

The Experience of Asian Americans Caring for Elderly Parents

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ASIAN AMERICANS CARING FOR ELDERLY PARENTS

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Abstract

This qualitative study sought to examine the experience of Asian Americans who provide housing and financial support for first-generation biological Asian parents aged 65 and older. Semi-structured interviews regarding how participants came to take care of their parents, the impact it had on close relationships and participants' plans, the impact of cultural background on taking care of their parents, and the positive aspects of caring for their parents were conducted with eight second-generation adult Asians in the U.S. The data were analyzed using thematic analysis and themes were organized around the areas of inquiry. Participants spoke about fulfilling caregiving responsibilities out of love and obligation; the positive and negative impact of caregiving on relationships with parents, siblings, and significant others; the challenges associated with their own decreased independence and the difficulty of seeing parents age; the benefits of the instrumental support that they received from parents and closer grandparent-grandchild relationships; impact on financial and housing plans; and the expectation of non-financial care from their children. Despite living in an individualistic society, participants appeared to endorse values of filial piety by taking care of their parents. Further, the participants' hopes that their children would continue taking care of elderly family members in non-financial ways in the future suggests that while they maintain the cultural value of filial piety, it is being adapted to the reality of living in an individualistic society. Limitations, clinical implications, and directions for future research are discussed.

Keywords: Asians, Asian Americans, elder care, filial piety

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Chapter 1: Introduction

The Problem and its Setting

Since the Immigration and Naturalization Act of 1965 removed immigration quotas, the path has been set for an influx of immigrants from Asian countries (Park, 2010). As a result, the Asian population has been rapidly increasing. According to U.S. Census data, from 2000 to 2010, the overall Asian population in the U.S. increased by 43% and it currently makes up 4.8% of the U.S. population (Humes, Jones, & Ramirez, 2011). The 2010 U.S. Census data also indicate that 9.4% of this population is 65 years and older, representing 3.4% of the total U.S. population within the same age bracket. This represents a 68.3% increase from 2000 of Asians 65 and older in the U.S., a demographic that is projected to increase six-fold from 1,376,471 in 2010 to 7,434,131 in 2050 (U.S. Administration on Aging, 2008). As the older population of Asians in the U.S. grows, questions regarding how to best manage elder care will require answers, particularly when there may be cultural differences between Asian and American expectations regarding caring for the elderly.

The present study examined the experience of Asian Americans caring for elderly first-generation Asian parents and how that experience impacts their relationships and planning. This study focused only on second-generation immigrant Asians, that is, individuals that were born in the U.S. or immigrated to the U.S. before the age of 12 (also considered the 1.5-generation (Rumbaut, 2004)) and had at least one parent who had been born in Asia and immigrated to the U.S. This study included individuals that have origins in China, Taiwan, Japan, Korea, or Southeast Asia. These Asian countries have been strongly influenced by the values of Confucianism (Chung, 2003) and have traditionally upheld strong values of filial piety (Sung, 2002; Yeh, Yi, Tsao, & Wan, 2013). Filial piety, which will be discussed at length in subsequent

chapters of this manuscript, plays an important role in the expectations of care in many Asian cultures. Caring for elderly parents was defined as living with at least one biological parent aged 65 and above and providing financial support to that parent.

American views on elder care. American cultural values and Asian cultural values reflect differing concepts of retirement. In general, retirement in the U.S. is a life stage in which individuals are expected to care for themselves, drawing resources primarily from personal financial savings (Cook & Halsall, 2012). Although the government does provide some assistance for the elderly, disabled, or those with little to no income (Bookman & Kimbrel, 2011), the majority of the responsibility lies with the individual (Cook & Halsall, 2012). For example, through their places of employment, individuals are strongly encouraged or mandated to allocate money into retirement plans, with the assumption that they will draw from these funds when they cease employment in old age.

The system of planning for one's own retirement is consistent with Western values of individualism, independence, and self-sufficiency. In the United States, as in many Western countries, one's individual well-being and needs take precedence over the group's well-being and needs (Triandis, 2001). Individuals are expected to be self-sufficient, have a strong sense of personal responsibility and self-fulfillment, and exist fairly independently of others (Triandis, 2001).

Asian views on elder care. In contrast to the U.S., where retirement is viewed as a stage prepared for by the individual (Cook & Halsall, 2012), the elder years in many Asian countries are seen as a time when one's lifetime of work is complete (Sung, 2007). Responsibility shifts to children, who are expected to respect and take care of parents as they age. This responsibility is reflected in various policies and legislation of Asian countries. For example, the 1954

constitution of the Chinese Communist Party states that “parents have the duty to rear and educate their minor children, and the adult children have the duty to support and assist their parents” (Zhan, Luo, & Chen, 2012). In another example, a 2012 amendment to China’s Protection of the Rights and Interests of the Elderly legislation mandates that children visit their parents “often,” giving parents the right to sue children who do not follow this mandate (FlorCruz, 2013).

Historically, this tenet was so prevalent that only childless elders received government-subsidized care (Zhan, Luo, & Chen, 2012). Elderly individuals who had children relied on them for care. Responsibilities to parents included providing financial assistance and physical care while demonstrating obedience, respect, and loyalty (Zhan & Montgomery, 2003). While this tradition is slowly beginning to change and more Chinese elderly are beginning to receive care outside of the family, a stigma remains towards adult children who neglect to care for their elderly parents (Zhan, Luo, & Chen, 2012). Only recently have some urban parts of China adopted workplace savings programs similar to those available in the U.S. (Pei & Tang, 2012); otherwise, the responsibility of elder care lies primarily with adult children. Though this tradition is maintained in part due to insufficient state means in supporting a booming elderly Chinese population (Zhan, Luo, & Chen, 2012) it also stems from the long-held cultural value of filial piety.

Filial piety. Views on elder care and retirement have been influenced strongly by the value of filial piety, which holds that children have a duty to revere and respect their parents (Hwang, 1999). Filial piety is a part of Confucianism, which is a set of ideas, values, and beliefs that originated in China and spread to other Asian countries, specifically Taiwan, Japan, Korea, and Southeast Asian countries (Chung, 2003). Filial piety establishes a set of mutual

responsibilities between parents and children. In the same way that a body is composed of different parts – arms, legs, eyes, etc. – a family is seen as composed of different members, each of whom has different duties and responsibilities (Hwang, 1999). Should one body part be lost or fail, the body would cease to function in the way it was intended (Hwang, 1999). A family member who does not fulfill his duties and responsibilities is analogous to a lost arm or leg. The duty of parents is to nurture, raise, and teach their children as they are growing up. When they are grown, the duty of the children is to respect, care for, and support parents into old age. When each part properly fulfills its role, balance is maintained and the “body” of the family runs smoothly.

Filial piety also connotes a strong emotional component; children are not only expected to take care of a parent’s physical needs, they are also expected to house a desire to do so with reverence and respect (Sung, 2007). In the seventh chapter of Confucius’ second book of the *Analects*, he states: “The filial piety nowadays means the support of one’s parents. But dogs and horses likewise are able to do something in the way of support; -without reverence, what is there to distinguish the one support given from the other?” (Confucius, 500 BC/1989). Filial piety can be demonstrated in many ways, such as allowing parents to enter a room first, giving them gifts, speaking to them kindly and politely, giving them the best seat in a room, asking them for advice, and of course, providing them with material support in their old age (Sung, 2007).

Filial piety is consistent with a collectivist model of living and thinking, in which interdependence, harmony, and the importance of the group are stressed (Triandis, 2001). In collectivist societies, group goals either supersede or align with individual goals and needs (Triandis, 1989). Members of collectivist societies tend to be more concerned about how their actions impact others within the group and also tend to share resources with group members.

The prevalence of filial piety is exemplified by the high numbers of Asians in the U.S. who live in multi-generational households. According to a 2012 Pew Research Center survey of Asians in the U.S., approximately 28% of Asians in the U.S. live in households with at least two adult generations. This represents twice the percentage of Whites who live in multi-generational households, and is also greater than the percentage of African Americans and Hispanics who do so. For example, as of 2001, 58% of the Japanese population aged 60 and older lived with at least one child, compared to 17% of the U.S. population at large (Takagi, Silverstein, & Crimmons, 2007). In a 1987 study about intergenerational assistance among members of Vietnamese, Portuguese, and Hispanic families, Cox and Gelfand found that 67% of the Vietnamese sample lived in households with two adult generations, compared to 20% of Hispanics and 27% of Portuguese individuals sampled. It appears, then, that the value of filial piety remains strong in the Asian population residing in the U.S.

Acculturative stress. Acculturative stress arises when an individual is exposed to multiple, differing, and sometimes conflicting cultural values over which the individual feels a lack of control in resolving (Berry, 2006). Regarding elderly care, Asian Americans may experience acculturative stress due to the struggle of living with the mandate of filial piety in a country that does not uphold this value as a norm. While the first generation of Asian immigrants in the U.S. may still identify strongly with the collectivism of their countries of origin and the third generation of Asians in the U.S. may identify strongly with the individualism of the U.S., second- and 1.5-generation Asians in the U.S. who have exposure to both orientations may experience acculturative stress. In other words, Asian Americans who have been exposed to both U.S. and Asian cultural values regarding elder parent care may feel conflict between the desire to provide the utmost care to their parents (such as having parents live with

them and fulfilling 100% of their parents' financial needs) and the desire to live more physically and financially independently from their parents, per U.S. cultural norms. To illustrate, an article in the September 2002 (Bell) issue of *National Underwriter* about financial advisors and the Asian American client market quotes a man as saying that in many Asian countries, "My retirement would be my children... The system is that, when I grow up, I have to take care of my parents." The difference in elder care systems creates a potential conflict of values for Asian Americans who are in the position to care for elderly parents.

The exposure of Asian Americans to conflicting values regarding elder care may promote feelings of guilt or inadequacy stemming from a concern that they are doing too little to support their parents. The emotions arising from this conflict of values are exemplified in the responses to a 2001 AARP survey of the multicultural baby boomer sandwich generation. The AARP survey included 351 Asian American respondents out of the 2,352 Americans aged 45-55. Seventy-two percent of Asian Americans expressed feeling that they were not sufficiently contributing to the support of their parents. By comparison, only 44% of non-Hispanic Whites, 54% of African Americans, and 65% of Hispanics expressed such misgivings.

The study also found that out of all racial groups surveyed, Asian Americans were the most likely to express a preference for their children to care for them in old age. When asked to consider the statement: "In my family, children are expected to take care of their parents in their old age," 73% of Asian Americans agreed, compared to 47% of non-Hispanic Whites, 52% of African Americans, and 57% of Hispanics. Furthermore, Asian Americans were more likely to feel the weight of elder care. When asked to consider the statement: "My family is a burden to me," 11% of Asian Americans agreed, compared to 3% of non-Hispanic Whites, 7% of African Americans, and 8% of Hispanics.

While survey data and the number of multi-generational households among Asian Americans indicate that much of this group adheres to filial piety, the influence of that value on the experience of providing care to elderly parents is unclear. For example, one study found that filial piety serves as a protective factor for participants' ratings of health and overall well-being (as measured by self-ratings in relationships, health, and standards of living) when the participant's cultural background endorses filial piety as a cultural norm, but may serve as a harmful factor when the participant's cultural background does not endorse filial piety as a cultural norm (Funk, Chappell, & Liu, 2013). This finding appears to be supported by Lai's (2010) study of self-identified Chinese caregivers in Canada, for whom filial piety served as a protective factor in caregiving appraisal. For these caregivers, holding values of filial piety negated some stressors and enhanced some positive evaluations of caregiving appraisal.

Summary. In short, adult children in Asian families are expected to care for their elderly parents, most likely due to values of filial piety. This expectation is consistent with the collectivistic orientation of Asian cultures, but may conflict with the individualistic orientation of U.S. culture, which encourages self-sufficiency and planning. Survey data suggest that Asian American adult children feel they are not doing enough for their elderly parents, perhaps indicating that the experience of caring for their elderly parents in the U.S. is emotionally challenging. Though the population of elderly Asians is increasing in the U.S., it is this author's understanding that there is currently a lack of studies examining the experiences of second-generation adult Asians caring for their elderly parents in the U.S. and how providing such care impacts relationships and planning.

Significance

As the population of Asians in the U.S. Asian population in the U.S. grows and the first generation ages, it may become more common for therapists to see Asian American clients who seek therapy due to the responsibility of caring for elderly parents and the emotions arising from such an experience. Despite the possibility that Asian Americans may struggle with balancing the needs and expectations of their parents against the differing perspective of retirement and elder years that they may have observed while growing up in the U.S., at the time of this writing, there appears to be a lack of literature on this topic. The researcher intended to narrow this literature gap, thus increasing providers' knowledge of this topic and cultural competency so that they may provide more effective treatment for Asian Americans who are responsible for the care of elderly parents, or facing that prospect.

Contribution to knowledge. Given its potential to help practitioners who work with Asian American families, this study holds clinical significance. Due to the rapidly growing Asian American population and the increasingly large numbers of that demographic who are elderly, practitioners may expect to see greater numbers of clients who seek help regarding the issues this study aims to explore. Findings from this study may increase practitioners' cultural competency by helping them understand the experience of Asian Americans caring for their elderly parents. Findings may help therapists become more sensitive to the challenges and opportunities involved in such experiences, so that the experiences are neither minimized nor ignored.

This study aimed to contribute to the body of literature regarding this topic. While survey data have shown that some Asian Americans feel conflict when caring for elderly parents (AARP, 2001) and a particular study has explored the experience of first-generation Asian

females caring for elderly parents (Jones, Zhang, & Meleis, 2003), at the time of this writing, it was the author's understanding that no literature explored the resolution of such conflict or the processing of the experience for Asian Americans. Finally, with such little information about the experience of this population, this study intended to provide a starting point from which future researchers can conduct additional studies about this topic and population.

Rationale for Methodology

This qualitative study employed semi-structured interviews to examine the experience of second-generation Asians caring for elderly parents. Creswell (2007) states that qualitative research is conducted when there is a lack of knowledge on the subject. Further, he states that qualitative research is fitting when meticulous and nuanced information within the context of the participant is desired. Given the dearth of research about the experience of Asian Americans caring for elderly first-generation parents, in-depth, semi-structured interviews appeared to be an appropriate place to begin. Also, due to the paucity of research in this area, semi-structured interviews provided a means of getting rich, meticulous, and nuanced data within the context of the participant's life. In the semi-structured format, researchers can probe topics they feel will provide relevant and useful information.

Theoretical Framework

This study was guided by the transcendental phenomenological theoretical framework. According to Creswell (2007), phenomenological studies are appropriate when one wishes to gain an understanding of many individuals' experiences with a certain phenomenon. In understanding how multiple individuals conceptualize an experience, a common ground, or "essence" (Creswell, 2007, p.58), is derived from the combined experiences. Moustakas' (1994) transcendent phenomenology specifies that the phenomenon being researched is seen through the

participant's eyes, rather than the researcher's eyes. This emphasis on the participant's point of view means that the context in which the experience is carried out is paramount. Given that researchers intend to view the phenomenon from the client's perspective, Moustakas further espouses that interviewers explicitly acknowledge any personal experiences with or opinions about the phenomenon being studied. In doing so, the researcher lets go of any presuppositions and may look at an experience from a completely new and different perspective.

Regarding this phenomenon, the researcher was interested in how the context of family influences the individual's experience. Because the individuals cannot be separated from the context of family in this study, looking at the phenomenon from their perspective and with their interpretations appeared fitting. Also, because researchers aimed to explore the interpretations and meanings that the participants derived from their experiences, as opposed to the researchers' interpretations of findings, the transcendental phenomenological framework lended itself well to the purposes of this study.

Purpose of the Study

This study examined the experience of Asian American adults in the U.S. providing care for elderly first-generation parents and explored the following questions: What are the experiences of Asian American adults taking care of their elderly parents in the U.S.? How do these experiences impact their relationships and planning? Specifically, this study aimed to examine the experience of Asian Americans who were living with and providing financial support to at least one biological first-generation parent aged 65 or older for a minimum of a year. The researcher intended to contribute to the body of literature about Asian Americans in the U.S., as well as elderly Asians, and provide a starting point for future studies about caring for elderly in this growing population. As of this writing, no studies had explored Asian Americans'

experiences of caring for elderly first-generation parents in the U.S., nor the impact that such experiences have on their relationships with others and planning. This study aimed to close that literature gap by learning more about such experiences.

Chapter 2: Literature Review

The literature reviewed includes American, Asian, and Asian American beliefs about elder care, the transmission of those values from one generation to the next, and the impact of those beliefs on the way elder care is executed and personal well-being.

American, Asian, and Asian American Views on Elder Care

A variety of factors impact views on elder care. Cultural values encompass one such factor because they influence beliefs regarding precisely who should be responsible for the financial, physical, and general support of elderly parents. In the U.S., self-sufficiency and independence appear to be highly valued, whereas in many Asian countries, the strength of relationships and collectivism appear to be highly valued. Kitayama, Karasawa, Curhan, Ryff, and Markus (2010) compared influences on well-being between elderly Americans and elderly Japanese. Elderly Americans were more likely to report dissatisfaction when they perceived a lack of control in their lives. Elderly Japanese were more likely to report dissatisfaction when they reported having difficult relationships. The health and well-being of elderly Americans in this study were best predicted by perceived high levels of independence. The health and well-being of elderly Japanese in this study were best predicted by the perceived strength of relationships with those around them.

Consistent with Asian collectivist cultural values, Asians and Asian Americans of all ages and from multiple generations seem to express strong beliefs that children have a responsibility to care for parents. For example, Cheung, Kwan, and Ng (2006) found that for adult children in Hong Kong, strong values of filial piety were inversely correlated with a desire for government assistance in caring for parents. In another study comparing the expectations of filial assistance between Hispanics, Portuguese, and Vietnamese elderly living in California (Cox & Gelfand, 1987), the Portuguese and Vietnamese respondents expressed the strongest

expectations for filial assistance. The Portuguese respondents expressed satisfaction with the level of filial assistance received, whereas the Vietnamese respondents were the least satisfied with the level of filial assistance received, indicating that they had the highest expectations for filial assistance.

In a meta-analysis of 116 studies on differences between caregivers of various ethnicities, Asian American caregivers were found to use informal support more often than Whites, African Americans, and Hispanics (Pinquart & Sorensen, 2005), suggesting that more often than not, Asian Americans take responsibility for the duties of caregiving themselves, rather than relying on more formal avenues of support, such as institutionalized care. Given the results of Cheung et al.'s 2006 study previously discussed, this may suggest that Asian Americans maintain strong values of filial piety; however, due to an insufficient number of studies, the meta-analysis was unable to find differences in caregiving based on differing beliefs about filial obligations across multiple ethnicities. The meta-analysis did, however, find that Asian Americans and Hispanics reported higher levels of depression.

Pinquart and Sorenson's finding that Asian American caregivers use less formal support when compared with other races and ethnicities is consistent with findings from other studies. Fuller-Thomson and Chi (2012) performed an analysis of the 2006 American Community Survey's Public Use Microdata Set about individuals aged 55 and older who had difficulty performing at least one ADL. They found that compared with non-Hispanic Whites, Asian Americans and Pacific Islanders all had lower rates of receiving institutionalized care. While 23.8% of non-Hispanic Whites received institutionalized care, the numbers fell for respondents of Asian descent, namely: 13.2% Chinese, 5.5% Vietnamese, 18.8% Korean, and 16.4% Japanese.

Culture has an influence on Asian Americans' disinclination to use formal or institutionalized forms of support. In a qualitative study about elderly Korean immigrants and their understanding of neglect, one theme which emerged was the definition of neglect in a specific cultural context (Lee, Gibson, & Chaisson, 2011). One respondent stated that elderly neglect may be a result of the younger generation discarding Korean values in favor of embracing Western values. Another respondent stated that elderly neglect is impacted by finances. This respondent expressed the belief that those in the younger generation who could afford institutionalized care chose it, rather than taking on caretaking duties themselves. Respondents also expressed the belief that part of neglect is performing tasks at the convenience of the child and in a way that is convenient for the child, rather than considering what is best for the elderly parent. The viewpoints expressed by the respondents in this study appear to imply that using more formal sources of care is inconsistent with values of filial piety.

Cultural background also appears to have an impact on the types of elder care and support provided. Eggebeen (1992) found that White Americans of both adult and older generations were most likely to provide emotional support or advice, rather than financial support or physical assistance, when providing intergenerational assistance. By comparison, caregivers to Asian elders appeared to provide more financial and physical support, in part due to need.

Regarding factors that may influence the type and amount of care that is provided, Ishii-Kuntz (1997), who surveyed 628 Asian Americans living in California who were taking care of their East Asian parents, found that the parents' and child's finances, the level of parents' need, birth order, and the distance between the parent and child all influenced the amount of support adult children provided to their parents. Support was more often provided by children with

better financial means, who reported stronger values of filial piety, whose parents required more assistance, and who lived near parents.

More often than not, it appears that when elderly Asian Americans and their adult children live together, the living arrangement is based in large part on the financial need of the parents. Phua, Kaufman, and Park (2001) examined 1990 U.S. Census data collected from non-Hispanic Whites, Chinese, Indians, Japanese, Korean, and Filipino families to discern the impact of financial resources, ethnicity, culture, place of birth, age, sex, and education on intergenerational households. Three types of living arrangements were operationalized as dependent variables: Living alone or with a spouse, living as a family head, and living as a member of a household in which someone else was the family head. They defined family headship as having more control and power over how resources, such as money, are allocated. Compared to the elderly Asian individuals, elderly White individuals were more likely to live alone, with the exception of elderly Japanese. Elderly Asians who lived as part of another family member's household were infrequently family heads, especially those elderly Asians who immigrated to the U.S. after the age of 65. For all groups, those who had more financial resources were more likely to live alone or with a spouse only.

Length of residence in the U.S. also influences living arrangements in multi-generational households. Glick and Van Hook (2002) analyzed data from the Current Population Surveys to learn more about intergenerational households and the family members which make up these households. Across multiple races and ethnicities, there was a correlation between length of time in the U.S. and intergenerational co-residence. Parents who lived in intergenerational households in which an adult child was the primary income-earner were more likely to have immigrated to the U.S. within the past ten years. While it was predicted that income, by way of

Social Security, would impact co-residence in such a way that parents who earned more income would be less likely to reside with adult children, this hypothesis was only partially supported.

When Asian Americans provide care to others, myriad factors impact their caregiving experience, including the aforementioned cultural beliefs and financial and other resources. Goodman (1990) interviewed three Asian American women who had caregiving duties for individuals with Alzheimer's disease: A second-generation Japanese daughter-in-law, a first-generation Chinese wife, and a first-generation Chinese daughter. Across all three interviews, Goodman found common themes of difficulties arising from cultural and language barriers, a lack of available support from extended family members, the caregiving role as a primary and focal point of one's identity, filial piety and reciprocal obligation as a motivation for caregiving, the necessity of maintaining multiple priorities and roles, and mixed emotions towards getting formal care.

Ho, Friedland, Rappolt, and Noh (2003) interviewed Asian Canadian women who were caregivers to relatives (either by blood or marriage) with Alzheimer's disease. They interviewed 12 first-generation, Cantonese-speaking women who had lived in Canada for an average of 13 years. While this study's participants are Chinese Canadians rather than Chinese Americans, it is likely that the participants have experiences similar to Chinese Americans, given the common values of self-sufficiency and independence across both Canadian and American cultures. Common themes included a sense of responsibility and obligation stemming from the Chinese culture, the differences between Chinese and Western cultures in terms of responsibility for parents, strong family values, and mixed feelings towards placing the family members with Alzheimer's disease in nursing homes. Some of the caregivers expressed the opinion that

placing a family member in a nursing home would be in opposition to their Chinese cultural values, and that doing so would be looked down upon in the community.

Caregivers also discussed stress stemming from family conflict and balancing multiple roles (for example, juggling the roles of caregiver at home and employee at work). Some expressed opinions that their own children would be unlikely to care for them in the same way that they were caring for their own parents. The researchers observed that the respondents appeared to express these opinions in resentful, anxious ways. The respondents discussed support from family and other social outlets, acceptance of caregiving as a life stage, and formal support (such as government-funded assistance) as moderators of stress. In discussion, the researchers noted that respondents' acceptance of caregiving as an important, natural phase of life was tied to their Chinese cultural background. In addition to demonstrating the multiple factors involved in the caregiving experience, this study also appears to demonstrate that individuals with Chinese backgrounds uphold the value of filial piety and accept the responsibility of caring for elderly parents as an inevitable, natural part of life.

Asian American caregivers may experience internal emotional conflict stemming from their exposure to differing cultural beliefs regarding elder care, but for those who are able to accept caring for elderly parents as a normative life phase, the caregiving experience may be transformed into a strengthening experience. Twenty-two Chinese American and 19 Filipino American women who provided care to parents or in-law parents were interviewed (Jones et al., 2003). The women were assessed to be "moderately acculturated," with the Chinese women assessed as less acculturated than their Filipino counterparts. The impact of immigration, filial piety, the stresses of caregiving (role conflict, lack of external support) and role reversal between parents and children, and the contradictions between two cultures on emotional and physical

well-being emerged. Participants who were able to accept the caregiving role as an inevitable phase of life, gather sources of external support, find emotional support, accept certain aspects of the situation as-is, and accommodate the role of caregiver into other aspects of their lives were more likely to appraise the caregiving role as a source of strength rather than a source of vulnerability.

Filial piety. The role of filial piety in caregiving appraisal seems to be protective for individuals with cultural backgrounds in which filial piety is a norm, but harmful in others. A study of 315 Caucasians and Asians with origins in China and Hong Kong who were living in Canada suggested that depending on the cultural context, a strong sense of filial responsibility had the potential to be protective in some cases and harmful in others when assisting parents with ADL or IADL (Funk et al., 2013). Specifically, a strong sense of filial responsibility when one's cultural background endorses filial responsibility as a norm may be a protective factor. A sense of filial responsibility within a cultural background in which filial responsibility is not a norm may be a harmful factor. Funk, Chappell, and Liu suggest that in Western cultures, a strong sense of filial responsibility may be in opposition to Western values of independence and autonomy, both in the personal sense and for parents.

Similarly, Lai (2010) found that among 339 Chinese Canadian caregivers, holding the value of filial piety served to positively enhance the appraisal of caregiving duties. This appraisal assisted to mediate the stress felt as a result of caregiving duties. When appraising perceived financial costs, overall benefits, and whether providing care was worthwhile, participants who held the value of filial piety were more likely to view their caregiving duties as incurring fewer financial costs, containing more overall benefits, and as more worthwhile than

participants who did not hold the value of filial piety. For such individuals, caregiving burden was not as strongly felt.

Acculturation

In addition to cultural values, finances, proximity, expectations of filial assistance, parents' needs for assistance, living arrangements, and birth order, acculturation in the face of different cultural values also has an impact on beliefs about elder care. Coleman, Ganong, and Rothrauff (2006) looked at beliefs held by adults from a variety of ethnic and racial backgrounds regarding intergenerational assistance by adults for parents or step-parents. Using hypothetical situations in which various independent variables were manipulated, they surveyed 362 Caucasians, African Americans, Asians, and Latinos in the U.S. about whether intergenerational assistance should be provided, given different sets of circumstances. Responses from African Americans and Asian Americans more often supported the belief that adults should provide intergenerational assistance. The authors of this study were surprised that Latinos did not respond similarly and suggested that it may have been due to the fact that the Latinos in their sample seemed fairly acculturated. Based on this, Coleman, Ganong, and Rothrauff suggested that individuals who are more acculturated may not support beliefs of intergenerational assistance as strongly as less acculturated individuals.

Despite acculturation, individuals may sometimes hold on to beliefs from their or their parents' countries of origin. Kamo and Zhou (1994) analyzed 1980 U.S. Census Data to find out more about the living arrangements of Chinese and Japanese Americans who were 65 and older. They found that when compared to non-Hispanic Whites, Japanese and Chinese Americans were more likely to share households with children, parents, or siblings. This pattern held regardless of marital status, gender, and state of domicile. The differences in living arrangements between

Whites versus Chinese and Japanese Americans was especially marked for Japanese and Chinese Americans who lived in households headed by their adult children. Japanese and Chinese Americans who had been born abroad, had immigrated to the U.S. more recently, spoke a language other than English in the household, and had access to fewer economic resources were more likely to live in their adult children's households. Even when these factors were controlled for, however, Japanese and Chinese Americans were still more likely to live as members of their adult children's households. The authors suggest that despite acculturating to some aspects of U.S. culture, these families continued to hold values from their homeland, specifically that of filial piety.

Individuals who were born in the U.S. are also influenced by the cultural values from their immigrant parents' countries of origin. Seventy-three second-generation or 1.5-generation Korean and Vietnamese Americans were interviewed about their experience of growing up in an Asian American family and also their plans to care for their parents once the parents got older (Pyke, 2000). The participants were aged 18 to 26. In interviewing participants, a common theme of a "Normal American Family" emerged, against which participants compared and contrasted their own families. The "Normal American Family" was typically described by participants as a family in which parents were emotionally expressive, easy-going, approachable, and broad-minded. In contrast to the "Normal American Family," participants described their parents as authoritarian, emotionally distant, and emotionally inexpressive. When describing plans for filial care once their parents aged, however, participants drew on values of filial piety and responsibility as ways of expressing love and caring. In this way, their constructions of their Asian American families, as contrasted to the "Normal American Family," became more positive.

The influence of cultural values appears to be felt across multiple generations, even as those generations become comfortable and familiar with new ways. Kobayashi and Funk (2010) used semi-structured interviews to interview pairs of Japanese Canadian adult parents and children. The pairs were made up of second-generation (*nisei*) parents and third-generation (*sansei*) children. They found that both generations expressed similar levels of support for filial piety and providing support to parents, particularly when the parent was female, in poor health, and widowed. The researchers suggest that cultural values can be transmitted from generation to generation in different forms, while maintaining the essence of the cultural value as interpreted by the first-generation.

While the value of filial piety appears to be transmitted from generation to generation, does the meaning of filial piety stay the same for immigrants and their children? In a study about first-generation Chinese parents who had immigrated to the U.S. and their beliefs about filial piety, it was found that while the respondents strongly held that value, their conceptualizations of it had changed and were more in line with modified, rather than traditional, filial beliefs. Participants also acknowledged the difficulty of transmitting this value to their children (Lieber, Nihira, & Mink, 2004). The participants in this study expressed feelings of concern regarding the experiences of their children growing up in a more individualized, independent culture. Despite, or perhaps, due to their concerns, the participants were strongly committed to teaching their children cultural values from their country of origin. They did, however, acknowledge the need to adjust expectations and adapt to different cultural values.

Kim, Hurh, and Shin (1993) found similar results when they interviewed 622 Korean first-generation adults 20 years of age or older. Participants were divided into one younger group and one older group. The younger group included 544 individuals between the ages of 20

and 54, while the older group included 78 individuals above the age of 55. Members of the younger group were more likely to read an American newspaper, have American friends, and demonstrate higher proficiency in the English language, suggesting that they were more acculturated to American culture than their elder counterparts. Despite higher levels of acculturation in the younger group, the majority of all participants (74.6%) agreed or strongly agreed with a statement which indicated that adult children, rather than the government or elderly parents themselves, should bear primary responsibility for supporting elderly parents. The majority of the participants (92.4%) also agreed or strongly agreed with the statement, "Respect is due elderly parents, no matter how good or bad they have been as parents." While the majority of participants strongly agreed or agreed with both of these statements, responses to other statements indicated changes in the way they conceptualized filial piety. Only 44% of participants agreed that, "Your relationship with you parents is more important than the relationship with your spouse or children." Participants in the younger group were more likely to adjust their conceptualization of filial piety than participants in the older group. The authors suggest that members of the younger and older age cohorts may find some conflict in their relationships due to elders' adherence to traditional Korean values and younger individuals' propensity to adapt Korean values in ways which are more compatible with American values.

The idea that individuals can hold multiple and modified cultural values to suit both new and old countries is consistent with Flannery, Reise, and Yu's (2001) model of acculturation, which posits that as individuals adapt to new surroundings, they may create a new culture in addition to their culture of origin and the culture of their current environment. In this study, the authors compared unidirectional and bidirectional models of acculturation to find the model that was more predictive of Asian Americans' cultural preferences. Two hundred and ninety-one

college-aged Asian Americans filled out self-report measures and were asked questions regarding their cultural preferences. Based on the responses, the authors suggest that both models are good predictors of cultural preferences, but that the unidirectional model may be a better predictor of generational status and that the bidirectional model may be more appropriate for less tangible cultural preferences, such as values or beliefs. They also suggest that a more fitting model of acculturation may be the aforementioned model in which a new, third culture is created out of former and current cultures.

Conclusion

The existing studies have explored various influences on the way Asians and Asian Americans provide elder care and their viewpoints on elder care. Culture, financial need, length of time in the U.S., and acculturation hold sway over the way Asians and Asian Americans provide elder care. In addition to these factors, the acceptance of caregiving as a normative phase of development also has an influence on Asians' and Asian Americans' experience of providing elder care. This research has primarily been conducted with Canadian Asians, women, Asians in Asia, and using quantitative methods, with no research focused primarily on second-generation Asians and their experience of providing elder care. This study attempted to address this gap in the existing literature. In this qualitative study, the researcher examined the experience of Asian Americans who were providing care to an elderly first-generation parent, with an emphasis on the impact of providing care on the adult child's relationships with others and planning.

Chapter 3: Methods

Design of Study

In-depth, semi-structured interviews were conducted to explore the experience of Asian Americans providing care for elderly parents in this phenomenological study.

Participants

This study intended to interview 10 individuals that self-identified as second- and 1.5-generation Asian adults caring for elderly biological parents in the U.S. For the purposes of this study, individuals were considered Asian American if they had origins in China, Taiwan, Japan, Korea, or Southeast Asia, had at least one foreign-born parent, were currently living in the U.S., and were either born in the U.S. or immigrated to the U.S. prior to age 12. This definition is based on the Asian countries which have been strongly impacted by the values of Confucianism, including filial piety (Chung, 2003). In this study, “elderly” was defined as individuals at least 65 years of age (the U.S. Social Security Administration’s youngest age at which individuals can begin taking benefits) or older. Participants had been living with and providing both housing and financial support to at least one parent aged 65 or older for a minimum of one year. Participants who were caring for parents with a chronic illness, such as cancer or Alzheimer’s disease, were excluded from this study, since members of this group were likely to have a set of experiences more specifically related to providing care to someone chronically ill.

Participants were recruited via flyers (Appendix A) posted in places of worship, community centers, medical offices, and social service agencies, emails (Appendix B) sent to listserves of Asian American fraternities, sororities, and advocacy groups, word-of-mouth, snowball sampling techniques, and postings on the Internet (e.g., listserves, websites) (Appendix C).

Procedures

Prior to recruitment, approval from the Institutional Review Board (IRB) was sought to begin the study. Once IRB approval was received, the study was advertised via flyers, emails, and on the Internet. Recruitment materials solicited individuals who were either born in the U.S. or immigrated to the U.S. before the age of 12, had a parent age 65 or older who was born in China, Taiwan, Japan, Korea, or Southeast Asia living with them for a minimum of a year, and had been providing financial support to the parent during this time. Recruitment materials stated that individuals who were caring for parents with a chronic illness were not eligible for the study. Recruitment materials stated that participating in the study involved a 10-minute telephone screening, brief demographic questionnaire, and approximately one-hour interview either in-person, over the phone, or via Skype. Recruitment materials also stated that participants would receive a \$25 Amazon gift card.

Once potential participants had been recruited, each individual was screened over the phone to ensure they met the participant requirements outlined above. During the screening, potential participants were given a brief overview of the study and then asked the screening questions (Appendix D). The individuals were asked if they were born in the U.S. or immigrated to the U.S. before age 12, if a biological parent currently lived with them, if they provided financial support to the parent, if the parent was at least 65 years old, if the parent was born in China, Taiwan, Japan, Korea, or Southeast Asia, and if the parent had been living with the individual for at least one year. The participant was asked whether their parent had a chronic illness. If the individual did not meet the criteria, they were thanked for their time and encouraged to refer others who they thought may be interested in and eligible for the study.

If the individual met the criteria, the researcher asked the individual whether they preferred to receive materials via mail or email. Based on the individual's preference, the researcher mailed or emailed the informed consent form (see Appendix E), demographic questionnaire (Appendix F), and instructions to fill out and sign both forms. The researcher offered individuals the option of receiving a prepaid return envelope along with the materials. Each participant signed a consent form and filled out the demographic questionnaire. The informed consent briefly explained the purpose of the study and reviewed procedures, risks, benefits, confidentiality, compensation, freedom to withdraw from the study, and the voluntary nature of participation. Participants were also informed that they could not participate unless they signed and mailed an informed consent form. No interviews took place until the researcher received the signed informed consent form.

The demographic questionnaire included questions regarding participants' and their spouses' ethnicities, ages, genders, highest levels of education achieved, annual income, years married, and number of children. The demographic questionnaire also included questions about the participants' and their spouses' parents, including ethnicities, ages, highest levels of education achieved, whether the parents lived in the U.S., number of years parents had resided in the U.S., whether the parents lived with the participants, numbers of years the parents had lived with the participants, whether they received financial support from the participants, whether anyone else provided financial support to the parents, and if yes, a question about who. Finally, the demographic questionnaire asked whether the participants and their spouses had siblings, and the genders and ages of those siblings.

Once the informed consent forms and demographic questionnaire had been signed and received, the researcher contacted the participant to schedule an interview. The interviews were

done face-to-face, over the phone, or via Skype. In-person interviews were conducted in an environment in which the participant felt comfortable and provided a reasonable measure of safety for the researcher. Interviews lasted approximately one hour each and were tape recorded. When the participant had completed the interview, they received a \$25 Amazon gift card either in-person or via mail, depending on their preference.

The interviews were then transcribed by a hired transcriber. The transcriber signed a confidentiality agreement stating that they would not disclose or discuss participant-related material outside of meetings with the research team (Appendix G). Further, the confidentiality agreement stated that the transcriber would protect the confidentiality of all participants by safeguarding participant-related materials, which included identifiable information disclosed during participant interviews. The principal researcher listened to the tape and reviewed the transcript in order to increase accuracy. All identifying characteristics were removed from the transcripts and replaced with fabricated names, places, or details. Once the transcript had been reviewed for accuracy, the tape was destroyed.

Throughout the entire process, the utmost care was taken to ensure the participant's confidentiality. As previously stated, all identifying characteristics were removed from any documents associated with the study. Any documents containing the participants' names, addresses, or phone numbers were kept in a password-protected computer folder in a secure location. All documents or computers containing participant information were located in a secure location and accessible only to members of the research team.

Instruments

Interviews were conducted with each participant. Questions focused on the impact of caring for elderly parents on the relationships and plans of the adult children providing care.

Interview outline. This serves as a basic outline of the questions that were asked. Interviews could deviate from the interview schedule as necessary and were not required to follow the questions exactly as written here.

1. How long have you been taking care of your parent(s)?
2. What is the background on how you started taking care of your parent(s)?
3. What does taking care of your parent(s) involve?
4. In what ways has caring for your parent(s) affected your with relationships with your:
 - a. Partner?
 - i. What beliefs does your partner hold about caring for elderly parents?
 - b. Other family members?
 - c. Parents?
 - d. Friends?
5. In what ways do you think taking care of your parent(s) may impact:
 - a. Your relationships in the future?
 - b. The way you make plans for your family?
6. How do you think your cultural background impacts your experience of taking care of your parent(s), if at all? That is, how does living in the U.S., which has different values regarding elder care and retirement than your parents' country of origin, impact your experience of taking care of your parent(s)?
 - a. Which set of cultural norms do you identify with, if any? Please explain more about your response.
7. What are some positive aspects of caring for your parent(s), if any?

8. Do you have anything to add that I haven't asked, or that would help me to understand your experience of caring for your parent(s)?

Validity and reliability. Validity was established through triangulation, detailed descriptions of interviews and participants, and peer debriefing. In addition to the detailed descriptions of interviews and participants, reliability was also be established by having the chair of the thesis committee, Dr. Mariana Falconier, review transcripts and code. The two coders worked towards intercoder agreement to establish reliability.

Reflexivity. As part of the validity check and in keeping with Moustakas' (1994) transcendental phenomenological framework, researchers were encouraged to acknowledge their experience or preconceptions about the phenomenon being studied. In this study, one of the researchers (MKK) is a 30-year-old second-generation Thai-Chinese female who has been financially assisting her parents for the past six years. As her parents age, she and her sister will be responsible for providing financial and physical support to them, as they have saved little for retirement.

In order to bracket this experience and externalize her own process so that her observations were minimally impacted, MKK kept a journal reflecting on her process and received peer supervision.

The second researcher (MKF) is a first-generation Argentinian whose cultural background has a strong collectivist orientation. In MKF's culture of origin, family members are expected to provide care for elderly family members.

Analyses

Thematic analysis was used to analyze the data. Thematic analysis is a method of finding, categorizing, and analyzing patterns and themes within data (Braun & Clarke, 2006).

Braun and Clarke identify six steps of thematic analysis. The first step is to become familiar with the data. The second step is to construct preliminary codes. The third step is to find tentative themes into which the preliminary codes can be categorized. The fourth step is to review the themes for general fit with the overall data and specific portions of the text. The fifth step is to further define the themes and name the themes within the context of the overall story of the analysis. The sixth and final step is to generate a report of the data and analysis, locating both within the larger context of the research question, other literature, specific portions of the text, and the story told by the data.

To become familiar with the data, the researcher listened to and read the transcript of each interview, checking the transcript for accuracy as she did so. After checking the transcripts for accuracy, the researcher began reading the transcripts. As the researcher read the transcripts, she wrote down initial codes based on the data. Because the codes were based on the participants' answers to specific questions, the initial coding was theory-driven. Initial codes were drawn from portions of the transcripts which seemed interesting, relevant, or important. At this point, some data extracts were coded and compiled with their respective codes. Once initial codes had been compiled with data extracts, the researcher began organizing the codes into preliminary themes, as well as attaching data extracts to their respective preliminary themes. The researcher organized codes and data extracts into themes, with the goal of understanding how codes and themes related to each other in the broader story of the analysis.

After preliminary themes had been created, the researcher further clarified the themes to ensure that data compiled under each theme fit together in a meaningful way, that each theme was clearly defined and distinct from other themes, and that the themes related to each other in a meaningful way to convey the overall story told by the data (Braun & Clarke, 2006). There were

two levels of clarification in this step of thematic analysis. The first level involved re-reading data extracts attached to each theme to review whether the data extracts formed a meaningful, consistent pattern relative to the theme. If the data extracts did not seem to form a consistent pattern relative to the theme, the researcher considered whether the theme itself was inappropriate, or if some data extracts did not fit under that theme. At this juncture, the researcher removed some themes that no longer seemed appropriate, revised some themes for better fit, and merged some themes under other, broader themes. Once this was done, the second level of refinement occurred. In the second level, themes were checked for validity in the context of the overall data set and whether the themes properly conveyed the meanings in the overall data set. The researcher reread each transcript with a goal of reviewing whether the themes were appropriate in the context of the overall data set and coding data into themes that had not yet been coded. If the themes did not relate to each other in a meaningful way and properly conveyed the meanings of the overall data set, the researcher removed, revised, or added new themes as necessary.

The researcher then further defined and refined the themes by distilling each theme into a main idea. The researcher did this by reviewing the data extracts compiled under each theme and sorting them into a narrative that was internally congruent and meaningful. The researcher then wrote about each theme, with the goals of describing the main idea conveyed and describing how each fits into the overarching story told by the data. The researcher considered whether themes contained any sub-themes. At the end of this step, the researcher was able to explicate the breadth and idea contained in each theme in a few sentences. The researcher began considering names for each theme, with a goal of creating names that were concise, memorable, and properly conveyed the idea of each theme to readers. Finally, the researcher wrote about the

results of her analysis and discussed her results in a way that properly conveyed the story told by the data.

The Experience of Asian Americans Caring for Elderly Parents

Since the Immigration and Naturalization Act of 1965 removed immigration quotas, the path has been set for an influx of immigrants from Asian countries (Park, 2010). As a result, the Asian population in the U.S. has been rapidly increasing. According to U.S. Census data, from 2000 to 2010, the overall Asian population increased by 43% and currently makes 4.8% of the U.S. population (Humes, Jones, & Ramirez, 2011). The 2010 U.S. Census data also indicate that 9.4% of this population is 65 years and older, representing 3.4% of the total U.S. population within the same age bracket. Since 2000, this represents a 68.3% increase of Asian Americans 65 and older, a demographic that is projected to increase six-fold from 1,376,471 in 2010 to 7,434,131 in 2050 (U.S. Administration on Aging, 2008). As the older population of Asians in the U.S. grows, questions regarding how to best manage elder care will require answers, particularly when there may be cultural differences between Asian and American expectations regarding caring for the elderly.

The present study examined the experience of Asian Americans caring for elderly first-generation Asian parents and how that experience impacts their relationships and planning. This study focused only on second-generation immigrant Asians, that is, Asian Americans that were born in the U.S. or immigrated to the U.S. before the age of 12 (also considered the 1.5-generation (Rumbaut, 2004)) and had at least one parent who had been born in Asia and immigrated to the U.S. This study included individuals that have origins in China, Taiwan, Japan, Korea, or Southeast Asia. These Asian countries have been strongly influenced by the values of Confucianism (Chung, 2003) and have traditionally upheld strong values of filial piety (Sung, 2002; Yeh, Yi, Tsao, & Wan, 2013). Filial piety, which will be discussed later in this manuscript, plays an important role in the expectations of care in many Asian cultures. For the

purposes of this study, caring for elderly parents was defined as living with at least one biological parent aged 65 and above and providing financial support to that parent.

American Views on Elder Care

American cultural values and Asian cultural values reflect differing concepts on retirement. In general, retirement in the U.S. is a life stage in which individuals are expected to care for themselves, drawing resources primarily from personal financial savings (Cook & Halsall, 2012). Although the government does provide some assistance for the elderly, disabled, or those with little to no income (Bookman & Kimbrel, 2011), the majority of the responsibility lies with the individual (Cook & Halsall, 2012). For example, through their places of employment, individuals are strongly encouraged or mandated to allocate money into retirement plans, with the assumption that they will draw from these funds when they cease employment in old age.

The system of planning for one's own retirement is consistent with Western values of individualism, independence, and self-sufficiency. In the United States, as in many Western countries, one's individual well-being and needs take precedence over the group's well-being and needs (Triandis, 2001). Individuals are expected to be self-sufficient, have a strong sense of personal responsibility and self-fulfillment, and exist fairly independently of others (Triandis, 2001).

Asian Views on Elder Care

In contrast to the U.S., where retirement is viewed as a stage prepared for by the individual (Cook & Halsall, 2012), the elder years in many Asian countries are seen as a time when one's lifetime of work is complete (Sung, 2007). Responsibility shifts to children, who are expected to respect and take care of parents as they age. This responsibility is reflected in

various policies and legislation of Asian countries. For example, the 1954 constitution of the Chinese Communist Party states that “parents have the duty to rear and educate their minor children, and the adult children have the duty to support and assist their parents” (Zhan, Luo, & Chen, 2012). In another example, a 2012 amendment to China’s Protection of the Rights and Interests of the Elderly legislation mandates that children visit their parents “often,” giving parents the right to sue children who do not follow this mandate (FlorCruz, 2013).

Filial piety. Views on elder care and retirement have been influenced strongly by the value of filial piety, which holds that children have a duty to revere and respect their parents (Hwang, 1999). Filial piety is a part of Confucianism, which is a set of ideas, values, and beliefs that originated in China and spread to other Asian countries, specifically Taiwan, Japan, Korea, and Southeast Asian countries (Chung, 2003). Filial piety establishes a set of mutual responsibilities between parents and children. The duty of parents is to nurture, raise, and teach their children as they are growing up. When they are grown, the duty of the children is to respect, care for, and support parents into old age. When each part properly fulfills its role, balance is maintained and the “body” of the family runs smoothly.

Filial piety is consistent with a collectivist model of living and thinking, in which interdependence, harmony, and the importance of the group are stressed (Triandis, 2001). In collectivist societies, group goals either supersede or align with individual goals and needs (Triandis, 1989). Members of collectivist societies tend to be more concerned about how their actions impact others within the group and also tend to share resources with group members.

Acculturative Stress

Acculturative stress arises when an individual feels conflicted between multiple, differing, and sometimes conflicting cultural values (Berry, 2006). Regarding elder care, Asian Americans may experience acculturative stress due to the struggle of living with the mandate of filial piety in a country that does not uphold this value as a norm. While first-generation Asians may still identify with the collectivism of their countries of origin and the third generation of Asians may identify with the individualism of the U.S., second-generation Asians who have exposure to both orientations may experience feelings of guilt or inadequacy, stemming from a concern that they are doing too little to support their parents.

The emotions arising from this conflict of values are exemplified in the responses to a 2001 AARP survey of the multicultural baby boomer sandwich generation. The AARP survey included 351 Asian American respondents out of the 2,352 Americans aged 45-55. Seventy-two percent of Asian Americans expressed feeling that they were not sufficiently contributing to the support of their parents. By comparison, only 44% of non-Hispanic Whites, 54% of African Americans, and 65% of Hispanics expressed such misgivings. While this quantitative data suggest that Asian Americans feel conflicted about taking care of elderly parents, no qualitative study has examined that experience.

In short, adult children in Asian families are expected to care for their elderly parents, most likely due to values of filial piety. This expectation is consistent with the collectivistic orientation of Asian cultures, but may conflict with the individualistic orientation of U.S. culture, which encourages self-sufficiency and planning. Survey data suggest that Asian American adult children feel they are not doing enough for their elderly parents, perhaps indicating that the experience of caring for their elderly parents in the U.S. is emotionally challenging.

Given its potential to help practitioners who work with Asian American families, this study holds clinical significance. Due to the rapidly growing Asian American population and the increasingly large numbers of that demographic who are elderly, practitioners may expect to see greater numbers of clients who seek help regarding the issues this study aims to explore. Findings from this study may increase practitioners' cultural competence by helping them understand the experience of second-generation Asians caring for their elderly parents. Findings may help therapists become more sensitive to the challenges and opportunities involved in such experiences, so that the experiences are neither minimized nor ignored.

A Review of the Literature

Various studies suggest that Asian adults do take care of their elderly parents in the U.S. and in ways that differentiate them from other populations. In a meta-analysis of 116 studies on differences between caregivers of various ethnicities, Asian American caregivers were found to use informal support more often than Whites, African Americans, and Hispanics (Pinquart & Sorensen, 2005), suggesting that more often than not, Asian Americans take responsibility for the duties of caregiving themselves, rather than relying on more formal avenues of support, such as institutionalized care. These results are consistent with an analysis of the 1990 U.S. Census data that compared the living situations of non-Hispanic Whites, Chinese, Indians, Japanese, Korean, and Filipino families (Phua, Kaufman, and Park, 2001). Compared to elderly Asians (defined as 65 or older), elderly White individuals were more likely to live alone, with the exception of elderly Japanese. In cases in which elderly Asians and adult children were living together, the adult children were typically in control of household finances, particularly in those households with elderly Asians that immigrated to the U.S. after the age of 65. For all groups, those who had more financial resources were more likely to live alone or with a spouse only.

Regarding factors that may influence the type and amount of care that is provided, Ishii-Kuntz (1997)'s survey of 628 Asian Americans living in California who were taking care of their East Asian parents found that the parents' and child's finances, the level of parents' need, birth order, and the distance between the parent and child all influenced the amount of support adult children provided to their parents. Support was more often provided by children with better financial means, who reported stronger values of filial piety, whose parents required more assistance, and who lived near parents.

Beyond understanding that Asian adults are more likely than other populations to live with and provide financially for their elderly parents, and that some factors may affect the type and amount of care provided by adult children, little is known about the actual experience of adult Asian children providing care for their parents. There is only one qualitative study that examined the experience of Chinese American and Filipino American women that provided care to their own parents or their parents-in-law (Jones, Zhang, & Meleis, 2003). Interviews with these women suggested that those who were able to accept the caregiving role as an inevitable phase of life, gathered sources of external support, found emotional support, accepted certain aspects of the situation as-is, and accommodated the role of caregiver into other aspects of their lives were more likely to appraise the caregiving role as a source of strength rather than a source of vulnerability. Despite being the first study addressing the emotional experience of caregiving for the elderly in the Asian population, this study did not include men and did not focus on second-generation Asians. No research study has focused on understanding the experiences of both male and female second-generation Asians caring for their elderly parents, particularly the impact of such care on close relationships and planning.

The Present Study

The present study sought to examine the experience of Asians in the U.S. who are living with and caring for elderly first-generation Asian parents using a phenomenological approach. Specifically, this phenomenological study sought to examine how caring for elderly parents impacts close relationships and planning. In-depth, semi-structured phone, Skype, and in-person interviews were employed to obtain qualitative data. Creswell (2007) states that qualitative research is conducted when there is a lack of knowledge on the subject. Given the dearth of research about the experience of second-generation Asians caring for elderly parents, in-depth, semi-structured interviews provided a means of getting rich, meticulous, and nuanced data within the context of the participant's life.

Methods

Participants

Eight individuals who self-identify as Asian Americans caring for elderly first-generation parents in the U.S. were interviewed for the present study. For the purposes of this study, individuals were considered Asian Americans if they were born in the U.S. or moved to the U.S. before the age of 12 and had at least one parent born in China, Taiwan, Japan, Korea, or Southeast Asia, and were currently living in the U.S. In this study, "elderly" was defined as individuals at least 65 years of age or older. Participants had been living with and providing both housing and financial support to at least one biological parent aged 65 or older for a minimum of one year. Participants who were caring for parents with a chronic illness, such as cancer or Alzheimer's disease, were excluded from this study, since members of this group are likely to have a set of experiences more specifically related to providing care to someone chronically ill.

Participants were recruited via flyers posted in places of worship, community centers, medical offices, and social service agencies, emails sent to listserves of Asian American fraternities, sororities, and advocacy groups, word-of-mouth, snowball sampling techniques, and postings on the Internet (e.g., listserves, websites). Recruitment materials listed the inclusion and exclusion criteria and stated that participants would complete a 10-minute phone screening, demographic questionnaire, and hour-long interview. Recruitment materials also stated the incentive of a \$25 Amazon gift card upon completion of all study requirements.

Procedures

Prior to recruitment and data collection, approval from the Institutional Review Board (IRB) was received to begin the study. Participation in the study was voluntary and required reading and signing an informed consent. Thirty-five individuals expressed interest in participating, but only nine met the inclusion and exclusion criteria. Of the nine individuals who met the inclusion and exclusion criteria, one did not return the informed consent. Eight participants who met the inclusion and exclusion criteria, completed the phone screening, demographic questionnaire, and hour-long phone, Skype, or in-person interview were recruited via flyers, emails, and on the Internet.

The demographic questionnaire included questions regarding participants' and their spouses' ethnicities, ages, genders, highest levels of education achieved, annual income, years married, and number of children. The demographic questionnaire also included questions about the participants' and their spouses' parents, including ethnicities, ages, highest levels of education achieved, whether the parents lived in the U.S., number of years parents had resided in the U.S., whether the parents lived with the participants, numbers of years the parents had lived with the participants, whether parents received financial support from the participants, whether

anyone else provided financial support to the parents, and if yes, a question about whom. Finally, the demographic questionnaire asked about the genders and ages of any siblings.

Semi-Structured Interviews

Each participant participated in an approximately one-hour phone, Skype, or in-person interview. The principal researcher employed in-depth, semi-structured interviews to obtain qualitative data about participants' experiences providing care for elderly parents. Areas of inquiry included how participants came to take care of their parents, the impact it had on close relationships and participants' plans, the impact of cultural background on taking care of their parents, and the positive aspects of caring for their parents.

The interviews were transcribed by a hired transcriber, who signed a confidentiality agreement. The principle researcher reviewed all transcripts multiple times and removed identifying characteristics. Throughout the entire process, measures to protect confidentiality were put in place.

Analysis

Thematic analysis was used to analyze the data. Thematic analysis is a method of finding, categorizing, and analyzing patterns and themes within data (Braun & Clarke, 2006). Braun and Clarke identify six steps of thematic analysis. The researcher first became familiar with the data by reading each transcript a minimum of four times. As she read, she kept memos and began to construct preliminary codes. Once the preliminary codes were constructed, the researcher located tentative themes into which the codes were categorized. She then reviewed the themes for general fit with the overall data and specific portions of the text. Once the themes were reviewed, the researcher further defined the themes and named them within the context of the overall analysis.

In order to establish validity and reliability, a second researcher performed another review of the transcripts, codes, themes, and detailed descriptions of the participants. Both researchers reviewed the coding in order to establish that the themes indeed fit in the overall data set, and also to generate any codes that were previously missed. The researchers discussed their findings and established a consensus on what was found. The researchers then further defined, reviewed, and refined the themes and sub-themes.

Demographics

Six women and two men were interviewed for this study, totaling eight participants. Two participants identified as Chinese, two participants identified as Vietnamese, and the remaining participants identified as Filipina, Hmong, Taiwanese, and Korean. Five participants lived with both biological parents and three participants lived with widowed biological mothers. All participants provided housing and basic financial support to parents. Seven of the participants had been providing care for and had parents living with them between one and ten years. One participant did not properly indicate the length of time he had been taking care of his parents. Two participants provided housing and basic financial support. In addition to housing and basic financial support, six participants provided transportation, accompanied parents to medical appointments, coordinated with social service agencies to gather support resources for parents, and translated.

Three participants were currently married, two were in relationships, and three were not in relationships. Two had been divorced. Of the five who were married or in relationships, three were involved with individuals of the same ethnic background. Three of the participants had children, one was expecting a child, and the remaining four participants did not have any children. Participants' household incomes ranged from \$23,000 to \$260,000. Six participants

received varying degrees of assistance from siblings to provide care for parents. Two participants received no assistance from siblings. All of the participants had obtained, at minimum, a bachelor’s degree. See Table 1.

<i>Demographics</i>										
	<u>Ethnicity/ Country of birth</u>	<u>Gender</u>	<u>Age</u>	<u>Marital status</u>	<u>Partner’s ethnicity/race</u>	<u>Number of children</u>	<u>Annual household income</u>	<u>Parents who reside in household</u>	<u>Length of time parents in household</u>	<u>Type of care provided</u>
1	Chinese/Vietnam	F	35	M	Chinese	2	\$90,000	Mother, father, grandmother	7	Financial, paying bills, cleaning, transportation, Medicare enrollment, cleaning up after father and grandmother, coordinating care with agencies, translation
2	Taiwanese/Taiwan	F	29	S	N/A	0	\$23,000	Mother, father	5	Financial
3	Hmong/U.S.	F	29	S	Hmong	0	\$32,000	Mother	6	Medical appointments, financial, transportation
4	Chinese/Vietnam	F	33	M	Chinese	0, expecting	\$85,000	Mother, father	6	Financial, translation, medical, car purchase, "everything"
5	Vietnam/Vietnam	M	39	Divorced	Vietnamese (ex-wife)	0	\$55,000	Mother, father	Did not indicate	Financial, translation, financial assistance for extended relatives overseas
6	Filipina/Philippines	F	47	M	Caucasian	1	\$260,000	Mother	10	Financial, some translation, transportation, medical appointments, financial advising appointments
7	Vietnam/Vietnam	M	35	S	N/A	0	\$75,000	Mother, father	5+	Financial
8	Korean/South Korea	F	52	Divorced	Caucasian	1	\$140,000	Mother	1	Financial, transportation, translation, "everything"

Researcher Characteristics

The first researcher, who also conducted the interviews, is a second-generation Thai-Chinese female who has provided some financial support to her parents over the past six years. She kept a journal of her reflections and received peer supervision throughout the process in order to bracket and externalize her own experience so her own process could be differentiated from the participants’.

The second researcher is a first-generation Argentinian whose cultural background has a strong collectivist orientation. In her culture of origin, family members are expected to provide care for elderly family members.

Findings

Various themes emerged in response to the different areas of inquiry in the interview. Therefore, themes are presented following these areas of inquiry regarding caring for elderly parents, which include: (a) Cultural expectations about elderly parents, (b) impact of such care on caregivers' close relationships, (c) disadvantages and advantages, (d) impact of such care on plans, and (e) caregivers' expectations of care from children.

The Cultural Expectation of Caring for Elderly Parents

All participants spoke about being raised with the expectation that they, or their siblings, would one day take care of their parents. All of the participants also related this expectation to the cultural value of filial piety, by which parents take care of children when they are young and children take care of parents when they become adults. For example, Participant 6 explained:

I think it's, it's cultural. It's that they took care of us when we were young to try to give us the best life that they can, and it's, it's not really reciprocation, it's almost like, it's an expectation of my parents and the children that that's the way it is. You know, the parents take care of the children when they're young, and the children, you know, when they're old enough to stand on their own two feet, it's their responsibility to take care of the elders.

Similarly, when asked how the situation of taking care of his parents came about, Participant 5 stated, "Mm, well, uh, kind of weird but, uh, it's kind of natural, 'cause in Asian

um, society it's like, uh, we're supposed to, it's like, uh, we're supposed to help them when they get older."

Nonetheless, even though all participants referred to a cultural expectation, two emphasized the sense of obligation that this expectation had created. Five emphasized their love for their parents, in addition to a cultural expectation, to explain the decision to take care of their parents. In addition, one participant spoke about both the sense of obligation and love for his parents when explaining the decision to take care of his parents.

Obligation. Even though all participants referred to a cultural expectation, two emphasized only the sense of obligation that this expectation had created, whereas one participant spoke of obligation, in addition to love for his parents, in explaining his decision to provide care. For example, Participant 4, who took care of both of her parents, referred only to obligation and stated:

They want to live with me. Like, my mom and my dad used to tell my husband, "You know, I don't want you to buy us a house or support us. I want you to, like, buy, like, you know, like, a big house and then we can live all together. Or if you don't want to live with us that's okay, just buy like two houses on a lot." You know, I always knew that was expected, and I thought that was normal. And then as I got older, the guilt trips was like, "You know, we gave you so much and you're probably just going to grow up, live your own life, have your own family, and stick us in a nursing home." And I can get that. Every time it was said, I hated it.

Similarly, Participant 7 explained how he became obligated to take care of his parents after the original plans for them to live with his older brother foundered:

Well, I wasn't planning on living with them, but it was supposed to be my older one and my younger one. However, the older one was, you know, he was irresponsible or something so, I gotta go in and help out, that's all. I wasn't part of the plan. I was pretty much on my own, that was the anticipation.

Love in addition to obligation. Five participants clarified that taking care of their parents was not only determined by a cultural expectation but also by love towards their parents. In addition, one participant who spoke about love also spoke about a sense of obligation in explaining his decision to provide care for his parents. For these participants, loving their parents meant that the decision to take care of them was simply a matter of doing the right thing. For example, Participant 2, who took care of both parents, explained:

So it wasn't really a discussion or anything, it was just something that was understood out of, you know, respect and honor for them I decided to do it... I believe it was definitely part of what they taught us in terms of respecting our elders. But I think generally just, you know, because of the way we were brought up, seeing how good our parents were to us, you know doing the best they could with whatever financial resources they had, you know we all just decided that it would be the right thing to do. Um, you know, not so much because they guilt us into it or forced us to, but because, you know, out of love for them we would do this.

Participant 1, who took care of her grandmother in addition to both parents, added that it was difficult to be as close with her parents as she desired amidst a hectic life. She described having her parents live with her as a way to be close to them, in spite of a living a hectic life:

I know that's the case with my siblings, and so, they try, you know my siblings do call every once in a while, but you know as far as physical contact, they, it's basically like an

American situation, where you only see them like once, two or three times a year. And I didn't want that for me, because I would like to see my parents. So I said okay, the only option was for them to live with me, so at least, at the end of the day when I come home I get to say, "Hi Mom," you know and see that they're okay, so.

Nursing homes are not an option. Six participants expressed the view that nursing homes were not an option for them and their parents, which relates to the cultural expectation that only children, not others or institutions, take care of parents. For example, Participant 3, who took care of her mother, stated:

I think she's to the point where she, you know, she doesn't, she like, people take, she's to that age where other families would like put their parents in citizen homes and such, and we would never do that to my mom. I mean she doesn't want to and we don't want her to be unhappy, you know, so. Yeah, we don't really think of that stuff.

Likewise, Participant 8 describes how, after her father's passing, the idea of her mother living in a nursing home was not an option:

...so after Dad's passing, they were, you know, talking about, you know, what to do, and they were going to actually even look for another place for her to live, and I just thought that was not even something to be discussed. I said, "Absolutely not." You know, I mean, losing her partner is bad enough, then for her to go to some place strange with strangers I thought was, just not even, I couldn't even think about it...

In summary, all participants were raised with the expectation that they, or their siblings, would one day take care of their parents. Five of the participants felt motivated to meet this expectation out of love, whereas two participants felt obligated to meet this expectation. One participant described motivations stemming from both love and obligation. Six of the

participants expressed the opinion that nursing homes were not an option, which relates to the expectation that only children, not others or institutions, are responsible for taking care of their parents.

Impact on Caregiver's Close Relationships

Participants reported both positive and negative effects of taking care of their parents on relationships with those parents and siblings. They also reported overall closer relationships in the family of origin. Participants reported effects on partner selection, as well as negative effects on relationships with romantic partners. Findings for each type of relationship follow.

Emotional closeness with parents. Four participants reported feeling emotionally closer to the parents they provided care for. Participants spoke about the quality time spent with their parents, wisdom they learned from their parents, and the emotional support adult children and parents mutually provided each other. Participant 3 explained:

I think to me, my mom takes care of me and I take care of her. I see it that way, you know? We're here for each other. I don't want to just, "Oh I always have to take care of her," you know? I get stressed at times, too, but in the end it's mostly like, "Oh she's taken care of me so much, I, you know, I want to do the same thing back too and such and I want her to be happy."

Similarly, Participant 2 stated:

It's also good to have them there because of the wisdom they still provide me. Um, I think there are a lot of times where, you know, I guess as young people in 20s and 30s, we think we know everything there is to know about the world. But it's not necessarily true. I think there's still a lot of things my mom can teach me about, you know, really basic stuff, so I appreciate that.

More distance with parents. Two participants reported experiencing more distant relationships with their parents as a result of taking care of them. For example, Participant 7 viewed taking care of his parents as having a negative impact on their ability to talk. He explained, “If I live with them, I can’t talk with them. But if I don’t live with them, maybe I’ll be able to talk with them. Someday.”

Frustration and resentment towards siblings. Four participants spoke about how the responsibility of providing care for parents increased conflict between siblings who either would not or could not share the responsibility. They expressed emotions of frustration and resentment due to unevenly shared caregiving responsibilities amongst siblings. They also reported wishing that other siblings would provide more assistance. For example, Participant 4 stated, “I wish that the burden was shared by my sister.” Similarly, in discussing how he felt when he realized that his siblings would not share the responsibilities of parent care, Participant 5, who took care of both parents, stated, “I feel very frustrated and very, uh, disappointed. But you know, like how could you not help out your own parents, you know?”

These four participants also reported more distance in the relationship with their siblings as a result of their feelings of resentment and frustration. When asked whether he desired reconciliation with his older brother, with whom the relationship had become more distant since plans for the parents to live with him had foundered, Participant 7 responded, “Um, no, I guess he’ll go his way and I’ll go mine for the time being. I don’t know what else. I don’t know, he does, he’s really selfish.”

Closer overall family relationships. Four participants described how taking care of their parents created or maintained closer relationships in the family. For example, Participant 3 reported:

I think it [caring for my mother] brings us closer together in terms of family. I mean, like, when we have holidays and stuff, everybody decides to come home and spend time with my mom and I'm here so they get to spend it with me, too.

Adding conflict in relationships with partners. The impact of the caregiving responsibilities was a factor which contributed to conflict in three of the participants' relationships, despite the partners' reported understanding and support in two out of the three cases. Participant 1 described her marriage as "a lot of ups and downs," due in part to the stresses associated with providing care for her parents.

Participant 5, who was not in a relationship at the time of interview, described how the responsibility of taking care of his parents impacted his marriage, which eventually ended in divorce:

Well, it was kind of bad too because I didn't uh, well, at the time I didn't know her as well as I should, and I didn't realize that she was the type that didn't like being a help to my parents.

Supportive partners. Five participants reported being in relationships with partners who understood and were supportive of the participants' desire to live with and take care of their parents. Of those five, three reported that their partners' understanding allowed their partners to take part in the process of providing care for parents. For example, Participant 8 stated about her partner, "I mean he is so supportive. And if he were to live here with me, he would definitely take care of my mom. It's not even a question about that." Similarly, Participant 3 explained how her partner's understanding and support allowed him to take part in the process of providing care for her mother:

‘Cause he’s been around my mom and he understands her illnesses and what she’s going through and stuff. He’s very supportive. If I go to the doctor’s, he’ll go with me sometimes with my mom.

Importance of sharing values regarding parent care with partner. Of the five participants who were married or involved in romantic relationships, two were involved with partners of the same ethnicity and two spoke explicitly about how shared values regarding parent care were important in the selection of their partners. The three participants who were not currently involved in a romantic relationship indicated that when selecting partners in the future, shared values and/or understanding of their current caregiving situation would be essential. Participant 5, who had previously divorced from his ex-wife in part as a result of differences in values, felt that shared values about parent care were important. When asked whether it was important for future partners to have similar values about taking care of parents, he responded, “Well, the next person that if I marry, they have to be like, I have to ask them up front and say, “Are you okay with me helping my parents?”” Participant 2, who took care of both parents, also explained:

You know, if and when my mother finally marries off her daughter, it will definitely have to be to a guy who understands that this is something I need to do, and, um, you know, he’s just going to have to accept it. There’s no if, ands, or buts about that.

In summary, participants reported that taking care of parents had impacted relationships with those parents, siblings, and significant others. Four participants reported more emotional closeness with the parents that they took care of, and two reported more distance. Four participants reported that relationships with siblings who did not share the responsibilities of caregiving had become more conflicted and distant, leading to feelings of resentment and

frustration. Four participants reported that taking care of their parents had led to more closeness within the family of origin as a whole. Participants also reported that their romantic relationships had been impacted by taking care of their parents. Two participants reported that the responsibilities of caregiving had contributed to increased conflict in their marriages, despite their partners' understanding and support. Five participants reported that their partners were understanding and supportive of their desire to take care of their parents. Finally, five participants spoke about the importance of sharing values regarding parent care in partner selection.

The Disadvantages of Taking Care of Elderly Parents

In addition to the conflict and distance that taking care of parents created for some of the participants' relationships with parents, siblings, and partners, participants also described other disadvantages. Decreased independence and sadness and frustration at seeing parents' decreased capabilities were identified as disadvantages by many participants.

Decreased independence. Six participants spoke about how they experienced decreased independence in order to accommodate their parents. Participant 7 felt that having his parents live with him impacted his independence and ability to socialize. He explained, "For me, my taste, I would be a bit more independent. Have a place of my own. Have a little party here and there, get a little wild every now and then." Similarly, Participant 3 explained that decreased independence was the only drawback to taking care of her mother:

Um, I guess that, I guess, no, the only thing I would think about of, you know, saying, the only drawback I would say was, I wanted to just kind of have that experience of, you know, moving out of state and kind of like living on my own and experiencing that and, you know, um, just kind of getting away from everything in a sense.

Sadness and frustration at seeing parent's decreased capabilities. Four participants discussed the challenges of seeing their parents age. Participants described sadness and frustration upon seeing the change, as well as the difficulty of adjusting to their parents' decreased capabilities. Participant 6 shared:

It's, it's really, it's been sad to me; my mom's the one, who, she's always had a lot of energy. She would push herself and she would work six days a week. When she moved up, she would spend all day in the garden, and now she rarely goes out because of her rheumatism, um, and then I notice that, she likes to cook, but I notice she's been leaving the stove on a lot, practically every day now and on both I'm paranoid.

Similarly, Participant 8 described the realization that her mother's capabilities were declining:

...now that she's 82 or like in her late 70s, you see a huge change on their ability to do stuff, and I would be like so frustrated. I would be like, "Why not? You can do it! You've always been able to do everything." You know? And I would be like, sometimes kind of harsh on them and I realize oh, my God, they can't do the things that they used to, you know?

In summary, the participants spoke about the disadvantages of taking care of parents. Six participants spoke about the decreased independence that they experienced. Four participants discussed the difficulty of seeing parents age and the decreased capabilities that came along with aging.

The Advantages of Taking Care of Elderly Parents

Participants also discussed the advantages of taking care of elderly parents. Participants reported that instrumental support and grandparent-grandchild relationships were advantages of taking care of elderly parents.

Instrumental support. Participants received instrumental support from the parents. Six participants reported that their parents provided instrumental support by cooking meals, cleaning, and baby-sitting grandchildren. For example, Participant 6 stated:

And while we even you know, we look after my parents, providing her financial assistance in terms of room and board, we help her when she wants to travel too, um, but it's also really helpful to us because when our son was younger, even though he went to daycare, once in a while when we had to go out, there was always Grandmother that could look after him for a short period of time. And it works out, my mom, although I don't expect her to help out that much in the house, she still insists on cooking too, so it's kind of really beneficial for everyone.

Closer grandparent-grandchild relationships. Two of the three participants who had children spoke about the benefit of having grandparents live in the same household with their children. For example, Participant 8 stated, "And the fact that I have a daughter, I think it's really good for her to have a grandma close by..." Similarly, Participant 6 spoke about the close relationship that developed over the years between her mother and her son. She explained, "She was with my son from three to thirteen years old, so they're pretty close. He's almost six feet tall, and she still calls him "my little boy," you know."

In summary, participants reported that there were advantages to taking care of elderly parents. Six participants reported that parents provided instrumental support, such as cooking,

cleaning, or baby-sitting. Two participants spoke positively about the grandparent-grandchild relationships that had developed as a result of providing care.

Impact on Planning

Participants reported that taking care of their parents had an impact on the way they made financial and housing plans.

Finances. Participants indicated that taking care of their parents had impacted the plans they made for their own and their family's financial future.

Accounting for parents in financial plans. Four participants reported that they made financial plans and decisions in such a way as to account for their parents. Participant 2 explained how she made decisions:

Um, I think when it comes down to making decisions, I always weigh who gets affected by the decision. Um, like for example, you know, the whole penny pinching thing. If I decide to go on a snowboarding trip, you know, that's an X amount of dollars. And if I do that, then am I going to have enough to be able to, you know, cover the rent and the food and all, and that's not just for me, like, my parents and things like that. So being smart about decisions that will affect not only me but the people who depend on those financial resources. So I, you know, obviously if I'm going to go on my snowboarding trip and we can't eat for a month, that's not a good idea.

Saving for own retirement. Four participants reported that witnessing the difficulties brought on for both parents and children when parents lack funds for retirement encouraged them to make a conscious plan to save for retirement. Participant 5 explained that, "Cause I've already seen what could happen if, you know, like I follow my dad's, my parents' trend. So that's why I have a, try to save as much money as I can." Participant 8 shared:

But all I know is I think that our parents' generation, I'm sure would have liked to, but they didn't prepare as well for their, you know, retirement and all that, um, so hopefully then I will be more prepared, so that you know, I wouldn't have to burden others, because one never knows.

Housing. All participants also factored their parents into housing plans. Participants reported intentionally procuring residences that could house their parents, in some cases taking on long-term mortgages that they would carry several years in the future. For example, Participant 8 reported that she bought her current house with her mother in mind:

And I mean one of the reason [sic] why I moved to this house is because all the bedrooms are on one level and my mom doesn't have to go up and down the step. 'Cause my previous house had steps that were pretty steep, and her knee um, is in really bad shape, so I never know if she's gonna make it up or down or if she's gonna fall. I was always so nervous all the time. And if she wants to stay in her room, she's always upstairs, and we're downstairs and you know, I didn't like it, so I was looking for a house with like all the rooms in one level, so everything she needs is on this level, so it makes it really easier for her and for me too. Um. So that's why I moved.

In summary, the experience of taking care of their parents impacted planning. It impacted the way participants made financial plans, in terms of daily finances and retirement. Participants also factored their parents into housing plans, moving into houses that would be comfortable for the parents, and in several cases, taking on multi-year mortgages that they would carry forward many years into the future.

Caregivers' Expectations of Care from Children

Five participants spoke about the intersection of children and finances in terms of planning for their own retirement. Three participants did not discuss children. While participants did not wish for their own children to shoulder the same financial burdens that they experienced when taking care of parents, three of the five participants who discussed children spoke of the hope that their children would continue to take care of elders in the family in non-financial ways.

No financial support. Five participants discussed the hope that their children would not need to shoulder the financial burden of parent care when they grew older. Participant 4 stated, "You know, I realize that I want to, I don't want to burden on my future children." Participant 6 further explained that she worked towards financial independence in order to alleviate her son's financial burdens once he grew older:

Um, well, I would, I don't want to put the same kind of burden on him as I would probably have to do with my mom. Um, and burden, I don't really say it's a burden, it's more of, like, the expectation that yeah, you have to take us in when we're old and, um, look after us. I think I have more of, um, my husband and I are trying to save financially, so we can be as independent as possible, um, so that he doesn't have to worry about that.

Take care of the elderly in your family. While participants did not wish for their children to be compelled to provide care for them out of financial necessity, three expressed the hope that children would learn to take care of the elderly in their family. Participant 8 spoke about her discussions with her daughter regarding culture and the importance of family:

So I always tell her, I really want her to learn a little bit, to still keep this little bit of the culture, our culture, where you know, family's so important and you take care of family, and especially the elderly. You know, we always respect.

Similarly, Participant 6 discussed the hope that her son would maintain the value of taking care of elderly family members and how she taught him that value:

... basically I told him that, you're thirteen years old, you're no longer a kid, you're responsible for also looking after your grandparents. If you see your grandparents working in the kitchen, you do *not* sit down, until your grandparents are done with whatever they're doing. You stay in the kitchen and you help them, you look after them, and you volunteer to do their work, because you are pretty much an adult now.

In summary, five participants discussed expectations of care from their children. They stated that they did not wish children to bear the financial burden of caregiving. Three of the five participants further discussed the hope that children would continue taking care of elderly family members in non-financial ways.

Discussion

This study sought to understand the experiences of Asian Americans who take care of their elderly first-generation parents in the U.S, particularly the impact of such care on the caregiver's close relationships and his/her planning. The eight Asian American adults that were interviewed provided extensive support to their parents, as this support was not only limited to housing and financial aid, but it also included assistance with transportation, medical appointments, coordination with social service agencies, and language barriers. Furthermore, five of the participants took care of both parents, whereas three of the participants took care of widowed mothers only.

Consistent with the anecdotal (AARP, 2001; Bell, 1992; FlorCruz, 2013; Zhan et al., 2012) and empirical (Cox & Gelfand, 1987; Ishii-Kuntz, 1997; Jones et al., 2003; Lai, 2010; Lee, Gibson, & Chaisson, 2011; Pyke, 2000) literature that highlight the role of filial piety in Asian cultures, all participants were raised with the expectation that one day they or their siblings would take care of their aging parents. Providing and caring for their parents was fulfilling this expectation, which indicates that this group of second-generation Asians was still endorsing the value of filial piety. Nonetheless, most participants emphasized that the decision of caring and providing for their parents stemmed not only from a sense of obligation, but also out of love towards their parents. Consequently, for almost all participants, nursing homes were not an option of care for their elderly parents. These findings are consistent with previous studies that have reported that Asians in the U.S. are less likely than other populations to use formal sources of support (Fuller-Thomson & Chi, 2012; Kim et al., 1993; Lee, et al., 2011; Pinquart & Sorensen, 2005).

Interestingly, even though these participants followed filial piety principles by providing financially for their parents, they did not have the same expectations regarding their own children. Most of them were making preparations to be financially independent during the elderly years and they did not wish to be a financial burden to their children. Nonetheless, they still wanted their children to be close to them, take care of them, and understand the importance of family. To some extent this could be seen as a compromise between Asians' filial piety and collectivistic orientation (Ho et al., 2003; Markus & Kitayama, 1991) and the challenges of providing for parents in an individualistic context that is not structured to meet such an expectation. It is possible that the participants recognized that they had no other option when it came to taking care of their parents, but adjusted their own expectations of caregiving from

children based to the context in which they lived. Many participants discussed how their parents grew up in a context in which saving for one's own retirement was not a societal expectation, and because of this, their parents had little to no savings when they immigrated to the U.S. As a result, the participants had no option but to provide care to their parents. The participants' comments about their plans to save for their own retirement suggests they recognized that they live in a context which endorses saving for one's own retirement, and had the option of being financially independent when they retired. Recognizing that they could financially plan for their own retirements, the participants opted to have value care from their children in non-financial ways.

These findings appear consistent with previous findings which suggest that cultural values can be transmitted from generation to generation in different forms, while maintaining the essence of the cultural value as interpreted by the first-generation (Kobayashi & Funk, 2010). In addition, these findings also appear consistent with Lieber et al.'s (2004) study about first-generation Chinese immigrants and their commitment to teaching their children about Chinese cultural values. The participants in Lieber et al.'s study also acknowledged the need to adjust expectations and adapt to different cultural values. In terms of the impact of taking care of parents on close relationships, participants in this qualitative study reported both positive and negative effects. While some participants experienced resentment and frustration towards siblings regarding caring responsibilities, many participants reported overall closer family relationships. For some, this meant feeling emotionally closer to the parents that they were caring for, whereas for others, there was a sense of overall closeness among siblings and parents as they spent more time together. Furthermore, some participants highlighted that taking care of their parents provided an opportunity for developing closer relationships between grandparents

and grandchildren. Many of the participants who reported frustration and resentment towards their siblings had elder siblings who did not share caregiving responsibilities. As birth order is one of the factors which influences caregiving (Ishii-Kuntz, 1997), it is possible that part of their frustration and resentment stemmed from the expectation that their elder siblings would be the primary caretakers.

Despite the effort and attention that caring for parents might involve, for the most part, relationships with romantic partners did not seem to be strongly affected, with the exception of one participant. Most participants reported having supportive partners and how choosing a partner that shares the same values about elder care had been or would be critical in their lives. One participant cited differences in values regarding elder care as a factor in the dissolution of his marriage, which suggests that this may be an area of difficulty for other Asian American caregivers to elderly parents.

In addition to the beneficial impacts on family relationships, caring for elderly parents seemed to provide a source of instrumental support for most participants. Even though caring for their parents involved a great deal of instrumental support such as providing financially, taking care of medical appointments, or assisting with social service issues and language barriers, most participants emphasized that they also benefited from extra support from their parents. Parents helped their adult children by cooking meals, providing child care, or cleaning. In the end, this created a sense of mutual support for most participants.

Even though most participants reported positive impacts, almost of all them agreed that caring for their parents had limited their sense of independence. Parents were considered not only in housing and financial plans, but also in other aspects of their lives, such as socializing or

moving to another state. Most participants discussed how they sacrificed certain freedoms and aspects of independent living in order to accommodate their parents.

While Asian Americans are exposed to both the Asian cultural values transmitted by their parents and the cultural values of the individualistic society in which they live, it appears that by taking care of elderly parents, they endorse and maintain the values of filial piety that were likely transmitted to them from their parents. Despite some of the limitations created by taking care of elderly parents, the majority of the participants appeared to view the responsibility in terms of its benefits rather than its disadvantages, particularly when discussing close relationships and instrumental support. In addition, the participants' hope that their children would take care of elderly family members in non-financial ways in the future suggests that while the principles of filial piety and the value of family still hold true for these Asian Americans, they are being adapted to living in an individualistic society. The participants may recognize that they now live in a context in which they have the option to save for their own retirement and prevent a situation in which their children need to provide them financial care, whereas for them and their parents, the situation of financial care is unavoidable.

Limitations

The findings from this study are gleaned from a small sample of self-referred individuals who were recruited primarily via word-of-mouth and Asian American-interest groups or websites. Consequently, the participants recruited for this study may have already had an interest in topics concerning Asian Americans and endorsed Asian cultural values, such as filial piety. Eligibility criteria for this study stipulated that individuals provide financial support and live with parents. Individuals who provide care for their parents in part by providing housing compared to individuals who provide support while living separately from parents may also be

more likely to endorse values of filial piety. It is possible that individuals who are providing care to their parents but do not endorse strong values of filial piety or identify strongly with Asian cultural values may have a different experience from those who provide care and strongly endorse the value of filial piety. In addition, only two males were recruited for this study, and both of the males were single and from the same Vietnamese American-interest group. It is possible that second-generation men that are in relationships, have children, and/or identify with other Asian ethnicities may have a different experience of taking care of elderly parents.

Clinical Implications

Findings from the present study have important implications for couple and family therapists working with individuals, couples, or families where adult children are caring for elderly parents. These implications are particularly important for non-Asian therapists as they might help them improve their cultural competence when working with this population. Couple and family therapists, particularly non-Asian, should not assume that living with elderly parents and taking care of them is necessarily or only a burden for the adult caregiver. Therapists should understand the factors involved in this decision, which are not limited to an obligation stemming from filial piety, but out of love for their parents. Clinicians who have little knowledge of Asian cultures may not realize that for many Asian Americans, the responsibility of providing care to elderly parents may be an honor, not an obligation. Nonetheless, therapists should understand and sometimes help clients evaluate both the challenges and strengths that come with these caregiving responsibilities and the role they play in family planning and decision making. Therapists can help normalize the situation that these clients find themselves in, by understanding that for many members of this population, they have no choice but to financially support their parents, given that many of their parents grew up in a context which did not endorse

saving for one's own retirement. Most importantly, given that caring for elderly parents does have an impact on various relationships in the family system, therapists who invite multiple family members to participate in the therapy process have the opportunity to improve understanding and communication between family members, so that the experience can be a more positive one for all.

Future Research

Future research should include more men in its samples, as this appears to be an underrepresented segment of the samples in established studies (Goodman, 1990; Ho, Friedland, Rappolt, & Noh, 2003; Jones et al., 2003). Future research should also delve more into the experience of Asian Americans who are adjusting to the changes and declines in elderly parents. Some participants spoke extensively about the difficulty adjusting to elderly parents, and further research into this area of inquiry would increase understanding and support for these individuals and their parents. Additionally, future research should delve further into the romantic relationships of Asian American caregivers, as this topic evoked little discussion among the participants in this study. Finally, future research including individuals who endorse the value of filial piety, take care of their parents, but do not live with their parents might further increase understanding of multiple segments of the booming population of Asian Americans who are faced with providing care for elderly parents. These types of studies could also represent the other siblings spoken about, but not interviewed, in this study.

Conclusion

This qualitative study sought to examine the experience of Asian Americans in the U.S. who provide housing and financial support for biological parents aged 65 and older. The majority of the participants viewed their experience of caregiving in terms of its benefits rather

than its disadvantages. The participants' hope that their children would take care of elderly family members in non-financial ways in the future suggests that while the principles of filial piety and the value of family hold true for these second-generation Asians, they are being adapted to living in an individualistic society.

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Appendix A

Recruitment Flyer

RECRUITING:

INDIVIDUALS FOR PARTICIPATION IN A VIRGINIA TECH STUDY

Virginia Tech's Marriage and Family Therapy program is currently recruiting individuals to participate in a study examining the experience of Asian Americans caring for aging parents.

WHAT DOES PARTICIPATING IN THIS STUDY ENTAIL?

- A 10-minute telephone screening.
- Brief demographic questionnaire.
- Approximately one-hour interview in-person, over the phone, or via Skype. During the interview, you will be asked questions about your experience as an Asian American caring for your parent. If the interview is in-person, it will take place at a location convenient to you.

To find out if you are eligible to participate, please call or email the principal researcher,
May Kantl, at:
202-525-6295
mkantl@vt.edu

YOU ARE ELIGIBLE TO PARTICIPATE IF:

- You were born in the U.S. **OR** you moved to the U.S. before the age of 12.
- You live in the U.S.
- You have a parent who is 65 years old or older.
- Your parent was born in China, Taiwan, Japan, Korea, or Southeast Asia.
- Your parent has been living with you for at least a year.
- You have been providing financial support for your parent during that time.

You are not eligible to participate if your parent has a chronic illness, such as Alzheimer's disease or cancer.

ALL ELIGIBLE PARTICIPANTS WILL RECEIVE A \$25 AMAZON GIFT CARD UPON COMPLETION OF THE INTERVIEW.

Virginia Tech study recruiting Asian Americans. If interested, contact May at 202-525-6295 or mkantl@vt.edu

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Virginia Tech study recruiting Asian Americans. If interested, contact May at 202-525-6295 or mkantl@vt.edu

Appendix B

Participant Recruitment Email

Hello!

My name is May Kanti and I am currently working on attaining my M.S. in human development with a concentration in Marriage and Family Therapy from Virginia Tech. For my thesis, I am examining the experience of 1.5-generation and second-generation Asian Americans caring for aging parents. I am currently recruiting for this study.

You are eligible to participate if:

- You were born in the U.S. OR you immigrated to the U.S. before age 12.
- You live in the U.S.
- You have a parent who is 65 years old or older.
- Your parent was born in China, Taiwan, Japan, Korea, or Southeast Asia.
- Your parent has been living with you for at least a year.
- You have been providing financial support for your parent during that time.

You are not eligible to participate if your parent has a chronic illness, such as Alzheimer's disease or cancer.

What does participating in this study entail?

- A 10-minute telephone screening.
- Brief demographic questionnaire.
- Approximately one-hour interview in-person, over the phone, or via Skype. During the interview, you will be asked questions about your experience as an Asian American caring for your parent. If the interview takes place in-person, it will take place at a location convenient to you.

Participants will receive a \$25 Amazon gift card upon completion of demographic questionnaire and interview.

If you, or anyone you know is interested in this study, please contact me at mkanti@vt.edu or 202-525-6295. Thank you!

May

Appendix C

Internet Posting

Hello!

My name is May and I am completing my M.S. in human development with a concentration in Marriage and Family Therapy from Virginia Tech. For my thesis, I am examining the experience of 1.5-generation and second-generation Asian Americans caring for aging parents. I am currently recruiting for this study.

You are eligible to participate if:

- You were born in the U.S. OR you immigrated to the U.S. before age 12.
- You live in the U.S.
- You have a parent who is 65 years old or older.
- Your parent was born in China, Taiwan, Japan, Korea, or Southeast Asia.
- Your parent has been living with you for at least a year.
- You have been providing financial support for your parent during that time.

You are not eligible to participate if your parent has a chronic illness, such as Alzheimer's disease or cancer.

What does participating in this study entail?

- A 10-minute telephone screening.
- Brief demographic questionnaire.
- Approximately one-hour interview in-person, over the phone, or via Skype. During the interview, you will be asked questions about your experience as an Asian American caring for your parent. If the interview takes place in-person, it will take place at a location convenient to you.

Participants will receive a \$25 Amazon gift card upon completion of demographic questionnaire and interview.

If you, or anyone you know is interested in this study, please contact me at mkanti@vt.edu.
Thank you!

May

Appendix D

The Experience of Asian Americans Caring for Elderly Parents

Screening Questions

ID: #

Date:

1. Were you born in the U.S.?
2. Did you move to the U.S. before you turned 12?
3. Does your biological parent live with you?
4. Do you provide financial support for the biological parent that lives with you?
5. Was the biological parent that lives with you born in China, Taiwan, Japan, Korea, or Southeast Asia?
6. Is the biological parent that lives with you 65 or older?
7. Have you been living with and caring for your biological parent for over a year?
8. Does your biological parent have a chronic illness, such as Alzheimer's disease or cancer?

Appendix E

Research Informed Consent
Informed Consent for Participants
in Research Projects Involving Human Subjects

Title of Project: The Experience of 1.5- and Second-generation Asians Caring for Aging Parents

Principal Investigators:

Mariana Falconier, Ph.D., Assistant Professor/Committee Chair, Department of Human Development, Virginia Polytechnic Institute and State University

May K. Kanti, M.S. Candidate, Department of Human Development, Virginia Polytechnic Institute and State University

I. Purpose of Research

The purpose of this study is to learn more about the experience of 1.5-generation and second-generation Asians caring for aging parents.

II. Procedures

You will be asked to complete a demographics questionnaire and an interview lasting approximately one hour either in-person, over the phone, or via Skype. In-person interviews will take place at a location decided on by you and the researcher.

III. Risks

You may feel emotional discomfort when being interviewed about your personal experiences. The researcher will have mental health referrals available should you wish to further process thoughts or emotions that arise from the interview. Payment for service from any mental health providers to which you are referred shall be your responsibility, and shall not be covered by the researchers, nor Virginia Polytechnic Institute and State University.

IV. Benefits

The answers you provide will help us learn about the experience of 1.5-generation and second-generation Asians caring for aging parents so that clinicians may be better able to help others with that experience in the future. Talking about your experience may provide some therapeutic benefit to you. No promise nor guarantee of benefits has been made as an incentive for participation in this study.

V. Extent of Anonymity and Confidentiality

- All of the information provided during the interview and over-the-phone screening is confidential.
- At no time will the researchers release identifiable results of the study to anyone other than individuals working on the project without your written consent.
- All identifying information provided during the audio-recorded interview will be removed and replaced with aliases in the typed transcript and study report. Any identifiable information will be stored separately and securely from coded data.
- All data will be kept in a locked and secured location.
- If you wish to delete any information that may violate your confidentiality, you can bring that to the researcher's attention for omission. If you do not respond by the designated date for your review, the researcher will assume that you have no changes to submit.
- The only individuals with access to the audio recording and original transcript will be the Principal Investigator and the Co-Investigator. If an outside transcriber services are used, the Co-Investigator will request that the transcriber signs a confidentiality agreement.
- The audio tapes will be destroyed as soon as they have been transcribed and checked.
- Portions of your interview text may be used verbatim in the report of the project and/or in subsequent publications. No identifying information will be associated with any part of your interview that may be used.
- The Virginia Polytechnic Institute and State University Institutional Review Board (IRB) may view the study's data for auditing purposes. The IRB is responsible for the oversight of the protection of human subjects involved in research.

VI. Compensation

You will receive a \$25 Amazon gift card upon completion of a demographic questionnaire and interview.

VII. Freedom to Withdraw

You do not have to participate in this research study. If you agree to participate, you can decide to stop participating at any time without penalty.

VIII. Participant's Responsibilities

I voluntarily agree to participate in this study. I have the following responsibilities:

1. I will complete a demographics questionnaire. I will complete a one-hour interview in-person, over the phone, or via Skype. If I complete my interview in-person, it will take place at a location decided upon by myself and the researcher.

IX. Participant's Permission

I have read the Consent Form and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent.

Participant's Signature

Date

Participant's Name (please print)

Researcher's Signature

Date

If you have any questions about this research study or its conduct, and research subjects' rights, and whom to contact in the event of a research-related injury to the subject, you may contact:

Mariana Falconier, Ph.D

Investigator

May K. Kanti, M.S. Candidate

Investigator

Dr. David M. Moore

Chair, Virginia Tech Institutional Review
Board for the Protection of Human Subjects
Office of Research Compliance

703-538-8461/marianak@vt.edu

Telephone/e-mail

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540-231-4991/moored@vt.edu

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Appendix F

Demographic Questionnaire

<p>Your...</p> <p>Country of birth:</p> <p>Age entered U.S.:</p> <p>Ethnicity:</p> <p>Age:</p> <p>Gender:</p> <p>Highest education level:</p> <p>Annual income:</p>	<p>Your partner's...</p> <p>(Mark this section N/A if not applicable.)</p> <p>Country of birth:</p> <p>Age entered U.S.:</p> <p>Ethnicity:</p> <p>Age:</p> <p>Gender:</p> <p>Highest education level:</p> <p>Annual income:</p>
<p>Years married to your spouse:</p>	<p>How many children do you have?:</p>
<p>Children's ages and genders:</p>	
<p>Your father's...</p> <p>Ethnicity:</p> <p>Age:</p> <p>Highest education level:</p> <p>Lives in the U.S?: Y / N</p> <p>If yes, how long?:</p> <p>Does he live with you?: Y / N</p> <p>If yes, for how long?:</p>	<p>Your father-in-law's...</p> <p>Ethnicity:</p> <p>Age:</p> <p>Highest education level:</p> <p>Lives in the U.S?: Y / N</p> <p>If yes, how long?:</p> <p>Does he live with you?: Y / N</p> <p>If yes, for how long?:</p>

<p>Receives financial support from you?: Y / N</p> <p>Does anyone else provide care (financial or other) to him?: Y / N</p> <p>If yes, who?:</p>	<p>Receives financial support from you?: Y / N</p> <p>Does anyone else provide care (financial or other) to him?: Y / N</p> <p>If yes, who?:</p>
<p>Your mother's...</p> <p>Ethnicity:</p> <p>Age:</p> <p>Highest education level:</p> <p>Lives in the U.S?: Y / N</p> <p>If yes, how long?:</p> <p>Does she live with you?: Y / N</p> <p>If yes, for how long?:</p> <p>Receives financial support from you?: Y / N</p> <p>Does anyone else provide care (financial or other) to her?: Y / N</p> <p>If yes, who?:</p>	<p>Your mother-in-law's...</p> <p>Ethnicity:</p> <p>Age:</p> <p>Highest education level:</p> <p>Lives in the U.S?: Y / N</p> <p>If yes, how long?:</p> <p>Does she live with you?: Y / N</p> <p>If yes, for how long?:</p> <p>Receives financial support from you?: Y / N</p> <p>Does anyone else provide care (financial or other) to her?: Y / N</p> <p>If yes, who?:</p>
<p>How many siblings do you have?:</p>	<p>How many siblings does your spouse have?:</p>
<p>Ages & genders of siblings:</p>	<p>Ages & genders of your spouse's siblings:</p>

Appendix G

Confidentiality Agreement



VIRGINIA POLYTECHNIC INSTITUTE
AND STATE UNIVERSITY

Department of Human Development
Northern Virginia Center
7054 Haycock Road, Falls Church, Virginia 22043-2311
703 538-8470 Fax: 703 538-8465

Confidentiality Agreement for Interview Data

I, _____ agree to safeguard the identity of participants enrolled in the *Experience of 1.5- and Second-Generation Asian Americans Caring for Elderly Parents* study. I will not disclose or discuss participant-related material outside of meetings with the research team. I will protect the confidentiality of all participants by safeguarding participant related-materials, which includes identifiable information disclosed in participants' interviews.

Print Name: _____

Signature: _____ Date: _____

Appendix H

IRB Approval Letter



Office of Research Compliance
 Institutional Review Board
 North End Center, Suite 4120, Virginia Tech
 300 Turner Street NW
 Blacksburg, Virginia 24061
 540/231-4606 Fax 540/231-0969
 email irb@vt.edu
 website <http://www.irb.vt.edu>

MEMORANDUM

DATE: November 25, 2013
TO: Mariana Falconier, May Kanti
FROM: Virginia Tech Institutional Review Board (FWA00000572, expires April 25, 2018)
PROTOCOL TITLE: The Experience of 1.5- Generation and Second-Generation Asian Americans Caring for Elderly Parents
IRB NUMBER: 13-696

Effective November 25, 2013, the Virginia Tech Institutional Review Board (IRB) Chair, David M Moore, approved the Amendment request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report within 5 business days to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at:

<http://www.irb.vt.edu/pages/responsibilities.htm>

(Please review responsibilities before the commencement of your research.)

PROTOCOL INFORMATION:

Approved As: **Expedited, under 45 CFR 46.110 category(ies) 6,7**
 Protocol Approval Date: **August 14, 2013**
 Protocol Expiration Date: **August 13, 2014**
 Continuing Review Due Date*: **July 30, 2014**

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals/work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.

Invent the Future