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Perceptions of Eldercare Service Needs: A Chinese-Canadian Community Survey

Henry P. H. Chow[1]

Abstract

Ethnic minority immigrants, especially those who resettle in a foreign country in the later stages of life, face many challenges as they age. A community survey using a representative sample of Chinese-Canadians aged 18 or above was undertaken to explore perceptions towards eldercare service needs among Chinese seniors. Telephone interviews were conducted with 336 Chinese-Canadians residing in a western Canadian city (Calgary, Alberta) by trained, bilingual interviewers using a structured questionnaire on topics such as perceived eldercare needs of Chinese seniors, household composition, and socio-demographic information. Multiple ordinary least-squares regression analysis demonstrated that age, country of origin, perceived service needs, health of seniors in household, length of residence in Canada, and sense of filial responsibility are significantly related to respondents' support for ethnic eldercare services. The findings underscore the importance of culturally and linguistically sensitive eldercare services and programs in the Chinese community.

Keywords

Chinese-Canadians; elderly immigrants; filial responsibility; ethnic eldercare services

Introduction

Chinese elderly warrant our special attention as the Chinese have become one of the largest visible minority groups in Canada. The recent Canadian National Household Survey reveals that the number of individuals who identified themselves as Chinese increased from 1,346,510 in 2006 to 1,487,580 in 2011, accounting for 21.1 per cent of the visible minority population and 4 per cent of Canada's total population (Statistics Canada, 2013). From the 1970s to the 1990s, Cantonese-speaking Chinese from Hong Kong and Mandarin-speaking Chinese from Taiwan made up a significant portion of Chinese immigrants. The 1990s witnessed the beginning of an influx of Putonghua-speaking immigrants from the People's Republic of China (hereafter PRC or mainland China). In fact, the PRC is now one of the major source countries of immigration. Between 2006 and 2015, a total of 290,933 Chinese nationals acquired permanent resident status in Canada (Immigration, Refugees and Citizenship Canada, 2015).

The traditional Chinese family has been characterized as having family values which foster intense interdependent family ties, strong intergenerational cohesiveness, and high filial expectations (Bond, 1993). This is a vital Confucian concept that encompasses a wide array of expected duties children have towards parents, including obedience, loyalty, respect,

[1] University of Regina, Canada. Email: Henry.Chow@uregina.ca

deference, affection, material provision, and physical care to parents (Chow, 2006; 2001; Zhan & Montgomery, 2003) which helps to hold the Chinese familial system of care for the elderly and determine how caregiving responsibilities are shared (Gu & Liang, 2000; Zhan & Montgomery, 2003).

In fact, recent studies reveal that the long tradition of adult children caring for their elderly parents as a fulfillment of filial piety is encountering enormous challenges not only in major Asian Chinese societies such as mainland China, Taiwan, and Hong Kong, but also in Chinese communities outside Asia.

In Mainland China, a study of urban Chinese families showed that nearly half of the elders who needed some level of assistance in their instrumental activities of daily living actually lived by themselves instead of residing with their adult children's families (Zhan & Montgomery, 2003). This change is attributable to the fact that elders in urban areas are becoming more financially independent and adult children are becoming unavailable for eldercare because of the dual demands of work and family obligations. Additionally, Zhan, Liu, and Bai (2005) noted that traditional values which opposed the practice of placing parents in elder care homes are changing. Based on their research conducted at 12 sites in the Tianjin area of China, their study demonstrated that adult children and parents are beginning to accept institutional elder care. Even in rural areas, a comparative study revealed a discrepancy between parents' preferences and expectations for elderly care. Thus, although many parents still preferred to live with their children in old age, only a relatively small proportion actually expected to co-reside with their adult children (Gustafson & Baofeng, 2014). Drawing on the 2002 wave of the Chinese Survey of Family Dynamics and the 2002 wave of the Chinese Longitudinal Healthy Longevity Survey, Zhang, Gu, and Luo (2014) emphasized that co-residence in contemporary China is influenced not only by parents' needs but also by children's values, socioeconomic resources, and past receipt of parental help. In particular, adult children who own homes are significantly less likely to live with their parents.

Studies undertaken in Hong Kong reported similar findings. Lee and Kwok's (2005) study on the differences in expectations and patterns of informal support among 390 older persons showed that these elderly participants received relatively poor informal support from their adult children. Adult children were more willing to provide material rather than emotional or psychological support. The low rate of co-residence was thought to be a principal factor negatively affecting the care that older people receive. They further argued that traditional Confucian filial piety is undergoing modification, perhaps erosion, suggesting ongoing changes in intergenerational relations. The challenge for older persons' care in the future may depend on re-definitions of familial and filial responsibilities. Another study exploring the perceived filial behavior of children and the degree to which these behaviors matched personal expectations (i.e., filial discrepancy) among 164 older persons in Hong Kong noted expectations towards filial piety had changed. The results demonstrated that sickness care was the least performed filial behavior (Cheng & Chan, 2006). Furthermore, Wong and Chau (2006) based on in-depth interviewers with 16 respondents aged 20 to 53 who were involved in providing care for their parents, revealed that respondents had adopted aspects of filial norm to suit their own experiences and actual circumstances. Furthermore, there is evidence showing that older Chinese people accept community residential care services as an alternate option to home care as a means to minimize the burden on family members, particularly when the health of the older people has deteriorated (Lee, 2001; Tse, 2007; Wu, Tang, & Yan, 2004).

In Taiwan, a series of community care related policies were proposed by the government in the 1990s. A ten-year long-term care project, for instance, was introduced in 2007. Specific initiatives included the provision of services to individuals aged 65 and above with limitations on daily living and the improvement of residential institutions and long-term service quality

(Lin & Huang, 2016). The elderly care policies were generally based on notions of community care that would better serve the elderly and encourage families to be able to purchase affordable services (Chen, 2008). Busy lifestyles and the spread of individualism have gradually loosened the custom of filial piety in Taiwan (Chang & Schneider, 2010). According to Hsu, Lew-Ting, and Wu (2002), the Chinese in Taiwan no longer consider co-residence with parents as the best arrangement for married children and their parents, creating a clash between the expectation of traditional values and their ability and willingness to care. Using recent data from the Panel Study of Family Dynamics focusing primarily on adult population among Chinese families in Taiwan and southeast coastal region of China, Chu, Xie, and Yu (2011) further supports the view that a couple's economic resources facilitated breaking away from patrilocal co-residence. They contended that although economic development did not necessarily result in weakening of s traditional familial culture, personal economic resources might enable individual couples to deviate from tradition.

According to Silverstein, Bengtson, and Litwak (2003), filial piety as expressed by instrumental support for and affective bonding with parents has decreased in western countries. The intergenerational relationships have become increasingly more affection based. The younger generations are more likely to exchange support based on feelings of reciprocity (Sung, 2000). Studies have consistently shown that older adults in various Chinese societies reported relatively low filial expectations for the younger generations (Li, 2013; Lin, Brynt, Boldero, & Dow, 2015; Zhan, 2004) and placed greater emphasis on autonomy and independence (Wong, Yoo, & Stewart, 2006). Such a shift in thinking may be attributed to the increased mobility and acculturation to norms and values found in western societies (Li, 2011; Ng, Phillips, & Lee, 2002). Additionally, although there is evidence that caregivers consider their experience to be rewarding and fulfilling (Cartwright, Archbold, Stewart, & Limandri, 1994; Jensen, Ferrari, & Cavanaugh, 2004), it has been well-documented that caregiving is burdensome and has a negative impact on the caregivers' physical and emotional health (Chappell & Dujela, 2008; Liu & Bern-Klug, 2016; Mendez-Lack, Kennedy, & Wallace, 2008; Sorensen & Pinquart, 2005; Wang, Xiong, Levkoff, & Yu, 2010; Zhan, 2006). Therefore, it has become quite common for adult children to transfer filial responsibility of care for their elderly parents to non-family caregivers and health professionals (Lan, 2002).

A review of the literature show a large number of studies have explored various aging issues concerning elderly Chinese immigrants in Canada, such as the underutilization of services by minority elderly people due to external barriers (e.g., language difficulties, culturally generated distrust of service providers) and internal characteristics (e.g., individual negative attitudes, cultural beliefs toward services, and preferred helping resources) (Chappell & Lai, 1998; Moon, Lubben, & Villa, 1998), caregiving (Lai, Luk, & Andruske, 2007), general well-being (Chow, 2010, 2007; Lai, Tsang, Chappell, Lai, & Chan, 2003), as well as living and housing arrangements (Gee, 2000; Hwang, 2008). The purpose of this paper is to explore Chinese-Canadians' perceptions of eldercare needs in a Canadian prairie city.

Method

Data collection

This research is based on data collected as part of a first systematic study[i] aimed at investigating the health care needs, general well-being, and life satisfaction among elderly Chinese immigrants in Canada and understand the views of Chinese-Canadians on various health-related issues in Calgary, Alberta (Chow, 2012, 2010, 2000). To obtain a representative sample of the target population under tight budgetary and time constraint, a 5% random sample (i.e., every 20th name; N = 914) was drawn from the Calgary Chinese Telephone Directory which contained a total of 18,285 identifiable Chinese surnames. Successful interviews were conducted with 336 respondents aged 18 or above by trained, bilingual research assistants. A structured questionnaire covered topics such as socio-demographic information, health status of elderly family members in the household, and perceived health care and social service needs of elderly Chinese was used. The interviews were conducted in English or a Chinese dialect (e.g., Cantonese, Mandarin, or Taishanese) spoken by the respondents, and took an average of 15 minutes to complete. Based on the percentage responding of the number who were located and contacted (N = 421), this represented a response rate of 79.8%.

Sample characteristics

The sample consisted of 198 females (60.9%) and 127 males (39.16%), with a mean age of 44.5 years (SD = 14.3). A majority of the respondents were married (n = 252, 77.8%). In terms of religious affiliation, most identified themselves as Protestants (n = 102, 46.4%), Buddhists (n = 45, 20.5%) and Catholics (n = 42, 19.1%). Canadian citizens (n = 271, 82.1%) constituted the majority of the sample. Their average length of residence in Canada and in Calgary was 15.8 years (SD = 11.32) and 12.97 years (SD = 9.58) respectively. A large proportion of the sample indicated Hong Kong (n = 194, 59.0%), People's Republic of China (n = 54, 16.4%), Vietnam (n = 34, 10.3%), or Taiwan (n = 16, 4.9%) as their last country or region of permanent residence. More than half of the sample (n = 185, 56.5%) had post-secondary education and slightly less than one-third (n = 72, 29.3%) reported having a total household income of more than $50,000. Table 1 provides the detailed sample characteristics.

Table 1: Sample Characteristics

Characteristics		n	%
Sex			
	Male	127	39.1
	Female	198	60.9
Marital status			
	Married	252	77.8
	Single	49	15.1
	Other	23	7.1
Education			
	No formal education	11	3.4

[i] The original study, which represented the first systematic study of the health care needs of the elderly Chinese-Canadians in Calgary, involved the administration of two surveys. The first survey explored the health status, psychological well-being, life satisfaction, and eldercare service needs among both institutionalized and non-institutionalized elderly Chinese immigrants. Using a representative sample of the Chinese-Canadians in Calgary, the second survey investigated the Chinese community residents' views on various eldercare-related issues (see Chow 2012, 2010, 2000).

Table 1 (continued)

Characteristics		n	%
	Elementary	30	9.1
	Secondary	102	31.1
	College	73	22.3
	Undergraduate	98	29.9
	Graduate school	14	4.3
Religion			
	Protestant	102	46.4
	Buddhist	45	20.5
	Catholic	42	19.1
	Other	31	14.1
	(note: 245 respondents reported no religious affiliation)		
Legal status			
	Canadian citizen	271	82.1
	Landed immigrant	55	16.7
	Other	4	1.2
Last country or region of residence			
	Hong Kong	194	59.0
	People's Republic of China	54	16.4
	Vietnam	34	10.3
	Taiwan	16	4.9
	Canada	22	6.7
	Other	9	2.7
Household income			
	20,000 or under	53	21.5
	20,001-30,000	43	17.5
	30,001-40,000	41	16.7
	40,001-50,000	37	15.0
	50,000 or above	72	29.3
	(note: respondents declined to provide information on income)		
Age			
	Range: 18 to 82 years (M = 44.5, SD = 14.3)		
Length of residence in Canada			
	Range: .25 to 70 years (M = 15.8, SD = 11.3)		

Measures of Key Variables

Outcome variable. *Support for ethnic eldercare services* was a composite score (M = 15.59, SD = 2.54) based on respondents' degree of agreement or disagreement with the following four statements (1 = strongly disagree to 5 = strongly agree): (1) Adequate linguistically and culturally appropriate health care services are being provided to the Chinese seniors in Calgary by the government (M = 2.50, SD = 1.05); (2) When seniors needed long term care, it is best for everyone if they can go to a nursing home or chronic care institution (M = 4.11, SD = .92); (3) Chinese seniors should feel comfortable living in a mainstream nursing home (M = 2.49, SD = 1.09); and (4) A Chinese nursing home should be built to meet the health care needs of the Chinese seniors in Calgary (M = 4.42, SD = .79). The third item was reverse coded to create a scale with a higher score reflecting respondents' greater emphasis on ethnic eldercare services. This 4-item scale has a Cronbach's alpha reliability coefficient of .60.

Predictor variables. *Sex* (1 = male; 0 = female), *religion* (1 = Protestant or Catholic; 0 = other), and *country or region of origin* (1 = Hong Kong; 0 = other) were categorical variables. *Age* (M = 44.51, SD = 14.27) was measured in years. *Annual household income* (M = 3.13, SD = 1.53) was a continuous variable (1 = under $20,000 to 5 = more than $50,000). *Education* ($M$ = 3.79, SD = 1.19) was based on respondents' highest level of education completed (1 = no formal

education; 2 = primary school; 3 = secondary school; 4 = technical institute or community college; 5 = university; 6 = graduate school). *Length of residence in Canada* (*M* = 12.97, *SD* = 9.58) was measured in years. *Perceived service needs* (*M* = 2.61, *SD* = .43) was a composite score based on the extent respondents considered the following services as important measured on a 5-point scale ranging from 1 (very unimportant) to 5 (very important): homemaker service, visiting social workers, special transport service, adult day care, routine telephone call service to check on well-being, senior center that provides programs and services, in-home health aide services, and meals-on-wheels. *Number of seniors in household* (*M* = 1.44, *SD* =.53) was a continuous variable. *Physical health of seniors in household* (*M* = 3.29, *SD* = 1.12) was measured on a 5-point scale ranging from 1 (very poor) to 5 (excellent). *Sense of filial responsibility* was a composite score (*M* = 7.37, *SD* = 1.74) based on respondents' degree of agreement or disagreement with the following two statements using a 5-point scale (1 = strong disagree to 5 = strongly agree): (1) Children should be responsible for the care of elderly parents who cannot take care of themselves (*M* = 3.86, *SD* = 1.004) and (2) Children should always live with their elderly parents (*M* = 3.51, *SD* = 1.06). This 2-item scale has a Cronbach's alpha reliability coefficient of .60.

Statistical analysis

The Statistical Package for the Social Sciences (SPSS) was used to analyze the data. Descriptive and inferential analyses were conducted. Cronbach's alpha reliability test was employed to assess the internal consistency of all scales used. A multiple ordinary least-squares (OLS) regression model was constructed to identify the key factors affecting respondents' support for ethnic eldercare services.

Findings

Older adults in the household and the need for eldercare services

Of the 336 respondents, 131 reported at least one member aged 54 to 64 years and another 73 indicated at least one member aged 65 or above. Respondents were asked to assess the physical health of their seniors on a 5-point scale ranging from 1 = excellent to 5 = poor. A majority of the respondents indicated that the health of the elderly member(s) in their household was "good" (*n* = 45, 34.1%), "very good" (*n* = 43, 32.6%) or "excellent" (*n* = 17, 12.9%). Relatively few respondents made use of the "fair" (*n* = 15, 11.4%) or "poor" (*n* = 12, 9.1%) category. Respondents were further asked to express their opinions on the extent to which various eldercare services (i.e., social and health care services) were needed by Chinese seniors on a 5-point scale ranging from 1 (very unimportant) to 5 (very important). As shown in Table 2, the five major services that they considered to be most critical were nursing home, in-home health aide services, senior centre that provides programs and services, homemaker service, and transport service. Less emphasis was placed on meals-on-wheels, visiting social workers, and adult day care.

Table 2: Descriptive statistics for perceived service needs

	Service needs	1 n (%)	2 n (%)	3 n (%)	4 n (%)	5 n (%)	M (SD)	N
1.	Homemaker service (e.g., cleaning, cooking, shopping)	6 (1.8)	29 (8.7)	31 (9.3)	183 (55.1)	83 (25.0)	3.93 (.92)	332
2.	Visiting social workers	9 (2.7)	47 (14.1)	71 (21.3)	166 (49.8)	40 (12.0)	3.54 (.97)	333
3.	Special transport service	2 (.6)	36 (10.9)	39 (11.8)	165 (49.8)	89 (26.9)	3.92 (.93)	331
4.	Adult day care	6 (1.8)	50 (15.2)	72 (21.9)	145 (44.1)	56 (17.0)	3.59 (1.00)	329
5.	Routine telephone call service to check on well-being	6 (1.8)	49 (14.7)	56 (16.8)	165 (49.5)	57 (17.1)	3.65 (.99)	333
6.	Senior center which provides programs and services	5 (1.5)	16 (4.8)	33 (9.9)	194 (58.3)	85 (25.5)	4.02 (.83)	333
7.	In-home health aide-services	2 (.6)	27 (8.2)	30 (9.1)	163 (49.2)	109 (32.9)	4.06 (.89)	331
8.	Meals-on-wheels	10 (3.0)	63 (19.1)	60 (18.2)	137 (41.5)	60 (18.2)	3.53 (1.09)	330
9.	Nursing home for the Chinese elderly	3 (.9)	6 (1.8)	17 (5.1)	112 (33.3)	198 (58.9)	4.48 (.75)	336

(1 = strongly disagree; 2 = disagree; 3 = uncertain; 4 = agree; 5 = strongly agree)

Major determinants of support for ethnic eldercare services

Multiple OLS regression analysis was performed to explore the determinants of respondents' support for ethnic eldercare services. The overall OLS regression model, as shown in Table 3, was found to be significant (F (11,324) = 11.278, p < .001) and accounted for 25.2% of the variation. Sex (β = -.093, p < .05), age (β = .307, p < .001), length of residence in Canada (β = -.193, p < .001), country or region of origin (β = .119, p < .05), presence of seniors in household (β = .158, p < .01), physical health of seniors in household (β = -.212, p < .001), filial responsibility (β = .102, p < .05), and perceived service needs (β = .173, p < .001) were found to be significantly associated with support for ethnic eldercare services. More specifically, female, older respondents, and those who reported a shorter length of residence in Canada, having emigrated to Canada from Hong Kong, lived in households with at least one elderly member aged 65 or older, rated the physical health of the seniors in the household less favorably, displayed a stronger sense of filial responsibility, and perceived greater service needs among elderly immigrants were found to show stronger support for ethnic eldercare services.

Table 3: Unstandardized and standardized ordinary least-squares regression coefficients for effects of socio-demographic and background variables on support for ethnic eldercare services

	Variables	b	ß
1.	Sex (1=male; 0=female)	-.473	-.093*
2.	Age	.055	.307***
3.	Education	.196	.094
4.	Annual household income	.058	.031
5.	Length of residence in Canada	-.042	-.193***
6.	Religion (1=Protestant/Catholic; 0=other)	.346	.054
7.	Country or region of origin (1=Hong Kong; 0=other)	.598	.119*
8.	Elderly in household aged 65 or older	.792	.158**
9.	Physical health of elderly in household	-.744	-.212***

Table 3 (continued)

Variables	b	ß
10. Sense of filial responsibility	.146	.102*
11. Perceived service needs	.645	.173***
(Constant)	6.681	
F	11.278 ***	
R^2	.277	
Adjusted R^2	.252	
N	335	

** p<.05; ** p<.01; *** p<.001*

Discussion and conclusion

Growing old in a foreign land often presents challenges for immigrants. In view of the fact that the kinship systems and filial values are weakening as a result of economic and demographic transformations it has become increasing difficult for adult children among the immigrant Chinese community to fulfill traditional filial obligations and sustain filial caregiving responsibilities. This study was undertaken to explore the perceived elderly service needs of Chinese seniors residing in a western Canadian city. Among the various eldercare services, the findings underscore the importance of the provision of a senior center to provide programs and services. This is understandable as seniors have a limited social network as well. This study also found strong support for building a senior nursing home to house elderly Chinese. This is noteworthy since nursing home placement has often been reported as a stressful experience for the elderly and their family caregivers (Caldwell, Low, & Brodaty, 2014; Chang, Schneider, & Sessanna, 2011; Wang, 2011).

Using multiple OLS regression analysis, this study has identified a number of socio-demographic and background variables associated with respondents' support for eldercare services. Given the fact that women have always played a central role in maintaining the well-being of families, it is not surprising that female respondents expressed strong support for eldercare services than their male counterparts (Burnette & Mui, 1995; Iecovich, 2008; Lee, 1999). A positive association was found between age and the outcome variable. Older respondents, who might be more cognizant of their future care needs, were more supportive of the provision of ethnic eldercare services. In fact, prior studies have demonstrated that individuals who plan for their eldercare needs in advance may increase their likelihood of receiving services and assistance (e.g., access to community-based health resources and aged care services, prevent premature nursing home admission, etc.) that aligns with their preferences in the future (Pinquart, Sörensen, & Davey, 2003, Maloney, Finn, Bloom, & Andersen, 1996; Reinardy, 1992).

Respondents migrating to Canada from Hong Kong were found to be more supportive of ethnic elderly services. As Hong Kong has been considered as a city with one of the best health care systems in the world (Kong et al., 2015), these respondents might have higher expectations of the quality and types of services that would be available to meet their needs in an advanced western country. Length of residence emerged as another significant predictor. Respondents who had resided in Canada for a shorter period of time might be less familiar with the healthcare system and more hesitant to use mainstream services. As a result, they tended to place greater emphasis on ethnic eldercare services. As well, the presence of at least a family member aged 65 or older in the household emerged as another significant predictor. This is expected as family eldercare poses challenges, especially for the caregivers who typically have little professional training to perform eldercare tasks (Wong & Chau,

2006). A close association between physical health of seniors in the household and support for ethnic eldercare services was also found. Respondents who resided with a senior member with a lower level of physical health were more supportive of elder care services. Undeniably, physical health would be related to the frequency of medical clinic or hospital visits and the need for relevant support services. Finally, it is conceivable that respondents who scored higher on the service needs scale (i.e., perceived greater service needs among elderly Chinese immigrants) and a strong sense of filial responsibility were found to be more supportive of ethnic eldercare services (Cheung, Kwan, & Ng, 2006).

To conclude, it must be acknowledged that the elderly Chinese population is heterogeneous one, differing in terms of official language proficiency, period and age of arrival, financial resources, degree of institutional completeness (i.e., presence of various ethnic institutions) in the city of residence, and social support network. This background may significantly affect both health status and the need for the various eldercare services.

The results underscore the importance of various eldercare services and programs for the Chinese community. This calls for cultural and linguistic sensitive prevention and treatment strategies to meet the needs of Chinese seniors. As well, although ethnic Chinese who emigrated from the various geographical areas have much in common, health care practitioners and professionals should recognize the diversity within the Chinese culture.

The limitations of this study would be in its use of the Calgary Chinese Telephone Directory as this may have excluded individuals without a telephone or whose telephone number was unlisted. As data was collected through telephone interviews, only a limited number of questions were asked. One of the key concepts used in the present study, "filial responsibility," could have been better measured using well-established, multiple-item scales.

Future studies should provide an understanding the perceptions of eldercare workers who have direct contact with older clients. Their views may contribute to program policy development and implementation. Chinese seniors residing in other geographical locations (i.e., other larger cities and smaller towns) deserve research attention. As Canada is a multicultural society whose ethno-cultural composition is becoming increasingly diversified, future research should also explore cross-cultural variation.

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