working with interpreters.

Access to Respondents

When contact with an agency or referral person was made several communications either personally or by telephone were required to obtain the names of potential respondents. Often responses to telephone contacts were polite but not specific. No names were provided but indication was given that assistance and referrals would be forthcoming. Several follow-up calls from the researcher were often made before a specific response was offered.

Once a potential respondent was identified, accessing them was challenging and took considerable time, persistence, and planning. Chinese elders and their families were found to be somewhat sequestered and resistant to intrusion by an outsider. At times this seemed to include "outsiders" within their own culture. They appeared to warmly accept individuals from their home province in China and those who spoke the same dialect but to be cautious in the presence of those from other

areas in China, especially if they spoke another dialect. The Chinese appear to identify strongly with their countrymen, and identify themselves first by their village and then by their province (Cheng, 1978).

Obtaining agreement from the elderly or their families to participate in the study required further sensitivity. Individuals or their adult children had to be contacted by phone and appointments made. If the elderly themselves were contacted, language barriers, and, what appeared to be the timidity of the Chinese elderly, made it difficult to determine, prior to the interview, whether potential respondents were appropriate.

If it was not possible to make direct contact with the elders, agreement by the adult children, who seemed to be protective of their parent(s), had to be obtained. The adult children tended to respond in one of two ways. In the first instance, they immediately said "No, my mother/father would not be interested in talking to you. They are very private and don't like talking to strangers", or second, they would indicate the need to discuss it with their parent before giving an answer. Frequently, nothing more was heard until a follow-up visit or phone call was made by the researcher. The fact that return phone calls were seldom received was possibly an example of the deferment strategies which the literature

suggests are commonly used in the Chinese culture as a way of avoiding a direct negative response (Bond & Hwang, 1986).

Once the adult children agreed to have their parent(s) participate, most of the elders readily gave their consent. Agreement by the adult children (on behalf of the elder), or by the elder him/herself was found to be better: a) if initial contact was made by someone known to them in the Chinese community; b) if the initial contact was followed up by an interpreter who spoke their dialect; c) if face-to-face contact was made rather than contact by telephone; and d) if a Chinese person was present, whether or not an interpreter was needed, when initial contact was made. Being accompanied by a Chinese person appeared to present the researcher as less of an "outsider". The likelihood of agreement to participate was enhanced to an even greater degree if the accompanying person spoke the same dialect and was from the same village or province as that of the respondent.

The Interviews

Nine of the ten interviews were carried out in the homes of the respondents' adult children. At the son's request, the tenth interview was conducted in his place of business which was attached to their residence. During the initial phone call, it was suggested that privacy for the interview would be

helpful in order to avoid interruptions and distractions. However, once in the homes of the elderly Chinese, it was often difficult to carry out the interview in complete privacy. The protective attitude of the adult children toward their parents continued even after an interview was granted. Family members were present for the entire interview in three cases and were in the vicinity of the interview area or were present for portions of the interview in five cases. Every attempt was made to avoid having family members present during interviews because evidence in the literature has suggested that information provided by subjects in the presence of family members may be altered (Faust & Drickey, 1986; Lincoln & Guba, 1985; Sharpe, 1992). However, complete privacy was obtained in only two situations. This fact may have affected the quality of the data obtained.

The interviews were intense, in depth sessions. The purpose was to gain a detailed description, in their own words, of the respondents' view of their situation. Interviews began with open ended questions from the interview schedule. Direction for further probing (Berg, 1989) was taken from the replies of the respondents. Face to face interviews were found to be effective because they permitted the investigator to adapt questioning to a variety of personal and environmental cues, for example, in order to gain a greater understanding of meanings, unusual and atypical responses, such as "I am one

and they are the other", or "when I am unhappy and when I weep and cry, I want to have time alone", were explored as they occurred. At times respondents' statements were summarized and reflected back to him/her for clarification, correction, and expansion (Lincoln & Guba, 1985).

Eight of the ten interviews were conducted in Chinese with an interpreter present. Two of the interviews were conducted in English with no Chinese person, other than the respondent present. At the homes of the respondents, very warm receptions were usually offered to both the interviewer and the interpreter. Eight of the ten respondents showed hospitality in offering refreshments to the researcher and the interpreter and by inviting them to visit again. Cheng (1978) identified this custom of offering homemade food and invitations to visit again as their "Chineseness" (p. 271). A choice of drink was usually offered, and approval was demonstrated by the respondent when a preference for Chinese tea was indicated by the researcher and interpreter. The warmth of the respondents appeared to contradict the evidence in much of the literature which suggests that the Chinese are an emotionally reserved people (Lee, 1986; Lin & Lin, 1978; Tseng, 1975)

Working with Interpreters

An experienced interpreter who is competent in both languages and has positive interpersonal skills is an immeasurable asset to a cross cultural study such as this one. Because of the important role of the interpreter, discussion of some of the issues related to use of interpreters is relevant.

The questionnaire was given to the interpreters at least two days in advance to allow them to familiarize themselves with the questions. This also gave them the opportunity to identify any queries they might have and to pinpoint anticipated difficulty in translating certain terms and phrases. Briefing sessions of one to one and one half hours were then held with each interpreter. These sessions were necessary for a number of reasons. First, to allow the interpreter and researcher to develop a working relationship that involved trust and respect (Faust & Drickey, 1986; Glasser, 1983). Second, the interpreter needed the opportunity to raise questions about the questionnaire and to address any discomfort he/she might feel with the questions. Discomfort felt by the interpreter had to be addressed prior to the interviews so that it would not interfere with the responses of the participants. Finally, the briefing sessions were necessary to standardize the translation of the questions

among interpreters. As a result of these briefing sessions, phrasing of questions which would be more acceptable to the Chinese people, but which did not change the meaning, were occasionally suggested by the interpreters.

Another issue discussed during briefing sessions was the interview process itself. It was important for the interpreters be aware of certain communication skills and of the effect of interruptions on the respondent's flow of thought (Glasser, 1983). It was tempting for interpreters to add their own questions, or to try to lighten up the conversation. The effect of this on the flow of the interview was discussed. Interpreters were also coached to translate everything that was said by the researcher or the respondent (Glasser, 1983; Grasska & McFarland, 1982).

Interpreters were reminded of the importance of translating during the informal time which occurred before and/or after interviews in eight of the ten situations. Translation during this time was important for two reasons; first, valuable information was often shared during these conversations, for example, one respondent shared that a much coveted trip to China with friends was curtailed because she was required to "take care of the house". Second, these informal times were crucial to building rapport between the researcher and the respondent.

Discussion of communication techniques helped the interpreters to understand that reflective, empathetic, or paraphrased responses were a planned part of the interview process and were intended to encourage further disclosure and to build rapport between the researcher and the respondent. It also ensured that these comments would be included in the interview process (Glasser, 1983).

In addition, it was important to be aware of misconceptions and stereotypes that may be held by the interpreters. Three of the interpreters involved in this study expressed the belief that all old Chinese people, in their later years, want to withdraw from active involvement in life. One of the interpreters said: "I think, in Canada, people who are old keep learning, not like Chinese old people, they give up everything". Two of the respondents indicated their belief that Chinese people are not affectionate and do not talk about emotions. One said "they will give you "flat answers"; they "will not talk about their emotions". The Chinese in this study, as with any other cultural group, were not homogeneous. Some did not appear to portray affection; others did. Some did not appear to share their feelings or discuss emotional issues. Others did, in some cases indirectly, and, in other cases openly and in detail.

Debriefing sessions with interpreters were held following each interview. They were necessary to discuss problems or

questions that arose during the interviews. They were also necessary because the interviews sometimes appeared to have a personal impact on the interpreter. One interpreter related her experience that "not many people from Hong Kong sponsor their parents to come over (to Canada) because they know the problems. It was her belief that some adult children immigrate and try to cut off ties with their parents. The interviews appeared to cause her serious thought about her own situation. She decided that she would not likely sponsor her parents, if she married and remained here, because of the many problems the elders might face. Another interpreter having thought about marrying a Canadian decided it would be preferable to marry a Chinese person and "keep the Chinese traditions."

The data collection process has been discussed in some detail with the view that it was an important aspect of the study and may have influenced the information obtained from the respondents.

Data Analysis

The grounded theory method of constant comparison (Glaser & Strauss, 1967) was used to analyze data from transcripts and notes from the investigator's log book. The two analytic procedures of making comparisons and asking questions were

used to isolate emerging concepts into themes and categories (Strauss & Corbin, 1990).

Interviews were transcribed verbatim, as much as possible, on the day of data collection to facilitate analysis and to avoid loss of important data due to delays (Lincoln & Guba, 1985). Tapes and accompanying transcripts were numbered for ease of reference. The typed data were analyzed by examining each discrete incident, observation, or statement. Emerging concepts were given a name. Major themes were then identified. Initially 14 themes emerged. Examples of the initial themes included; need for affection, reduced expectations, resignation, powerlessness, self denial, happiness/unhappiness. Through asking questions ("What is this? What does it represent"), looking for similarities, and making comparisons these themes were reduced in number by grouping related concepts (Strauss & Corbin, 1990, p.63). Some themes became categories and others remained themes within the categories. The four categories which emerged were: 1) Loneliness and isolation, 2) Aging and power resources, 3) Meaningful roles and relationships, 4) Independence/dependence.

Validity

Several measures used to maintain the validity and rigor of the study have been mentioned throughout this chapter and

are summarized here. Discussions were held with each interpreter prior to the interview to confirm their understanding of the questions and to standardize approaches and translations that were to be used in each interview. The investigator kept a log book which described and interpreted participant's behaviours and the investigators behaviours and experiences, and which was intended to provide a measure of the interviewers ability to be objective. The content of the log book was reviewed and was found to be consistent with the interview data. Four tapes and transcripts were reviewed by the investigator's supervisor. In addition, every attempt was made to maintain as much privacy as possible during the interviews in order to avoid the influence of family members on the information provided.

Ethical Considerations

The proposed study and semi-structured interview schedule (Appendix B) were reviewed and approved (Appendix A) by the Human Investigations Committee of the Health Sciences Centre. This committee reviews ethical aspects of research proposals submitted from nursing, medicine, pharmacy and other health related disciplines.

At the beginning of each interview the focus of the study was explained to each respondent. The fact that the interview

would take about one to one and one half hours of his/her time was also explained.

Before the interview the letter of introduction (Appendix D & Appendix E) and the consent form (Appendix F & Appendix G), both of which were written in English and translated to Chinese, were presented to each respondent. If the respondent was unable to read either language, the letter and consent form were read to them by the interpreter. All respondents, except one, agreed to sign the consent form. The one who refused gave her verbal consent to be interviewed. Three respondents who were unable to write their name in English or in Chinese signed with an X. The X was accepted as indication of their consent to participate. In a fourth case, the adult daughter signed the form. Permission to audiotape the interview was obtained from nine of the ten respondents. Each respondent was verbally reassured that all information would be kept confidential and that they would not be identified in the final written thesis.

In addition, each respondent was informed in simple terms that participation in the study was fully voluntary and that they had the right to terminate participation at any time without jeopardizing present or future care of themselves or their families. Furthermore, respondents were informed that they could refuse to answer any question with which they did

not feel comfortable. They were further encouraged to request clarification on any issue related to the study.

The respondents were assured that the study did not involve any risks to them or their families. In addition, it was explained that, although there may be no direct benefit to them, they may benefit from the opportunity to discuss their concerns with the researcher. It was also explained that the study would hopefully increase the understanding of health care providers of the specific needs of those in situations similar to theirs. No unusual discomforts, risks or negative effects were anticipated. If the respondents showed any signs of tiring they were asked if they wished to stop and continue at another time. None of the respondents indicated that they were tired.

The four categories, which emerged from the data (and were also identified in the literature review), have provided the framework for Chapter 4, "presentation of the findings" and Chapter 5 "discussion of the findings."

CHAPTER FOUR

FINDINGS

The findings of this study are presented in two major sections. The first section describes the characteristics of the sample and the second section presents the findings.

Characteristics of the Sample

The study involved 10 Chinese elders (eight females and two males), ranging in age from 69 years to 81 years. The women were aged 69 years to 80 years of age. One of the males was aged 71 years and the other was 81 years old. Table 1 represents a summary of the age and sex of the sample.

Table 1

Respondents by Age and Sex

Age															
Sex	69	70	71	72	73	74	75	76	77	78	79	80	81	Total	
F	1	1	1				1		3				1	8	
M			1										1	2	
Total														10	

All of the respondents, with the exception of one, considered himself/herself to be Chinese even after, in some cases, more than forty years in Canada. This identity was reflected in their lifestyles. They cooked and ate mainly Chinese food. Most, if not all, of their friends were Chinese and two of the respondents wore traditional Chinese clothing. Two respondents said they considered themselves to be Chinese-Canadian. One respondent described the importance of his ethnic background as he explained,

You might be a Canadian citizen, but you can't forget China, you never get clear of that anyway
 You born there, you everything there....if

I say 'I am Canadian', that is a lie. You can't just say you are not, because you are! You Canadian citizen just the same, but you can't just feel not Chinese, I can't forget China. That's because of[sic] I born there.

In contrast, another respondent indicated it didn't matter, saying: "I am in Canada now, I will call myself Canadian, if I was in England I would say I am English, it doesn't matter." This attitude may have been an expression of the grief that accompanies the many losses associated with immigration (Disman, 1983).

All of the respondents had at least one child and six respondents had three or more. Two had an adult child living elsewhere in Newfoundland; one respondent had adult offspring living elsewhere in Canada, and four had adult offspring living in other countries, including China, Hong Kong, the United States and England.

All respondents were born in China. Some moved to Hong Kong and spent a number of years there before immigrating to Canada. All had Canadian citizenship or were in the process of obtaining it. Two retained their Chinese citizenship along with having Canadian citizenship and two others had not yet acquired their Canadian citizenship. Length of time in Canada spanned a time range of six months to 62 years, with the mean

number of years spent in Canada for the group being 17.4 years. Six participants had been in Canada less than 10 years, while four had been in this country for more than 20 years. Table 2 summarizes the data on length of time in Canada.

Table 2

Respondents by Length of Time in Canada

Characteristic	Frequency	Cumulative Number
<u>Years in Canada</u>		
0-4 years	4	4
5-9 years	2	6
10-14 years	-	-
15-19 years	-	-
20-24 years	1	7
25-29 years	1	8
30-34 years	-	-
35-39 years	-	-
40-45 years	1	9
45 years or more	1	10
$\bar{X} = 17.4$ years	Total	10

Seven of the respondents were widows. Two respondents were married to each other. One male participant was divorced.

He had been in Canada the longest and had been divorced for approximately 10 years. He spoke at length about his divorce and related that divorce was rare in China. Length of widowhood varied from one and one half years to 45 years. None of the widows had remarried. Table 3 summarizes the data on marital status.

Table 3

Respondents by Marital Status

Marital Status	Frequency	Cumulative Number
Married	2	2
Widowed	7	9
Separated	-	-
Never Married	-	-
Divorced	1	10
Total	10	10

Nine of the 10 respondents lived with one of their sons. Of the nine living with sons, five lived with a married son and his wife. Three lived with unmarried sons; one lived with two unmarried adult children, a son and a daughter. One lived with a daughter who was an only child.

During their childhood only three of the respondents had their grandparent(s) live with them in the same household. As married adults few respondents experienced having their elderly parents or parents-in-law live with them. Three respondents noted having a mother-in-law live in their home, while the remainder did not have this experience. In each case the family moved to Hong Kong or Canada, leaving the elderly parent(s) behind.

Eight of the 10 respondents spoke no English. Two were able to speak and read both Chinese and English. These two preferred to use their native tongue with family and friends whenever possible; one was forced to speak English at home because some family members did not understand or speak Chinese. All respondents described how their lack of fluency in the English language limited their activity and involvement in the larger community. The language ability of the sample is summarized in Tables 4 and 5.

Table 4

Respondents by Reading Ability

	Reads both languages	Reads only Chinese	Not able to read either	Total
Female	1	4	4	9
Male	1			1
Total	2	4	4	10

Table 5

Respondents by Speaking Ability

	Speaks both languages	Speaks only Chinese	Total
Female	1	7	8
Male	1	1	2
Total	2	8	10

As might be expected none of the respondents were employed due to their age. Eight of the 10 said they would like to work so that they could have their own money and feel more independent. This finding is in contrast to that of Cheng (1978) who observed in her study of Chinese elders that because many had worked long hours for many years, more than half voiced no interest in working beyond retirement.

Two of the sample had virtually no money. Four received money from adult offspring who lived elsewhere. These four indicated that the money was often unpredictable in quantity and frequency. They stated this unpredictability made it difficult for them to plan for their needs. The remaining four received the Canadian old age pension which they considered to be inadequate to meet their needs. Two of the latter group were able to supplement their pension with personal savings.

Of the four respondents who had been in Canada for more than 20 years, two appeared to be less isolated from the community at large and appeared to have more friends than the more recent arrivals. All four were eligible for the Canadian Old Age Pension and, therefore, appeared to have slightly greater economic independence. Nevertheless, like the rest of the sample, they had difficulty getting together with friends.

The minimum number of family members per household unit was two and the maximum number was twelve. All except one had

his/her own private bedroom. One participant shared a bedroom with three grandchildren.

Five of the ten respondents did not work outside the home in their younger years. Two of the five who had worked outside the home were male and head of their household at the time. Of the three females who worked outside the home, one came from an extremely poor family in China and scavenged for items to sell as a way to make a living. The second was the head of her household and worked as a cleaning woman and seamstress to support herself and her only child. The third worked as a professional for 40 years and according to her offspring, earned more than 5 times as much as the average Chinese person. This respondent was also totally dependent on her adult child for income, because as her offspring pointed out, her pension from China was so small as to be insignificant by Canadian monetary standards.

Six of the respondents were taking prescribed medications. One of the above six was on three prescribed medications for control of two non-debilitating chronic conditions. The remaining five were on only one medication for a chronic and painful condition. Three were on no prescribed medications and claimed to be in good health.

Thematic Analysis and Findings

This section presents the findings as specifically related to the four research questions which are: 1) What are the potential psychological, social, and physical consequences of being a care receiver; 2) Do the Chinese elderly wish to reciprocate in some way for the care received; 3) Are the Chinese elderly able to maintain their expected status and role within the family in the care receiving situation; 4) What are the feelings and attitudes of the Chinese elderly toward receiving care from their families?

The four themes which emerged from the data: a) Loneliness and isolation; b) Aging and power resources; c) Meaningful roles and relationships; and d) Independence/dependence are discussed. The use of direct quotes from various participants are used to highlight these discussions.

Findings Related to the Research Questions

1. Potential Psychological, Social and Physical Consequences Associated With Care Receiving

Loneliness and Isolation

Feelings of loneliness and isolation were repeatedly expressed by most of the interviewees. Six of the respondents indicated they felt lonely during the day when everyone was away at work. Sometimes the loneliness was relieved when the family returned home from school or work; other times it appeared to be pervasive in their lives. They stated they missed old friends, familiar places, and absent family members and they seemed to long for closer relationships with those they lived with.

Four respondents indicated that they used activity as a means of coping with feelings of loneliness. One wanted to have more to do to avoid feeling lonely and another who had a physical disability which prevented her from doing housework wished she was able to use activity as a way to dispel feelings of loneliness.

Six respondents appeared to be emotionally isolated. Emotional isolation seemed to occur in families where respondents reported they could not talk to family members

about problems and concerns. In these situations, respondents described feeling an absence of warmth and affection from their family. One said her family did not care about her and had no interest in her welfare. She said, "No one will listen to what I say." This respondent also voiced feelings that she was a bother and a burden to the family. Another reported that his offspring demonstrated little or no affection or caring for him; he said, "you don't know if he love me or not love me; you don't know." He stated that they lived much like two strangers sharing a house, never sharing meals or other activities.

Even when family relationships were positive, participants reported feeling lonely and isolated with regard to friends and the ability to get out. For example, one respondent reported that she never left the house. The family worshipped at home and if she needed to see a physician, which she indicated was seldom, the doctor was summoned to their home. This individual appeared to be completely isolated from the outside world. Other respondents indicated they left the house only to go to the doctor or to attend religious services when they could get a ride. One said she would like to have gone to church more often but went only when someone else was going. One other described herself as staying at home every day and "guarding the house like a dog." This same respondent indicated she had no friends her own age and seldom left the

house. She stated that she refused social invitations to join friends of her son and daughter-in-law because she was afraid she would "say something wrong" and cause the family to become angry or embarrassed. Physical disability appeared to be responsible for the social isolation of another respondent. Describing the desire to be out and involved, one respondent said, "Rather than being locked up in the house all day, I would like to go and have some fun."

Two individuals were able to speak English to a limited degree. While this seemed to allow them more independence, they too appeared to depend on their offspring for transportation and companionship. One reported the desire to get out of her home more and to have friends her own age. While she described her relationship with her son as good, she said that she seldom saw him and did not discuss problems or concerns with him. A physical health problem as well as financial difficulties prevented the other respondent from venturing beyond shopping for groceries and medications. These two respondents appeared to be marginally less socially isolated than the first group, possibly, because they were better able to cope with the outside as a result of their ability to speak English and their experience as independent professionals.

Two others described a positive relationship with their families. When asked if they were able to share their thoughts

and concerns with someone in the family one answered, "No" and further elaborated, "I don't think much." She later related that she felt little emotional support from her family and was unable to keep in touch with friends. She explained that she had raised her grandchildren and felt closer to some of them than to her son and daughter-in-law. She reported that she was unable to keep in personal touch with friends because, "you have to depend on someone else to give you the ride, and everybody is busy." A married couple in the sample expressed some tension and frustration in family relationships but basically described the relationship as affectionate. The fact that the husband had a close relative in the same town, whom he had seen only twice in four years, seemed to indicate that they were socially isolated.

Both language and transportation appeared to present barriers to involvement in activities outside the home. Six of the respondents stated they were afraid to leave the house on their own because they were fearful of getting lost and being unable to read street signs or ask for direction. For those who reported having friends, the ability to get together was stated as a problem for all of them.

Potential Physical Health Consequences

Three respondents claimed to be in good health. Five of the respondents indicated that their physical health status had deteriorated since coming to Canada. Among the five, one indicated that while her chronic condition had improved, her general health had deteriorated. The decline in physical health was attributed to the normal aging process, to lack of opportunity to exercise, and to the physical restrictions related to chronic conditions. One participant said that because she was unable to have any exercise, she was deteriorating physically. She said, "Because I don't do nothing [sic], now even if I want to my body won't do it."

Two had been in Canada since they were young adults, consequently it was difficult to make comparisons about their health status in Canada or in China. One recent arrival commented that her arthritis had improved in Canada. Another, more recent arrival, stated her health was about the same. Four described experiencing pain that did not significantly restrict their activity. Two others stated their health was not as good as it had been, but attributed this to getting older.

2. Desire to Reciprocate for Care Received
Aging and Power Resources

All respondents indicated a desire to reciprocate for the care they received from their adult children even though seven reported that their contributions to household chores or child care were not required. In the absence of power resources and in an effort to balance the relationship, some indicated that they wished to please their adult children. Although three respondents said they did not try to please or that they had no way of pleasing their children, all three respondents later appeared to describe ways they, in fact, did attempt to comply with the wishes and expectations of their families. One of the three indicated it was a mutual process; the adult children tried to please her and she tried to gratify them. Three additional respondents indicated they did try to please their families, saying further that they felt obligated because they were dependent upon them. One of the three described how, in the past, she had to satisfy her mother-in-law. She said: "You have to take care of them for everything, like getting the water to wash the face, the feet [sic], you have to care of them from head to toe." When asked if it was the same in Canada with her daughter-in-law, she replied, "No, no, no, no. Now it is the opposite,... upside down. I have to take care of them."

One respondent firmly stated that he did not try to gratify his children and believed that his children should be trying to please him. He went on to explain that it was not so much trying to comply but that both adult children and parents must compromise in order to live together. Other methods used to try to satisfy their adult children included not asking for physical, emotional, or financial assistance. They expressed an acceptance, or resignation that there was nothing they could do. They seemed to make few demands, even for special preferences in food. One respondent indicated she did not have a bedtime snack because it was not the habit of her offspring to have one. Half of the respondents stated they did not ask for transportation to destinations of their choice, such as visits with friends and religious/social functions. These actions appeared to represent ways of trying to please their children and to balance the relationship.

Some respondents indicated that they expected reciprocity from their adult offspring. When the children were perceived to default in terms of caring for them, the elders' feelings of self worth appeared to suffer, for example, they felt they could not ask to have their needs met and they made statements indicating they felt worthless. One female respondent felt her son and daughter owed her respect because she had made financial and emotional sacrifices for them. She further stated that because she lived with them she felt she had to do

a lot for them. One male respondent appeared to desire more respect and a closer relationship with his son. He reported that he would never receive it because he had no money. One other respondent, indicated that his children should do things for him rather than him having to do for them.

Decision Making in the Family

Most of the participants stated they did not partake in decisions even if the decisions affected them. One respondent said "What can I do; I am old." Another commented "They can do everything; they can read; they can write; I can give them no advice." Still another comment was "Nobody will hear what the old say." Some suggested that because they had little to offer they could have no part in the decisions made within the family. One stated succinctly: "I have no money; what car. I say?"

Seven respondents said they did not feel free to take part in family decisions whether they were affected by the decision or not. Some felt they could have no part in decision making because they were unable to contribute to the household either monetarily or through participation in household chores. Others implied that their opinions were not needed or heeded because the family were grown up and could make their own decisions. One respondent stated that he had no part in

decisions nor was his approval asked for, even though he may have wished it to be otherwise. Another individual stated that she did not take part in any decisions, not even those that affected her. She said: "I am almost like a servant; I don't have an opinion in anything." Participation in decision making or offering opinions was not a possibility for another of the respondents because she was the mother-in-law of the head of the household. This was not a change in expected status for her because in the Chinese culture only the mother of the male head of the household is allowed to offer an opinion. Three participants felt their families were willing to include them in family decision making. However, they explained that they seldom took part because, either there were no decisions to make due to lack of money or they did not feel knowledgeable enough to do so.

Fear of being a Burden

The fear of being a burden was expressed in different ways. One respondent who appeared to have more independence than many of the others tried to avoid "getting in the way" of his adult child. Even though he owned the house they lived in, the adult child had claimed the greater portion of it for personal use. The elderly father exclaimed, "This is all I

got, thats all"! Another respondent who contributed to the cost of groceries from money sent to her by another offspring stated she felt she was a "burden" to her family. She felt she disturbed her son and daughter-in-law, and it was her perception that they would be better off if she was not there. She described the desire to have her own house where her children could visit her, explaining that if this were the case, her children would love her more because she would not be living with them and creating problems for them. The feeling that she was a burden to the family seemed to cause her considerable emotional distress.

Another respondent tried to minimize cost by restricting herself from watching television. She also refrained from making long distance phone calls to her other two sons who lived elsewhere (one elsewhere in Canada and one in China). One other respondent tried to meet all his health and personal maintenance needs with the money he received from an adult child, and if it was not enough, he would rather reduce his needs than ask for more. In the case of these two respondents, their residence was noted to be very cold. Both were wearing several layers of clothing, and one wore gloves, indoors.

Two respondents said they did not want to bother their families by talking about their concerns or asking for special favours. It was their perception that their adult children were busy and tired, and it would be unreasonable to ask more

of them. They appeared to deny their own needs in order not to be a burden to their families.

3. Ability to Maintain Expected Roles and Status
Within the Family

Meaningful Roles and Relationships

All of the participants described long days with little to do. All but one indicated a desire to have something meaningful to do, either within the home or in the community. For one respondent, time seemed to pass very quickly. She said she did some work and very soon everyone was home from work or school again. Later in the conversation this respondent said she had nothing to do but "just stay home and drink tea or coffee." She indicated that all housework was done by the family. One other respondent described a desire to help with her son's business; however, she found her efforts declined by her son who explained that he only wanted her to rest. Two respondents filled their days with reading the Bible, writing to friends in Hong Kong or listening to religious tapes. Another felt, not only that she had nothing to do, but that anything she tried to do would be wrong or criticized. She stated summarily that she felt she was not useful.

The absence of a meaningful role may have been particularly difficult for those who had recently retired (West & Simons, 1983). For example, one individual described how she was much happier when she was able to help out in a friend's restaurant. She said: "It keep [sic] me busy and I was happy." She described how she went to work every day even when the weather was inclement. In contrast, this same respondent described how the cold and snow at the time of the interview kept her inside. Under more favourable circumstances when she had something meaningful to do she felt more "able."

Emotional Needs

Two respondents stated they believed their offspring loved them. One said, "He bring me over [to Canada, from Hong Kong]; I think he love me." Both indicated that they did not feel the closeness and affection they desired from their sons, and their needs were not understood. For one respondent, this absence of demonstration of caring was partially illustrated when her offspring did not take the time to transport her to the doctor sending her with an employee, instead.

Another respondent said that she had no needs. This was contradicted by a family member who confided that the respondent was at times "very depressed and cried a lot." The family member explained that this was because the respondent

was home alone and had too much time to think. While this family member seemed to recognize a problem, she seemed to be unable or unaware of how to improve the situation.

Four respondents stated they were living in supportive environments. One of these later indicated that she had nothing to do and was seldom able to meet with friends. Thus, it appeared there was a lack of awareness of her need for a meaningful role and for contact with friends her own age.

Considerable emotion was shown by another respondent who seemed to feel unloved and unvalued within the family. She reported having a much lower status in the family than her grandchildren. While this may be expected by elders in the Canadian culture (Canadian Task Force, 1983), it may have been particularly distressing for this respondent because of traditional Chinese beliefs that elders are to be granted the highest status in the family (Wong & Reker, 1985; Wu, 1975; Yu, 1983). Another respondent implied that his adult child may be living with him because of the adult child's lack of financial ability to live elsewhere.

It appeared that the respondents as a group tended to deny their own emotional needs. When questions were asked that required a response involving feelings and emotions, all respondents answered using a similar phrase, such as "I don't feel anything," or "there is nothing [I] can do about it anyway." Although five different interpreters were used, the

words, "I don't feel anything," appeared in six of the ten transcripts. A seventh respondent gave a very similar statement saying, "I don't think about that stuff very much." The three other respondents refused to answer questions about feelings or stated that they "should" be happy. They also explained that if they were not feeling happy they just "changed their thinking."

What appeared to be denial of emotions may have reflected the Chinese culture which discourages emotional expression. It could also have represented a healthy way of coping with a situation where change seemed unlikely. However, feelings of unhappiness and possible depression seemed to be expressed in a number of ways. Four of the ten respondents cried during the interviews while discussing their situation. Five of the ten respondents indicated a problem with either sleep, appetite, or strength and energy, or all three. One respondent stated that when she was unhappy she was unable to sleep. She went on to say, "Sometimes I feel strengthless and want to faint." A further expression of feelings of sadness in this respondent was her explanation that sometimes she wept and cried. Several times this same individual said: "I don't know why I won't die." Another respondent indicated that as many as three times per week, she was unable to sleep or eat. Four of the respondents complained of various degrees of pain, either arthritic or intermittent undiagnosed pain. Chronic pain has

been found to be an indicator of depression (Ebersole & Hess, 1990).

Disagreements

Five of the ten respondents indicated that there were no significant disagreements in their family. One respondent said she had no input in disagreements because she was the mother-in-law of the head of the house. Another respondent indicated that there were very few disagreements in the family and when they did occur she didn't get involved because "Chinese people believe you shouldn't make a racket in the family." Two respondents indicated the silent treatment was used for disagreements, and one said that they had only small arguments that were over quickly.

4. Feelings and Attitudes Toward Requiring Care from Family Independence/Dependence

Seven respondents related that, in Canada, because of the language barrier, absence of familiar shops and activities, and greater distances that made walking no longer possible, their independence has been curtailed, and they have been

confined to home. One respondent explained, that in Hong Kong, if she wanted to go to "a bank or a teahouse," she had the freedom to do so. However, in Canada she said: "everyone (older) don't [sic] can go." Another respondent described a similar situation where, because of lack of transportation and language skills, she felt isolated. She felt that her role had changed from being fully involved in family life to having little that was meaningful to do.

Three others who had moved to Canada from China stated the change was from living independent lives where they were receiving pensions from the Chinese Government and living in their own place to that of total dependence on their children. Once in Canada, they no longer received their pension from the Chinese government, or if they did, it was so small as to be insignificant by Canadian monetary standards. In addition, they were living in accommodation paid for by their adult children. In China they were able to shop for groceries, take care of their own finances, and join activities, such as daily exercises. Upon arrival in Canada many discovered they had none of these freedoms.

At least nine of the ten respondents appeared to be physically dependent and could not go shopping, to medical appointments, or out to meet friends without assistance in the form of transportation, or other forms of physical assistance from a family member. They were particularly fearful of going

out without assistance in the winter, because of a fear of falling. One respondent expressed her desire for physical independence and her intention to take care of herself for as long as possible. She said, "If I can, I will take care of myself, when I cannot do anything then there is no choice." A second respondent expressed his preference for independence when he described his distaste for having to ask for assistance from others. He said: "I feel like a beggar, going everywhere for meals." One other respondent appeared to want to be independent, commenting that "things would be better, they would treat me better because they would know that I wouldn't stay here forever." Her dependency seemed to be so overwhelming that she did not even help with cooking or housework unless she was told exactly what to do. Several of the respondents appeared to want to be more financially independent. The desire for financial independence seemed to be communicated by an expressed interest in their eligibility for the Canadian Old Age Pension and the desire to be employed, if that were possible. Having their own money seemed to mean they would have more independence. The desire for economic independence was also expressed by one respondent who explained that if he were in China he would at least be getting his pension from the Chinese government.

Five of the ten respondents indicated they would like to live on their own. The remaining five respondents indicated a

qualified preference for living with family. The finding that half of the respondents preferred living with family may be explained by a number of factors. Two of the respondents indicated they had never experienced independent living. One of the two required physical assistance and would be unable to live alone, even if that were her preference. Furthermore, those who indicated a preference for living with family may have been influenced by the isolation from friends and community which they appeared to have experienced since coming to this country. Two of the five who said they preferred to live with family explained that it would be too lonely to live alone. The Chinese elderly in this study may have felt they would be entirely alone and devoid of support if they made a move to independent living.

Helplessness/Hopelessness

In some cases hopelessness and helplessness seemed to be expressed poignantly and with profound feeling. In other instances, it may simply have been expressed through resignation and not allowing oneself to think about wants and desires because of the belief that nothing could be changed. It appeared that these elderly did not allow themselves to think of things that "might be" because there was no expectation for the actualization of such fantasies.

Having one's opinions ignored, and absence of opportunity to make meaningful contributions to family life can lead to feelings of incompetence and helplessness (Beckingham & Baumann, 1990; Miller & Oertal, 1991; Nye, 1982). When asked if there was anything they would like to change, many participants replied with some version of "I don't think of that; I just go day by day." One respondent stated, "Rather than being locked up in the house all day, I would like to get out and have some fun.....it would be a new kind of life instead of a life in here [in the house] all of the time because it is boring." She went on to say that this was her fate. This respondent, who seemed to feel somewhat helpless and hopeless, continued by saying she hoped she would "go to heaven soon."

Feelings of helplessness were expressed by another respondent as follows; "If there is a fire and the water is far away how are you going to get water to put out the fire?" The helplessness expressed by this respondent may have been exaggerated by his physical health problems. In answer to the question of whether he would like to change anything, he replied he didn't have the ability to change anything.

One other respondent made many comments such as, "It got to be okay" or "Not happy, not sad;" "No use, you got to live day by day that's all." He said he didn't think of things he would like to change "because no use"! Another respondent

said it didn't matter whether she could sleep or eat, or if she worried, because this was the way things were, "Even though you worry, what can you really do? You worry or no [give] worry, you can't do much." One other respondent related that she felt no one listened to her or asked her to do anything. Such statements may have reflected a realistic attitude within their situation, or they may have reflected feelings of being helpless to influence decisions and events affecting their lives.

In summary, dependency on family for emotional and psychological support, as well as physical and economic support, appeared to create psychological distress for the elderly in this study. Even those who were content living with family appeared to prefer to be able, in the context of living with family, to provide for themselves.

In this chapter the findings of the study were presented. Demographic characteristics of the sample were given. Themes and concepts which arose from analysis of the verbal accounts of the Chinese elderly provided the framework for presentation of the findings. These same themes provide the framework for discussion of the findings in the following chapter.

CHAPTER FIVE

DISCUSSION

This chapter examines and dicusses the research findings.

Research Findings

Discussion of Sample Characteristics

The proportion of males and females in this study is not representative of the population of Chinese elders in Newfoundland, where the number of each is approximately equal (statistics Canada, 1992). In addition, it is not representative of the sex distribution of Chinese elderly in Canada where males outnumber females (Driedger & Chappell, 1987). The greater number of males in the older Chinese population is at least partially affected by the fact that Chinese males were imported to help build the railroad in the 1800's, and because later in the early 1900's, legal restrictions made it impossible for them to bring over their wives and families (Driedger & Chappell, 1987; Liu, 1976). The distribution of males and females in this sample of Chinese elders presents a different picture than that of the general

distribution of males and females in this sample of Chinese elders presents a different picture than that of the general population of elders in Canada, where females outnumber males by approximately two to one (National Advisory Council on Aging, 1993c; Stone & Frencken, 1986).

The fact that their ethnic identity was important to them even after, in some cases, more than 40 years in Canada is supported in the literature. Some authors noted that with aging, ethnic and cultural background often take on increased importance (Coombs, 1986; Rosenthal, 1986). Ebersole and Hess (1990) use the analogy of culture as a suitcase that is carried with one throughout life. The "suitcase" is filled with "beliefs, customs, practices, habits, likes, dislikes, and rituals" (p.664). The contents may or may not be passed on and may or may not be altered as they are passed on to succeeding generations.

Cultural traditions may provide important stability for the elderly in the face of the multitude of changes that occur with immigration (Coombs, 1986; Disman, 1983; Gelfand & Barresi, 1987) but some traditions may be limiting and may increase the difficulties faced by the individual (Guttmann, 1987). For example, a number of the respondents in this study had been widowed for many years and had not remarried. The literature indicates that it is socially acceptable in the Chinese culture for a widower to remarry but is considered

dishonourable for a widow to do so (Hsu, 1967; Lang, 1968). Even though these respondents said they were lonely and had the opportunity to remarry, social pressure seemed to prevent them from doing so. One of the male respondents who is divorced also experienced the weight of tradition and the social pressure that accompanies it. He looked upon his divorce as a sad and tragic affair. His feelings about it seemed to be made more painful because of his traditional beliefs. This respondent spoke of how divorce was rare in China, and while Chinese law did not forbid divorce, it was frowned upon and considered to be less than respectable (Lang, 1968). While these traditions and beliefs may be changing, pressure from their communities was keenly felt by the respondents and may have created additional hardship for them.

The fact that only three in the group were able to read in their own language seems to reflect the educational level of this particular group of elders. Only three in the group had more than grade school education. Cheng (1978) reported a similar finding in a study of elderly Chinese in San Diego, where the mean level of education was 6.8 years. However, the group of Chinese elders in this study may not be representative of Chinese elders in Canada as a whole. Driedger & Chappell (1987) found that the Chinese "represent a bimodal tendency" (p. 36). Proportionately to other groups of immigrants, the Chinese have four times as many with less

than grade five education but also have twice as many as other immigrant groups with bachelor's degrees.

The reading ability of this group may reflect their educational preparation but may also reflect the gender of the majority of the group. Many of the female participants explained that it was considered more important for their brothers to be educated than for them. The agrarian culture, where children were needed to work on the farms and the poverty levels in China, may also have been influential. While Chinese parents attach great importance to education, there has not been a compulsory level of education in China, which children must attain before they are allowed to leave school.

The majority of participants had more than three children. Likewise, it was found in the literature that very few Chinese elders are childless and most have three or more children (Driedger & Chappell, 1987). In contrast to other researchers, Driedger and Chappell (1987) found that Chinese Canadian elders were more likely than other immigrant groups to live with someone other than family, and "least likely to live either alone or with their own family" (p. 72).

The majority of respondents were unable to speak English, even after many decades in Canada. This may be explained by the fact that many arrived in this country late in life and have had little opportunity to interact with the public (Driedger & Chappell, 1987) and, therefore, had little

incentive to learn the language. In addition, many Chinese elders live with and interact mainly with their family and other Chinese people, thus they continue to use their native tongue and are not subject to pressure to learn English (Driedger & Chappell, 1987).

One of the most deeply embedded traditions in China is the role of the son in caring for his parents in their old age (Cho, 1990; Hoe, 1979; Hsu, 1967; Kalish & Moriwaki, 1973; Lang, 1968). In the Chinese culture, failure to produce a son to take care of one in old age (and in the afterlife) is considered a great misfortune (Kalish & Moriwaki, 1973; Kalish & Yuen, 1971; Wong & Reker, 1985). In accordance with the tradition of son as caretaker, all but one of the respondents lived with a son. One respondent had an only child, a daughter, with whom she lived.

More recent authors discuss the responsibility of "children" to look after their parents in old age (Chan, 1983; Cheng, 1978; Wong & Reker, 1985), unlike earlier literature, gender is not stressed. In fact, more recent literature indicates that more Chinese women are currently caregivers and are caring for their own parents rather than those of their husband (Yu, 1983). In addition, some research suggests that there is a growing discrepancy between the beliefs and expectations of filial piety by elders, and actual practice amongst adult children living in North America (Chan, 1983;

Kalish & Yuen, 1971; Ujimoto, 1987; Wong & Reker, 1985; Yu, 1983).

As was found in this study, findings from the literature review indicate that few Chinese elderly lived long enough to require care from their married children; therefore, the expectation of filial piety may arise more out of traditional teachings and values than from individual experience (Lang, 1968; Kalish & Moriwaki, 1973). Very few participants in this study experienced living with in-laws or grandparents while they were growing up. Most respondents said their in-laws or grandparents died when the respondents were young. As a result, the Chinese may in fact have no real social model for parent care (Kalish & Moriwaki, 1973). Consequently, due to increasing numbers of seniors worldwide (Stone & Frencken, 1986), middle aged Chinese Canadians, as well as Canadians of all ethnic backgrounds, may be the first generation to experience elder care in any great numbers (Ujimoto, 1987; West & Simons, 1983).

Discussion of Research Findings Related to the Research Questions

1. Potential Psychological, Social and Physical Consequences Associated With Care Receiving

Loneliness and Isolation

The seniors in this study seemed to feel isolated even though they were all living with family. Intergenerational living may decrease the loneliness and isolation of seniors if relationships are positive (Lock, 1990; Miller, 1991a; Rook, 1987; Wong & Reker, 1985); however, if they are not positive, feelings of loneliness and isolation may be increased (Canadian Task Force, 1988; Chan, 1983; Cheng, 1978; Rook, 1987).

Living in a close network with family may interfere with the opportunity to increase social interactions with the larger community. Adult children may bridge the language gap for their parents and conduct business in the larger community on their parents behalf. Thus, they may unintentionally increase the isolation of their parents by reducing the need for interaction with the outside world (Weeks & Cuellar, 1983). The isolation and loneliness of Chinese elders in this study may also have been increased by the fact that the values

and lifestyle of their children and grandchildren may be changing, causing greater potential for intergenerational conflict and loss of status in the home (Canadian Task Force, 1988; Cheng, 1978; Wong & Reker, 1985; Wu, 1975; Yu, 1983). Furthermore, due to economic and social pressures the adult children may, by necessity, be preoccupied with their own lives (Canadian Task Force, 1988; Chan, 1983; Cheng, 1978; Coombs, 1986; Hoe, 1979; Kalish & Moriwaki, 1973; Yu, 1983). Often both adults in the home work, and family members, including grandchildren may have limited free time (Coombs, 1986; Kalish & Moriwaki, 1973). This situation may translate into an absence of time to provide support for the elderly person (Chan, 1983; Cheng, 1978; Coombs, 1986).

Elderly Chinese parents in this study appeared to be in a similar situation to immigrant women who do not work outside the home. They find themselves housebound with no need or opportunity to increase their knowledge of the new country or to integrate into the larger community. The distance between them and their adult children and grandchildren may continue to grow, accompanied by an increasing sense of isolation and a decreasing sense of the significance of their role. They may "eventually become the only non-assimilated member of the family" (Salvendy, 1983, p. 10). The process takes a high emotional toll on the non-assimilated person and results in intense feelings of loneliness and a decreasing sense of

themselves as individuals (Salvendy, 1983). The seniors in this study seemed to desire a more rewarding life, but they did not seem to know how to achieve it.

Contact with friends appeared to be an important aspect of life that was missing for the participants. Friendship has traditionally played an important role in the life of Chinese people and were included by Confucius in his list of most important relationships (Lang, 1968). There is a Chinese saying that "a man who has no friends is as unhappy as one who has no family ... perhaps more so" (Lang, 1968, p. 326). Even if family relationships are good, the opportunity to socialize outside the home may be needed and desired (Chan, 1983; Coombs, 1986; Lang, 1968; Hess, 1972; Wu, 1975). Certainly, all of the elderly in this study expressed the desire to maintain regular contact with friends and cohorts.

Lang (1968) argued that friends are not only a joy but a necessity. Because of similarity in age and past experience, cohort friendships are especially important. With older age groups in particular, friendships are a source of emotional support and can strengthen self image during times when individuals may be experiencing the loss of major social roles and activities (Hess, 1972; Weeks & Cuellar, 1983; West & Simons, 1983). Friends are thought to provide companionship on the basis of equality allowing problems and concerns to be discussed without fear of loss of respect or feelings of

subordination influencing the interaction (Lang, 1968; Lowenthal & Robinson, 1976; Miller, 1991a). While relatives are reliable, the important difference between friends and relatives is that friendship ties are voluntary and reciprocal; whereas, family ties may carry an overtone of obligation (Lang, 1968; Stoller, 1985; Wood & Robertson, 1978). Same age friends are often better able to relate and, therefore, may provide more understanding and encouragement than family members (Lang, 1968).

Arriving in Canada late in life, some of the elderly Chinese in this study may have found it difficult to adjust to a new home country. With possible changes in family relationships, absence of old and valued friends, as well as the potential absence of opportunity and skills to ease their integration into the community, they may feel emotionally and socially isolated.

Potential Physical Health Consequences

Findings indicated little in the way of direct physical consequences for the elderly in this study. However, seven of the ten respondents complained of either chronic health problems or minor acute problems or both. Given current understandings about the effect of psychological well-being, absence of social supports, lack of control, and lack of

physical exercise, it is possible that the physical health of this group of elders may be significantly affected.

2. Desire to Reciprocate for Care Received

Aging and Power Resources

According to exchange theory loss of power is an imbalance within a social exchange. One member of an interaction is unable to reciprocate with a valued reward, giving the less dependent member of the interaction the power advantage and allowing that person to make satisfying the needs of the less powerful person contingent on their compliance (Blau, 1964; Dowd, 1975). The finding that many of the elderly in this study appeared to have low morale may be related to their inability to reciprocate for assistance provided by their adult children. The inability to give in return for aid received may be particularly demoralizing for elders from the Chinese culture, where filial obligation of the child to the parent is strong, but also important is the belief that the relationship should be reciprocal (Hsu, 1971). The elderly Chinese in this study may feel they are not upholding their part of the filial relationship, and as a

result, they may begin to feel depressed, isolated, and helpless.

While adult children may not expect anything from their parents, the elderly themselves seem to feel the need to give something in return for the care they receive. Dowd (1975) explained that the normal reaction to being in an unbalanced power relationship is to attempt to rebalance it by whatever means possible. However, given that the participants seem to have few resources, they may find it increasingly difficult to maintain balance in the relationship and may feel dependent and indebted to their care givers (Stoller, 1985). Because of decreased resources, the respondents may no longer have the privilege of reciprocation and may use acquiescent behaviour as a bargaining tool for continued status and respect in the family (Kenny, 1990). The opportunity to contribute to household chores and the ability to offer advice or counsel may allow the Chinese elderly in this study to maintain a balance within the relationship, thus avoiding feelings of unmet obligation and of being a burden to their families.

Canadian-born seniors may also feel relatively powerless; but having grown up in Canada they may be better prepared to accept the loss of status that frequently occurs with age. Seniors who are from cultures which "bestow increased honour and decision making powers on the elderly may find an

uncomfortable discrepancy between their expectations and what they find in Canada" (Canadian Task Force, 1988, p. 79).

Decision Making

It appeared that some of the elderly in this study were not asked to take part in decisions that affected them. In addition, most indicated that they were not asked and did not feel competent to take part in larger decisions made within the family. In many cases lack of knowledge and familiarity with the affairs of their modern children may be the reality that limits their participation in family decision making (Cho, 1990; Kalish & Moriwaki, 1973). They may not be able to offer advice from the experience that comes with age because they appear to be in a position where they are not familiar with the lifestyle, political system or bureaucracies of their new country (Cho, 1990; Kalish & Moriwaki, 1973). In many cases their experience is from a less industrialized country with entirely different traditions and values. Thus, the elderly Chinese in this study may be denied the traditional role of passing on beliefs and traditions (Kalish & Yuen, 1971; West & Simons, 1983). They may suffer the same situation as Canadian elderly where changes are taking place so rapidly that they must learn from the young rather than vice versa (Cho, 1990).

3. Ability to Maintain Expected Roles and Status Within the Family

Meaningful Relationships and Roles

One theme that emerged from the data was absence of a meaningful role. Immigration to Canada appeared to be accompanied by the loss of former roles, not just power roles such as jobs, but social roles in the community and amongst friends as well. After moving to Canada, elderly Chinese immigrants in this study tended to live in the homes of their married children; whereas, in China or Hong Kong it was often the reverse. In Canada, rather than overseeing the running of their own households, as they may have done in China, they live with their married children and may have no significant task related role (Naidoo, 1985; Parsons et al., 1989). As a result, elderly grandparents may feel their status in the family suffers; grandchildren are in school or grown, and the house is mostly maintained by the adult children themselves, therefore there is little opportunity for participation by the elder. This absence of opportunity to make a contribution that is meaningful, both to themselves and to the family, may leave the elder feeling inconsequential as an individual within the family.

Nine of the ten respondents indicated that "there is nothing to do". The one respondent who felt she had a useful role appeared to be well adjusted and to have a good relationship with her family. The value of meaningful roles to the health and adjustment of the individual is supported by the literature which suggests that feeling useful and having something that is necessary or worthwhile to do can enhance self-esteem (Clark & Anderson, 1967; Ebersole & Hess, 1990; Miller & Oertel, 1991; Rowe & Kahn, 1987; Scharlach, 1989). Providing the elderly with the opportunity to contribute to household tasks, asking for their advice, or encouraging participation in decision making, are means by which their role can be reinforced and feelings of self-worth and self-esteem maintained (Beckingham & Baumann, 1990; Ebersole & Hess, 1990). Situations where family decline assistance from their parents may demonstrate an absence of understanding on behalf of some adult children. They may believe that because their parents worked hard all of their lives, they now wish to be free from responsibility. The elderly, however may need to feel they are contributing in a meaningful way to the family and the household.

Some of the literature supports the belief that elderly Chinese wish to withdraw from active involvement in life and lead a more secluded lifestyle (Cho, 1990; Hsu, 1967). Hsu (1967) notes, "There are any number of elderly people who are

interested only in reading the scriptures, becoming devotees in temples and preparing windsheets. Their resignation to avoid active life is fairly obvious" (p. 131).

The findings from this study are in contrast to the belief that the Chinese elderly want to withdraw from active living. There are numerous examples of their desire to continue to be involved. One respondent related how she enjoyed being involved in helping out at friend's restaurant; another wanted to go on holidays with her cohorts. This respondent indicated she would like to move to a city where there is a larger Chinese community in which she would have more opportunity to visit friends and be active and involved. One other wished to help her son, whom she perceived to be overworked, by contributing to his business in a way that would be needed and appreciated. Others expressed the desire to continue to be actively involved in life in less specific ways. Nevertheless, all of the respondents in this study, with the exception of one, seemed to clearly indicate the desire to be more active and to lead a more involved and interesting life, which would provide them with some status in the family as well as greater personal satisfaction. The desire to be more involved, may be due to an absence of lifelong friends and an absence of access to temples, scriptures, and windsheets, that keep elderly in China occupied and satisfied with life.

Emotional Needs

The Chinese elderly in this study seemed to deny their emotional needs. For example, two respondents stated that as long as their stomachs were full, they "should" be happy. The literature indicates that expression of emotional needs, especially those indicating sadness or discontent are not well accepted in the Chinese culture. In addition, emotional problems are not easily discussed with others (Cheung, 1986; Leong, 1976; Lin & Lin, 1978; Tseng, 1975). This is true, not only with those outside the culture, but with those who are from the same culture but do not belong to the family. Die & Seelbach (1988) noted that elderly Asians turned to family for assistance, even when the family was the source of the difficulty.

Since love and caring in the Chinese culture is believed to be demonstrated in instrumental ways, providing food and shelter for their parents may have been seen by the adult children as adequate demonstration of their caring. However, Seelbach and Sauer (1977) found that elderly parents differentiated between the kinds of support received and tended to expect more in the way of social and affective support than instrumental and economic types of assistance.

In all societies, growing old implies some losses. It need not imply the loss of meaningful relationships, status,

and respect within the family or of the opportunity for activity and involvement (Kalish & Moriwaki, 1973). One respondent in this study said old age "shouldn't be like this", implying that he should be able to do things he would like to do and enjoy himself at this time in his life. The idea expressed by this respondent that old age should be pleasurable is supported in the literature (Kalish & Moriwaki, 1973; Leong, 1976). Hayter (1981) described old age "as a time for savouring the world and all that is in it ... a time for making peace with the oneself and the universe" (p.307).

4. Feelings and Attitudes Toward Requiring Care from Family

Independence/Dependence

The fact that as many as half of the sample expressed a desire to live on their own may be an example of a desire for independence. It may also suggest a change in the elderly Chinese immigrants' choice of living arrangement and is congruent with the literature which indicated that a preference for independent living may be growing amongst ethnic elders, including the Chinese (Canadian Task Force, 1988; Chan, 1983; Kalish & Moriwaki, 1973; Kalish & Yuen, 1971; National Advisory Council on Aging, 1993b; Wister, 1985;

Wu, 1975). An indication of the desire and, perhaps, the need for independence is that many were anxiously awaiting the time when they could begin to receive the Canadian Old Age Pension and become more economically independent.

Although the elderly in this study seem to want more independence, they also seem to fear rejection by their children. They seem to be afraid to champion their own needs for fear they would be rejected and consequently have no one to care for them should they become physically or mentally disabled. As one respondent phrased this point, "If I think of everything * would get mad, but nobody look after you if you mad [sic]". Another felt she owed it to her son to stay with him and worried that if she made a change to independent living and then became ill, there would be no one to take care of her. One other respondent feared rejection by his offspring because he had no money. He exclaimed with some certainty that there would be no one to care for him if he was unable to care for himself.

Many of the Chinese elderly in this study appeared to forfeit the independence they had in their home country to come to Canada to join their children. It may be that, at the time the decision to sponsor a parent is made, neither elderly parents or adult children fully realize the responsibility associated with sponsoring the immigration of a family member. Many elderly did not seem to be aware that when they are

sponsored by their family they are not eligible for any type of support from the Canadian government (for example, pension, income supplement, and old age pension) until they have been in the country for at least ten years. Families also seem to be unaware of this at the time the decision to sponsor their parents is made. Once faced by the reality it is often too late to reverse the decision. With almost total dependence on family for various kinds of assistance, decision making and control of their personal lives may have to be compromised (Angrosino, 1976). In addition, many may not have realized the difference in climate, lifestyle, community organization, or availability of facilities and public transportation in Canada.

Nevertheless six respondents said they liked Canada and wanted to remain near their children. They did however, appear to wish their personal situation could be different. Socialization of the elderly Chinese is toward the expectation of living with children in old age (Wong & Reker, 1985). Because of this tradition some elderly Chinese may not consider independent living a choice even though they may have the desire to do so (Chan, 1983; Kalish & Yuen, 1971; Wong & Reker, 1985; Ujimoto, 1987).

Four of the elderly in this study reported they would like to return home to China or Hong Kong. Leong (1976) notes that although some Chinese elders may want to return to their

home country, they believe that to do so would be admitting they were unhappy living with their family and hence would bring shame and loss of face to the family. Many of the aches and pains the Chinese elderly complain of may be a somatization of their feelings which they then attribute to the change in food and to the cold weather. This allows them to save face should they make the decision to return to China (Leong, 1976).

Helplessness/Hopelessness

The elderly in this study appeared to experience a number of the situations which Fuchs (1987) described as being related to feelings of helplessness. These situations include lack of knowledge, unfamiliar environment, and lack of control over personal routines. They also appeared to experience some of the other causes of helplessness described by Fuchs (1987), such as changes in personal territory, social displacement, and lack of consultation regarding decisions.

Several of the respondents felt they had few alternatives and little command over their own lives. A common statement was "what can I do?", or "I don't think about that because there is nothing I can do". Such statements may imply feelings of lack of choice and control. The importance of choice and control in the lives of the elderly is emphasized when it is

considered that physical and psychological decline may be inhibited or reversed by providing options and allowing individuals to take charge of the events that affect their lives (Fuchs, 1987; Miller & Oertal, 1991; Reich & Zautra, 1990; Rowe & Kahn, 1987). The findings in this study, indicating lower life satisfaction, less than optimal mental health and decreased willingness to take risks, may at least partially be a result of the elders perception that they have little influence and few alternatives in their lives. In addition, some of the physical changes experienced by the elderly in this study, such as interference with sleep patterns, appetite and energy levels, may indicate feelings of helplessness or depression.

This section discussed findings that arose from detailed analysis of the data. Findings indicate that most of the elderly in this study experienced some psychological distress associated with care receiving. While the Chinese elderly in this study appear to feel loved by their families, they do not always feel emotionally "close" to them. In addition, they appear to be socially isolated from friends, cohorts and the larger society.

All respondents seemed to want to reciprocate for the care they received; however, the decline in power resources associated with aging and with their situation seemed to leave them with little ability to do so. Many longed for a valuable

role that would allow them to maintain some status in the family. Several wanted to live with their family; however, they longed for greater independence within that situation. In spite of the fact that many of the respondents had not experienced caring for their own aged parents, their expectation and hope appeared to be that they would be cared for, loved, and respected by their own children.

In this chapter the findings of the study were discussed and related to the literature. The final chapter presents a summary of the study as well as limitations and suggestions for further research.

CHAPTER SIX

SUMMARY AND IMPLICATIONS OF FINDINGS

This final chapter begins with a summary of the study. Limitations are discussed and some suggestions are made for further research. The implications for nursing practice, education, and theory are considered.

Summary of the Study

The ten elderly Chinese in care-receiving situations seemed to feel isolated from friends and cohorts and seemed to expect and wish for support, understanding, and respect from their families. They seemed to feel they had little to offer in return for the care they received and that they had a limited role in the family. Their need for food and shelter appeared to be met, but their lives seemed to include little in the way of spiritual and emotional nourishment or social activity within which self-esteem and self-satisfaction may be maintained. These Chinese elders verbalized the desire to remain involved, to contribute in a meaningful way and to maintain close emotional contacts with both friends and family. What appears to be withdrawal may be due to their

situation and the absence of resources to bargain for greater independence, than an actual desire to withdraw.

Limitations

This study inevitably contains some limitations. These limitations are discussed in the following section.

Sample Size

The sample size for this study was very small ($N=10$); therefore, the findings cannot be generalized to the larger community of Chinese elders.

Data Collection Process

While attempts were made to assist the respondents to feel as comfortable as possible with the interview process, some may not have disclosed certain kinds of information to the interviewer or may have given culturally appropriate responses. This would affect the quality and depth of information obtained.

The need for an interpreter introduces an additional limitation. The opportunity and ability to develop a trusting

relationship between the interviewer and the respondent and to use helpful communication techniques may have been hindered by the presence of the interpreter. Because some Chinese concepts may not be accurately translated into English and vice versa, the translation process itself may have interfered with the meaning intended by the interviewer and with the richness in meaning intended by the elder (Lock, 1990). This limitation may in part have been overcome by holding briefing sessions with the interpreters to familiarize them with the questionnaire and to allow them to express their personal views (Faust & Drickey, 1986).

Another limitation of the study is that more than one interpreter was used. Ideally, one interpreter coached by the researcher would be used for all interviews. This would insure consistency in the translation of questions and interpretation of responses. Furthermore, if certain stereotypes or biases were held by the interpreter, all interviews would be affected equally. This did not and could not happen. China is a large country with one official language and many dialects. As a result, a total of five interpreters were involved. The obvious problem with having so many interpreters is the potential inconsistencies in the manner in which questions would be asked, and in the interpretation and translation of the responses.

Biases voiced by the interpreters lend a fifth limitation to the study. Four of the five interpreters stated their belief that Chinese elders would not talk about the topics addressed in the questionnaire. They thought that "flat answers" (culturally appropriate answers) would be given. Another belief held by some of the interpreters surrounded the discussion of emotions by the Chinese elderly. One interpreter said there was no word in the Chinese language for love and affection and indicated that the Chinese elderly would not talk about such topics. Other interpreters did not indicate any difficulty with these terms. Beliefs held by the interpreters could have influenced the way in which questions were asked, as well as the way answers were "heard" and interpreted (Friend, 1991).

Suggestions for Further Research

Future research needs to include larger groups of Chinese elders. In addition, involvement of one interpreter either with prior training or trained by the researcher would reduce some of the complications associated with cross cultural research. The semi-structured interview schedule did address areas important to exploring the care receiving situation;

however, some of the anxiety-provoking questions could have been less direct.

Implications

The findings of this study can contribute to the health of Chinese elders by providing an understanding of factors affecting their psychological and physical well-being in care-receiving situations with their families in Canada. In her research with Caucasian and Chinese families, Anderson (1990a) indicated that health care professionals are frequently unaware of the complexity of factors in the home that influence an immigrant client's response to nursing care. An understanding of these issues will assist health professionals such as nurses, physicians, and social workers to provide more culturally sensitive care to this group. In addition, information provided by this study about factors affecting their health and well-being may be beneficial in assisting adult caregivers to be more aware of the psychological, social, and physical needs of their aging parents.

As well, the ethnic community may be made more aware of the fact that some ethnic elderly are lonely and isolated. They may also be made more cognizant of the needs of this

group of elderly and of the need for social activities which could aid in their adjustment.

Nursing Practice and Education

Some important problems in the area of health maintenance and health education faced by senior immigrants from China are disclosed by this study. Because they are isolated and cannot speak the language, there is little opportunity to provide them with preventive or curative health teaching. They are unable to learn from the media such as radio and television or popular literature because they cannot understand or read the language. They cannot "pick up" from the culture health information that is common knowledge to Canadian-born seniors. Nurses and other health care providers have an important role to play in advocating that health information be provided to the Chinese elderly in their own language.

Information revealed by the elderly in this study suggests that care receiving may have important mental and possibly physical health consequences for the Chinese elderly. As a result, it is important for nurses in both the hospital and the community to be made aware of the problems faced by the Chinese elderly. Awareness of cultural inhibitions that prevent the Chinese elderly from sharing

their problems with health care professionals is salient. Nurses and other health care professionals also need to be aware of the psychological and physical needs of this group, such as the need for social support and physical exercise. Awareness of the problems faced by the Chinese elderly in the community will assist health care providers to implement appropriate care plans that include the family. The study may also assist the nurse to engage appropriate support services for the Chinese elderly when planning for hospital discharge. In addition, nurses and other health care professionals are in a stronger position to raise the awareness of local agencies and governments about the needs of this group.

The findings of this study support the need for education of the Chinese family about the needs of their elderly, such as a meaningful role in the family, social contact with cohorts and friends, and physical exercise. This education program could be coordinated by nurses and would be most effectively carried out in their own language, by people from their own culture.

Evidence from the data suggests that some of the elderly Chinese in this study desire more independence in their lives. Awareness of the opportunity to empower this group of elderly Chinese care receivers is an additional important practice and education issue for nurses. The hopelessness, dependency, and loss of control, that some of the elderly in this study appear

to feel, speaks to the importance of addressing such empowerment issues as self-efficacy and self-esteem (Gibson, 1991). Empowering the Chinese elderly to act to meet their own needs may have the effect of raising their self-esteem (Gibson, 1991). Since self-esteem is considered to be a power resource, nursing efforts to enhance it may help to increase the elderly individual's perceived power and may contribute to feelings of greater control (Miller & Oertal, 1991).

The need for empowerment of this group of elders illustrates a need for both support groups and social groups. Nurses in the community have the opportunity to work with community agencies and other health professionals to initiate these groups. Because they prefer to keep their problems within their own family (Lee, 1986; Lin & Lin, 1978), support groups could be an important resource for the Chinese elderly. The mutual sharing of experiences may provide support and enhance self-esteem through the knowledge that one is not alone in one's problems. Self-esteem plays a significant role in self-efficacy and in the motivation to improve one's lifestyle and health (Miller, 1991b; Rynerson, 1972). Therefore, assisting this group to increase their self-esteem is important.

The findings of this study may also have implications for nursing education. Given the rapid increase in numbers of Asians in Canada (Shareski, 1992) and the shift toward home

care services (Anderson, 1990b), nurse education must prepare nurses to care for people from diverse cultural backgrounds. Nursing education must provide research-based information on problems faced by those from other cultures. As well, it must provide experiential learning opportunities for increasing self-awareness in terms of biases and stereotypes.

Future generations of nurses need to be well prepared to care for Asian elderly clients and their families. Integration of knowledge about Chinese cultural tradition and the psychology of the Chinese people into the nursing curriculum can only improve the provision of comprehensive care, and caring, both in the community and the health care facility.

Nursing Research and Theory

Further research is warranted to investigate communication patterns between Chinese elders and their adult children. Analysis of the data obtained from the interviews seemed to indicate that a portion of the problems faced by the elderly may simply be a result of families not recognizing their needs or of the elderly not making their needs and desires known. The question of what portion of the problems encountered by the elderly are a result of a lack of communication and which are associated with being a care receiver requires research.

Alternative research methods such as case studies would also be helpful. Such studies would allow for more in depth exploration of some of the concepts related to the meaning and potential consequences associated with care receiving and would be helpful in a number of ways. Studies using a larger sample would validate the findings and contribute to the conceptual knowledge base related to care receiving. This knowledge base may facilitate the development of a framework that could be useful in applying the nursing process in a family-centred manner to the care receiving situation.

Taking into consideration the limitations of the study, some speculations are made in the following paragraphs about the relationships between the concepts which emerged. The potential relationships among the concepts are complex. Each emerging concept may influence and be influenced by the others and by the care receiving situation. For example, loneliness and isolation, meaningful roles and relationships and dependence may all be related to the decrease in power resources. Lack of personal, discretionary spending money for transportation and for social activities may prevent the elderly from maintaining important cohort friendships. Chinese elders may be unable to maintain traditionally expected status and relationships within the family because of the loss of power and ability to share knowledge and experience. Finally,

dependence seems to be an outcome of insufficient (power) resources to support oneself.

Diminished power resources may be influenced by loneliness and isolation and the absence of meaningful roles and relationships and by dependence. If the elderly have no meaningful role within the family, they are unlikely to be accorded status and influence within the family. Absence of close emotional ties and supportive friendships are believed to diminish the psychological and esteem resources of the elderly person. According to Rook (1987), the absence of companionship may actually elicit negative responses from others. Finally, the state of dependence may diminish power resources by interfering with the opportunity to make choices and to have a voice in decision making.

A theoretical framework which is broad enough to consider the concepts presented here and which provides for consideration of the interrelatedness of the potential consequences of care receiving to other variables such as uprootedness, language barrier and cultural expectations among others, is needed.

This study focuses on a group of Chinese elderly; however, many of the findings in this study may be relevant to Canadian born elderly and elderly immigrants from other cultures. Further research is required to investigate this aspect of the lives of elders from all cultural backgrounds.

Conclusions

This study explored the meaning and potential consequences for the Chinese elderly living with and being dependent upon offspring for financial, social, psychological and, in some cases, physical support. Based on the information obtained from this particular cohort group of respondents and considering the limitations of this study, several conclusions are drawn and presented here.

Care receiving appears to be associated with some psychological distress for the elderly Chinese. The distress appears to include: a) a concern by the elderly that they may be a burden to their care givers; b) the feeling that they have little that is valued to offer in return for the care received; c) the perception that they must withhold their opinions and both their physical and emotional desires and needs in order not to be a burden to their family; and d) a feeling of reduced freedom and ability to make independent choices.

The Chinese cultural tradition of suppressing emotions may interfere with the ability of these Chinese elders to communicate their needs and desires, with the consequence that both adult children and health care providers may remain unaware. Families may be better able to empower the elderly if they were aware of what the elders perceive their needs to be.

The findings from this investigation indicate that some of the elderly in this study may be able to count on their families for support. However, there may be a need to raise the awareness of adult children about the psychosocial needs of their aging parents. Furthermore, adult offspring may require support from health care professionals in their role as care givers. They are a "sandwich generation" in the sense that their world is different from that of their parents or of their children. Their parents are imbued with traditional Chinese values and beliefs. Their children may be far removed from these traditions and expectations, because they are no longer aware of them, or because they have rejected them in favour of the values and mores of a society which to them is "home". The adult children of first generation Chinese elderly in Canada may be caught in the middle, They may feel required to adopt the lifestyle of the society they chose while influence from their cultural heritage may cause shame and guilt if the perceived expectations of their parents and the Chinese community are not met (Kalish & Moriwaki, 1973).

Reference List

- American Association of Retired Persons. (1990). Health promotion for older minority adults: A review. Washington, DC: Author.
- Anderson, J.M. (1985). Perspectives on the health of immigrant women: A feminist analysis. Advances in Nursing Science, 8 (1), 61-76.
- Anderson, J.M. (1990a). Health care across cultures. Nursing Outlook, 38 (3), 136-139.
- Anderson, J.M. (1990b). Home care management in chronic illness and the self-care movement: An analysis of ideologies and economic processes influencing policy decisions. Advances in Nursing Science, 12 (2), 71-83.
- Angrosino, M. (1976). Anthropology and the aging: A preliminary community study. Gerontologist, 16 (2), 174-180.
- Arling, D.L. (1976). The elderly widow and her family, neighbours, and friends. Journal of Marriage and the Family, 38 (4), 757-768.
- Auger, J.A. (1990). Meeting the needs of ethnic older adults: Barriers to accessing health services in Nova Scotia. Multicultural Health Bulletin, 6 (1), 2-5.

- Barney, K.F. (1991). From Ellis Island to assisted living: Meeting the needs of the older ethnic adults from diverse cultures. The American Journal of Occupational Therapy, 45 (7), 586-593.
- Beckingham, A.C., & Baumann, A. (1990). The aging family in crisis: Assessment and decision-making models. Journal of Advanced Nursing, 15 (7), 782-787.
- Bengtson, V.L., Dowd, J.J., Smith, D.H., & Inkeles, A. (1975). Modernization, modernity, and perceptions of aging: A cross cultural study. Journal of Gerontology, 30 (6), 688-695.
- Berg, B.L. (1989). Qualitative research methods for the social sciences. Needham, MA: Allyn & Bacon.
- Billones, H., & Wilson, S. (1990). Understanding the Filipino elderly. Toronto, ON: Ryerson Polytechnical Institute, Faculty of Community Services.
- Blau, P.M. (1964). Exchange and power in social life. New York: John Wiley & Sons.
- Blau, Z. (1973). Old age in a changing society. New York: New Viewpoints.
- Bond, M. H. (Ed.). (1986). The psychology of the Chinese people. Hong Kong: Oxford University Press.

- Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees. (1988). After the door has been opened: Mental health issues affecting immigrants and refugees. Ottawa, ON: Ministry of Supply and Services.
- Capobianco, A. (1989). Ethnic realities. Expression: Newsletter of the National Advisory Council on Aging, 5 (5), 1-2.
- Cassel, J. (1976). The contribution of the social environment to host resistance. American Journal of Epidemiology, 104 (2), 107-123.
- Chan, K.B. (1983). Coping with aging and managing self-identity: The social world of the elderly Chinese women. Canadian Ethnic Studies, 15 (3), 36-50.
- Chappell, N.L., & Badger, M. (1989). Social isolation and well-being. Journal of Gerontology: Social Sciences, 44 (5) S169-S176.
- Chen, J. (1980). The Chinese of America. Cambridge: Harper & Row.
- Cheng, E. (1978). The elder Chinese. San Diego: Campanile Press, San Diego State University.
- Cheung, F.M.C. (1986). Psychopathology among Chinese people. In M.H. Bond (Ed.), The psychology of the Chinese people (pp. 171-212). Hong Kong: Oxford University Press.

- Cho, P.J. (1990). Family care of the Asian American elderly: Myth or reality? In American Association of Retired Persons, Aging and old age in diverse populations: Research papers presented at minority affairs initiative empowerment conferences (pp. 55-88). Washington, DC: Minority Affairs Initiative, American Association of Retired Persons.
- Clark, M., & Anderson, B. (1967). Culture and aging. Springfield, IL: Charles C. Thomas.
- Coombs, S. (1986). Understanding seniors and culture: Multicultural guide 3. Edmonton, AB: Alberta Culture; Cultural Heritage Division.
- Cumming, E., & Henry, W.E. (1961). Growing old: The process of disengagement. New York: Basic Books.
- Die, A.H., & Seelbach, W.C. (1988). Problems, sources of assistance, and knowledge of services among elderly Vietnamese immigrants. The Gerontologist, 28 (4), 448-452.
- Disman, M. (1983). Immigrants and other grieving people: Insights for counselling practices and policy issues. Canadian Ethnic Studies, 15 (3), 106-118.
- Dowd, J.J. (1975). Aging as exchange: A preface to theory. Journal of Gerontology, 30 (5), 584-594.
- Driedger, L., & Clappell, N.L. (1987). Aging and ethnicity: Toward an interface. Toronto, ON: Butterworths.

- Ebersole, P., & Hess, P. (1990). Toward healthy aging: Human needs and nursing response (3rd ed.). St. Louis: C.V. Mosby.
- Fairbank, J.K. (Ed.). (1957). Chinese thought and institutions. Chicago: University of Chicago Press.
- Faust, S., & Drickey, R. (1986). Working with interpreters. The Journal of Family Practice, 22 (2), 131-138.
- Fecher, V.J. (1982). Religion and aging: An annotated bibliography. San Antonio, TX: Trinity University Press.
- Fischer, L.R. (1981). Transitions in mother-daughter relationship. Journal of Marriage and the Family, 43 (5), 613-622.
- Fountain, D.E. (1991). Battle between the Gods: The challenge of transcultural communication. Journal of Christian Nursing, 8 (1), 26-30, 32-34.
- Friend, W.C. (1991). Problems with interpreters. Hospital and Community Psychiatry, 42 (8), 857-858.
- Fuchs, J. (1987). Use of decisional control to combat powerlessness. American Nephrology Nurses Association Journal, 14 (1), 11-13.
- Fuller, S. (1978). Inhibiting helplessness in elderly people. Journal of Gerontological Nursing, 4 (4), 18-22.

- Gatz, M., Bengtson, V., & Blum, M. (1990). Caregiving families. In J. Birren, & K. Schaie, Handbook of the Psychology of Aging (3rd ed.) (pp. 404-426). San Diego, CA: Academic Press.
- Gelfand, D.E., & Barresi, C.M. (1987). Current perspectives in ethnicity and aging. In D.E. Gelfand & C.M. Barresi (Eds.), Ethnic dimensions of aging (pp. 5-17). New York: Springer Publishing.
- Gelfand, D.E., & Pandetti, D.V. (1980). Suburban and urban white ethnics: Attitudes towards care of the aged. The Gerontologist, 20 (5), 588-594.
- Gibson, C.H. (1991). A concept analysis of empowerment. Journal of Advanced Nursing, 16 (3), 354-361.
- Glaser, B.G., & Strauss, A.L. (1967). The discovery of grounded theory: Strategies for qualitative research. New York: Aldine De Gruyter Publishers.
- Glaser, I. (1983). Guidelines for using an interpreter in social work. Child Welfare, 112 (5), 468-470.
- Goodwin, J.L. (1988). Assessing the needs of ethnic older adults in the Halifax-Dartmouth area of Nova Scotia. Unpublished Manuscript. (Available from [Jeanette A. Auger, Associate Professor, Sociology Department, Acadia University, Wolfville, NS, B0P 1X0])

- Gould, K.H. (1988). Asian and Pacific Islanders: Myth and reality. Social Work, 33 (2), 142-147.
- Grasska, M.A., & McFarland, T. (1982). Overcoming the language barrier: Problems and solutions. American Journal of Nursing, 82 (9), 1376-1379.
- Guttmann, D. (1987). Ethnicity and aging: Perspective on the needs of the ethnic aged. Social Thought, 13 (1), 1987.
- Harwood, A. (1985). Theoretical concepts and their applications in multicultural health care. Multiculturalism, 18 (3), 7-11.
- Hayter, J. (1981). Territoriality as a universal need. Journal of Advanced Nursing, 6 (2), 79-85.
- Hess, B. (1972). Friendship. In M.W. Riley, M. Johnson, & A. Foner (Eds.), Aging and society, Volume 3: A sociology of age stratification. New York: Russell Sage.
- Ho, D.Y.F. (1986). Chinese patterns of socialization: A critical view. In M.H. Bond (Ed.), The psychology of the Chinese people (pp. 1-37). Hong Kong: Oxford University Press.
- Hoe, B.S. (1979). Folktales and social structure: The case of the Chinese in Montreal. Canadian Folklore: Folktales in 1 (1/2), 25-35.

- House, J.S., & Kahn, R.L. (1985). Measures and concepts of social support. In S. Cohen & S.L. Syme (Eds.), Social Support and Health (pp. 83-108). Orlando, FL: Academic Press.
- Hsu, F.L.K. (1967). Under the ancestor's shadow. Garden City, NY: Doubleday.
- Hsu, F.L.K. (1971). Filial piety in Japan and China: Borrowing, variation, and significance. Journal of Comparative Family Studies, 2 (1), 67-74.
- Johnson, F.L., Foxall, M.J., Kelleher, E., Kentopp, E., Mannelein, E.A., & Cook, E. (1988). Comparison of the mental health and life satisfaction of five elderly ethnic groups. Western Journal of Nursing Research, 10 (5), 613-628.
- Kalish, R.A., & Knudtson, F.W. (1976). Attachment versus disengagement: A life-span conceptualization. Human Development, 18 (3), 171-181.
- Kalish, R.A., & Moriwaki, S. (1973). The world of the elderly Asian American. Journal of Social Issues, 29 (2), 289-
- Kalish, R.A., & Yuen, S. (1971). Americans of East Asian ancestry: Aging and the aged. The Gerontologist, 11 (1), 36-47.
- Keller, M.L., Leventhal, H., Prohaska, T.R., Leventhal, E.A. (1989). Beliefs about aging and illness in a community sample. Research in Nursing and Health, 12 (4), 247-255.

- Kleinman, A., Eisenberg, L., & Good, B. (1978). Culture, illness and care: Clinical lessons from anthropologic and cross-cultural research. Annals of Internal Medicine, 88 (2), 251-258.
- Kuo, W.H., & Tsai, Y.M. (1986). Social networking, hardiness, and immigrant's mental health. Journal of Health and Social Behaviour, 27 (2), 133-149.
- Lang, O. (1968). Chinese family and society. New York: Archon Books.
- Lee, G.R., & Ellithorpe, E. (1982). Intergenerational exchange and subjective well-being among the elderly. Journal of Marriage and the Family, 44 (1), 217-224.
- Lee, R.N.F. (1986). The Chinese perception of mental illness in the Canadian mosaic. Canada's Mental Health, 34 (4), 2-4.
- Lee, J.J. (1987). Asian American elderly: A neglected minority group. Journal of Gerontological Social Work, 2 (4), 103-116.
- Leong, A. (1976). Mental health and the Chinese community. In G. Bancroft (Ed.), Outreach for understanding: A report on the intercultural seminars (pp. 56-60). Ottawa, ON: Ontario Ministry of Culture and Recreation.
- Lin, T.Y., & Lin, M.C. (1978). Service delivery issues in Asian-North American communities. American Journal of Psychiatry, 135 (4), 454-456.

- Lincoln, Y.S., & Guba, E.G. (1985). Naturalistic Inquiry. Beverly Hills: Sage Publications.
- Lipsom, J.G., & Meleis, A.I. (1985). Culturally appropriate care: the case of immigrants. Topics in Clinical Nursing, 7 (3), 48-56.
- Liu, S.F. (1976). The elderly Chinese. In G. Bancroft (Ed.), Outreach for understanding: A report on the intercultural seminars (pp. 47-50). Ottawa, ON: Ontario Ministry of Culture and Recreation.
- Lock, M. (1990). On being ethnic: The politics of identity breaking and making in Canada, or Nevra on Sunday. Culture, Medicine, and Psychiatry, 14 (2), 237-254.
- Lopata, H. (1973). Widowhood in an American city. Cambridge: Schenkman Press.
- Lore, W. (1976). The Chinese. In G. Bancroft (Ed.), Outreach for understanding: A report on t2he intercultural seminars (pp. 47-50). Ottawa, ON: Ontario Ministry of Culture and Recreation.
- Low, S.M. (1984). The cultural basis of health, illness, and disease. Social Work in Health Care, 9 (3), 13-23.
- Lowenthal, M.F., & Robinson, B. (1976). Social networks and isolation. In R.H. Binstock & E. Shanas (Eds.), Handbook of aging and social sciences (pp. 432-456). New York: Van Nostrand Reinhold.

- MacLean, M.J., & Bonar, R. (1983). The ethnic elderly in a dominant culture long term care facility. Canadian Ethnic Studies, 15 (3), 51-59.
- Majumdar, B., & Carpio, B. (1988). Concept of health as viewed by selected ethnic Canadian populations. Canadian Journal of Public Health, 79 (12), 430-434.
- Maldonado, D. (1978). Aging in the Chicano context. In D.E. Gelfand & A.J. Kutzik (Eds.), Ethnicity and aging: Theory, research and policy (pp. 175-183). New York: Springer Publishing.
- McCallum, J., & Shadbolt, B. (1989). Ethnicity and stress among older Australians. Journal of Gerontology, 44 (3), S89-S95.
- McCulloch, B.J. (1990). The relationship of intergenerational reciprocity of aid to the morale of older patients: Equity and exchange theory. Journal of Gerontology, 45 (4), S150-155.
- Michael, R.T., Fuchs, V.R., & Scott, S.R. (1980). Changes in the propensity to live alone: 1950-1976. Demography, 17 (1), 39-53.
- Miller, J.F. (1991a). Coping with chronic illness: Overcoming powerlessness (2nd ed.). Philadelphia: F.A. Davis.
- Miller, J.F. (1991b). Enhancing self-esteem. In J.F. Miller, Coping with chronic illness: Overcoming powerlessness (2nd ed.) (pp. 135-161). Philadelphia: F.A. Davis.

- Miller, M.P. (1991). Factors promoting wellness in the aged person: An ethnographic study. Advanced Nursing Science, 13 (4), 38-51.
- Miller, J.F., & Oertal, C.B. (1991). Powerlessness in the elderly: Preventing hopelessness. In J.F. Miller, Coping with chronic illness: Overcoming powerlessness (2nd ed.) (pp. 135-161). Philadelphia: F.A. Davis.
- Mutran, E., & Reitzes, D.C. (1984). Intergenerational support activities and well-being among the elderly: A convergence of exchange and symbolic interaction perspectives. American Sociological Review, 49 (1), 117-130.
- Naidoo, J. (1985). The South Asian experience of aging. Multiculturalism, 8 (3), 3-6.
- National Advisory Council on Aging. (1993a). Aging Vignette #3: A quick portrait of Canadian seniors. Ottawa, ON: Author.
- National Advisory Council on Aging. (1993b). Aging Vignette #13: A quick portrait of Canadian seniors. Ottawa, ON: Author.
- National Advisory Council on Aging. (1993c). Aging Vignette #1: A quick portrait of Canadian seniors. Ottawa, ON: Author.

- Norbeck, J. (1981). Social support: A model for clinical research and application. Advances in Nursing Science, 3 (4), 43-59.
- Nye, F.I. (1982). Family relationships: Rewards and costs. Beverly Hills, CA: Sage Publications.
- O'Neill, G., & Ross, M. M. (1991). Burden of care: An important concept for nurses. Health Care for Women International, 12 (1), 111-121.
- Parsons, R.J., Cox, E.O., & Kimboko, P.J. (1989). Satisfaction, communication, and affection in caregiving: A view from the elder's perspective. Journal of Gerontological Social Work, 13 (3/4), 9-20.
- Parsons, R.J., Cox, E.O., & Kimboko, P.J. (1993). [Care-receiving amongst older adults]. Unpublished Manuscript. (Available from [Enid O. Cox, Associate Professor, Graduate School of Social Work, University of Denver, Denver, CO 80208])
- Penning, M.J., & Chappell, N.L. (1987). Ethnicity and informal supports among older adults. Journal of Aging Studies, 1 (2), 145-160.
- Pham, T.N. (1986). The mental health problems of the Vietnamese in Calgary: Major aspects and implications for service. Canada's Mental Health, 34 (4), 5-9.

- Phipps, L.B. (1979). Theoretical frameworks applicable to family care. In J. Miller & E. Janosik, Family Focused Care (pp. 31-57). New York: McGraw/Hill.
- Rathbone-McCuan, E., & Hashimi, J. (1982). Isolated elders. Rockville, MD: Aspen Systems.
- Redding, G., & Wong, G.Y.Y. (1986). The psychology of Chinese organizational behaviour. In M.H. Bond (Ed.), The psychology of the Chinese people (pp. 268-295).
- Reich, J.W., & Zautra, A.J. (1990). Dispositional control beliefs and the consequences of a control-enhancing intervention. Journal of Gerontology: Psychological Sciences, 45 (2), 46-51.
- Rempusheski, V.F. (1989). The role of ethnicity in elderly care. Nursing Clinics of North America, 24 (3), 714-724.
- Roberto, K.A., & Scott, P.S. (1986). Equity considerations in the friendships of older adults. Journal of Gerontology, 41 (2), 241-247.
- Rook, K.S. (1987). Reciprocity of social exchange and social satisfaction among older women. Journal of Personality and Social Psychology, 52 (6), 335-342.
- Rosenthal, C.J. (1986). Family supports in later life: Does ethnicity make a difference? The Gerontologist, 26 (1), 19-24.
- Rowe, J.W., & Kahn, R.L. (1987). Human aging: Usual and successful. Science, 237 (4811), 143-149.

- Rynerson, B. (1972). Need for self-esteem in the aged: A literature review. Journal of Psychiatric Nursing, 8 (1), 22-25.
- Salvendy, J.T. (1983). The mental health of immigrants: A reassessment of concepts. Canada's Mental Health, 31 (1), 9-12.
- Scharlach, A.E. (1989). Social group work with the elderly: A role theory perspective. Social Work with Groups, 12 (3), 33-46.
- Seelbach, E., & Sauer, W. (1977). Filial responsibility expectations and morale among aged parents. The Gerontologist, 17 (6), 492-499.
- Seligman, M. (1975). Helplessness: On depression, development, and death. San Francisco: W.H. Freeman.
- Shanas, E. (1977). Living arrangements and housing of old people. In E.W. Busse & E. Pfeiffer (Eds.), Behaviour and adaptation in late life (2nd ed.) (pp. 111-129). Boston: Little Brown.
- Shareski, D. (1992). Beyond boundaries: Cross cultural care. Nursing BC, 24 (5), 10-12.
- Sharpe, I. (1992). Let us not forget our ethnic aged. The Australian Nurses Journal, 21 (10), 16-18.

- Somerset, F., & Radcliffe, S. (1984). Immigrant seniors: A report on the Community preparation stage. Unpublished Manuscript. (Available from [Cross Cultural Learner Centre, London, ON])
- Spector, R.E. (1985). Cutlural diversity in health and illness (2nd ed.). Norwalk, CT: Appleton-Century-Crofts.
- Statistics Canada. (1992). Immigration and citizenship: The nation. Catalogue 93-316. Ottawa, ON: Author.
- Statistics Canada. (1993). Ethnic Origin: The nation. Catalogue 93-315. Ottawa, ON: Author.
- Stoller, E.P. (1985). Exchange patterns in the informal support networks of the elderly: The impact of reciprocity on morale. Journal of Marriage and the Family, 47 (2), 335-342.
- Stoller, E.P., & Earl, L.L. (1983). Help with activities of everyday life: Sources of support for the non-institutionalized elderly. The Gerontologist, 23 (1), 64-70.
- Stone, L., & Frencken, H. (1986). 1986 census of Canada: Canada's seniors. Cat. 98-121. Ottawa, ON: Minister of Supply and Services.
- Strauss, A., & Corbin, J. (1990). Basics of qualitative research: Grounded theory procedures and techniques. Newbury, CA: Sage Publications.

- Sue, S., & Morishima, J.K. (1982). The mental health of Asian Americans. San Francisco: Jossey Bass.
- Sugiman, P., & Nishio, H.K. (1983). Socialization and cultural duality among aging Japanese Canadians. Canadian Ethnic Studies, 15 (3), 17-35.
- Thompson, P. (1987). Health promotion with immigrant women: A model for success. The Canadian Nurse, 83 (11), 20-23.
- Tilden, V.P., & Gaylen, R.D. (1987). Cost and conflict: The darker side of social support. Western Journal of Nursing Research, 9 (1), 9-18.
- Treas, J. (1977). Family systems for the aged: Some social and demographic considerations. The Gerontologist, 17 (6), 486- 491.
- Tseng, W.S. (1975). The nature of somatic complaints among psychiatric patients: The Chinese case. Comprehensive Psychiatry, 16 (3), 237-245.
- Tsui, P. (1976). Education in Hong Kong and the adaptation of Chinese children in Canada. In G. Bancroft (Ed.), Outreach for understanding: A report on the intercultural seminars (pp. 50-52). Ottawa, ON: Ontario Ministry of Culture and Recreation.
- Ujimoto, K.V. (1987). The ethnic dimension of aging in Canada. In V.W. Marshall (Ed.), Aging in Canada: Social perspectives (2nd ed.) (pp. 111-137). Markham, ON: Fitzhenry & Whiteside.

- Walster, E., Walster, G.W., & Bercheid, E. (1978). Equity: Theory and research. Boston: Allyn & Bacon.
- Watson, H. (1990). Caught between two cultures. Nursing Times, 86 (39), 66-68.
- Webster, R. (1991). Asian patients in the critical care unit. Nursing, 4 (31), 16-19.
- Weeks, J.R., & Cuellar, J.B. (1983). Isolation of older persons. Research on Aging, 5 (3), 1983.
- West, G.E., & Simons, R.L. (1983). Sex differences in stress, coping resources, and illness among the elderly. Research on Aging, 5 (2), 235-268.
- Wiley, T.G. (1986). The significance of language and cultural barriers for the Euro-American elderly. In C.L. Hayes, R.A. Kalish, & D. Guttman (Eds.), European-American elderly: A guide for practice. New York: Springer.
- Wister, A.V. (1985). Living arrangement choices among the elderly. Canadian Journal on Aging, 4 (3), 127-143.
- Wong, E.F. (1980). Learned helplessness: The need for self determination among Chinese American elderly. Journal of Ethnic Studies, 8 (2), 45-62.
- Wong, P.T.P., & Reker, G.T. (1985). Stress, coping and well-being in Anglo and Chinese elderly. Canadian Journal on Aging, 4 (1), 29-37.

- Wood, V., & Robertson, J.F. (1978). Friendship and kinship interaction: Differential effect on the morale of the elderly. Journal of Marriage and the Family, 40 (2), 367-375.
- Wu, F.Y.T. (1975). Mandarin-speaking aged Chinese in the Los Angeles area. The Gerontologist, 15 (3), 271-275.
- Yang, C.K. (1957). The functional relationships between Confucian thought and Chinese religion. In J.K. Fairbank (Ed.), Chinese thought and institutions (pp. 269-290). Chicago: University of Chicago Press.
- Yang, K.S. (1986). Chinese personality and its change. In M.H. Bond (Ed.), The psychology of the Chinese people (pp. 106-170). Hong Kong: Oxford University Press.
- Yeh, E.K. (1972). The Chinese mind and human freedom. The International Journal of Social Psychiatry, 18 (2) 132-136.
- Yu, L.C. (1983). Patterns of filial belief and behaviour within the contemporary Chinese American family. International Journal of Sociology of the Family, 13 (1), 17-35.
- Ziegler, M., & Reid, D. (1979). Correlates of locus of control in two samples of elderly persons: Community residents and hospitalized patients. Journal of Consulting and Clinical Psychology, 47 (5), 977-979.



Human Investigation Committee
Office of Research and Graduate Studies (Medicine)
Faculty of Medicine, The Health Sciences Centre

December 22, 1992

REFERENCE #1159

Ms. Marian MacKinnon
109A Freshwater Road
St. John's, NF
A1C 2N4

Dear Ms. MacKinnon:

At a recent meeting of the Human Investigation Committee your application entitled **"Health Care Needs of the Multicultural Elderly: Meaning and Consequences of Care Receiving for the Ethnic Elder"** was considered. The Committee recommended approval of the application with one comment:

The Committee requested that you be introduced to the research subject by someone who knows them.

We take this opportunity to wish you every success with your research study.

Sincerely yours,

Dr. John Harnett
Chairman
Human Investigation Committee

JH/sc

cc: Dr. K.M.W. Keough, Vice President of Research
Dr. Lan Gien, Supervisor

APPENDIX B

**Towards Meeting The Health Care Needs of the Chinese
Elderly: Meaning and Potential Health Consequences of Care
Receiving for the Chinese Elder.**

Semi-Structured Interview Schedule

Opening Introduction

(Hi, my name is Marian MacKinnon. I am a student in the Master's in Nursing Program at Memorial University. I am doing my thesis on the health care needs of the Chinese elderly and I believe you have some valuable experiences and knowledge to share on the topic.

Before we begin, I want to thank you for agreeing to participate in this study. You have read the letter so you know that the information you give me will be kept confidential. No identifying information will be included in the thesis).

(The first two questions are opening questions, intended to increase the respondents comfort with the interviewer [Berg, 1989]).

1. Tell me a little about coming to this country
What made you decide to come? Did you fly? How do you feel about flying?

2. Tell me briefly about where you were born and a little about your life growing up..... about your parents and your work.

3. What changes did you have to make in your life when you moved Canada from China? What were your daily activities when you were in China? (Translation: What did you use your time to do)

Probes: Were there changes in other things?
Changes in financial situation?
Changes in living arrangements?
Changes in relationships with others (friends, relatives, children)

4. Talk a little if you will about how you feel about the changes?

Probe: Are there things you miss about China?
Things that you don't miss?

5. So you are here now and you are living with your family. What does it mean to you to live with your children in Canada?

6. Are you happy here? What kinds of things make you feel happy/unhappy?

7. When you are unhappy, what kinds of things happen to you? Are you able to eat? Sleep? Do you have enough strength?

8. When your children were young what was life like for you? do you experience any difference in how things are between children and parents here compared to China?

9. What was family life like in China? Who lived in the household? When you were in China did your parents help you?

Probe: How were your grandparents cared for?
did they live with your parents and what was that like?

10. What kinds of things did children do for parents in China and is it the same or different here?

Extra Question: Do your children do things for you
.... help you out?
If yes or no, how do you feel about that?

11. Tell me a little about your family, your children,.... your grandchildren do you feel you are in a loving environment or..... ? (wording suggested by Chinese Interpreter)

12. Do you think your needs are understood by your children? Your grandchildren?

13. Most families have disagreements.... tell me a little about how disagreements are handled in your family?

Probe: How do you feel at these times?
 What do you do?

14. Do you try to please your children? If yes, tell me a little about some of the things you try to do

15. Tell me a little about how you feel about trying to please your children

Probe: Is it important?

16. Are you able to take part in some of the decisions made within the family?.

Extra Questions: Are you consulted or ask for advice
 on decisions that affect you?
 Is your approval important to your
 family? How do they show you that it
 is important to them?

17. Is it important to you to have some time alone? If yes, are you able to have time alone? How do you prefer to be alone?

*18. Do you sometimes feel lonely? Talk a little about that if you will what do you do when you feel lonely? When was the last time you did this?

19. Do you share your thoughts and problems with someone in the family? For example, when something bothers you do you discuss it with someone in the family?

Probe: If yes, who do you discuss it with? If no, how come?

20. How is your health now? How does the state of your health now compare with how it was when you were in China?

*21. Do you sometimes feel a) anxious (Translation - nervous combined with fear) b) worried c) depressed? Can you tell me about some of the things that possibly cause you to feel this way?

22. When you have these feelings what do you do?

23. Who do you tell when you are physically sick?

Probe: Are you able to get to a doctor when you think it is necessary?

24. When you are physically sick is there someone to help you?

25. What does it mean to you to feel good about yourself? Are there some things that help you to feel good about yourself?

26. Are there times when you don't feel good about yourself? What does it mean to you when you don't feel good about yourself?

Probe: What kinds of things are happening for you when you don't feel good about yourself?

*27. What do you do in a typical day? Are there any other things you would like to do?

28. Do your children need your help, for instance with the cooking? Shopping? Caring for your grandchildren?

29. How do you feel about doing these things?

30. Do you feel comfortable living with your family? Can you talk a little more about that your feelings?

Probe: Would some other arrangement be better for them? For you?

31. Are there things you want to do or feel you should do for your family? Tell me a little more about that.... the reasons you feel that way and what do you do or try to do?

*32. If you had a choice, where would you like to live?

33. If you were able to, would you feel it important to help out with family expenses? Can you talk a little about that is it important?

*34. Tell me a little about what you do in your spare time? Do you keep in touch with friends?

Probe: About how often?
How many friends do you regularly keep in touch with?
Where do you usually meet your friends?

*35. If you want to go somewhere how do you get there, for example, how do you get a) shopping b) to medical appointments c) to religious activities d) to other recreational activities?

36. Thinking back over the past few months is there anything that has been troubling your mind? (Wording suggested by Chinese interpreter).

Extra Question: Tell me a little about some of the fears (Translation: scare fears and worryfearshav you..

37. Is there anything you would like to change? What changes would you make if you could?

(Do you have any questions for me at this point? If not then I would like to ask you just a few quick questions....)

* Adapted (with permission) from: Goodwin, J. L. (1988) Assessing the needs of ethnic older adults in the Halifax-Dartmouth area of Nova Scotia. Unpublished Manuscript.

APPENDIX C

*PERSONAL DATA

ID Code #: _____
Date: _____
Location of Interview: _____
Time to Complete: _____
Audiotaped: _____ #: _____

1. Country of birth _____
2. Citizenship:
 - a) Canadian _____
 - b) Other _____
3. When did you come to Canada? (example: April, 1990)

4. Gender
 - a) Male _____
 - b) Female _____
5. Year of Birth _____
6. Marital Status:
 - a) married _____
 - b) Widowed _____
 - c) Separated _____
 - d) Divorced _____
 - e) Single _____

7. What languages do you speak at home?

Outside the home? _____

8. What languages do you speak when you are with children?

Friends? _____

9. What languages do you read?

10. Do you consider yourself a member of a particular ethnic group? If so, what group?

11. How many children do you have?

- a) None _____
b) 1 - 2 _____
c) 3 - 4 _____
d) > 4 _____

12. Where do your children live?

13. Are you presently employed?

a) If yes, why do you work? _____

- b) If no, would you like to work? _____
14. What did you work at for most of your life?

15. What are your main sources of income?

16. Is your income adequate to meet your needs? _____
If not, why? _____

17. Are you on any medications? If yes, what are they?

* Adapted (with permission) from: Goodwin, J. L. (1988) Assessing the needs of ethnic older adults in the Halifax-Dartmouth area of Nova Scotia. Unpublished Manuscript.

APPENDIX D

School of Nursing,
Memorial University of NF.,
A1B 3V6.

November 24, 1992.

**Towards Meeting The Health Care Needs of the Chinese Elderly:
Meaning and Potential Health Consequences of Care Receiving
for the Chinese Elder.**

Letter of Introduction

Dear _____,

I am a student in the graduate program in nursing at Memorial University. I am interested in finding out about how you have adapted to life in Canada. The information will be the basis of my Master's thesis. I am requesting your participation in this study because I believe you have some good ideas and important experiences in this area.

The purpose of this study is to determine if there are ways health care professionals can be of help to people like you in the community living with family. Participation would involve one or two interview sessions during which you would be asked to respond to a number of questions about your experiences living in Newfoundland.

The interviewer would be myself and if necessary a translator will be present. The information will be kept confidential and to protect your identity, your name will not be attached to the tapes or transcripts.

Your participation is voluntary. You may choose not to answer some questions if you feel uncomfortable doing so.

The results of this study will provide information about the health care needs of the Chinese immigrant elderly in the community, and may be helpful to health professionals providing more appropriate care and programs in the future.

If you have any questions during or after the study, please feel free to call me at the number provided below. Thank you in anticipation of your assistance and participation.

Yours truly,

Marian MacKinnon.
Ph. 754-8228

APPENDIX E

敬啟者：

本人就讀於紐芬蘭紀念大學，修讀護士碩士課程，此信目的是希望邀請閣下能參與一個調查。調查所得資料將會分析而成為本人論文的内容。

這個調查是關於加拿大專業護理人員能從那方面提供更完善的護理服務。調查對象主要是住在這個社區裏的中國老人。

調查方法包括壹貳次的面談訪問，而問題將會環繞閣下在紐芬蘭的生活經驗。調查將會由九三年一月開始，而在同年四月結束。

面談訪問是由本人負責，如有需要翻譯員會在旁協助。至於訪問內容將會完全保密。閣下的參與可提供資料關於中國老人移民的健康護理需要。在訪問過程中，閣下有權選擇不回答任何問題。

調查結果將會加深及改善未來加拿大的醫療服務，如閣下在訪問期間或訪問後有任何問題，請致電：
754-8228。

多謝閣下空貴時間。

敬

APPENDIX F

Towards Meeting The Health Care Needs of the Chinese Elderly: Meaning and Potential Health Consequences of Care Receiving for the Chinese Elder.

CONSENT FORM

I _____, the undersigned, agree to participate in the research study described above.

I understand what is involved in the study and my questions have been answered. I am aware that my participation is voluntary and that there is no guarantee that I will benefit from my involvement. I acknowledge that a copy of this form has been offered to me.

The use that will be made of tapes and transcription material has been explained to me. I understand that this material will be destroyed when the research is complete. I hereby agree to be audiotaped.

Quotes of my conversation may be used in the text of the thesis, but I will not be identified in association with the quote and will not be identifiable by the quote.

(Signature of Participant)

(Date)

To be signed by the investigator.

To the best of my ability, I have fully explained to the subject the nature of this research study. I have invited questions and provided answers. I believe that the subject fully understands the implications and voluntary nature of the study.

(Signature of Investigator)

(Date)

Phone Number _____

(Signature of Interpreter)

(Date)

調查同意書

APPENDIX G

本人_____，同意參與這個調查訪問。

本人明白調查內容及方法，亦清楚這個調查全屬自願，而參與亦不代表會得到任何利益。

本人同意錄音筆會被用作訪問工具和明白一切談話內容。當調查結束後，有關錄音筆及訪問資料會完全被毀滅。

談話內容會被引用在論文中，但本人身份會絕對保密。

參與者簽名

日期

以下由調查員簽署

本人會盡全能解釋有關調查內容及方法，同時亦接受有關這調查的問題。本人相信每一位參與者已清楚知道這調查的用途和全屬自願的基本原則。

(調查員簽名)

日期

電話：_____

(參與譯員簽名)

日期

