A Cross-cultural Perspective on Ageing Well in Australia: A Mixed Methods Approach to Successful Ageing and Filial Piety among Anglo-Australians and Chinese Immigrants

Joanne Siu Chern Tan Soosai

BA (Hons)

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School of Psychology

The University of Adelaide

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**Glossary of Abbreviations**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AA</td>
<td>Anglo-Australians</td>
</tr>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>ARSMA</td>
<td>Acculturation Rating Scale for Mexican-Americans</td>
</tr>
<tr>
<td>CA</td>
<td>Chinese-Australians</td>
</tr>
<tr>
<td>CSCA</td>
<td>Chinese speaking Chinese-Australians</td>
</tr>
<tr>
<td>ESCA</td>
<td>English speaking Chinese-Australians</td>
</tr>
<tr>
<td>IPA</td>
<td>Interpretative Phenomenological Analysis</td>
</tr>
<tr>
<td>SL-Asia Scale</td>
<td>Suinn-Lew Self-Identity Acculturation Scale</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
Thesis Declaration

Name: Joanne Siu Chern Tan SOOSAI  Program: Doctor of Philosophy

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in my name, in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint-award of this degree.

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And last but not least, I would like to express my gratitude to God for blessing me with this opportunity, for the strength to persevere and for surrounding me with amazing love.
Abstract

Australia’s older population has become increasingly diversified in terms of country of origin and ethnicity. The overall aim of the thesis was to critically explore ageing well in an immigrant community by examining the intersection of the Western value system of successful ageing and the Eastern value system of filial piety through the lens of acculturation. In particular, the aim of the present research was to investigate attitudes and beliefs towards ageing and well-being within the context of successful ageing; and the needs and expectations within the context of filial piety among Anglo-Australians and Chinese immigrants. By focusing on the older Chinese community, an under-studied group that is emerging in contemporary Australia, the present research gave a voice to their values and what they perceived as appropriate and relevant as they age away from their country of origin.

Using a mixed methods research design, the first phase comprised of a qualitative research component. Interpretative Phenomenological Analysis (IPA) was used to identify and explore themes gathered through semi-structured interviews with 21 participants, 11 Anglo-Australians and 10 Chinese-Australians, aged 55 to 78 years. The present research also explored the issue of establishing rigour in qualitative research within the context of IPA and noted that the use of inter-rater reliability is questionable because it does not consider researcher subjectivity, context and individual differences; pre-determined themes or coding as limiting; the danger of using quantitative criteria on qualitative research; and the need for sufficient resources and involvement of an independent rater. Instead, and as a proposed alternative, the present research demonstrated that rigour in IPA could be established by quoting raw data, carrying out reflexivity and conducting member checks.
To further investigate cultural differences in aspects of successful ageing and filial responsibilities and expectations, and the role of acculturation, the second quantitative phase collected data using a battery of questionnaires, which were available in English and in Chinese. Participants \((N = 268)\) over 55 years of age were recruited mainly from South Australia, Victoria and New South Wales. Successful ageing and filial responsibilities (perceptions about adult children’s responsibilities) and filial expectations (older adults’ expectations) were surveyed among 152 Anglo-Australians (AA) and 116 Chinese-Australians (CA), including 68 English speaking (ESCA) and 48 Chinese speaking (CSCA) participants.

Results of study one revealed that both groups associated successful ageing with health and personal responsibility. AA regarded growing old gracefully and acceptance as important aspects of successful ageing, whereas CA valued financial security and an active lifestyle. Both groups spoke about their current lack of preparation with respect to future care plans. In terms of ‘Future care preferences’, themes of ‘Ageing in place’, ‘Openness to formal care’ and ‘Quality of care’ reflect perceptions and attitudes of both the AA and CA groups. Results demonstrated heterogeneity within the CA group and suggest that longer length of residency does not necessarily lead to a decrease in traditional expectations.

Results of study two revealed AA and CA rated 13 and 14, respectively, of the 20 successful ageing attributes as important. Results also revealed that AA and CA differed significantly on four successful ageing attributes: ‘Having friends and family who are there for me’, ‘Being able to make choices’, ‘Being able to cope’ and ‘Continuing to learn new things’. For CSCA, heredity was rated as important to successful ageing as compared to their ESCA and AA counterparts. With regards to filial piety, overall CA showed greater endorsement of filial responsibilities: that adult children should show filial piety, that children have been brought up to
it and that they will have to do this for their parents, compared to AA. CA also showed greater endorsement of filial expectations: that older adults expect filial piety, that older adults were brought up this way and that they themselves expect it as they age, compared to AA. Results consistently showed filial duties ‘look after’ and ‘financial assistance’ were significantly higher for CA on all six sets of subscales. Perceptions of filial piety were further explored using nine statements of filial piety. Chi-square analyses showed CA scored higher than AA, and within the CA group, CSCA scored higher on four of the nine statements. It also discussed the role of acculturation on Chinese immigrants.

In summary, when it comes to attitudes towards ageing and well-being, and needs and expectations for support in old age, results of qualitative and quantitative studies indicated Chinese immigrants exhibited a range of complex sentiments. In the context of successful ageing, participants appear to focus on individualistic values and in the context of filial responsibilities and expectations, participants tend to emphasise collectivistic values, although findings also showed mixed orientation in some cases. The present research is an important contribution to the cross-cultural understanding of successful ageing and the value of filial piety of adults ageing in Australia. Future directions could entail further expansion of the present research across a range of other ethnic communities, thereby raising the profile of ethnic communities in the wider society and enhancing culturally appropriate aged care and services in Australia.
Chapter 1

Introduction

1.1 Background

Population ageing is part of a worldwide demographic shift. The proportion of people aged over 60 years will double from approximately 11 to 22 per cent between the year 2000 and 2050, with an estimated rise from 605 million to 2 billion people in this age group (World Health Organization, 2012). Between 2000 and 2050, people over the age of 80 years will have almost quadrupled to 395 million (World Health Organization, 2012). Trends for Australia’s older population are consistent with this with the youngest of the Australian ‘baby boomers’ (i.e., those born between 1946 and 1965, inclusive) set to turn 65 in 2031. People aged over 65 are projected to rise to 27 per cent of the population by 2051 and it is projected that those over the age of 75 will increase by four million from 2012 to 2060 (Productivity Commission, 2013). Increasing levels of frailty and disability that will have implications for the provision of aged care services are also expected to accompany this trend.

The ethnic composition of Australia’s population in general and its older population in particular, is changing. Historically, Europe (especially Britain) was the main source of migrants to Australia, though more recently, migrants have come from a range of countries, with growing proportions of immigrants from India and Sri Lanka, Lebanon, Vietnam, the Philippines, Malaysia, China, Hong Kong, South Africa, and New Zealand (Australian Bureau of Statistics, 2012). Almost a quarter of Australia’s population were born overseas and 44 per cent were born,
or have a parent who was born, overseas. Four million Australians speak a language other than English with over 260 languages and 270 ancestries identified within this diverse population (Australian Government, 2011). The 2011 census reveals that people aged 65 or above showed greater cultural and linguistic diversity evidenced by the fact that 36 per cent of this age group were born overseas, compared with 24 per cent in the general population.

Chinese ancestry has been identified as one of Australia’s top ten ancestries, comprising of 4 per cent of the population (Australian Bureau of Statistics, 2012). Of those who reported Chinese ancestry, 36 per cent were born in China, 26 per cent in Australia and 38 per cent born in other countries (Australian Bureau of Statistics, 2012). In 2011, Chinese was one of the main languages for 48,813 of older Australians with 1.7 per cent (or 336,409 people) and 1.3 per cent (or 263,673 people) of the Australian population speaking Mandarin and Cantonese, respectively (Australian Bureau of Statistics, 2012). The proportion of older adults of Chinese ancestry in Australia is thus projected to increase (Australian Bureau of Statistics, 2012).

Within this context there is increasing need for research into the needs and expectations that older Australians have about ageing well and for aged care support. Such support may include home and community care, assisted living, residential care and long hospital stays (World Health Organization, 2012). The Australian Government Productivity Commission (2013) notes that people over the age of 80 are the main recipients of these services. Australia will also experience an increase in age-related expenditures with a significant rise in the Government’s obligations for publicly-funded health care, aged care and retirement services, with its budget estimate rising to six per cent of the national Gross Domestic Product (GDP) by 2060.
Migrants bring with them the values of their country of origin and these are then influenced by exposure to the systems and values of the new culture through mass media, schools and other institutions (Foner, 1997). As immigrants become increasingly exposed to the dominant Western culture in which they live, traditional values are either disputed or adapted (Park & Chesla, 2007). Such acculturation pressures will inevitably impact on how the values of the host country and those of the country of origin intersect to inform people’s experiences of, and expectations for, the ageing process.

The present research aimed to critically explore what it means to age well as an immigrant in Australia. In particular it focused on perceptions of successful ageing and attitudes to filial piety and expectations for aged care among Anglo-Australians and Chinese immigrants. By focusing on the older Chinese community, an under-studied group that is emerging in contemporary Australia, the present research gave a voice to their values and what they perceived as appropriate and relevant as they age away from their country of origin. A two-phase mixed methods design was used to elucidate the issues, resulting in a series of five manuscripts either published or submitted for publication. This chapter will provide an overview of the conceptual framework that was applied in the present research. It will highlight the main findings of the literature to be presented in chapter two and it will present the aims and research questions to be addressed and outline the format of the present research.
1.2 Conceptual Framework

In Australia, the co-existence of various cultures provides an important conceptual framework for the investigation of cultural influences on attitudes to ageing and care in old age. The conceptual framework that was used in the present research is presented in Figure 1. This conceptual framework was developed and structured for the purposes of the present research. It shows two value systems representative of Western (individualistic) and Eastern (collectivistic) societies. The highlighted section of Figure 1 represents the ‘merging’ of these value systems as immigrants come into contact with opposing societal values and is critical in understanding immigrants who are ageing away from their country of origin in terms of their perceptions of ageing and well-being, and how contemporary views of traditional practices are influenced by acculturation.

The focus of the present research, as shown in the highlighted section of Figure 1, is on the intersection of the two value systems, and in particular, understanding the meaning and role of successful ageing, presented in 1.2.1, and filial piety, presented in 1.2.2, through the lens of acculturation. The highlighted section will again be the focus of discussion in the final chapter, where results from qualitative and quantitative studies are brought together to form joint discussions and interpretations of the findings in order to explore what it means to age well.
1.2.1 Successful Ageing and Individualism: A Western Value System

Research into the concept of successful ageing, or ageing well, within the context of migration has become significant in cross-cultural gerontology and psychology. Rowe and Kahn’s (1997) initial conceptualisation of successful ageing entailed few functional limitations that accompany old age. Their expanded model identified three factors for successful ageing: optimal physical and cognitive functioning, absence of disability and disease, and engagement
with life (Rowe & Kahn, 1997). The criteria implied in this model have been extensively used by researchers to provide operational definitions in studies that examine predictors of successful ageing (Depp & Jeste, 2006). Rowe and Kahn’s criterion-based model is problematic, however, as it suggests that disability and disease imply failure in the ageing process (Glass, 2003). In addition, some commentators have queried the applicability of such researcher-defined standards to the lived experience and perceptions of what older adults consider need to be met in order to age successfully (Bowling & Dieppe, 2005).

Definitions of successful ageing have been identified in Western literature and have been argued to reflect characteristics of Western societies (Torres, 1999). For example, ‘success’ is often equated to individual achievements, reflecting the American notion of success and failure (Torres, 1999). When older adults were consulted, their definitions of successful ageing are broader and more multidimensional (McCann Mortimer, Ward, & Winefield, 2008). Sociohistorical contexts in general, and culture, in particular, play a fundamental role in the meaning attributed to the construct. Eastern societies, for example, may regard successful ageing in a different manner to that highlighted in the West. As Sung (1995) has observed, ageing has been typically associated with respect and increase in one’s social status in East Asian countries and Eastern cultures generally have a more positive perception of the ageing process compared to Western societies (Phelan & Larson, 2002; Yun & Lachman, 2006). Therefore there may be differences in the meaning attributed to successful ageing that are reflective of the individualistic and collectivistic values of cultures that are compared. This raises the question of how immigrants living in an individualistic culture such as Australia come to define successful ageing if they have come from collectivistic societies. One observation, for example, has been that the traditional values and social network supports of Eastern cultures may be useful when dealing
with the negative stereotypes of age found in Western societies (Kim, Jang, & Chiriboga, 2012; Laidlaw, Wang, Coelho, & Power, 2010).

1.2.2 Chinese Values, Confucianism and Collectivism: An Eastern Value System

Confucian values have a prominent role in guiding the behaviour models and social systems of the family and community in Asia (Hyun, 2001). One of the most important duties within the family is the commitment and support that adult children make to the care of ageing parents, otherwise known as filial piety (or ‘xiao’ in Chinese) (Ng, Phillips, & Lee, 2002), which is deeply rooted in Confucian norms (Chow, 2004; Streib, 1987).

In the context of eldercare, individualistic (e.g., Western/Australian) and collectivistic (e.g., Eastern/Asian) cultures differ with respect to who is considered responsible for providing parental care and how it should be provided (Hsueh, Hu, & Clarke-Ekong, 2008). With regard to the family, individualism implies that the relationship between the self and others is independent and separate (Cross & Gore, 2003), with less emphasis on kinship ties and familial responsibilities (Pyke, 1999). In comparison, the collectivistic worldview, which has also been termed as ‘familism’, is focused on kinship relation and family responsibilities (Pyke & Bengston, 1996). In collectivist cultures, eldercare is seen as a family affair (Hoftstede, 2001) and the family provides the context within which to provide the support of the aged (Sung, 1997).

Research suggests, however, that as a result of urbanisation, modernisation and industrialisation, the concept of filial piety is undergoing transition in parts of Asia as well in the attitudes of Asian immigrants in various parts of the world. There has thus been debate in the
literature about whether filial piety remains significant in contemporary society generally, and more specifically in migrant societies, more specifically. Immigrating to a culture that significantly deviates from one's cultural background can challenge the manner in which many things are understood, particularly in relation to traditional values, which are either continually challenged or modified, or in conflict with those of the dominant Western culture (Park & Chesla, 2007). This raises the question of how immigrants from collectivistic societies who are living in Australia (an individualistic society) manage the role of traditional values for aged care, and how these, in turn, affect perceptions of well-being and the ageing experience of immigrants. Taken together, as represented in the highlighted section of Figure 1, the coexistence of the two value systems is critical in understanding immigrants who are ageing away from their country of origin in terms of their perceptions of ageing and well-being, and how contemporary views of traditional practices are influenced by acculturation.

1.3 The Present Research

1.3.1 Aims and Research Questions

Research into the significance of demographic and social changes for aged care in the years ahead is timely. Given the increasing number of immigrants from Asia into Australia, and potential future demand for services and care, the limited number of studies that have examined the needs, value orientations and preferences of this emerging group to date is problematic. The goal of the present research is to broaden and deepen our understanding of the relationship between ageing well and acculturation by exploring the perceptions and attitudes of Anglo-
Australians and Chinese immigrants who are ageing in Australia. It will critically explore what it means to be ageing well in an immigrant community by examining the intersection of Eastern and Western value systems that are reflected in the concepts of successful ageing and filial piety, as shown in Figure 1. In particular, the present research will investigate attitudes and beliefs towards ageing and well-being within the context of successful ageing, and the needs and expectations for aged care within the context of filial piety among Anglo-Australians and Chinese immigrants. The former reflects the attitudes and personal views about ageing and successful ageing in this group of people who are ageing away from their country of origin, and the latter reflects the question of whether filial piety has eroded following migration or whether the cultural value is still relevant in contemporary Australia. The role of acculturation is considered within this context.

The present research had three aims. These were to (1) critically explore the meanings attributed to successful ageing; (2) understand the role of filial responsibilities and expectations for aged care; and, (3) consider the role of acculturation in the experience and expectations of ageing well. Specific research questions asked with respect to the meanings attributed to successful ageing were:

a. Are there culturally-based differences between Chinese-Australians and Anglo-Australians in definitions of successful ageing?

b. What factors affect participants’ perceptions of successful ageing?

c. How does acculturation impact on perceptions of successful ageing?

With respect to filial responsibilities and expectations within the Australian context, the research questions were:
a. Are there culturally-based differences between Chinese-Australians and Anglo-Australians in various aspects of filial responsibilities and expectations?
b. What factors affect participants’ perception and expectations of filial piety?
c. How does acculturation impact on the traditional value of filial piety?

In order to address these aims, the present research was conducted within the mixed methods framework using the qualitative method Interpretative Phenomenological Analysis (IPA) as well as quantitative survey-based cross-group comparisons. This resulted in the preparation of five manuscripts for publication. The first phase (Study 1) involved a qualitative research component, the aim of which was to provide personal narratives and subjective accounts of Anglo and Chinese participants’ perspectives and experiences. Because few studies have examined the lived experience of ageing Chinese immigrants in Australia, semi-structured interviews were used. The qualitative component served as an exploratory study to enable a deeper understanding about norms and preferences of Anglo-and Chinese-Australians, thereby providing a complex contextual backdrop that otherwise would not have been possible to obtain through quantitative methods alone (Aarons, Fettes, Sommerfeld, & Palinkas, 2012). This phase of the research involved English-speaking participants only (manuscripts presented in chapters four and six).

The second phase (Study 2) of the present research was a larger scale quantitative study designed to collect empirical data in order to elucidate factors attributed to successful ageing and to further examine the views of older people regarding filial piety, filial responsibilities and expectations. The quantitative research design extended the target population to include Chinese-speaking Chinese-Australians so as to capture a wider group of participants and to
enable more in depth consideration of the role of acculturation. In particular it allowed for a
subgroup comparison of predominantly English speaking and Chinese speaking older Chinese
Australians (manuscripts presented in chapters five and seven).

1.3.2 Research Significance and Contribution

The present research is an important starting point for critically understanding the
experiences of minority groups ageing in Australia. Firstly, the present research contributes to
knowledge and deeper understanding of the Chinese-Australian population, specifically older
English speaking and Chinese speaking Chinese immigrants who are ageing away from their
country of origin and in a Western society. Thus they represent a group whose voice is heard less
often in research, particularly within the Australian context. Secondly, the present research
provides an important contribution in the understanding of filial piety outside of Chinese
societies and successful ageing outside of Western societies. It is unique in that it proposes a
framework which incorporates both Eastern and Western constructs in a cross-cultural study.
The present research enabled information to be obtained from both cultural groups using cultural
constructs that are representative of each group. Thirdly, the mixed methods approach to data
collection by incorporating both qualitative and quantitative elements, offers richness and detail
where underlying issues are explored. Issues arising from the qualitative research conducted,
specifically, the use of inter-rater reliability and how rigour in IPA research could be established
are explored and presented in the form of a manuscript that has been submitted to a journal for
publication. Finally, the present research offers a framework for cross-cultural research and data
collection on ageing, thereby enhancing research participation of ethnic communities and
informing research practice in this emerging field. Better understanding of the complex and diverse needs of ageing immigrants may inform the Government’s responses to provide appropriate social infrastructure and the provision of quality, and culturally responsive, services.

1.4 Research Structure: Overview of the Present Research

As shown in Figure 2, the present research is divided into eight chapters with the current chapter introducing the present research on Anglo-Australians and Chinese immigrants ageing in Australia. This chapter has presented the aims and scope of the present research and explained the research significance and contribution. Chapter two, Literature Review, presents a review of the related literature that has informed the investigation. The chapter begins by introducing Australia’s migration history and its changing migrant population, then takes a closer look at the characteristics of Chinese immigrants in Australia. This is followed by a discussion of successful ageing, the Chinese culture, its social values and traditions, and acculturation. Chapter three, Methodological Considerations, provides a discussion on the significance of using two methodological approaches (qualitative and quantitative research methods) to examine perceptions and attitudes of Anglo-Australians and Chinese immigrants. It begins by introducing a mixed methods framework for the purposes of the present research. It then presents overall details of studies one and two in a ‘Method’ section. This is followed by an introduction to the theoretical background to qualitative research and then looks at the methodological rationale for using a phenomenological perspective and explores issues of reliability and validity in qualitative methods. This chapter ends by presenting a manuscript that has been submitted to Qualitative Research in Psychology.
Chapters four and five contain two empirical studies that have been published, one in the *Journal of Health Psychology* (chapter four) and the other in the *Electronic Journal of Applied Psychology* (chapter five). These chapters focus on the topic of successful ageing and the findings are based on qualitative and quantitative data. Chapters six and seven contain two empirical studies that have been submitted to the *Journal of Community & Applied Social Psychology* and the other in the *Asian Journal of Social Psychology*. These chapters focus on the topic of filial piety and the findings are based on qualitative and quantitative data. Chapter eight, *Discussion and Conclusion*, provides discussions and interpretations of both qualitative and quantitative findings and explore implications based on the findings. The chapter ends by discussing the strengths and limitations of the present research, explores recommendations for future directions and provides a final conclusion.
Figure 2: Overview of the present research
Chapter 2

Literature Review

2.1 Preface

The previous chapter presented the conceptual framework of the present research. In particular, the highlighted section of Figure 1 showed the intersection of two value systems, Eastern (filial piety) and Western (successful ageing) through the lens of acculturation. The conceptual framework therefore informs the structure of the present chapter. This chapter provides a review of the literature to contextualise the present research and begins by discussing population ageing as a global and national issue. It then looks at Australia’s changing population, followed by an overview of Australia’s history of migration and the policies that have shaped the migration of Chinese people to Australia. Next, Chinese culture is discussed, with Chinese social values and traditions, in particular the value of filial piety highlighted. The role acculturation and its impact on the values of Chinese immigrants ageing in Australia are considered. The chapter concludes with a review of the literature on successful ageing in general and of migrant communities in particular.

2.2 Population Ageing

The world population is rapidly ageing with the proportion of people aged over 60 years set to double from approximately 11 per cent to 22 per cent between 2000 and 2050, with an estimated rise from 605 million to 2 billion people in this age group (World Health Organization,
The proportion of people aged over 60 years is growing faster than any other age group in almost every country and this phenomenon is attributed to longer life expectancy and declining fertility rates (World Health Organization, 2013).

Between 2000 and 2050, people over the age of 80 years will have almost quadrupled to 395 million; and by 2050, the number of older people who require some form of supported care in developing countries is projected to have also quadrupled (World Health Organization, 2012).

Consistent with worldwide trends, Australia’s older population is also on the rise. Adults aged 65 years and over comprised 4 per cent of the population in 1901, increasing to 6.4 per cent in 1921, 7.4 per cent in 1941 and 8.5 per cent in 1961 (Australian Bureau of Statistics, 2012). Between 1971 and 2011 the proportion increased to 14 per cent. The 2011 Census revealed that there were three million people over the age of 65, 1.4 million men and 1.6 million women. The proportion of those over the age of 85 had more than tripled, from 0.5 per cent to 1.8 per cent (Australian Bureau of Statistics, 2012) and it is projected that those over the age of 75 will increase by four million from 2012 to 2060 (Productivity Commission, 2013). The youngest of the “baby boomers” (i.e., those born between 1946 and 1965, inclusive) will turn 65 in 2031 which brings the over 65 age group up to 22 per cent of the population, an increase of 12 per cent from 1997 (Australian Bureau of Statistics, 1999). By the 2016 Census, the 65-69 age group will completely comprise of Australia’s baby boomers (Australian Bureau of Statistics, 2012).

Improved standards of living and health conditions have contributed to higher life expectancies at birth, with those born in 2010-12 in Australia with an expectancy of 79.9 years for men and 84.3 years for women (Australian Bureau of Statistics, 2013b). Until 1995, the eligible age for accessing the aged pension was 65 years for men and 60 years for women. In July 2013, it increased to 65 years for women, equalling their male counterparts. This again is
expected to gradually increase to 67 years by 2023 for both men and women (Productivity Commission, 2013).

2.2.1 Economic and Social Implications of an Ageing Population

The ageing population profile has a wide range of economic and social implications, including but not restricted to health, housing, income security, residential services and opportunities for social, cultural and economic (including labour force) participation. Increasing levels of frailty and disability are also likely to accompany this population trend. It is projected that 25 to 30 per cent of people over the age of 85 will experience cognitive decline of some sort (World Health Organization, 2012). Within the Australian context, the Australian Bureau of Statistics (2012) reported that approximately 19 per cent of older people (i.e., 537,300) had a profound or severe disability in 2011. It is further estimated that one in ten older people in the 70-74 age group has a profound or severe disability, increasing to 17 per cent for the 75-79 age group and 68 per cent for the over 90 age group (Australian Bureau of Statistics, 2012). There will, therefore, be an increasing need for support of older Australians and the use of long term care (including home and community care, assisted living, residential care and long hospital stays) is expected to increase (World Health Organization, 2012). According to the Australian Government Productivity Commission (2013), Australia will experience an increase in age-related expenditures. In particular, there will be a significant rise in the Government’s obligations for publicly-funded health care, aged care and retirement, with its budget estimate rising to six per cent of the national Gross Domestic Product (GDP) by 2060.
Australia’s ageing and aged care programs and services are governed by the *Home and Community Care Act, 1985* and the *Aged Care Act, 1997*. The *Aged Care Act, 1997* governs the provision of various services to older Australians including residential care, flexible care and community aged care. These packages provide low and high levels of care to older people either in their own homes or residential aged care facilities (Commonwealth of Australia, 2008). Those over the age of 80 are the main recipients of these services (Productivity Commission, 2013).

In response to the expected needs of the ageing population, a number of reforms to aged care were passed through the federal parliament on 26 June 2013. These include a) consumer directed care packages; b) almost $1 billion towards home care, which means the number of home care packages will increase from 60,000 to 100,000 in the next five years; c) customised care packages to people with dementia receiving home care; d) $480 million towards residential aged care homes to upgrade their facilities and 30,000 new places in the next five years; e) $1.1 billion towards better employment conditions for Australia’s 350,000 aged care workers; and f) easier access to aged care services (Butler, 2013 in Productivity Commission, 2013).

While population ageing can be viewed as an achievement for public health policies and socioeconomic development, it also poses a challenge for society to adjust, so as to make full use of the health and functional capability, social participation and security of older adults (World Health Organization, 2013). Australia is set to face these challenges and opportunities and it does so with an increasingly diverse population whose needs and expectations regarding support and care may be quite disparate.
2.3 Australia’s Changing Ethnic Profile

The ethnic composition of Australia’s population in general, and its older population in particular, is changing. Historically the majority of Australians immigrants came from Britain, though more recently, however, there are increasing numbers who were born in, or trace their ancestry to, Asia and other parts of the world (Australian Bureau of Statistics, 2012). Recent figures reveal that almost a quarter of Australia’s population were born overseas and 44 per cent were born, or have a parent who was born, overseas. Four million Australians speak a language other than English with over 260 languages and 270 ancestries identified within this diverse population (Australian Government, 2011).

Reported ancestry as assessed by the ABS, refers to the ‘cultural group that they most closely identify with’; it gives an indication of the cultural background of both the Australian-born and overseas-born populations when ancestry is different from country of birth. According to the ABS, English (36.1 per cent) and Australian (35.4 per cent) are the most frequently reported ancestries, followed by Scottish (8.9 per cent), Italian (4.6 per cent), German (4.5 per cent), Chinese (4.3 per cent), Indian (2 per cent), Greek (1.9 per cent) and Dutch (1.7 per cent) (Australian Bureau of Statistics, 2012). Census data for 1981, 1991, 2001 and 2011 illustrate the change in the proportion of older adults from different birth countries over this time, with a reduction from 75 per cent to 64 per cent of those born in Australia and from 13 per cent to 11 per cent who were born in the United Kingdom. India (up 200,000 people), China (176,200) and New Zealand (127,700) increased the most in terms of countries of birth between 2001 and 2011; with Italy (less 33,300 people), Greece (16,500) and Poland (9,400) decreasing the most (Australian Bureau of Statistics, 2012). The latest 2011 Census revealed that Mandarin has
recently overtaken Italian as the most commonly spoken language at home, other than English (Australian Bureau of Statistics, 2012b).

Australia’s older population includes migrants from a range of countries, with growing proportions from India and Sri Lanka, Lebanon, Vietnam, the Philippines, Malaysia, China, Hong Kong, South Africa, New Zealand and other countries in these regions in recent years (Australian Bureau of Statistics, 2012). This new wave of migrant groups will eventually outnumber the current trend where older migrants are predominantly from European backgrounds (Andrews, 2002). In order to contextualise the experience of older Chinese Australians in this shifting demographic landscape the next section provides an overview of Australia’s history of migration, and specifically focuses on the way in which historical events and policies have shaped the migration of Chinese people to Australia.

2.3.1 Australia’s History of Migration

Australia’s migration history began from colonial times when the British decided to use Australia as a penal colony. The first settlement into Australia began in 1788 when the first fleet arrived with about 1500 people, half of whom were convicts (Australian Government, 2009). The last penal fleet ended in 1868, and altogether approximately 160,000 convicts were brought to Australia. Free settlers began arriving in Australia in the early 1790s, and they came on a larger scale in the 1850s with the wool industry and the gold rushes as incentives (Australian Government, 2009).

There are two distinct waves of migration of Chinese people to Australia. The first wave was during the gold rush era in the 1850s. With the influx of Chinese immigrants to Australia,
discriminatory sentiments emerged toward Chinese gold diggers that ended in violence in Victoria and New South Wales (Commonwealth of Australia, 2007). As a result, the governments of these two colonial settlements limited entry of Chinese immigrants to Australia through the introduction of the ‘White Australia’ policy, which was dated back to the 1850s (Commonwealth of Australia, 2007). Following the federation of Australia in 1901, the Immigration Restriction Act brought an end to the employment of non-white workers in Australia (Commonwealth of Australia, 2007). The Act further imposed the controversial dictation test on applicants applying to migrate: this involved an assessment in a language that they may not necessarily have understood (Commonwealth of Australia, 2007).

As Australia emerged from World War II with a population of only seven million people in 1945, the concept ‘populate or perish’ was adopted (Australian Government, 2013). Since that time, over seven million people from around the world have gained permanent entry into Australia (Australian Government, 2013). Australia’s population is expected to continue to grow strongly: On 30 June 2012, the estimated resident population was 22.7 million people, predicted to increase to between 36.8 and 48.3 million people by 2061, and to between 42.4 and 70.1 million people by 2101 (Commonwealth of Australia, 2013). By 2060, it is projected that Sydney and Melbourne will each have a population of over seven million people (Productivity Commission, 2013).

The contentious dictation test was removed with the revised Migration Act of 1958, which also removed any questions pertaining to race (Commonwealth of Australia, 2007). The policy was further relaxed when the government opened applications for skilled non-European settlers. As a result, non-European immigrants increased from 746 in 1966 to 2696 in 1971 (Commonwealth of Australia, 2007). The Whitlam government gradually amended racial
criteria for immigration to Australia and the ‘White Australia’ policy was legally abolished in 1973, followed by the passing of the Racial Discrimination Act in 1975 (Commonwealth of Australia, 2007).

The second distinct wave of Asian immigrants to Australia occurred during the post war period, when Australia gradually changed its policies towards migration. According to the Australian Bureau of Statistics, Asian immigrants who had been classified as ‘settlers’ increased from 1268 people in 1959 to 16,124 people by June of 1975 (Australian Government, 2013). In particular, ‘settlers’ from Southeast Asia (e.g. Malaysia, Philippines, Thailand and Vietnam) increased from 4704 people in 1975 to 14,861 in 1995; and its numbers of ‘permanent additions’ increased from 13,610 from 1996 to 35,307 by 2012 (Australian Government, 2013). ‘Settlers’ from Northeast Asia (e.g. China, Hong Kong, Korea and Japan) increased from 1782 people in 1975 to 9899 in 1995; and its numbers of ‘permanent additions’ increased from 18,958 from 1996 to 37,044 by 2012 (Australian Government, 2013). As these statistics show, Australia’s pattern of migration has been the result of historical events and policies, both domestically and internationally (Australian Bureau of Statistics, 2012). For instance, there were more immigrants from Southeast Asia up until 1995 compared to those from Northeast Asia;

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1 According to the Australian Bureau of Statistics, ‘settlers’ comprise persons arriving in Australia who are one of the following: a) Holders of a permanent visa; b) Holders of a temporary (provisional) visa where there is a clear intention to settle; c) New Zealand citizens indicating an intention to settle; and d) Persons otherwise eligible to settle (Australian Government, 2013).

2 According to the Australian Bureau of Statistics, permanent additions consist of two components: a) Those persons who while already in Australia on a temporary basis are granted permanent residence status and b) Those persons who arrive from overseas and are entitled to stay permanently in Australia (Australian Government, 2013).
whereas until recently, there were more from Northeast Asia than Southeast Asia. Thus, in the context of the present research it is important to note that there is increasing need to support immigrants from this region into the future, and research to inform policy including the approach to ageing and the Western model of care will need to take into consideration the needs of these emerging groups. Whether or not there will be differences in the needs of these two subgroups remains an empirical question.

2.3.2 Chinese in Contemporary Australia

Given the influx of Chinese immigrants to Australia, it was not surprising that Chinese ancestry was one of the most common ancestries reported in the 2011 Census. Informal organisations and Chinatowns in Australia provide important social networks for Chinese immigrants. Chinese businesses are concentrated in these cultural hubs including restaurants, groceries, shops and medical clinics (Guo, 2005). According to Guo (2005), although the Chinese community in Australia is a distinct and vibrant part of contemporary Australia, it has unique needs and challenges. In particular, within the Chinese community, there are different languages and people have come from different countries. Additional challenges within the community include different dietary habits, traditional lifestyle and religion. This shows the heterogeneous nature of the Chinese community.

While Chinese immigrants may encounter common challenges in making social adjustments to the new environment including language and transportation difficulties and also the challenges of an intergenerational household (Guo, 2005), it is critical to for policy makers and service providers to consider heterogeneity of the Chinese community whereby individual
lifestyles, values and beliefs are recognised. Despite the demographic forecast and recognition that Chinese immigrants would significantly represent the older population in the years to come, there is still little insight into the needs and attitudes of the Chinese community of Australia (Lo & Russell, 2007; Martin, 1998).

2.4 Chinese Values, Traditions and Cultural Patterns: Confucianism and Filial Piety

Culture, in its simplest form, has been defined as “an integrated set of knowledge, beliefs, values, and behaviors shared by a group of people” (Lai, 2010, p. 203). Confucian values have a prominent role in guiding the behaviour models and social systems of the family and community in Asia (Hyun, 2001). Its principles are located within five primary relationships: a) father-son (i.e., parent-child); b) ruler-minister; c) husband-wife; d) older-younger siblings; and e) friend-friend (Liu, Ng, Weatherall, & Loong, 2000, p. 213). In essence, these five codes of ethics underline “interdependence between people and highlight status and role differentiation between people within the family (especially across generations) and among community relationships” (Gallois et al., 1999, p. 194). In other words, the understanding of one’s role and position within the social order enables responsibilities to be maintained and carried out appropriately (Liu, et al., 2000). Essentially, Confucian principles pave the way through which a person defines one’s self-identity, duty, and responsibility (Park & Chesla, 2007).

One of the most important duties within the family is the commitment and support that adult children make to the care of ageing parents, otherwise known as filial piety (or ‘xiao’ in Chinese) (Ng, et al., 2002). Filial piety is deeply rooted in Confucian norms (Chow, 2004; Streib, 1987), representing one part of the five primary relationships (i.e., parent-child) in which
the Chinese society is based (Park & Chesla, 2007). According to Confucius, filial piety has three distinct levels (Chow, 2004). The first level pertains to meeting the physical well-being needs of parents, the second entails being aware of their wishes and preferences, and the third requires honourable and respectful conduct that is expected to produce happiness in parents (Chow, 2004). Generally speaking, the doctrine of filial piety maintains that adult children must be committed to respect and care for parents (Mak & Chan, 1995), and when a child maintains his or her responsibility to the family, peace and harmony can be achieved (Hyun, 2001; Sung 1998). Filial piety therefore has a strong influence on relationships and interactions within families, and remains significant to Chinese people living in various parts of the world (Cheung, Kwan, & Ng, 2006). Its impact is also relevant to other Eastern cultures including the Japanese and Koreans (Harris & Long, 1999; Sung, 2000).

Despite its significance, Dong, Chang, Wong and Simon (2012) noted that filial piety is generally under researched in the field of gerontology and that few studies have investigated the theoretical elements of filial piety. There is evidence, however to suggest there is increasing academic attention in this topic (Canda, 2013; Chappell & Funk, 2011; Chen, 2011) with interest in conceptualisations of the concept and social change having impacted on the fundamental structure of the family (Cheng & Chan, 2006).

In order to explore the question of whether adult children have a duty of care towards older parents, Stuijbergen and Van Delden (2013) reviewed five theories of filial obligations: Filial obligations based on an argument of reciprocity, the friendship model, the needs of parents, an implicit promise and an argument based on the notion of “special goods that are derived from being in a parent-child relationship” (Stuijbergen & Van Delden, 2011, p. 63). For example, with respect to filial obligations as an assumed promise, the authors argued that it is not possible
to be “grateful, loyal, attentive, respectful and differential” out of duty, questioning whether it is even possible to meet these obligations and also be a good carer because of one’s duty (Stuifbergen & Van Delden, 2011, p. 67). The authors found it difficult to accept filial obligations within the context of duties and rights, stating “The variety of parent-child relationships and the fact that one has little choice in establishing this relationship with a particular person makes it difficult to define rigid duties as in the case of conscious choice, for which one is accountable” (Stuifbergen & Van Delden, 2011, p. 67). For Stuifbergen and Van Delden (2013), filial obligations from the special goods perspective was the favoured argument. In particular, contact and interaction with the family may contribute to one’s sense of place in the world because the parent-child relationship is viewed as good to both parties in the relationship (Stuifbergen & Van Delden, 2011). Accordingly, this relationship ought to be maintained regardless of if one of the parties in the relationship could no longer consciously contribute to it (Stuifbergen & Van Delden, 2011). Although Stuifbergen and Van Delden’s (2013) review of these theories is briefly mentioned here, their viewpoint seems to reflect Western or individualist worldviews, emphasising the importance of individual choices and independence. Their review however did not consider Eastern or collectivist worldviews with respect to filial obligations, which, counter to Stuifbergen and Van Delden’s (2013) views, accepts the role of duties and rights. More specifically, filial piety refers to authority, power, transmission of knowledge and values, and the continuation of the family lineage (Li, 2013). For Li (2013), this is the fundamental difference between filial piety and filial obligations. The doctrine of individualism and collectivism is discussed later in this chapter.

Yeh, Yi, Tsao and Wan (2013) investigated the functions of filial piety in three contemporary Chinese societies: Taiwan, Hong Kong and China. Using the Dual Filial Piety
Model (DFPM, Yeh & Bedford, 2003), two fundamental aspects of filial piety, reciprocal and authoritarian, were proposed. These two aspects of filial piety represent psychological motivations that underpin children’s interactions with their parents (Yeh, Yi, Tsao, & Wan, 2013). Reciprocal filial piety implies intimacy and quality of parent-child relationship, whereby voluntary support and affection for one’s parents are often expressed (Yeh, et al., 2013). In contrast, authoritarian filial piety implies obedience and submission to parental authority in order to fulfil parental demands or expectations (Yeh, et al., 2013). Yeh et al. (2013) found that reciprocal filial piety remains prevalent in all three societies regardless of the range of socio-political developments in each society. In particular, it was observed that the value of filial piety in Taiwan and Hong Kong changed from authoritarian to reciprocal in nature. Yeh et al. (2013) further observed that filial piety remains an important value in China despite Chinese communism and Cultural Revolution, and considering the legacy of Hong Kong’s colonial past. This suggests that filial piety continues to be a significant cultural value in guiding the behaviour of children towards seniors in Asia and has not been eroded by modernisation and democratisation (Yeh, et al., 2013).

Yeh et al.’s (2013) study highlighted that filial piety should be considered within wider societal and political structures. These considerations are even more pertinent as significant social changes are taking place due to urbanisation, modernisation and industrialisation. These include geographic relocation in response to economic imperatives (Chan, 2005) employment and education opportunities (Sung, 1997) and an increasing number of women joining the workforce (Chen, 2001). Women who have joined the workforce may be unable to carry out and fulfil their traditional duties within the home, including caring for older relatives. Partly in response to this, adult children regardless of gender are now required to take filial
responsibilities towards ageing parents (Hsueh, et al., 2008; Sung 1998) and the caring role has become a collective responsibility rather than the responsibility of one individual (i.e., daughter in-law) (Chappell & Kusch, 2007). According to Chan (2005), this problem is further exacerbated by decline in the size of the family, which means there are less young people available to look after the older members of the family. Thus, expectation for co-residence has declined in Chinese societies as the nuclear family becomes the basic family structure (Cheng & Chan, 2006). These fundamental changes to the structure of the family and intergenerational support of older adults (Dong, Chang, Wong, & Simon, 2012) have therefore placed uncertainty into the feasibility of ongoing family-based caring provisions for older adults (Chen & Silverstein, 2000).

In a prominent cross-cultural study across the Pacific Rim, Gallois, Giles, Ota, Pierson, Ng, Lim, Maher, Somera, Ryan and Harwood (1999) examined intergenerational communication patterns of both Western (United States, Australia, Canada and New Zealand) and Eastern (Japan, Korea, Hong Kong and the Philippines) cultures. In total, 1445 young adults with an average age of 20.1 years (SD = 1.93) participated in the study. Their conceptual framework consisted of six target scales: 1) Intention to engage in filial behaviour with elderly people in general; 2) Peer norms about how young people should treat elderly people in general; 3) Behavioural norms, or perceptions of how younger age peers treat elderly people; 4) Perceptions of the expectations by elderly people about how they will be treated by young adults; 5) Personal norm about filial behaviour toward one’s own parents; and 6) Perceptions of parents’ expectations regarding filial behaviour towards them (Gallois, et al., 1999). Each of the target scales included a total of six filial items or actions including ‘look after’, ‘finance’, ‘respect’, ‘listen’, ‘contact’ and ‘please’. These filial action items are not limited to Confucian ideals as
the measure did not include the more traditional Chinese aspects of filial piety such as ancestral worship, and such inclusion may be less suitable in cross-cultural studies (Liu, et al., 2000).

Gallois et al. (1999) conducted a series of analyses including three-mode factor analyses, which indicated that on the whole, participants made a distinction between younger and older people and between family members and non-family members with respect to views of filial piety (Gallois, et al., 1999). For instance, both Asian and Western students perceived that they were obliged to look after and support older people, and indicated that they intend to do so. However, participants also distinguished expectations of older people as being different from their own. In particular, both Asian and Western adults reported that their parents and older people in general expected respect, communication and contact. Gallois et al. (1999) noted that such disparity may be the cause of future conflicts between younger and older adults. Across the groups, participants perceived that although they were obliged to give practical support to their parents, they were only obligated to give respect to other older people in general (Gallois, et al., 1999). Among Asian students, however, there was a closer link between expectations towards older people in general and towards parents. With respect to filial care, Asian students endorsed practical support more strongly than their Western counterparts, who favoured contact and communication. Although Gallois et al.’s (1999) study is constrained because it is limited to assessing the views of the young adults, it is apparent that filial piety is a construct that has cross-cultural relevance.

Cheng and Chan’s (2006) study on Chinese older adults living in Hong Kong examined Gallois et al.’s (1999) six filial action items (i.e., ‘look after’, ‘finance’, ‘respect’, ‘listen’, ‘contact’ and ‘please’) and included three items of their own (i.e., being accommodating to daily tasks, taking the parent to the doctor when he or she is ill, and providing personal care when the
parent is ill). Cheng and Chan (2006) found that after controlling for financial strain and functional limitations, respect from children, regardless of the closeness of the relationship, was significant in predicting filial discrepancy (i.e., the degree to which filial behaviours of children match personal expectations of parents) and psychological well-being. In particular, they observed that quality of interaction was more important than frequency in determining ‘respect’. Importantly, their findings further indicated that in the Chinese context, there is nothing to suggest that over devotion and support from children would result in decline in well-being, as was suggested by Silverstein, Chen and Heller’s (1996) study using a Western sample, where over care had a detrimental effect on the recipient’s ability to function independently (Cheng & Chan, 2006).

Individuals’ general value orientations are used to distinguish group characteristics of communities (Morris & Fu, 2001). One feature that is considered to reflect fundamental differences between cultures is the distinction between individualism and collectivism. Markus and Kitayama (1991) introduced two views of the self, focusing on the independent-interdependent dichotomy of self-construals within individualistic and collectivistic worldviews. They suggested that the independent self-construal gives emphasis to detachment, internal attributes and individuality (Singelis, 1994). This independent self-construal is typically associated with, and commonly observed in Western regions of Europe, North America and Australia (Singelis, 1994; Treas & Mazumdar, 2002). On the other hand, the interdependent self-construal gives emphasis to social relations and social context; it is typically associated with Asian values, but is also characteristic of other cultures including African, Latin-American and southern European (Markus & Kitayama, 1991).
In the context of eldercare, individualistic (e.g., Western/North American) and collectivistic (e.g., Eastern/Asian) cultures differ with respect to who is considered responsible for providing parental care and how it should be provided (Hsueh, et al., 2008). With regard to the family, individualism implies that the relationship between the self and others is independent and separate (Cross & Gore, 2003), with less emphasis on kinship ties and familial responsibilities (Pyke, 1999). In comparison, the collectivistic worldview, which has also been termed as ‘familism’, is focused on kinship relation and family responsibilities (Pyke & Bengston, 1996). In collectivist cultures, eldercare is seen as a family affair (Hoftstede, 2001) and the family provides the context within which aged care should occur (Sung, 1997).

There are, however, different ways of maintaining support and expressing filial piety across cultures. For instance, studies have found that filial piety as an attitude could be applied cross-culturally (e.g., Gallois et al., 1999), and as has been observed by Cheng and Chan (2006), a subtle, yet fundamental, difference exists between the West and the East when it comes to enacting filial care. They proposed that in Western culture, filial responsibility involves meeting the needs of parents when they are not able to look after themselves whereas in Eastern culture, filial care reflects showing devotion to one’s parent, thereby conveying a sense of reverence regardless of need (Cheng & Chan, 2006). Thus, filial piety appears to have different meaning across cultures.

Another difference between the cultures has been the perception of seeking assistance outside the family. For instance, formal care and home support services are more widely accepted in Western culture as individuals value their independence (Singelis, 1994; Treas & Mazumdar, 2002). In contrast, in Southeast and East Asia, state or formal care of older people is usually regarded as the last resort and is only provided if care within the family is inadequate or
inaccessible (Chan, 2005). The support that the older person receives from their children gives them ‘face’, thereby enhancing the social position of the older person (Chan, 2005). However, when these expectations are not met, the family may lose face. In other words, because children are traditionally responsible for looking after their parents, dependence on formal care would decrease the social position of the older person and cause the family to lose face (Chan, 2005).

Nonetheless, there is evidence (e.g., Chen et al., 2013; Hsueh et al., 2008) to suggest greater acceptance of care outside the family as society undergoes significant social changes. Chen and Ye’s (2013) mixed methods research examined the role of children’s support in older adults’ decision to live in a yanglaoyuan, the Chinese version of residential long-term care, in Shanghai. In particular, their study looked at older adults’ intentions and actual decision making processes. They found that reciprocity in family care giving was important for both older adults and their adult children in Shanghai. In particular, both quantitative and qualitative findings showed that both instrumental and emotional support from children were more important and meaningful to older adults than financial support. Their quantitative study of community dwelling older adults (N = 1512) found that satisfaction with support from children (i.e., financial, instrumental and emotional) was negatively associated with older adults intention to live in a yanglaoyuan. That is, the higher one’s level of satisfaction with such support from children, the lower the intention to live in a yanglaoyuan. It should be noted, however, that older adults’ decision to live in a yanglaoyuan is not necessarily dependant on financial support alone.

Chen and Ye’s (2013) subsequent qualitative study included retrospective interviews with 11 older adults over the age of 70, who resided in a yanglaoyuan. Interviews focused on how children participated in older adults’ decision making to live in a yanglaoyuan. Results showed that participants defined reciprocity differently. Older Chinese adults did not want to over-
burden their adult children while adult children did not want to let their parents down. Chen and Ye (2013) found that emotional support from children remains a vital component of filial piety, supporting Yeh et al.’s (2013) notion of reciprocal filial piety. Emotional support could include, for example, actively taking part in their parents’ decision to live in a yanglaoyuan, even though most of them (the children) were against the idea. The authors observed that children would often end up compromising following the recognition that such arrangements would ultimately relieve them of the pressure of care giving (Chen & Ye, 2013). Accordingly, the act of compromise also shows that when adult children respect the decision of parents, they are conforming to filial piety.

With respect to care giving, Chen and Ye (2013) also found there has been a decline in instrumental support from adult children. In particular, adult children were less available for care giving than in previous generations, and when faced with the challenge, many adult children were unable to follow traditional obligations (Chen & Ye, 2013). Older adults, however, noted that adult children did try to meet traditional duties through the provision of some instrumental support and hiring paid caregivers to assist with an increase in caring responsibilities. Nevertheless, for Chinese older adults living in Shanghai, support from children by way of quality, attitude and willingness is more important than tangible financial support (Chen & Ye, 2013). It may be that older adults in urban China have a greater sense of financial security due to economic reform and that these changes have been largely shaped by urbanisation (Chen & Ye, 2013).

While Chen and Ye’s (2013) study provides valuable insight into the role of support and institutionalised care in contemporary China, it does not appear to have considered the stigma that is associated with institutionalisation and how this may have affected perception of
institutionalised care from older people’s and adult children’s point of view. Nonetheless, Chen and Ye’s work (2013) gives an indication that the manner in which traditional roles and responsibilities are practiced and expressed is modified to suit current needs.

2.5 Impact of Immigration and Acculturation

With greater labour mobility and population migration, it has become a common occurrence for people born in one country to move to another during their lifetime, either voluntarily, out of necessity, or through coercion (Schwartz, Montgomery, & Briones, 2006). As a consequence of intake and settlement of migrants, culturally plural societies are formed with various ethnocultural groups interacting on a daily basis (Berry, 2011). Another consequence is that as migrants interact with established populations, intercultural relations have become an important issue (Berry, 2011).

The immigration experience is usually associated with acculturation (Schwartz, et al., 2006). According to Berry (2005), acculturation is a two-way process from which cultural and psychological changes occur as a consequence of “contact between two or more cultural groups and their individual members” (p. 698). The concept of acculturation has its origin from the discipline of anthropology (Berry, 2001) and was originally defined as “those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups” (Redfield, Linton & Herskovits, 1936, p.149 in Ponterotto et al., 1998).

Even when immigration is voluntary, it is often a challenging process for individuals and families (Schwartz, et al., 2006). As noted by Schwartz et al. (2012), “the decision to immigrate
to another country is often a courageous one, and immigration and acculturation may be associated with well-being and flourishing, as well as with distress and poor health” (p.3). At the individual level, acculturation entails adjustments in a person’s “behavioral repertoire” (Berry, 2005, p. 699). Immigrants are inevitably exposed to the practices and values of the new culture through the mass media, schools and other institutions (Foner, 1997). As a consequence of various exposures, traditional values of immigrants are either continually challenged or modified, or in conflict with those of the dominant Western culture in which they live (Park et al., 2007). Past studies have looked at the psychological adaptation of immigrants as a consequence of change and an attempt to adjust to the new environment. It has been well documented that immigrants typically experience various stressors including role adjustment, lack of availability and use of services, separation, language barriers, racial or ethnic discrimination, lower socioeconomic status due to possible loss of income, separation from loved ones, disruption of routines, loss of usual environment, and understanding new values and beliefs (Dong, et al., 2012; Hsueh, et al., 2008; Schwartz et al., 2011). The process of acculturation has therefore been widely studied in the counselling and health literatures (Ponterotto, Baluch, & Carielli, 1998; Salant & Lauderdale, 2003), and increasingly studied within the field of psychology (Kim, Atkinson & Yang, 1999), which focuses on the process in addition to the effects of cultural contact (Ward, Fox, Wilson, Stuart, & Kus, 2010). For Berry (2011), since contemporary societies are now culturally plural, it is not assumed that some groups should be assimilated into another group. Intercultural relations and change are therefore observed as mutual and reciprocal rather than unidirectional (Berry, 2011).

The traditional ‘straight-line assimilation’ model however was employed to describe the assimilation of Eastern and Southern European immigrants into the United States in the early
20th century (Schwartz et al., 2012). The assimilation model has influenced the initial development of acculturation measures, which essentially operated on the philosophical stance that as individuals accept the behavioural norms and values of the new country, they subsequently abandon the behaviours and values of their culture of origin (Wolfe, Yang, Wong, & Atkinson, 2001). This approach presumes that the more contact individuals have with the new culture, the greater their adaptation to the new culture over a period of time (Ryder, Alden, & Paulhus, 2000). This is also referred to as the unidimensional approach. Essentially, the approach assumes that identification with the culture of origin and the new culture are inversely related (Ryder, et al., 2000). This means that as individuals acculturate to the new culture, they shift away from their culture of origin and towards the opposite end of the continuum to the culture of the new country (Suinn, Rickard-Figueroa, Lew, & Vigil, 1987).

The language domain of the acculturation process has been the focus of a great deal of research (Matsudaira, 2006). Within the migration context, English language proficiency, in most cases, is crucial to the immigration experience as lack of English language ability has been found to be related to poor social, health and economic outcomes (Kim, Sangalang, & Kihl, 2012). Lack of English language ability has an effect on the way in which the individual operates in the community, specifically by restricting access to services provided by the government and awareness of resources (Warburton, Winocur, & Rosenman, 1995). In Maxwell, Bastani and Warda’s (2000) study of help seeking behaviour and use of professional services in minority groups, Filipino and Korean women who had lived a greater proportion of their life in the United States were more likely to adhere to cancer screening procedures than those who had stayed a shorter period of their lifetime in the United States. Maxwell et al. (2000) observed that this was because immigrants who had longer length of residency in the
United States tend to have acquired the English language, and had greater awareness of the medical system than recent immigrants.

Ngan and Kwok-bun (2012) have a different perspective on the role of language in ethnic identity, in particular Chinese ethnic identity. They noted that language is often used as a means of determining one’s relation with identity and cultural heritage (Ngan & Kwok-bun, 2012). They argue that although language is a key component of ethnic identity, “its loss does not necessarily mean the loss of an ethnic identity” (Ngan & Kwok-bun, 2012, p. 32), and “whether one speaks a Chinese language or not does not make one more or less Chinese, as there are different ways of ‘being Chinese’” (Ngan & Kwok-bun, 2012, p. 33).

Birman and Trickett (2001) noted that age of arrival and length of residency are often used as proxies for acculturation and that these two variables are often used as “indices of validation of acculturation instruments” (Birman & Trickett, 2001, p. 473). In their study of the process of acculturation for first-generation Soviet Jewish refugee adolescents and their parents who have resettled in the United States, age of arrival was associated with all except one (i.e., Russian identity) of the acculturation variables for adolescents. Individuals’ age of arrival also affected the attainment of the English language and the weakening of the Russian language for adolescents but not parents (Birman & Trickett, 2001). Moreover, age of arrival contributed to American behavioural acculturation for parents but not adolescents. However, Birman and Trickett (2001) found length of residency influenced English language attainment for parents but not for adolescents. Results indicate that there may be important theoretical differences between arrival age and length of residency and these would have significant implications when investigating immigrants of diverse age groups (Birman & Trickett, 2001).
While the use of proxy variables are a straightforward and practical way of measuring culture change, the unidimensional approach has been argued to be limited in that it does not account for various individual differences and other aspects of acculturation. For example, one’s cultural contact prior to migration, whether one’s place of residence is in an ethnic neighbourhood, readiness to learn the language, or the amount of contact individuals have with the new culture (Ryder, et al., 2000). Moreover, the linear concept of acculturation can be limiting as it assumes that acculturation naturally progresses to assimilation (Chiriboga, 2004).

Researchers have subsequently argued that the psychology of acculturation is ‘bidimensional’ or ‘multidimensional’ (Matsudaira, 2006). In contrast to the unidimensional approach, the multidimensional approach proposes that individuals’ preservation of their culture of origin is not necessarily affected by their acceptance of the new culture (Bauman, 2005). So instead of abandoning one’s culture of origin as one adapts to the new culture, the individual tends to take on the language and cultures of the new country and at the same time maintain their culture of origin (Berry, 1997). Accordingly, the multidimensional approach assumes that acculturation does not automatically bring to an end the individual’s culture of origin, which to varying degrees may continue to be valued and to direct behaviour (Chiriboga, 2004).

According to Ryder et al. (2000), two central assumptions form the basis of the multidimensional model. The first assumption pertains to individual differences in individuals’ sense of self, which includes cultural norms in terms of one’s values, attitudes and behaviours (Ryder, et al., 2000). The second assumption refers to the suggestion that individuals are able to have more than one cultural identity, each of which exists separately, concurrently and that differ in strength (Ryder, et al., 2000). This means that people who are bicultural would differ on various levels with respect to their self-schemas (Ryder, et al., 2000). For example, Berry’s
(1997) multidimensional model to acculturation proposed four acculturation strategies (i.e., assimilation, separation, marginalisation and integration), which were conceptualised on the basis of grouping two separate dimensions that comprise of devotion to native culture and acceptance of the mainstream culture (Berry, Poortinga, Segall, & Dasen, 1992).

As shown in Figure 3, ‘assimilation’ essentially refers to an individual who considers maintaining relationships with the dominant culture to be of value and has no inclination to retain their cultural identity and characteristics (Berry, 2008; Berry, et al., 1992). This means that the individual surrenders his or her cultural identity and takes on the culture of the new country (Dona & Berry, 1994). ‘Separation’ (or segregation), however, happens when one chooses to maintain their culture and avoids contact with the dominant culture of the society (Berry, 2008; Berry, et al., 1992). In other words, the individual retains his or her cultural identity and rejects the culture of the host country (Dona & Berry, 1994). ‘Marginalisation’ refers to an individual who is not interested in maintaining both their cultural identity and characteristics, as well as keeping a distance from the dominant culture (Berry, 2008; Berry, et al., 1992). This means that the individual denies contact with both the host and traditional cultures (Dona & Berry, 1994). Lastly, ‘integration’ happens when one wishes to maintain the parent culture as well as interacting with the host society (Berry, 2008; Berry, et al., 1992). Berry et al. (1992) described the integrative approach as essentially the attempt to enjoy ‘the best of both worlds’.

However, Berry’s initial model has several limitations. Firstly, it is argued that while the conceptual underpinnings of the model of acculturation strategies point to the notion that the subscales are separate and independent of one another, the model essentially relies on high score on one scale and low scores on the other three, which suggests theoretical interdependence of the
scales (Ryder, et al., 2000). Secondly, the multidimensional model assumes people go through the same psychological processes that occur during their acculturation process without considering the various cultures involved (Bauman, 2005). Finally, Matsumoto et al. (2006) argued that there was a lack of attention concerning the lack of clarity about marginalisation. It is argued that those who are marginalised may actually perceive themselves as well-adjusted, whereas other people might not feel the same way (Matsumoto, Hirayama, & LeRoux, 2006).

Moreover, these acculturative strategies were originally approached from the position of the ‘non-dominant ethnocultural groups’, represented in the left side of Figure 3 (Berry, 2008, p. 331). However, the original anthropological definition of acculturation ascertained that it is a two-way process that “both groups in contact would engage in the process of mutual or reciprocal acculturation” (Berry, 2005, p. 706). Thus, an additional, third dimension was included (Berry, 2005), represented in the right side of Figure 3. It represents the role of the dominant group in the acculturation process (Berry, 2008). At the societal level, it entails adjustments in “social structures and institutions and in cultural practices” (Berry, 2005, p. 699). These strategies are described as follows:

- Assimilation when sought by the dominant group is termed the Melting Pot.
- When Separation is forced by the dominant group it is Segregation.
- Marginalisation, when imposed by the dominant group it is Exclusion. Finally, Integration, when diversity is a widely-accepted feature of the society as a whole, including by all the various ethnocultural groups, it is called Multiculturalism (Berry, 2008, p. 332).
In his later paper on acculturation and globalisation, Berry (2008) used this model to challenge the assumption that non-dominant groups would eventually lose its own set of cultures as they become engaged in the dominant group such that “The long-term outcome is thus believed to be one rather homogenous global society, sharing beliefs, values, consumer preferences and social structures” (Berry, 2008, p. 328). Assimilation and homogenisation are therefore the unlikely outcomes from intercultural contact (Berry, 2008). Instead, Berry (2008) considered that the more possible outcomes from intercultural contact are either separation (by way of resistance or revitalisation of heritage cultures) or integration (in the form of acceptance by non-dominant and dominant groups to harmoniously co-exist). In particular, integration
involves “a high degree of cultural and psychological continuity and producing new social structures that incorporate interacting peoples” (Berry, 2008, p. 328). This does not occur only in non-dominant groups, but that all groups are involved in a process of cultural and psychological change (Berry, 2011). Integration however could only be attained in multicultural societies that embrace cultural diversity and community participation (Ward, et al., 2010).

Other researchers (e.g., Suinn et al., 1995) have referred to Berry’s ‘integration’ strategy as ‘biculuralism’. In their description of the bicultural self, Cross and Gore (2003) noted “biculural people have the ability to interpret social and other environmental cues using the cultural framework that fits the best” (p. 555). Accordingly, the individual maintains his or her cultural identity at the same time accepting the new culture (Dona & Berry, 1994), which has been referred to as “douly engaged” by Berry (2011). Biculturalism as an acculturative adaptation strategy has been argued to have a more effective outcome. For example, in their study of depression in older Chinese migrants in Auckland, Abbott, Wong, Giles, Wong, Young, and Au (2003) found that people who consider themselves bicultural tend to adapt more positively than those with other acculturative strategies (Abbott et al., 2003). Berry (2011) extended this notion further, noting that when “double engagement” occurs with both cultures, support and resources are received from the two cultures, including one’s competency in dealing with both cultures. Ward (2008) however cautioned that Berry’s frameworks may limit our views on identity, acculturation and intercultural relations.

One domain of acculturation could include cultural identifications, which refers to both ethnic identity, the extent to which immigrants feel attached to their cultural heritage, and national identity, one’s connection with the new country or region (Schwartz, et al., 2012). Research has shown that ethnocultural identity conflict can be conceptualised and measured in
different ways (Ward, 2008). For some individuals, traditional and new identities may be seen as conflicting; “that family, developmental and intergroup factors can reduce or enhance the perceived compatibility of identity orientations; and that the conflict engendered by irreconcilable identities has implications for psychological and sociocultural adaptation” (Ward, 2008, p. 112). Schwartz et al. (2012) also noted that other measures of acculturation have included cultural values, usually in the form of individualism and collectivism as broad cultural value systems. However, it is more common that these values have not been explicitly labelled as domains of acculturation (Schwartz, et al., 2012).

Acculturation research has focussed on cultural or racial identification of Latinos or African Americans (Iwamasa & Yamada, 2001). In particular, a range of acculturation measures have been made available for Mexican Americans (Bauman, 2005). In the 1980s and 1990s, the most prominent scale for this group has been the Acculturation Rating Scale for Mexican-Americans (ARSMA), developed by Cuéllar, Harris and Jasso (1980 in Suinn et al., 1992) and is comprised of 20 items that measured language use and preferences, ethnic identification, social relationships and food preferences. Cronbach’s alphas ranged from .81 to .88 (Cuéllar et al., 1980 in Matsudaira, 2006). While the ARSMA scale was used to provide insight into acculturation of Mexican-Americans, research into the acculturation of other immigrant groups has been limited.

Based on Cuéllar et al.’s (1980) ARSMA, the Suinn-Lew Self-Identity Acculturation Scale (SL-Asia Scale) was developed to measure the level of acculturation of Asian Americans (Suinn et al., 1987). The 21 item scale has generally obtained high alpha coefficients, ranging from .79 for Singapore Asians (Suinn, Khoo, & Ahuna, 1995) to .91 for Asian-Americans (Suinn, Ahuna, & Khoo, 1992). In their pilot study of 59 Asian Americans ($M = 19$ years),
Suinn et al. (1987) examined associations between the SL-Asia Scale and various demographic variables. Significant relationships were found between mean SL-Asia score and generational level, place of upbringing, and self-rating. They also found that acculturation levels increased with higher generational level, length of residence and more ‘Anglicised’ self-rating (Suinn et al., 1987).

Suinn et al. (1992) subsequently examined the SL-Asia scale with a larger sample ($N = 284$) of Asian American university students ($M = 24.4$ years) and found significant relationships between the SL-Asia score and demographic variables including: a) total years of school attendance in the U.S.; b) entry age at school in the U.S.; c) length of residency in the U.S.; d) arrival age in the U.S.; e) years lived in a non-Asian neighbourhood; and f) self-rating of acculturation. Correlations were moderate in size, ranging from .41 to .62 (Suinn et al., 1992). Factor analysis of the scale yielded five factors: a) reading/writing/cultural preference; b) ethnic interaction; c) generational identity; d) affinity and pride; and e) food preference, accounting for 41.5 per cent, 10.7 per cent, 6.6 per cent, 5.9 per cent, and 5 per cent of the variance, respectively. Three of the derived factors were similar to the original ARSMA scale for Mexican-Americans: reading/writing/cultural preference, ethnic interaction and generational identity (Suinn et al., 1992).

Suinn et al. (1987 and 1992) noted that one of the potential limitations of their research was that they did not separate each of the Asian groups (e.g., Chinese, Japanese) and therefore, the scale may not be applicable to certain subgroups of the Asian population. Park and Chesla (2007) also noted the general grouping of Asians under one broad umbrella term runs the risk of under-representing each country’s uniqueness and culture. Further, studies that have used the SL-Asia Scale have frequently included university students with mean ages of 19 years (Suinn et
al., 1987), 24.4 years (Suinn et al., 1992) and 28.8 years (Suinn, Khoo, & Ahuna, 1995).

Ponterotto et al. (1998) observed that only three out of 16 studies did not rely on university
students, whereby mean ages were less than 50 years. Past research has therefore been limited to
Asian Americans and student samples.

In more recent research using the scale, Kim, Sangalang and Kihl (2012) examined the
effects of acculturation and social network support on depression among elderly Korean
immigrants to the United States. Average age of participants was 74.7 years ($SD = 7.78$). Half
of the participants had lived in the United States between 21 and 30 years and over a quarter had
lived there for more than 30 years. In their attempt to measure acculturation, they used a
shortened version of the SL-Asia Scale, which consisted of five items (language spoken,
language preferred, language read, childhood friends and self-identification). They reported high
reliability, Cronbach’s alpha = 0.87, and the mean score for acculturation was 7.88 ($SD = 2.61$;
range = 5-14). While there are limitations in using a much shortened version of the scale, Kim et
al. (2012) found that elderly Korean immigrants with stronger social network support and greater
acculturation showed better mental health than those who had low support, regardless of
acculturation level. Thus, it appears that social network support improves well-being (Kim,
Jang, et al., 2012) and within the context of filial piety, negates some of the challenges of old
age. The study also provides support for the utility of the SL-Asia scale in assessing
acculturation in migrant communities.
2.5.1 Acculturation and Filial Piety

There has been much interest in whether immigrants maintain their traditional filial values despite living away from their country of origin (Ng, Loong, Liu, & Weatherall, 2000; Sung, 1997; Tsang, Liamputtong, & Pierson, 2004), and whether the caring capacity of families is strongly supported within the context of immigration. In a study on the role of acculturation in filial practices among 21 Chinese caregivers in the United States, Hsueh et al. (2008) described the participants in their study as ‘situational-reciprocal-filial’ caregivers. Participants had an average age of 47.5 years and had lived in the United States for between 10 and 33 years. They had maintained their own heritage and acculturated into mainstream filial practices to deal with the challenges of parental care. Hsueh et al. (2008) found that participants’ acceptance of new filial practices was influenced by a number of factors including the extent to which they felt comfortable in adopting some mainstream filial practices, their financial status and their past relationship with the care recipient. Participants’ motives for adopting mainstream US practices included: a) being overwhelmed as they try to maintain caring responsibilities with limited resources; b) various situational constraints from being an immigrant such as language barriers, limited support networks and conflict in cultural values; c) access to and utilisation of resources were indicators of acculturation toward mainstream care giving and a predictor of acculturative stress (for example, participants who utilised resources were those who preferred to stay active and independent and/or were well educated and could speak English); and d) a need for a shared/coordinated approach to filial responsibilities (for example, men sought assistance from formal services so that traditional filial responsibilities of the eldest son were carried out).
Lastly, they found that filial motivations included love, honouring traditions, meeting personal values, and meeting social expectations. Hsueh et al.’s (2008) study not only gave insight into changes in filial practices as a result of acculturation but it also gave insight into Berry’s (2011, 2013) notion of “double engagement”, that those who are engaged in both cultures receive support and resources from the two cultures. Hsueh et al.’s (2008) findings however suggest that engagement in intercultural contact (e.g., access to and utilisation of resources) could occur even when psychological and social well-being were low (e.g., conflict in cultural values), which does not necessarily support Berry’s notion that by being “doubly engaged”, one would achieve greater well-being (Berry, 2011, 2013).

It would have been beneficial for Hsueh et al. (2008) to include further details about who was providing the narrative accounts when quoting interview excerpts, for example, participant’s age, gender or migration information, which would give readers greater understanding about informants and context. Consideration of age of arrival or proportion of life spent in the United States of individual participants would strengthen the acculturation analysis.

Ng, Loong, Liu and Weatherall (2000) investigated filial obligations of young people for looking after older parents and grandparents (over the age of 65) in New Zealand. The research was part of a larger study in New Zealand on intergenerational relations and stereotypes about older people. Comparisons were made between Chinese (n = 100) and European (n = 103) families across two generations. The majority of participants were from south China, Hong Kong, Taiwan and Malaysia. Chinese families were identified as having one or both parents of Chinese descent and European families were of British or (continental) European descent (Ng, et al., 2000). Their study adopted Gallois et al.’s (1999) filial action items, however item ‘listen patiently’ was replaced with ‘obey them’. The questionnaire included two questions on ‘felt
obligations’ and four questions on ‘expected obligations’. For instance, questions asked whether people would feel obliged to look after their older parents and grandparents, support them financially, respect, obey, maintain contact with them and please and make them happy. Ng et al. (2000) found that Chinese participants in New Zealand across two generations reported ‘social contact’ and ‘respect’ as broadly shared obligations over the other filial action items. Consistent with past findings, although there were no gender differences, children were significantly higher on obedience than their parents. On the whole, the Chinese scored higher on obedience and financial support than Europeans and also scored higher on most other obligations as well (Ng, et al., 2000). As this was part of a larger study, separate analyses of results pertaining to acculturation and social identification were reported elsewhere in Ng et al. (2000).

Liu, Ng, Weatherall and Loong’s (2000) study was also part of the same larger research project on intergenerational communication among New Zealand Chinese and New Zealanders of European origin (e.g., Ng at el., 2000). They examined six measures of filial piety including felt obligations toward and perceived expectations for parents and grandparents, and expectations from older New Zealand Europeans from their children and grandchildren. Liu et al. (2000) found that the younger generation had greater expectations of themselves with respect to filial obligations than those in the middle-aged group, verifying Gallois et al.’s (1999) findings. Their study also revealed that older Chinese New Zealanders had greater expectations of their children and grandchildren than did older European New Zealanders (Liu, et al., 2000). When acculturation was examined with the measures of filial piety, New Zealand and Chinese social identities were the only significant and independent predictor of filial piety obligations for the sample as a whole, even when all other variables (e.g., language, place of birth, generation and gender) were controlled for (Liu, et al., 2000). In contrast, results for filial piety expectations
indicate that generation was a significant independent predictor, with expectations rated more
highly by young Chinese than middle-aged Chinese. Moreover, there were no significant
differences in filial piety between the two generations, which indicates that different
psychological processes may be involved when it comes to retaining filial piety across the
generations. For Liu et al. (2000), results suggest that New Zealand (or Western) identity
endorses filial piety as frequent positive communication between generations (e.g., contact with
respect); in contrast Chinese (or Eastern) identity tends to endorse material obligations (e.g.,
financial assistance), perhaps reflecting societal and political structures from which immigrants
had come from whereby adult children were obligated, even by law in some Chinese societies, to
meet the needs of their ageing parents (Luo, Zhou, Jin, Newman, & Liang, 2013).

Dong, Chang, Wong and Simon (2012) examined the construct of filial piety and its
impact of the health and well-being of Chinese older adults living in the United States. Data
were collected from 39 Chinese older adults with a mean age of 74.7 years and an average length
of residency in the United States of 20 years. Investigators conducted semi-structured interviews
among four focus groups. With respect to perceptions of filial piety a central theme of emotional
support included retaining contact with, pleasing and making happy, respecting and listening
patiently. In particular, participants regarded retaining contact as a significant feature of filial
piety, over and above material support, which included looking after and financial assistance.
Contrary to Liu et al.’s (2000) findings, Dong et al. (2012) noted participants did not perceive
financial support as an important feature of filial piety. While Dong et al.’s (2012) qualitative
data were analysed using thematic analysis, it is interesting to note the themes that were
identified in this study mirrored Gallois et al.’s (1999) six filial action items.
Dong et al. (2012) also reported a discrepancy between perception of filial piety and the actual provision of filial care, although they did not explicitly refer to this as ‘filial discrepancy’, as was identified by Cheng and Chan (2006). In particular, Chinese older adults reported a lack of filial care from their adult children, attributing it to a generational gap, the culture in the United States and socioeconomic hardship of adult children as immigrants (Dong, et al., 2012). As a result of unmet filial needs, Chinese older adults adapted by way of attitudinal changes towards expectations of filial piety, and shifted dependence to friends and neighbours and community organisations (Dong, et al., 2012). Notwithstanding these adaptive strategies to social changes, it was observed that Chinese older adults living in the United States may be more vulnerable than their counterparts in Chinese societies (e.g. China) due to cultural and language barriers to health care (Dong, et al., 2012). However, this was not the case in Laidlaw et al.’s (2010) study. For instance, Laidlaw et al. (2010) found that Chinese immigrants were more comparable with the UK-born older adults in that they held positive attitudes towards ageing than their Chinese counterparts who live in China, who reported more negative attitudes.

Ward, Fox, Wilson, Stuart and Kus (2010) examined the roles of the family, community and society on the acculturation process, extending their research beyond the usual focus on the process of change that happens at the individual level. Ward et al. (2010) observed that focus on the individual does not take into account “the complex relationships that may exist among individuals and groups undergoing acculturation” (p. 28). For example, in their examination of acculturation within the context of the family, Ward et al. (2010) noted that the family, as one unit, encounters a range of issues including differences in language, values, beliefs and traditions, which affect how the family functions and the way in which individual members interact with one another. Interaction among family members could however also ease the
challenging aspects of cultural contact and change (Ward, et al., 2010). Acculturation in the community context, for example, considers adaptation by both the mainstream community and minority groups, which facilitates a sense of connectedness (Ward, et al., 2010). In terms of acculturation in the national context, Ward et al. (2010) highlighted two key aspects. Firstly, the perceptions of both the mainstream community and minority groups need to be considered in order to understand the national context (Ward, et al., 2010). Secondly, differences across societies in terms of cultural, social, economic, political and historical features must be taken into account in order to form a full understanding of acculturation (Ward, et al., 2010). In other words, in order to gain a deeper understanding of acculturation, it is crucial to consider the context within which one lives and the context from which one had come. Research thus needs to be carried out comparatively, that it would not have been appropriate to apply findings from one cultural or social setting to understand intercultural behaviour in another setting (Berry, 2011).

Other researchers have looked at cultural differences within wider socioeconomic factors (Yeh, et al., 2013). For instance, Luo et al. (2013) identified that negative attitudes of Chinese students towards ageing may be due to a range of educational, social and economic factors. For example, unlike the welfare system (e.g., Social Security, Medicare, and Medicaid) for older people in the United States, which enables financial independence, the Chinese Government does not have in place such a support system for older people (Luo, et al., 2013). Instead, the Chinese Government imposes that it is the legal responsibility of adult children to provide care for ageing parents (Luo, et al., 2013). Accordingly, the 1996 Law for the Protection of Elders’ Right states provision of care includes housing and medical care (Luo, et al., 2013). Ng et al. (2000) observed that such legislation in Chinese societies demonstrates the inherent sense of financial
obligation towards elders even among the Chinese living in New Zealand. In comparison, New Zealand Europeans consider maintaining one’s own income to be a personal affair (e.g., one’s own saving) or the responsibility of the state (e.g., the pension) (Ng, et al., 2000). The observations used by Ng et al. (2000) of New Zealand Europeans are comparable with the Anglo-Australian group used in the present research. Within the context of migration, it is therefore important to make contextual considerations (Ward, et al., 2010).

2.5.2 The Case of Australia

In the case of Australia, pension payments still have a high degree of public support (Gray & Heinsch, 2009). The eligible age for accessing the aged pension was 65 years for men and 60 years for women. In July 2013, it increased to 65 years for women, equalling their male counterparts (Productivity Commission, 2013). Australia’s ageing and aged care programs and services are governed by a set of legislation for the provision of various services to older Australians including residential care, flexible care and community aged care. These packages provide low and high levels of care to older people either in their own homes or residential aged care facilities (Commonwealth of Australia, 2008).

Asian immigrants to Australia who are ageing away from their country of origin are potentially confronted with two sets of values. The Chinese Confucian norms promote eldercare and interdependence, and in contrast, the Australian society values of self-sufficiency and independence. For example, Australia’s aged care policy is devised on the basis of independence and individualisation, with the assumption that older people intend to remain in the community for as long as possible (Gray & Heinsch, 2009). It is unclear then how Australia’s aged care
policy is received by those who have come from collectivistic societies or whether such policy, different as it may be, has a way of influencing the particular views of immigrants. Li’s (2011) work examined the role of social structure and social welfare by incorporating the responsibility of the community, institution, environment and society towards elder care. In her investigation of the Chinese community in New Zealand, Li (2011) observed that where financial assistance is provided by the government, older Chinese adults regard financial assistance from their adult children as supplementary income. In this sense, the New Zealand Government was the primary provider of material support together with emotional, practical and material support from spouses and children. In this regard, filial piety is not only associated with the family, it involves a set of connections and interactions including relationships between the parent and the child, spouses, neighbours and friends, the community and institutions (Li, 2011). The term ‘community piety’ therefore encompasses these broader social networks (Li, 2011). In particular, for older adults whose children no longer live in New Zealand, community piety, through the welfare system, provides necessary financial and instrumental support in order to successfully age in place (Li, 2011).

While research indicates changes in the concept of filial piety in parts of Asia as well as attitudes of Asian immigrants in various parts of the world, little is known about immigrant Asian families living in Australia (Lo & Russell, 2007). Lo and Russell (2007) conducted an exploratory study on the experience of ‘family care’ among Chinese speaking older adults. With respect to care giving, they found perceptions of older adults and their expectations of it differed from the norms of filial piety. In particular, perceptions of living arrangements, financial support, instrumental and emotional support and respect did not appear to support traditional views. For instance, the authors observed co-residence contributed to intergenerational tension
instead of emotional closeness, and financial contribution from the family seems to be related to
the financial situation of older adults, which includes availability of government pensions.
Findings were limited to the views of six Chinese-speaking older adults, who immigrated in their
60s and 70s under the family reunion scheme. There is still much to learn about this group of
immigrants to Australia.

There is also sparse research on acculturation of Asian immigrants in Australia. Little is
known about acculturation of older adults and the ways in which immigration and acculturation
play a role in how traditional roles and responsibilities are practiced and expressed in the context
of Australia. It is unclear whether filial piety has eroded following immigration, as
individualistic values and practices of the new country are adopted, or whether the cultural value
is still highly regarded by Chinese immigrants in contemporary Australia. The present research
program was designed to address this knowledge gap.

Filial piety is one component of aged care, and it is a reflection of what individuals and
societies, more generally, consider it means to age well. In the Western context ageing well has
typically been considered under the umbrella term ‘successful ageing’. This term reflects both
the individual older person’s subjective views as well as the objective criteria applied by
researchers and practitioners, and the underlying value system of society as a whole. In the
context of Australia, the attitudes of Chinese immigrants towards ageing well have not been
extensively studied. How, for example, is quality of life perceived and hence, how could it be
achieved with immigration? The impact of cultural norms on one’s ageing experience are thus
worthy of further consideration. The next section discusses the concept of successful ageing and
considers cultural differences on how older adults define and assess successful ageing. This
focus reflects the second part of the framework introduced in Chapter one whereby the Eastern
approach (collectivism, filial piety) intersected with the Western approach (individualism, successful ageing) and acculturation influenced how these values impact on the experience of ageing immigrants.

2.6 Successful Ageing

The concept of successful ageing made popular by Robert J. Havighurst (1961) has received much attention in gerontological and psychological literature for over 40 years with debate continuing over its operational definition (Havighurst, 1961). Successful ageing has been associated with various terms including ‘ageing well’, ‘healthy ageing’, ‘positive ageing’ and ‘productive ageing’, and these terms have often been used interchangeably to describe successful ageing (Strawbridge, Wallhagen, & Cohen, 2002).

Rowe and Kahn (1997) distinguish between concepts of ‘usual ageing’ and ‘successful ageing’. Their initial conceptualisation of usual ageing considered the ageing process to be static and related to decline in functional, physiological and cognitive abilities: that is, disease-related decline in functioning, as well as deterioration in social and cognitive functioning with age (Rowe & Kahn, 1997). Successful ageing, on the other hand, entailed few functional limitations that accompany old age (Rowe & Kahn, 1997). Their expanded model, based on findings from the ‘MacArthur Study of Successful Aging’, identified three factors for successful ageing: optimal physical and cognitive functioning, absence of disability and disease, and engagement with life (Rowe & Kahn, 1997). These factors have been commonly used by researchers in their operational definitions and as predictors of successful ageing (Depp & Jeste, 2006). In Depp et al.’s (2006) review of the literature on successful ageing, the majority (i.e., 26 of 29) of the
identified operational definitions and predictors of successful ageing included the absence of disability and physical functioning component (Depp & Jeste, 2006).

Rowe and Kahn’s criterion-based approach therefore implied that certain standards need to be met to be ageing successfully (Bowling & Dieppe, 2005) and that illness and dependence signify failure in the ageing process (Glass, 2003). However, in reality, many people actually consider themselves to be successfully ageing despite health problems (Bowling & Dieppe, 2005). One study, for example, found that healthy ageing was dependent on the individual’s perception of their ageing process and what they considered to be satisfactory, rather than just the absence of functional limitations (Bryant, Corbett, & Kutner, 2001). Hence, successful ageing appears to encompass other dimensions.

Few researchers however have employed a multidimensional approach to research on successful ageing (Hsu, 2007). Most definitions have specifically focused on only one aspect of health, that is, either the physical, functional, psychological or social dimensions of health (Phelan, Anderson, LaCroix, & Larson, 2004). When older adults were consulted, their definitions of successful ageing are broader and more multidimensional than Rowe and Kahn’s conceptualisation. In McCann Mortimer, Ward and Winefield (2008), for example, 15 sub-themes were identified from semi-structured interviews within which three central themes emerged: personal agency (e.g. adaptability); social value (e.g. generativity); and quality of life/quality of death. In their study of quality of life, Gabriel and Bowling (2004) looked at community-dwelling adults over the age of 65 in Britain. Follow-up in-depth interviews were conducted with 80 participants and thematic coding was employed. Results revealed six main themes including a) having good social relationships; b) living in a home that is in a good neighbourhood (e.g., facilities and transport); c) engaging in an active lifestyle (e.g., continue
social activities and role in society); d) having a positive attitude and acceptance of life circumstances; e) having good health and functionality; and f) having adequate finance (e.g., for basic expenditure and activities, and to remain independent and have control over one’s life (Gabriel & Bowling, 2004, p. 675). While the meaning of quality of life for older adults in Britain partly confirmed Rowe and Kahn’s model, other dimensions have also emerged as important. Thus, consensus as to the definition and meaning of successful ageing has yet to be reached.

As Matsubayashi, Ishine, Wada and Okumiya (2006) have noted, “beliefs of aging individuals about the meaning and relevance of “successful aging” have not been systematically documented” (p. 1308). Theoretical definitions of successful ageing have largely been determined by researchers and there is limited research on the perceptions of ageing individuals themselves (Bowling & Dieppe, 2005). Definitions of successful ageing that have been developed by investigators should therefore be compared to those of older people themselves so that relevance of such definitions is established (Phelan & Larson, 2002). Research on attributes of successful ageing reveal what older people themselves perceive as important in later life and may prove useful in the development of measures of successful ageing (Phelan, et al., 2004). Moreover, knowledge of the perceptions and beliefs of older adults would facilitate a more patient-centred care approach by health care providers and programs aimed at improving the health of older adults (Phelan, et al., 2004).

Phelan et al. (2004) compared older adults’ perceptions of successful ageing with twenty attributes of successful ageing identified from published studies on ageing between 1961 and 2001. Attributes, for example “Remaining in good health until close to the time of my death”, “Being able to cope with the challenges of my later years”, and “Having friends and family who
are there for me” were analysed according to the proportion of participants (i.e., over 75 per cent) rated each statement as ‘important’ to successful ageing. Phelan et al. (2004) compared two distinct cultural groups, ‘Japanese-Americans’ \( (n = 717, M = 78.3, SD = 4.3) \) and ‘White-Americans’ \( (n = 1173, M = 79.7, SD = 5.5) \), and found that both groups rated the same attributes (i.e., 13 out of the 20 attributes) as ‘important’ to successful ageing. In addition, the White-American group had one other item (i.e., item 19 ‘continuing to learn new things’) rated as important by over 75 per cent of respondents. These 13 attributes in common reflected various dimensions including physical (items 2 and 18), functional (item 11), psychological (items 3, 7, 8, 9, 10, 16, 17, 20), and social (items 5 and 6) aspects of successful ageing (Phelan, et al., 2004), which further confirmed the notion that older adults’ perceptions of successful ageing are more multifaceted and complex compared to the viewpoints that have been presented in previous studies (Phelan, et al., 2004).

In a subsequent study, Matsubayashi, Ishine, Wada and Okumiyu (2006) examined Phelan et al.’s (2004) 20 attributes of successful ageing from the perspectives of 5,207 community-dwelling older adults (Mean age = 75.7 years, \( SD = 7.1 \) ) living in Japan. Over 75 per cent of Japanese participants rated seven out of the 20 attributes as ‘important’ to successful ageing, compared to Phelan et al.’s (2004) study whereby Japanese Americans and White Americans rated 13 and 14 of the 20 attributes as important to successful ageing, respectively (Matsubayashi, Ishine, Wada, & Okumiyu, 2006). This means that older people in Japan rated only one-third of the successful ageing attributes that have been identified in the published literature compared to Japanese Americans and White Americans, rating almost two-thirds of the attributes as ‘important’ to successful ageing. The seven attributes that were rated as important to the Japanese were also rated as important by their Japanese American and White American
counterparts, except for item 4 (having the kind of genes [heredity] that help me age well) (Matsubayashi, et al., 2006). These results support the argument that since definitions of successful ageing have been identified in Western literature, they tend to reflect characteristics of Western societies (Torres, 1999). For example, the term ‘success’ is problematic in itself as it is often equated in relation to individual achievements (Torres, 1999). As such, the concept of successful ageing has been socially and culturally constructed to reflect the American notion of success and failure (Torres, 1999). The concept of successful ageing may therefore have little meaning across the board other than what was defined by Western researchers.

The role of culture has been regarded as crucial to understanding successful ageing and warrants further attention. Some researchers contended that Eastern cultures have a more positive viewpoint of the ageing process compared to Western societies (Yun & Lachman, 2006). In East Asian countries, for example, ageing has been typically associated with respect and increase in one’s social status (Sung, 1995). While Asian cultures typically honour older people, the American culture, on other hand, commonly aims to resist or reject the ageing process, whereby its emphasis on a youth-oriented culture has contributed much to negative perceptions of the ageing process (Phelan & Larson, 2002). In a cross-cultural study, for example, Harris and Long (1999) found that North American caregivers held the belief that successful ageing meant the ability to remain independent for as long as possible, whereas their Japanese counterparts were more accepting of the notion of frailty in old age. Laidlaw et al. (2010) further noted that traditional concepts such as filial piety give an understanding into societal values, which may be beneficial when dealing with the negative age stereotypes in Western societies. In an exploratory study, Hsu (2007) looked at the concept of successful ageing in Taiwan. Participants were asked open-ended questions and six themes were identified from
their responses: (1) physical health and independence; (2) economic security; (3) family and social support; (4) engagement with life; (5) spiritual well-being; and (6) environment and social welfare policy. Although their study highlighted the views of Taiwanese elders and that it did not “completely match the objective indicators that are prominent in the Western research literature” (Hsu, 2007, p. 100), the study also revealed that there was a degree of overlap in the meaning of successful ageing across cultures.

Ng et al.’s (2009) interest in successful ageing in Asian seniors stemmed from the notion that “…psychosocial support is shaped by moral values, such as respect for old age and filial piety…” (p. 408). In their study, Ng et al. (2009) investigated Chinese participants over the age of 55 in Singapore. Participants were grouped as either ‘successfully’ (n = 366) or ‘unsuccessfully’ (n = 915) ageing and were compared in relation to sociodemographic, psychosocial and behavioural factors. Successful ageing was defined as “…overall and physical health and well functioning, cognitive functioning and emotional wellbeing, social functioning, life engagement and life satisfaction, and a summary composite measure created across dimensions to form a dichotomous variable” (Ng, Broekman, Niti, Gwee, & Kua, 2009, p. 409). They found that respondents who were successfully ageing were significantly younger, had better education, had regular exercise and good nutrition, better social network and support, were more likely to reside in ‘higher-end’ housing areas with facilities, were more likely to have religious or spiritual beliefs and not in difficult financial situations (Ng, et al., 2009).

Accordingly, culture has the propensity to influence successful ageing given the cultural significance of family ties and religious beliefs in Asian societies (Ng, et al., 2009).

It has been argued that successful ageing as articulated by researchers dismisses the experiences of a large section of the older population (Austin, 1991). Austin (1991) identified six
subgroups who are relatively disadvantaged in their opportunity to age well: a) low-income; b) minority elderly; c) the frail and impaired; d) abused/neglected elders; e) rural elderly; f) mentally retarded and developmentally disabled elderly. In this regard, Austin (1991) argued that these subgroups do not have the necessary structures in place to support a lifestyle that encourages successful ageing as defined in contemporary Western societies. For example, socioeconomic status and access to resources and services can have important implications for people’s ability to age well (Austin, 1991).

Perhaps another subgroup that needs to be considered in this context is that of immigrants, in particular, older immigrants. Immigrating to a culture that significantly deviates from one's cultural background can challenge the manner in which ageing well is understood. According to Kim, Sangalang and Kihl (2012), individuals who have problems adapting to the dominant culture usually have less resources to deal with, and are at higher risk of poorer adjustment. For example, people who have voluntarily immigrated under the family reunion program are more likely to encounter greater language difficulties and unemployment (Martin, 1998). As such, these barriers usually hamper communication and may cause further isolation and feelings of helplessness (International Organization for Migration, 2004). Support from the family therefore becomes crucial in navigating the health care system (Dong, et al., 2012). These immigrants, along with Austin’s (1991) identified six subgroups, do not necessarily have proper structures in place to maintain a lifestyle that supports successful ageing.

Research on immigrants tended to focus on difficulties of adaptation, discrimination and other problems, and there is a lack of research on strengths and resilience in immigrants (Schwartz, et al., 2012). For example, older immigrants with higher acculturation to a new culture may be better adjusted to their circumstances and perceive their own ageing processes in
a more positive manner (Kim, Jang, et al., 2012). In a recent study on personal views about aging among Korean American elderly, social network was also found to have a positive effect on personal views about ageing even after controlling for the effects of demographic variables and physical health factors (Kim, Jang, et al., 2012). The authors noted that positive attitudes about personal ageing could be improved by encouraging better physical health conditions, social connectedness, and acculturation. Thus, understanding how immigrants perceive successful ageing from their own vantage points is critical as current theories, most of which are of the Western worldview, may not be relevant to their lives. In particular, research into the applicability of the attributes of successful ageing to Australia’s ageing immigrant population has been limited (Hsu, 2007). Further research is therefore required to understand the meaning of successful ageing across various populations.

2.7 Summary

The significant growth in the Chinese population, coupled with the diverse ageing population in Australia, renders the need for more empirical research that focuses on this population. The present chapter provides the foundation for the conceptual framework, which is represented in Figure 1. In the case of Australia, little is known about the ways in which migration and acculturation play a role in a) how traditional roles and responsibilities are practiced and expressed and b) factors that contribute to the well-being of Chinese immigrants. The former refers to the question of whether filial piety has eroded following migration or whether the cultural value is still relevant in contemporary Australia. The latter refers to important contributors to personal views about successful ageing, that is, whether cultural norms
have an impact on the themes of successful ageing. Investigations into these constructs have the potential to give further insight into the perceptions and expectations of ageing Australians, in particular, the Chinese community in Australia. The present research has addressed this gap in the literature. In doing so, it begins to address the crucial question of how best to support the lifestyle needs of older Australians in a way that acknowledges the different value orientations of cultural groups. Australia’s ageing and aged care programs and services would benefit from research such this as it provides greater understanding of the needs and expectations of minority groups.
3.1 Preface

This chapter presents methodological considerations for the present research. It begins by introducing the mixed methods research framework where quantitative and qualitative approaches are employed to investigate the same phenomenon (Tashakorri & Teddlie, 2003).

The present research was conducted within this framework using quantitative surveys-based cross-group comparisons as well as the qualitative method, Interpretative Phenomenological Analysis (IPA), to gain insights into Chinese- and Anglo-Australians perceptions of ageing well, filial piety and their perceptions and plans for future care. Since empirical studies are presented across four chapters, a ‘Method’ section presents overall details of studies one, a qualitative study, and two, a quantitative study. An overview of IPA and the reason it was selected for the present research is provided in this chapter.

Issues arising from the present qualitative research, specifically, how to establish rigour in qualitative research, the debate on whether validity in qualitative inquiry should be judged using the same standard as quantitative research and the use of inter-rater reliability within the context of IPA, are presented in this chapter in the form of a manuscript that was submitted to *Qualitative Research in Psychology*. This manuscript discusses rigour in qualitative research, it identifies four major limitations to using inter-rater reliability in IPA and, using the qualitative
work conducted in the present research as a case study, it discussed the three strategies that were employed for establishing rigour in the studies presented in the present research.

3.2 Mixed Methods Research Framework

3.2.1 Background

Historically, the predominant approach used in psychological research to understand human behaviour has been the quantitative research method with its epistemological position of positivist inquiry (Waszak & Sines, 2003; Willig, 2001). The positivist research paradigm considers reality as something that can be revealed by an independent spectator and the central goal of the positivist perspective is to seek evidence that will either verify or refute hypotheses in an attempt to ascertain general laws by understanding cause and effect relationships (Alderson, 1998). Accordingly, quantitative research methods rest on the assumption “that there is only one truth, an objective reality that exists independent of human perception” (Sale & Brazil, 2004, p. 353) and that the researcher and participant are separate entities.

Constructivist researchers often criticise the positivist paradigm for its view that there is a single cause to every behaviour as this disregards the notion that behaviour is often the product of various causes and environmental consequences (Waszak & Sines, 2003). Criticisms of positivism in the 1950s and 1960s gave rise to post-positivism, a doctrine that argues that research is influenced by a number of factors, including the impact of the researcher’s values on the research, the effect of theory employed by the researcher on the research, and the understanding of how reality is constructed (Teddlie & Tashakkori, 2003). Unlike the traditional
quantitative method of inquiry used to understand human behaviour, qualitative research methods enable researchers to gain more in-depth information about individual experiences within specific contexts and at specific times (Willig, 2001). It stems from the epistemological position of naturalistic inquiry and its aim is to ascertain “the quality and texture of experience” (Willig, 2001, p. 9). Parker (1994) suggests that qualitative research attempts to: a) obtain meaning and how accounts are constructed; b) discover, explain and organise the significance of an event; and c) clarify the meaning of a particular subject matter (Parker, 1994). As a result, qualitative investigation often produces knowledge that is data rich and contextualised (Hoepfl, 1997).

During the rise of post-positivism, the use of multiple methods in research designs became increasingly common (Palinkas, Horwitz, Chamberlain, Hurlburt, & Landsverk, 2011; Teddlie & Tashakkori, 2003). Mixed methods research incorporates collection, analyses and the integration of quantitative and qualitative data (Bilinski, Duggleby, & Rennie, 2013). In psychological research, for example, both quantitative (e.g., standardised tests and inventories) and qualitative methods (e.g., case studies, interviews and observations) have been employed in mixed methods studies in an attempt to understand and capture the complex nature of human behaviour (Waszak & Sines, 2003). Mixed methods approaches have also become common in health (Bilinski, et al., 2013) and evidence-based practice implementation (Aarons, et al., 2012) research. For instance, in their mixed methods study of staff turnover in community organisations Aarons et al. (2012) found qualitative data enhanced their understanding of both reasons for staying in the organisation and reasons for leaving, which were not captured in the quantitative data alone. Accordingly, the limitations associated with one method could be compensated for by the strength of the other, thereby enhancing the validity of the research.
(Greene, Caracelli, & Graham, 1989). Thus, the strengths of mixed methods approach including its capacity to provide more detailed accounts of phenomena with better quality and broader scope than is typically the case when adopting only one perspective have appealed to researchers and led to its adoption (Bryman, Becker, & Sempik, 2008).

Despite its growing popularity, mixed methods research design has been criticised. In particular, proponents of the ‘purist’ and the ‘situationalist’ perspectives contend that qualitative and quantitative methods ought to be kept separate (Rossman & Wilson, 1985). While the purist holds the view that both methods are ‘mutually exclusive’ and therefore should not be combined, the situationalist believes that specific approaches are more or less suitable for particular situations (Rossman & Wilson, 1985) and only one or the other should be utilised.

Other researchers, however, have argued that the use of both qualitative and quantitative methods ought not to be viewed as incompatible as their different assumptions and approaches to analysis function to shed a broad light on the diverse characteristics of the phenomenon under investigation (Erzberger & Kelle, 2003). According to Creswell (2009), rather than focusing on methods of inquiry as in the case of the purist, the pragmatic approach is concerned with how the research problem leads investigators to utilise numerous ways to comprehend the issue in question. It is argued that researchers have the liberty to decide the research method, data collection and analysis that fits the purpose of their research because the pragmatic philosophical position does not prioritize any one method (Creswell, 2009). Pragmatism usually occurs by way of “actions, situations, and consequences rather than antecedent conditions (as in post positivism)” (Creswell, 2009, p. 231). Accordingly, “pragmatism opens the door to multiple methods, different worldviews, and different assumptions, as well as different forms of data collection and analysis” (Creswell, 2009, p.11). Thus, the pragmatic approach is applicable to a
mixed methods research approach as it allows investigators to utilise both qualitative and quantitative methods to suit the goal of their research (Creswell, 2009). It is therefore possible for both approaches to complement one another and indeed to coexist (Creswell, 2009; Kelle, 2006). As Johnson, Onwuegbuzie and Turner (2007) put it, “We currently are in a three methodological or research paradigm world, with quantitative, qualitative, and mixed methods research all thriving and coexisting” (p. 117).

3.2.2 Elements of Mixed Methods Design

In their review of mixed methods designs in mental health services research, Palinkas et al. (2011) identified four characteristics of mixed methods design including rationale for method, structure, function and process. The most common rationale for employing mixed methods was founded on the particular aims of the study, for instance, qualitative methods were echoes for exploration or depth of understanding (Palinkas, et al., 2011). In terms of structure, the most common method used was the sequential structure, in which qualitative methods are usually employed prior to quantitative methods (Palinkas, et al., 2011).

Creswell (2003) identified three structures or procedures: sequential, concurrent and transformative. Sequential procedures refer to the way in which the investigator elaborates and expands the results of one method with that of another, for example, qualitative method could be used at the beginning of the research process to gather exploratory data and be followed by a quantitative approach with a larger sample to establish generalisability of the findings.

Alternately, sequential procedures could begin with a quantitative methodology to test theories and concepts followed by a qualitative phase for a more in depth investigation (Creswell, 2003).
Concurrent procedures are concerned with situations where qualitative and quantitative data are collected simultaneously and the results collected from both methods are integrated and interpreted so as to achieve a comprehensive account of the phenomenon under inquiry. Transformative procedures refer to the way in which a theoretical perspective guides the research topic, method, analysis, and interpretation within a design that includes both qualitative and quantitative data (Creswell, 2003). The method of data collection within transformative procedures could consist of either sequential or concurrent procedures. These strategies of research inquiry highlight the range of designs available to researchers adopting mixed methods approaches. Mixed methods research within the discipline of psychology generally follows the sequential method (Waszak & Sines, 2003) and typically, though not always, the qualitative method is employed prior to the quantitative method (Creswell, 2003; Lukkarinen, 2005; Waszak & Sines, 2003).

Palinkas et al. (2011) also identified five distinct functions of mixing methods including: convergence, complementarity, expansion, development and sampling. Convergence was a strategy employed to determine whether qualitative and quantitative results give the same answer to the same question (Aarons, et al., 2012). The function of complementarity was to answer related questions for the purpose of elaboration or evaluation (Aarons, et al., 2012). Expansion was employed in sequence to answer questions raised by the other method (Palinkas, et al., 2011). The function of development was to identify items through qualitative methods, to be used in a quantitative study and finally, the function of sampling was to use one method to identify a sample of participants for research that uses the other method (Palinkas, et al., 2011).

According to Rossman and Wilson (1985), either qualitative or quantitative method can be employed at the analysis phase in order to corroborate (i.e., to converge or triangulate
findings), elaborate (i.e., to give richness and detail) or initiate (i.e., to provide new interpretations and inform future study design) results from the other method. These functions are dependent on the goal of the researcher, that is, whether the researcher is seeking to corroborate results from the qualitative phase with that of quantitative methods, to verify or refute established results (i.e., collaboration); or whether the researcher’s intent is to give meanings or detail, adding richness to the results (i.e., elaboration); or whether the researcher intends to explain the method of investigation and recommend areas for further exploration (i.e., initiation) (Rossman & Wilson, 1985).

For Palinkas et al. (2011), the final characteristic of mixed methods design was the “process of mixing the quantitative and qualitative methods” (p. 260), in which they identified three ways of linking quantitative and qualitative data. Data sets were either connected (i.e. when the analysis of one data set leads to the need for the other data set); merged (i.e., when results from the two data sets were examined individually and then brought together during the interpretation phase); or embedded (i.e., small qualitative or qualitative-quantitative studies within larger quantitative studies, which usually occurs in randomised controlled trials). For instance, in order to examine staff turnover in community-based organisations providing child welfare services, Aarons et al. (2012) conducted quantitative and qualitative analyses separately and then combined both data sets to reveal issues related to turnover.

Thus, mixed methods research designs include collecting, analysing and integrating qualitative and quantitative data, and their analyses and interpretations (Aarons, et al., 2012). As surmised by Palinkas et al. (2011), there appears to be three considerations when choosing mixed methods design: the nature of the research question, how the questions being addressed by each
method are related to one another, and the strength of each method relative to the weaknesses of
the other (p. 262). These questions were taken into consideration in the present study.

3.2.3 Research Rationale and the Present Study

A mixed methods approach was chosen for this cross-cultural research because it was
considered to offer the most appropriate way of gaining insight into the perceptions and
experiences of ageing, filial piety and successful ageing among older Chinese immigrants and
Anglo-Australians. Since little is known about the subjective ageing experience of Chinese
immigrants in Australia, combination of qualitative and quantitative methods were used as one
method alone could not give a complete picture (Bryman, et al., 2008). For Bryman et al.
(2008), “each source of data represents an important piece in a jigsaw” (p. 264). Both methods
were therefore used to attain complete understanding of the subject matter.

The methods were used in sequence. The present research utilised a two-phase design
with the qualitative method preceding the qualitative method. Qualitative and quantitative data
were analysed separately and then combined to shed light on issues related to cultural meaning
of ageing (i.e., one’s beliefs, norms, values and behaviours) (Aarons, et al., 2012). As shown in
Figure 4, in the present research, the first phase (Study 1) involves a qualitative research
component, characterised by a phenomenological research design. Semi-structured interviews
were selected to enable a range of issues to be discovered in more depth than otherwise was
possible in quantitative method (Aarons, et al., 2012). The second phase (Study 2) of the
research is a larger scale quantitative study to collect empirical data in order to further assess the
views of older people regarding their preference of care and expectations within the Australian
socio-cultural setting. The quantitative research design was used to gain a larger sample and identify general patterns and behaviours of groups of individuals (Erzberger & Kelle, 2003). It extends the target population to include the Chinese-speaking Chinese-Australians so as to capture a wider group of participants and to form a sizeable sample. The aim of the quantitative data was to offer a sense of the degree to which certain views were held regarding cultural meaning of ageing. These two independent phases are then brought together at the end to form joint discussions and interpretations of the findings in the conclusion (Creswell, Plano Clark, Gutmann, & Hanson, 2003).

The function of the present mixed methods research was ‘complementarity’, in which each method was used to answer related questions for the purpose of elaboration (Palinkas, et al., 2011). Elaborative designs seek to elaborate, enhance, illustrate and clarify findings from one method with the findings from the other method, thereby adding richness to the results (Rossman & Wilson, 1985). For example, in the present research, qualitative data added depth to the study by exploring the overall context of the immigration experience, family interactions and the cultural meaning of filial care. Quantitative data, on the other hand, provide descriptions of particular filial action items and differences in expectations among Chinese-and Anglo-Australians. Thus, qualitative methods in elaborative designs are used to provide ‘depth of understanding’, whereas quantitative methods are used to provide ‘breath of understanding’ (Aarons, et al., 2012, p. 68).
3.2.4 Operational Definitions of ‘Chinese-Australians’ and ‘Anglo-Australians’

In research such as this, operational definitions need to be established at the outset. Issues for this particular research include exploring ways in which cultural groups have been defined and its attempt to define and classify ‘Chinese-Australians’ and ‘Anglo-Australians’ for the purposes of the present research.
A common approach that has been used for classification purposes is the grouping of countries according to geographical regions. Cross-cultural research have commonly used labels such as ‘Asian American’, ‘European American’ and ‘African American’ to compare and distinguish backgrounds and experiences of these groups of Americans (Coon & Kemmelmeier, 2001). For example, the term ‘Asian’ has been used as an umbrella term and commonly used to refer to people from different countries (e.g., Japan, Korea, Malaysia, and Indonesia) within the Asian continent (Park & Chesla, 2007). As Asian immigrants come from various countries with different historical backgrounds, social and political situations, and systems and institutions (Park & Chesla, 2007), researchers have the propensity to run the risk of overgeneralisation, thereby neglecting within group differences among subgroups (Coon & Kemmelmeier, 2001). For instance, Chinese from China are from different socio-political circumstance to Chinese from Malaysia, democracy as the most noticeable difference. Therefore, as Leung, Pe-Pua and Karnilowicz (2006) have observed, current definitions of cultural groups tend to under-represent each country’s uniqueness and culture, noting that groupings of countries make it difficult to distinguish the “source country or cultural affinity of the groups of participants”, thereby eliminating cultural transparency (p. 100). However, it has also been argued that the sub-grouping of countries into geographic regions is considered to be appropriate, as countries share similar cultural features that have been originated from their geographical proximities, international affairs and trading (Park & Chesla, 2007). In summary, the term Asian is not as straightforward as it seems.

While it is important to recognise and distinguish the different elements to the term Asian and that such grouping could be problematic, as Asians are not a homogenous group; the use of broad terms however is particularly useful in a larger cultural context where comparisons and
inferences between Asian (i.e., Eastern) and mainstream non-Asian (i.e., Western) groups were made (Leung, Pe-Pua, & Karnilowicz, 2006; Liu, 2007).

Nevertheless, every attempt was made to recruit a sub-group of Chinese from the same country of origin so that participants are from similar political, social, and historical backgrounds. While it was possible to recruit a sub-group of Chinese for study one \((n = 10)\), where all but one participant were Chinese-Malaysians (the other participant was from a neighbouring country, Singapore and so was grouped together because the two countries share similar social and cultural practices), it was difficult to narrow study two down to a specific sub-group of Chinese due to the size and scope of the research. In the present research, these labels are therefore used with caution, acknowledging that they do not sufficiently reflect variability and within group differences in terms of backgrounds and experiences (Coon & Kemmelmeier, 2001). In any case, and more importantly, participants in the present study are self-identified as to the cultural group they felt they most identified with that were within the confines of the operational definitions provided at the outset.

Thus, for the purposes of the present research, after much deliberation and approval of the ethics committee, Chinese-Australians were operationally defined as participants who identified themselves as Chinese, were from South-east Asian and North-east Asian countries (Australian Bureau of Statistics, 2001) and who had at least one Chinese parent. Anglo-Australians were operationally defined as participants from a western background. They included people born overseas to one or both western parents, who migrated to Australia, country of origin included England, Ireland and Scotland as well as those born in Australia to at least one western parent who had lived in Australia most of their lives (Australian Bureau of Statistics, 2003; Ng, et al., 2000; Tan, Ward, & Ziaian, 2010).
3.3 Method

This section presents overall details of study one, a qualitative study, and study two, a quantitative study. Eligibility criteria for both studies were: aged 55 or over, community-dwelling in Australia and of either Chinese-Australian or Anglo-Australian background. Chapters four and five focus on the topic of successful ageing and chapters six and seven focus on the topic of filial piety. Findings of these studies are based on qualitative and quantitative data.

3.3.1 Study One: Participants

Semi-structured interviews were conducted with 11 Anglo-Australians and 10 Chinese-Australians. Overall characteristics of Anglo-and Chinese-Australians in study one are presented in Table 1.
Table 1: Sample description of Anglo- and Chinese-Australians in study one \((N = 21)\)

<table>
<thead>
<tr>
<th></th>
<th>Anglo-Australian</th>
<th>Chinese-Australian</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(n)</td>
<td>11</td>
<td>10</td>
<td>21</td>
</tr>
<tr>
<td>Mean age (SD)</td>
<td>69.8 (6.2)</td>
<td>59.9 (4.4)</td>
<td>65.1 (7.3)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Anglo-Australian</th>
<th>Chinese-Australian</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(n)</td>
<td>%</td>
<td>(n)</td>
<td>%</td>
</tr>
<tr>
<td>Gender Male</td>
<td>5 45.5</td>
<td>4 40</td>
<td>9 42.9</td>
</tr>
<tr>
<td>Female</td>
<td>6 54.5</td>
<td>6 60</td>
<td>12 57.1</td>
</tr>
<tr>
<td>Marital Status Married</td>
<td>7 63.6</td>
<td>10 100</td>
<td>17 81</td>
</tr>
<tr>
<td>Widowed</td>
<td>1 9.1</td>
<td>0 0</td>
<td>1 4.8</td>
</tr>
<tr>
<td>Divorced</td>
<td>3 27.3</td>
<td>0 0</td>
<td>3 14.3</td>
</tr>
<tr>
<td>Employment Paid work</td>
<td>2 18.2</td>
<td>3 33.3</td>
<td>5 25</td>
</tr>
<tr>
<td>Voluntary work</td>
<td>4 36.4</td>
<td>2 22.2</td>
<td>6 30</td>
</tr>
<tr>
<td>Not working</td>
<td>5 45.5</td>
<td>4 44.4</td>
<td>9 45</td>
</tr>
<tr>
<td>Living Arrangement Living alone</td>
<td>3 27.3</td>
<td>0 0</td>
<td>3 14.3</td>
</tr>
<tr>
<td>With spouse/partner</td>
<td>6 54.5</td>
<td>5 50</td>
<td>11 52.4</td>
</tr>
<tr>
<td>With partner and other family members</td>
<td>1 9.1</td>
<td>5 50</td>
<td>6 28.6</td>
</tr>
<tr>
<td>With other family members</td>
<td>1 9.1</td>
<td>0 0</td>
<td>1 4.8</td>
</tr>
<tr>
<td>Education Tertiary completed</td>
<td>2 18.2</td>
<td>8 80</td>
<td>10 47.6</td>
</tr>
<tr>
<td>College</td>
<td>4 36.4</td>
<td>0 0</td>
<td>4 19.0</td>
</tr>
<tr>
<td>Secondary school</td>
<td>4 36.4</td>
<td>2 20</td>
<td>6 28.6</td>
</tr>
<tr>
<td>Primary school</td>
<td>1 9.1</td>
<td>0 0</td>
<td>1 4.8</td>
</tr>
<tr>
<td>Health Fair</td>
<td>2 18.2</td>
<td>2 20</td>
<td>4 19.0</td>
</tr>
<tr>
<td>Good</td>
<td>4 36.4</td>
<td>3 30</td>
<td>7 33.3</td>
</tr>
<tr>
<td>Very good</td>
<td>3 27.3</td>
<td>1 10</td>
<td>4 19.0</td>
</tr>
<tr>
<td>Excellent</td>
<td>2 18.2</td>
<td>4 40</td>
<td>6 28.6</td>
</tr>
<tr>
<td>Income Rely on own income</td>
<td>6 54.5</td>
<td>8 80</td>
<td>14 66.7</td>
</tr>
<tr>
<td>Rely on others</td>
<td>1 9.1</td>
<td>1 10</td>
<td>2 9.5</td>
</tr>
<tr>
<td>Rely on both</td>
<td>4 36.4</td>
<td>1 10</td>
<td>5 23.8</td>
</tr>
</tbody>
</table>

(Please note all variables do not sum total 'n' due to missing data)
3.3.2 Procedure

In study one, Anglo-and Chinese-Australians were recruited through ‘snowball sampling’ and personal networks. Participants were given a ‘Background Questionnaire’ to provide demographic information. Participants were also asked information about migration. Semi-structured interviews were conducted in English to explore the experiences of Chinese-and Anglo-Australians. The interview included questions pertaining to successful ageing (as reported in Chapter four) and future care and preferences (as reported in Chapter six). The process and principles of IPA were employed to identify emerging themes from interviews.

3.3.3 Study Two: Participants

The sample group for study two consisted of 152 Anglo-Australians and 116 Chinese-Australians. Within the Chinese-Australian group, there were two subgroups: the English speaking \( (n = 68) \) and Chinese speaking \( (n = 48) \). Overall characteristics of Anglo-and Chinese-Australians in study two are presented in Table 2.
Table 2: Sample description of Anglo- and Chinese-Australians in study two \((N = 268)\)

<table>
<thead>
<tr>
<th></th>
<th>Anglo-Australian</th>
<th>Chinese-Australian</th>
<th>Total (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>152</td>
<td>116</td>
<td>268</td>
</tr>
<tr>
<td>Mean age (SD)</td>
<td>67.1 (8.6)</td>
<td>64.7 (8.4)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>(n)</th>
<th>(%)</th>
<th>(n)</th>
<th>(%)</th>
<th>(N)</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>60</td>
<td>40</td>
<td>54</td>
<td>47.8</td>
<td>114</td>
<td>43.3</td>
</tr>
<tr>
<td>Female</td>
<td>90</td>
<td>60</td>
<td>59</td>
<td>52.2</td>
<td>149</td>
<td>56.7</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>108</td>
<td>71.1</td>
<td>88</td>
<td>85.4</td>
<td>196</td>
<td>76.9</td>
</tr>
<tr>
<td>Widowed</td>
<td>22</td>
<td>14.5</td>
<td>8</td>
<td>7.8</td>
<td>30</td>
<td>11.8</td>
</tr>
<tr>
<td>Divorced</td>
<td>19</td>
<td>12.5</td>
<td>6</td>
<td>5.8</td>
<td>25</td>
<td>9.8</td>
</tr>
<tr>
<td>Never married/single</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Employment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fulltime</td>
<td>22</td>
<td>15.8</td>
<td>33</td>
<td>30.6</td>
<td>55</td>
<td>22.3</td>
</tr>
<tr>
<td>Part-time</td>
<td>20</td>
<td>14.4</td>
<td>12</td>
<td>11.1</td>
<td>32</td>
<td>13</td>
</tr>
<tr>
<td>Casual</td>
<td>4</td>
<td>2.9</td>
<td>5</td>
<td>4.6</td>
<td>9</td>
<td>3.6</td>
</tr>
<tr>
<td>Voluntary work</td>
<td>34</td>
<td>24.5</td>
<td>7</td>
<td>6.5</td>
<td>41</td>
<td>16.6</td>
</tr>
<tr>
<td>Not working</td>
<td>59</td>
<td>42.4</td>
<td>51</td>
<td>47.2</td>
<td>110</td>
<td>44.5</td>
</tr>
<tr>
<td><strong>Living Arrangement</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living alone</td>
<td>35</td>
<td>23.6</td>
<td>11</td>
<td>9.6</td>
<td>46</td>
<td>17.6</td>
</tr>
<tr>
<td>With spouse/partner</td>
<td>86</td>
<td>58.1</td>
<td>45</td>
<td>39.5</td>
<td>131</td>
<td>50</td>
</tr>
<tr>
<td>With partner and other family members</td>
<td>19</td>
<td>12.8</td>
<td>49</td>
<td>43</td>
<td>68</td>
<td>26</td>
</tr>
<tr>
<td>With other family members</td>
<td>7</td>
<td>4.7</td>
<td>7</td>
<td>6.1</td>
<td>14</td>
<td>5.3</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0.7</td>
<td>2</td>
<td>1.8</td>
<td>3</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tertiary completed</td>
<td>57</td>
<td>38.5</td>
<td>56</td>
<td>50.9</td>
<td>113</td>
<td>43.8</td>
</tr>
<tr>
<td>Tertiary incomplete</td>
<td>14</td>
<td>9.5</td>
<td>3</td>
<td>2.7</td>
<td>17</td>
<td>6.6</td>
</tr>
<tr>
<td>College</td>
<td>20</td>
<td>13.5</td>
<td>11</td>
<td>10</td>
<td>31</td>
<td>12</td>
</tr>
<tr>
<td>Secondary school</td>
<td>46</td>
<td>31.1</td>
<td>35</td>
<td>31.8</td>
<td>81</td>
<td>31.4</td>
</tr>
<tr>
<td>Primary school</td>
<td>7</td>
<td>4.7</td>
<td>3</td>
<td>2.7</td>
<td>10</td>
<td>3.9</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>2.7</td>
<td>2</td>
<td>1.8</td>
<td>6</td>
<td>2.3</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor</td>
<td>4</td>
<td>2.7</td>
<td>2</td>
<td>1.8</td>
<td>6</td>
<td>2.3</td>
</tr>
<tr>
<td>Fair</td>
<td>19</td>
<td>12.8</td>
<td>28</td>
<td>24.8</td>
<td>47</td>
<td>18</td>
</tr>
<tr>
<td>Good</td>
<td>54</td>
<td>36.5</td>
<td>51</td>
<td>45.1</td>
<td>105</td>
<td>40.2</td>
</tr>
<tr>
<td>Very good</td>
<td>59</td>
<td>39.9</td>
<td>21</td>
<td>18.6</td>
<td>80</td>
<td>30.7</td>
</tr>
<tr>
<td>Excellent</td>
<td>12</td>
<td>8.1</td>
<td>11</td>
<td>9.7</td>
<td>23</td>
<td>8.8</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rely on own income</td>
<td>88</td>
<td>59.1</td>
<td>66</td>
<td>59.5</td>
<td>154</td>
<td>59.2</td>
</tr>
<tr>
<td>Rely on others</td>
<td>16</td>
<td>10.7</td>
<td>28</td>
<td>25.2</td>
<td>44</td>
<td>16.9</td>
</tr>
<tr>
<td>Rely on both</td>
<td>45</td>
<td>30.2</td>
<td>17</td>
<td>15.3</td>
<td>62</td>
<td>23.8</td>
</tr>
</tbody>
</table>

(Please note all variables do not sum total 'n' due to missing data)
3.3.4 Materials

In study two, participants were given a battery of questionnaires to complete including a Background Questionnaire, the Successful Ageing Questionnaire (Phelan et al., 2004), the modified Filial Responsibilities and Expectations Questionnaire (Gallois, et al., 1999; Liu, et al., 2000) and the Suinn-Lew Self-Identity Acculturation Scale (SL-Asia Scale) (Suinn, et al., 1992; Suinn, et al., 1987). Questionnaires were available in English and in Chinese.

3.3.5 Procedure

In study two, research packages were disseminated throughout Australia, namely, Victoria, New South Wales and South Australia, to individuals, community leaders and volunteers for distribution. Strategies employed for recruiting participants include emails, letters, posters and ethnic radio programs. Community groups and organisations, for example, Community Welfare Services, Migrant Resource Centres and Neighbourhood Houses and Learning Centres, were invited to participate. People who were interested in participating contacted the researcher who then sent out the research package to them, and were returned to the researcher via reply-paid envelopes.

3.3.5.1 Translation and Back-translation

Because there was minimal financial support for translation of the materials, a number of strategies were employed. The researcher sought support from the Chinese community and
individuals with Chinese language proficiency for translation of questionnaires. A close working relationship was subsequently established with the Chinese Welfare Services Inc. (CWS) in Adelaide, South Australia. The community leader and social worker were firstly briefed on the purpose of the study and the questionnaires involved. They then assigned the questionnaires to other volunteers within the organisation who were able to undertake the task of translation.

A total of ten bilingual speakers assisted with the translation and back-translation of the questionnaires to Chinese. Most of the volunteer translators were recruited from the Chinese Welfare Services Inc, (CWS) committing up to a total 60 hours of their time. The whole process took almost three months to complete. Volunteer translators had come from different backgrounds and qualifications, including a former registered nurse, two social workers and an Associate Professor from the University of Adelaide whose area of expertise was in Chinese politics. Their insights and expertise were particularly valuable to the process of translation.

Eight of the volunteers translated one questionnaire each and two were in charge of cross-checking. Discrepancies in the functional meaning were resolved among volunteer translators and the researcher. Back-translation therefore involved checking and confirming terms, definitions and meanings so that it could be understood by lay people. A further benefit was that the questionnaires were made relevant, easy to understand, and culturally appropriate. Although it was a challenge to meet datelines and coordinate meetings with the volunteers, the process was nevertheless worthwhile. Volunteers were thanked with a token gift and a monetary gift was made to the CWS. Translated questionnaires are available on request from the author.
3.4 Interpretative Phenomenological Analysis (IPA)

3.4.1 Background

The qualitative approach adopted in the present research is Interpretative Phenomenological Analysis (IPA). Phenomenology is a philosophical approach concerned with the way in which human beings experience the world within specific contexts and at specific times (Willig, 2001). The researcher using this approach is therefore interested in obtaining an understanding of the individual’s thoughts and feelings (Murray & Harrison, 2004). While phenomenology shares the same qualitative roots as ethnography, hermeneutics and symbolic interactionism (Lester, 1999), phenomenological research attempts to describe qualitative data without interpretation and preconceived ideas (Lester, 1999). As discussed below, subsequent developments within the phenomenological tradition extended this approach to recognise the interpretative position of the researcher (Chapman & Smith, 2002). According to Tiddall (1994), qualitative research recognises that the social world is one that is complex and dynamic, whereby the researcher has direct interaction and engagement with participants.

IPA is a phenomenological method that was developed by Jonathan Smith (Smith, Flowers, & Osborn, 1997; Smith, Harre, & Langenhove, 1995). The epistemological position of IPA comprises of both phenomenology and hermeneutic inquiry (Smith & Eatough, 2006). While phenomenology is used to inform how individuals experience particular events (Willig, 2001) by way of description (Lester, 1999), current hermeneutic inquiry focuses on the way in which individuals interpret and understand specific events (Smith & Eatough, 2006).
Essentially, IPA recognises the researcher’s interpretative role in the analysis (Smith, et al., 1997; Smith, et al., 1995).

The focus of IPA is to understand the lived experiences of participants and represent their worldviews from participants’ perceptions (Weed, 2005). As Smith et al. (2003) asserts, IPA aims to “explore in detail how participants are making sense of their personal and social world, and the main currency for an IPA study is the meanings particular experiences, events, states hold for participants” (p. 51). In doing so, its approach allows a personal account of the issue under study (Murray & Harrison, 2004). When researchers investigate accounts using IPA, they look at accounts of lived experiences of participants, that is, the way in which participants construct their personal and social world, and the significance of their experiences, events and circumstances (Smith & Osborn, 2003). At the same time, IPA recognises the researcher’s interpretative role in the analysis (Smith, et al., 1997; Smith, et al., 1995). As a result, the philosophical framework of IPA is a dual interpretation process, also termed as “double hermeneutic” which emphasises the interplay between participants attempt to make sense of their circumstances and the role of researchers’ own experiences in interpreting accounts (Smith & Eatough, 2006).

IPA has become a popular method in research in nursing, and health psychology (Carradice, Shankland, & Beail, 2002). Topics that have been addressed are diverse; including for example, the experiences of health care professionals (Davidsen, 2012), ageing and mental health (Clare, 2002), quality of life of patients (Holmes, Coyle, & Thomson, 1997), subjective experiences of participants living with Parkinson’s disease (Bramley, 2005) acquired traumatic brain injury (Howes, Benton, & Edwards, 2005), and whose parents have a mental health and a substance use disorder (Reupert, 2012).
There are, however, methodological constraints to IPA. According to Willig (2005), limitations include the a) role of language; b) the suitability of accounts; and, c) explanation versus description. The role of language assumes that “language constructs, rather than describes, reality” (Willig, 2001, p. 63). Since language is the avenue in which participants share and communicate their experiences, description of accounts are therefore confined to one’s language ability. As a result, the role of language may not fully capture experience completely. Brocki (2006), however, commended IPA for its accessibility, claiming that IPA researchers have a tendency to use simple language and guidelines, “rather than using language to obscure meaning in the way that other qualitative methodologies might be criticised for” (p. 101).

IPA does not endeavour to achieve a representative sample; instead, the sample is usually small and homogenous (Smith & Eatough, 2006). According to Chapman and Smith (2002), general claims about the phenomena therefore cannot be made because IPA studies usually refer to a specific group of participants and its goal is detailed engagement with participants’ accounts. This “context-specific settings” acknowledges individual situations (Hoepfl, 1997), which do not allow immediate generalisation as is sometimes the case in quantitative research (Lester, 1999). Smith and Eatough (2006) further noted that in-depth analysis of individual accounts is time-consuming and it is therefore pragmatic for IPA studies to have smaller sample sizes in order to give integrity to each account.

Moreover, although the researcher is actively involved in interpreting participants’ accounts (Tindall, 1994), IPA acknowledges that the researcher can never fully comprehend the personal world of the participant (Weed, 2005) and that the interpretative role of the researcher is largely based on the researcher’s insights and experiences (Chapman & Smith, 2002). Interpretation of accounts may therefore be limited within the researcher’s worldview. This
could however be resolved through “reflexivity” a process that articulates potential influence of the researcher’s own personal biases, assumptions and background on their interpretation of the data (Creswell & Miller, 2000).

3.4.2 Rationale for using IPA

The genesis of the present research stemmed from the researcher’s own observations and personal experience as an immigrant and whose parents are ageing away from their country of origin. It led the researcher to question the ageing experience of immigrants more broadly and what her own parents might expect as they age, more specifically. For example, what were their plans for the future and did they expect certain duties to be fulfilled by their own children? Hence, it brought about interest in the prevalence of traditional norms and expectations and how immigrants from traditional backgrounds age away from their country of origin.

Since little is known about the subjective ageing experience of Chinese immigrants in Australia, and given the researchers immersion and personal interest in the topic, the philosophical framework of IPA was selected for the qualitative phase of the project. Semi-structured interviews were used; these not only enabled the researcher to obtain in-depth information but the flexible nature of the interviews allowed the interviewer to develop a rapport with the interviewee, permit variation during the interview and enabled further exploration and clarification of accounts that emerged (Smith, et al., 1995). Participants were able to share without boundary. For instance, in the present research, some participants shared detailed accounts of their immigration experiences and of the impact on themselves and their families. Hence, richer data was obtained (Smith, et al., 1995).
Palmer, Larkin, de Visser and Fadden (2010) observed that what is shared during interviews is likely to be shaped by the degree of shared experience between the research and participant; questions and reactions of the researcher; and sensitivity and privacy of the subject matter. Given its interactive nature, some have suggested the researcher need to acknowledge personal and intellectual biases, which have been referred to as “researcher effects” (Miles & Huberman, 1994). One way to circumvent preconceived notion is to ‘own one’s perspective’ (Elliott, Fischer, & Rennie, 1999) or through self-reflection, which provides opportunity for the researcher to reflect (Smith, 1995) and articulate the way in which their own personal biases, assumptions and background may have influenced their interpretation (Creswell & Miller, 2000). This process of self-reflection is also known as reflexivity. Reflexivity, for example, considers personal characteristics such as age, sex, social class and professional status of the researcher may influence the interpretation of the data (Mays & Pope, 2000). Since IPA acknowledges the interpretative position of the researcher based on the researcher’s insights and experiences (Chapman & Smith, 2002), reflexivity is particularly relevant in the current research considering the researcher’s background and interest in the subject matter.

3.4.3 Reflexivity

In the case of the present study, the researcher (who was also the interviewer) is a Chinese woman who was born in Malaysia where she had spent part of her childhood years. Her parents had immigrated to Australia in 1990, leaving their own parents behind, and arrived in the new country with three young children; the researcher is eldest of the three. Upon arrival, the family only knew a handful of family friends who were also immigrants themselves. With little
social support, her parents worked hard to establish their new life. Her father experienced a change of career as his qualifications were not recognised in Australia and her mother, a registered nurse, worked night shifts over the weekend because of higher penalty rates.

Although she is from a Cantonese and Hokkien Chinese-speaking family, she is not fluent in any of the Chinese dialects, especially after immigration when she stopped speaking Hokkien entirely. This however did not mean loss of connection to her cultural heritage. As Ngan and Kwok-bun (2012) noted, the loss of language does not necessarily mean loss of an ethnic identity even though language is a significant symbol of ethnic identity.

From a young age, her parents had instilled Chinese values and had placed much emphasis on kinship ties and familial responsibilities. As the eldest child, for example, she was expected to look after her younger siblings and help with household chores even at a young age. In her schooling days, her parents were considered to be stricter than compared to that of her non-Asian friends, for example, restricted freedom of movement imposed by non-negotiable curfews. On reflection, these values were perhaps held more tightly by her parents than by other family members in Malaysia. It may be that her parents had feared that these values would be lost on immigration.

Over the years, she observed her parents themselves maintain contact with their own parents and other family members by making visits back to Malaysia and frequent phone calls. Her parents would also ‘send money home’, frequently assisting the family in Malaysia financially, and these acts were considered ‘normal', that one ‘should’ help out family even though they may never pay the money back. Their struggles of living away from their country of origin were at times apparent when certain duties, for example, when a parent had fallen ill, could not be fulfilled and feelings of helplessness, guilt and worry often result, although these
feelings were not explicitly communicated. As noted previously, these observations have led the researcher to question what her own parents might expect as they age away in a Western country.

Given that her insights were largely based on her own personal experiences and observations of her parents and friends of the family in similar circumstances as they experience their own ageing process, her interpretations of participants’ accounts may have been influenced by her own personal biases and assumptions, particularly as an immigrant and as a daughter whose parents are ageing away from their country of origin. However, given that the researcher has spent most of her life in Australia, her understanding of both cultures is beneficial to the present research. Her personal background as a Chinese immigrant to Australia implies cultural sensitivity as her knowledge and understanding of the Chinese culture enabled her to relate to the interviewees more readily, providing a sense of commonality and even trust. Yet, upon reflection, participants’ willingness to share may have been influenced by the presence of the researcher in the interview process. For example, given that the Chinese community is small and can be tight knit, participants may have applied caution and may not have shared as readily or openly even though they were assured confidentiality and anonymity.

The researcher’s age and gender could have also influenced the conduct of the interview and therefore participants’ responses. Given that the researcher is considerably younger than the participants and is a woman, male participants in particular may have found this confronting as it could potentially challenge traditional norms regarding the female role and status. This could be one of the reasons why male participants generally had shorter interviews than female participants, or perhaps they were just generally less inclined to share. Since interviews were organised through various networks, participants may have felt that they were obligated to participate out of favour for the person who had recommended the research. This process of
reflexivity therefore allows acknowledgement of potential effects of the researcher’s personal and professional roles during the conduct of the interviews and data interpretation (Elliott, et al., 1999; Mays & Pope, 2000). It was the main reason that IPA was chosen.

3.4.4 The Process of Data Analysis in IPA

As shown in Table 3, interviews were transcribed and data were analysed according to the four stages of IPA, as outlined by Smith and colleagues (Smith et al., 1995, 2003; Smith & Osborn, 2003): 1) reading and re-reading of transcripts; 2) identifying and labeling emerging themes; 3) clustering of themes; and 4) concise and logical outline of the themes through a summary table.

Table 3: Summary table of the four stages of data analysis in IPA

<table>
<thead>
<tr>
<th>Stage one: Transcripts were read and re-read</th>
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<tr>
<td>Data familiarization, getting to know the text</td>
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<tr>
<th>Stage two: Themes were identified and labeled</th>
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<tr>
<td>Coding Stage 1</td>
</tr>
<tr>
<td>Line by line coding</td>
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<tr>
<td>Transfer of initial notes into themes</td>
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<tr>
<td>Initial themes were grouped together into sub-themes</td>
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<tr>
<th>Stage three: Themes were clustered</th>
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<tr>
<td>Coding Stage 2</td>
</tr>
<tr>
<td>Connections and shared meanings identified</td>
</tr>
<tr>
<td>Initial sub-themes were then reviewed and subsequently re-clustered into master themes</td>
</tr>
</tbody>
</table>
Stage four: A summary table was produced

- Structure of the data
- Selection of quotes

The first stage of IPA involved reading and re-reading of transcripts (Warwick, Joseph, Cordle, & Ashworth, 2004, p. 121). This process essentially allowed the analyst to get to know the text, and familiarised with the data (Chapman & Smith, 2002; Lester, 1999; Pope, Ziebland, & Mays, 2000). The second stage entailed identifying and labelling emerging themes (Cartwright & Torr, 2005). Transcripts were analysed individually, on a case by case basis (Chapman & Smith, 2002). This stage was also the first of the two stage coding process, labelled as ‘Coding Stage 1’, which involved line by line coding (Begley & Quayle, 2007). For each transcript, key terms were either highlighted or underlined (Miles & Huberman, 1994). The analyst was able to identify individual accounts through highlighted key words and repeated phrases. This stage also allowed the analyst take note of initial observations and preliminary interpretations (Cartwright & Torr, 2005), and identify what was expressed in the transcript ‘through thematic labels’ (Willig, 2001, p. 57). Themes were then labelled and identified using key words or phrases (Cartwright & Torr, 2005). Initial themes were grouped together into sub-themes. During this process, the analyst repeatedly checked against the transcript so that the themes are linked with participant’s actual accounts (Warwick, et al., 2004). As noted by Smith and Osborn (2003), “the skill at this stage is finding expressions which are high level enough to allow theoretical connections within and across cases but which are still grounded in the particularity of the specific thing said” (p.68). Essentially, this process enabled individual
comments and accounts tentatively transform into themes (Chapman & Smith, 2002; Willig, 2001).

The third stage of the analysis involved clustering of themes. In order to give the analysis structure, this was the second of the two stage coding process, which entailed connections between themes and shared meanings identified (Begley & Quayle, 2007; Chapman & Smith, 2002; Willig, 2001). As suggested by Bryman et al. (1994) and Pope et al. (2000), the “cutting and pasting” method could be used to select sections of the data and group the themes together. For cross-checking purposes, the analyst consistently referred and relate back to the original transcript so that the themes actually reflect participants’ account (Warwick, et al., 2004; Willig, 2001). Themes for all the participants were then grouped together into a cluster of master themes (Warwick, et al., 2004, p. 121). Once the themes were clustered into main categories, they were then labelled (Willig, 2001). In their study, Warwick et al. (2004) used this stage to revise the clusters identified in the previous stage by taking a closer look at distinctive experience of participants’ so as to ensure comprehensive involvement with the data and protection against preconceived notion (Warwick, et al., 2004).

The final stage, Stage 4 of the analysis, presents a summary table of the Super-ordinate, Core and Sub-themes. The purpose of the summary table was to present a concise and logical outline of the themes, comprised of clusters and key words (Willig, 2001). Although data analysis was primarily concerned with describing than explaining the qualitative data, some level of interpretation by the researcher is acknowledged and this, for example, happens when the researcher chooses what to present, how it should be expressed and ordered (Lester, 1999). This is particularly important within IPA as it acknowledges the researcher’s own understanding and interpretation of participants’ accounts (Smith & Eatough, 2006; Smith & Osborn, 2003).
Themes and extracts were then compared across participants (Cartwright & Torr, 2005) and texts in the form of interview excerpts were used to discuss relevant themes.

The stages of data analysis outlined above are used in the qualitative studies presented in the present research. Although Interpretative Phenomenological Analysis (IPA) has gained widespread acceptance in psychological research, questions remain about what evaluative criteria should be applied to ensure rigour and credibility of data analysis. As this issue is clearly pertinent to the studies presented in the present research, consideration of how this issue would be addressed in the qualitative studies conducted resulted in the preparation of a paper that has been submitted for publication that addressed the issue using the present research as a case study. The paper is presented in its entirety in the following section. For ease of reading, subsections are numbered according to chapter format and the reference list is included in the main reference list rather than attached to the manuscript.
Establishing Rigour and Credibility within the Context of Interpretative Phenomenological Analysis (IPA)

Statement of Authorship

This empirical study has been submitted to *Qualitative Research in Psychology*:


Author Contributions

By signing the Statement of Authorship, each author certifies that their stated contribution to the publication is accurate and that permission is granted for the publication to be included in the candidate’s thesis.

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3.5 Abstract

Although Interpretative Phenomenological Analysis (IPA) has gained widespread acceptance in psychological research, questions remain about what evaluative criteria should be applied to ensure rigour and credibility of data analysis. This paper explores the application of inter-rater reliability within the context of IPA and considers issues that limit its applicability, including lack of consideration of subjectivity, contextual and individual differences; limitations in using pre-determined themes or coding; concerns about using quantitative criteria on qualitative research; and pragmatic considerations of the need for sufficient resources and the involvement of an independent rater. The authors’ research using IPA to gain insights into Chinese- and Anglo-Australians perceptions of ageing well, filial responsibility and aged care expectations is presented as a case study to illustrate how quoting raw data, engaging in reflexivity and conducting member checks can be used to establish rigour.

3.5.1.1 Key words: interpretative phenomenological analysis, credibility, inter-rater reliability, qualitative research
3.6 Introduction

There is a long tradition of phenomenological approaches being utilized to investigate subjective experiences with the interpretative position of the researcher now well recognised (Chapman & Smith, 2002). Interpretative Phenomenological Analysis (IPA) developed by Jonathan Smith (Smith, 1995; Smith, et al., 1997) is a data collection and analysis technique designed to allow the investigator to discover the respondent’s psychological world (Smith & Osborn, 2003) and is “concerned with an individual’s personal perception or account of an object or event, as opposed to an attempt to produce an objective statement of the object or event itself” (Smith & Osborn, 2003, p.51). When researchers investigate accounts using IPA, they look at accounts of lived experiences of participants, that is, the way in which participants construct their personal and social world, and the significance of their experiences, events and circumstances (Smith & Osborn, 2003). At the same time, IPA recognises the interpretative role that is played by the researcher in this process based on their insights and personal experiences (Chapman & Smith, 2002).

IPA has become a popular method in the fields of health and psychology (Carradice, et al., 2002). Topics that have been addressed are diverse; including for example, the experiences of health care professionals (Davidsen, 2012), ageing and mental health (Clare, 2002), quality of life of patients (Holmes, et al., 1997), subjective experiences of participants living with Parkinson’s disease (Bramley, 2005) acquired traumatic brain injury (Howes, et al., 2005), and whose parents have a mental health and a substance use disorder (Reupert, 2012). In Davidsen’s (2012) study, IPA analysis revealed different processes of understanding patients with emotional problems or mental disorders and different levels of psychotherapeutic approach. For example,
she found the process of understanding other people’s mental state includes the tendency to show empathy in the patient’s situation and the ability to express their thoughts, imaginations and fantasies about the patient’s mental condition (Davidsen, 2012).

With the widespread acceptance of IPA in qualitative research, the issue of establishing rigour to ensure credibility of data analysis has become increasingly important. Various guidelines have become available for assessing quality in qualitative research (Creswell, 1998; Miles & Huberman, 1994; Yardley, 2000). These include Lincoln and Guba’s (1985) concept of ‘trustworthiness’ which contains four specific criteria: credibility, transferability, dependability, and confirmability; and Yardley’s (2000) four evaluative ‘flexible principles’ including sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. However, with the proliferation of qualitative approaches, the upsurge in descriptive terms, guidelines and criteria that has emerged can be confusing and not always appropriate to the chosen research method (Mays & Pope, 2000). For instance, de Witt and Ploeg (2006) argued that the criteria of confirmability and credibility are inconsistent with the philosophical stance of interpretative phenomenology, and they are therefore unsuitable as expressions of rigour. Instead, after their critical review of the nursing literature of published interpretative phenomenological work between 1994 and 2004, de Witt and Ploeg (2006) proposed five expressions of rigour for interpretative phenomenology research. These include balanced integration (i.e., linking philosophical ideas in the method and findings and balance between the accounts of the participants and the philosophical explanation); openness (i.e., methodical and open process for decisions made throughout the process); concreteness (i.e., effectiveness of practice, connecting to everyday life); resonance (i.e., pragmatic or felt effect of the findings on the reader); and actualization (i.e., future meaning of the findings). Accordingly, both balanced
integration and openness represent expressions of rigour in the research process, and concreteness, resonance and actualization represent expressions of rigour in the research outcome. While de Witt and Ploeg’s (2006) framework of expressions of rigour is certainly a step forward towards evaluating rigour in interpretative phenomenological research, it is unclear how these aspects reflect how rigour is assessed and indeed established in a given research. Actualization, for example, refers to future interpretations of the findings by readers and as noted by the authors, there is nothing available in the field for recording actualization (de Witt & Ploeg, 2006). Moreover, it is unclear how information would be processed in such recording, and indeed subsequently assessed and/or integrated into the research finding. Thus, there is a lack of consensus concerning how rigour should be addressed within qualitative inquiry in general, and what evaluation criteria should be applied to ensure credibility of data analysis in IPA, more specifically.

Another, but more controversial, approach that has emerged in discussions of reliability and validity in qualitative work is the concept of inter-rater reliability (Armstrong, Gosling, Weinman, & Marteau, 1997; Campbell, Quincy, Osserman, & Pedersen, 2013; Thompson, McCaughan, Cullum, Sheldon, & Raynor, 2004). Inter-rater reliability is commonly used as a ‘verification’ strategy employed in research studies based on quantitative data (Campbell, et al., 2013; Marques & McCall, 2005). As a way of demonstrating consistency within the data set, it is typically concerned with counting and is a percentage-based agreement between two or more analysts (Marques & McCall, 2005).

The question of whether validity in qualitative inquiry should be judged using the same standard as quantitative research (Armstrong, et al., 1997) has been debated. While some researchers (Brocki & Wearden, 2006, p.97 in Touroni and Coyle, 2002; Yardley, 2000) argue
that it would be inappropriate to apply traditional quantitative validation methods on qualitative research, others (e.g., Campbell, Quincy, Osserman & Pedersen, 2013; Hruschka, Schwartz, St.John, Picone-Decaro, Jenkins & Carey, 2004; Kurasaki, 2000) have advocated that assessing inter-rater reliability in qualitative data is necessary to achieve rigour.

Despite its adoption in some areas of qualitative research, the utility of inter-rater reliability specifically within the context of IPA has not been explored. The purpose of this paper is to address this gap in the literature by critically examining the application of inter-rater reliability as a way of establishing rigour within the framework of IPA. Given the theoretical position of IPA, it proposes four reasons as to why inter-rater reliability is inappropriate in IPA research. The paper then proposes three techniques (quoting raw data, reflexivity and member checks) that were used as a way of establishing rigour within an IPA framework by using the first author’s cross-cultural research into ageing well, filial responsibilities and care expectations as a case study. It is the hope of this article to stimulate and open further discussions on inter-rater reliability in qualitative research, extending it to the theoretical framework of IPA, and that the proposed guidelines, while not prescriptive, are useful to further improve quality assessments in IPA research design.

3.7 Application of Inter-rater Reliability within the Framework of IPA

This paper proposes four reasons as to why inter-rater reliability is inappropriate within the context of IPA, including the lack of consideration of subjectivity, context and individual differences (interpretative role of researchers); pre-determined themes or coding as limiting;
danger of using quantitative criteria on qualitative research; and the need for sufficient resources and involvement of an independent rater.

3.7.1 Lack of Subjectivity, Context and Individual Differences (Interpretive Role of Researchers)

One class of limitations around using inter-rater reliability as a validation method in IPA concerns involves its approach to researcher subjectivity, context and individual differences. Inter-rater reliability does not take such factors into account and yet they are the foundation of IPA. Because inter-rater reliability is concerned with counting categories and it reflects the percentage-based level of agreement between themes identified two or more analysts (Marques & McCall, 2005), it ignores the central premise of IPA, that is, the interpretive role of researchers. As Yardley (2000) points out, while it is possible to educate two people to code a text in the same manner, it does not prevent the component of subjectivity in the interpretation of the data; it merely turns out to be an interpretation that has been approved by two people.

Different coders may vary in their interpretation of the content of the text (Campbell, et al., 2013; Hruschka et al., 2004). The listing of themes is required by different inter-raters (Marques & McCall, 2005), the involvement of different raters means that “there may be different configurations in the packaging of the themes” (Armstrong, et al., 1997, p. 441). This means that the more divergent positions there are, the more likely the listing of themes is to be inconsistent. For example, difficulties may arise when it comes to reaching consensus in the listing and or ‘packaging’ of themes, and when there are unequal number of themes between the researcher and rater (Marques & McCall, 2005). This becomes a complex process when individual interpretation may be negotiated in order to fit the views of others (Armstrong, et al.,
The concept of inter-rater reliability disregards IPA’s fundamental principle, which contends that accounts are considered in relation to the researchers’ personal views and experiences and hence, they are essentially shaped by the researcher’s interpretive framework (Armstrong, et al., 1997; Chapman & Smith, 2002).

Inter-rater reliability also runs the risk of loss of context. Typically inter-raters only review a section of the total data set; this reflects the size and scope of qualitative data and restricted time allocation for inter-raters (Marques & McCall, 2005), and while these constraints are often driven by resources, they also mean that this technique is not suitable within the context of IPA. By reviewing only a section of the data, the analyst runs the risk of substantial loss of context. This method of analysis does not allow what Yardley (2000) referred to as ‘sensitivity to context’ and insights into the data are therefore limited. Essentially, inter-rater reliability does not have the ability to capture unique information, which again ignores the central premise of IPA’s approach. Moreover given that the researcher examines the entire data and the inter-rater only a section of data (Marques & McCall, 2005), it is arguable whether calculation of reliability is only based upon that particular section of data or whether it is inclusive of the researcher’s analysis of the entire data.

3.7.2 Pre-determined Themes or Coding as Limiting

A second limitation of inter-rater reliability is that pre-determined themes or coding are considered inappropriate within the context of IPA. The process of inter-coder reliability includes: segmentation of text, codebook creation, coding, assessment of reliability, and codebook modification (Hruschka, et al., 2004). For example, in relation to assessment of the
degree to which codings of text by various coders are similar, coders use the same codebook, and the more the coders have the same opinion on the coding of a text, the more the codebook is deemed a reliable measurement. In other words, it means one has achieved inter-coder reliability (Hruschka, et al., 2004). However, IPA does not operate under these conditions, especially when the research, as in the case of the present research, is exploratory as there has been limited previous research. It is therefore impossible to establish pre-determined codes given the lack of earlier research (Campbell, et al., 2013).

In the context of IPA, pre-determined themes or codes are inappropriate because they do not allow multiple perspectives and thus limit the interpretive position of the researcher (Chapman & Smith, 2002). This further limits “the possibilities for subtle, imaginative, context-sensitive and elaborate interpretation” (Manning and Cullum-Swan, 1994 in Yardley, 2000, p. 218). Essentially, this technique ignores what Elliott et al. (1999) referred to as ‘owning one’s perspective’ whereby authors are reflective of their values, interests and assumptions.

Pre-determined themes or coding do not necessarily allow room for unexpected findings. When divergent results arise, the literature has not addressed adequately how disagreements can be reconciled and how new ideas or themes can be included (Angen, 2000). Instead, pre-determined themes act as a cue to look for what was already presented. It becomes a danger for analysts who have been presented with pre-determined themes to look for specific words that fit the themes. Pre-determined themes therefore have the tendency to suggest ideas and concepts that might not have otherwise been thought of. Qualitative research is concerned about describing and explaining experiences of participants and the meanings they attach to events and not predicting (Willig, 2001).
Inter-raters may feel the need to meet the required number of submissions. For instance, in order to acquire a specific number of themes on the list provided, analysts may be forced to make meaningless choices (Marques & McCall, 2005). Moreover, if a theme was undetected in its initial phase of coding, it runs the danger of exclusion altogether. As a result, interpretations based on predetermined constructs are not appropriate within the context of IPA.

3.7.3 Danger of Using Quantitative Criteria on Qualitative Research

The third limitation of inter-rater reliability within the context of IPA is the danger of applying quantitative criteria to qualitative research. What applies to one method may not be appropriate to another method (Yardley, 2000). Whittemore and colleagues (2001) also advocated appropriate and flexible approaches that fit within the given qualitative framework (Whittemore, Chase, & Mandle 2001). Essentially, this is a move away from the ‘one size fits all’ dilemma (Angen, 2000). According to Mays et al. (2005), quality in qualitative research can be considered with the same broad notion of validity and related use for quantitative research, but these need to be applied differently to take into consideration the individual objectives of qualitative research.

Some researchers maintained that counting is inevitable in qualitative research. Miles et al. (1994), for example, provided three bases when resorting to the use of numbers: “to see rapidly what you have in a large batch of data; to verify a hunch or hypothesis; and to keep yourself analytically honest, protecting against bias” (p. 253). Pyett (2003), however, warns that IPA is not concerned with measuring frequency (Pyett, 2003; Smith, 2003), instead, its objectives are to produce meanings (Brocki & Wearden, 2006). While counting adds
‘quantitative weights’ to the study (Armstrong, et al., 1997), it not only faces the danger of moving away from IPA to content analysis but it also is in danger of moving further away from the context of the data. Nevertheless, qualitative analysis contends that meanings and interpretation of data are important, not just frequency (Brocki & Wearden, 2006; Smith & Osborn, 2003).

3.7.4 The Need for Sufficient Resources and Involvement of an Independent Rater

Lastly, an important and often inevitable constraint that impacts on inter-rater reliability is that it requires sufficient resources for the involvement of an independent rater in order for it to function successfully (Campbell, et al., 2013). It is perhaps more common for the novice researcher to have insufficient financial resources and time constraints. Campbell et al. (2013) suggested that because of time limitation, the coding process may engage a group of research assistants. However, it is also noted that time is also required for training the research assistants what to pay attention to when coding, and depending on the nature of the interview questions (e.g., narrow or open-ended), the level of interpreting and coding that is required (Campbell, et al., 2013). It also raises the question of how knowledgeable the coder must be in the subject matter (Campbell, et al., 2013).

Since data immersion is crucial for IPA (Smith & Osborn, 2003), it is difficult to accomplish the involvement of an inter-rater, or a team of inter-raters, due to time constraints and lack of financial resources. Although the second rater promotes greater transparency, the analyst is not necessarily present throughout the research process, merely undertaking the task of an analyst (Armstrong, et al., 1997). Involvement of second analyst at all stages is usually
restricted by time and finance. Not only is there lack of involvement of the second analyst, it is also not compulsory for the second analyst (inter-rater) to be deeply engaged in the data (Marques & McCall, 2005). This again means that only a segment of the data is read, which limits the analysis to lack of context. Moreover, issues of cost effective standards and timeliness may be compromised by lack of resources (Morse, Barrett, Mayan, Olson, & Spiers, 2002). Although lack of resources can be seen as a pragmatic concern that compromises the ability to address rigour, it should never be allowed to negate the need for it.

### 3.8 Techniques for Establishing Rigour

In relation to the first author’s research study of perceptions and attitudes of Anglo-and Chinese-Australians on ageing well, filial piety and future care plans, interview results were presented according to the themes identified using the process and principles of IPA. The four stages of data analysis included reading and re-reading of the transcripts, identifying and labelling of themes, clustering of themes and producing a summary table of themes (Smith, et al., 1997; Smith, et al., 1995). The data were then organised into two ‘super-ordinate’ themes, ‘perceptions of ageing’ and ‘coping mechanisms’, which emerged from the final list of ‘master themes’ and ‘sub-themes’. Themes were demonstrated through significant interview extracts presented in the present research. The researcher then embarked on the journey to address rigour in IPA research to ensure credibility of data analysis. Past studies have looked at various strategies with which analysts could apply to establish rigour in qualitative research, for example, triangulation (Lincoln & Guba, 1985), and audit trail (Lincoln & Guba, 1985). Following a review of the literature, the three techniques (quoting raw data, reflexivity and
member checks) that were used as a way of establishing rigour within an IPA framework were proposed. These are discussed and illustrated below using examples drawn from the first author’s research as a case study. Again, it should be noted that the proposed guidelines, while not prescriptive, hopes to stimulate and open further discussions to further improve quality assessments in IPA research design.

3.8.1 Quoting Raw Data

The first strategy for establishing credibility is to present raw data (Elliott, et al., 1999). Quoting raw data maintains associations between sections of the data (Miles & Huberman, 1994), which allows for “appraisal of fit between the data and the authors’ understanding of them; they also allow readers to conceptualize possible alternative meanings and understandings” (Elliott, et al., 1999, p. 222), demonstrating what Yardley (2000) refers to as ‘transparency and coherence’. Quoting raw data is not only effective in convincing the reader but it also allows the reader to get to know the participants at a deeper level (Bogdan & Biklen, 1998). Essentially, “interview transcripts allows readers to arrive at their own interpretation of the material” (Willig, 2001, p.146) and therefore reach their own conclusion. The readers essentially become ‘auditors’ themselves (Elliott, et al., 1999). Verbatim extracts are not only used for descriptive and illustrative purposes (Miles & Huberman, 1994), they also aim to achieve “coherence and integration while preserving nuances in the data” (Elliott, et al., 1999, p. 223).

IPA was selected as an appropriate method to explore how the experiences of migrants impact upon their perception of ageing well and their views on future care. The research
observed the four stages to IPA. During this analytic process, themes and contents from individual interviews were identified by the investigator. Verbatim extracts which best illustrated typical responses were selected for points of discussion. This means that readers were able to assess and judge the interpretations themselves (Yardley, 2000).

Moreover, in order to facilitate readers reaching their own conclusion, it was also important to provide basic descriptive data of the research participants (Elliott, et al., 1999). This process had been found to be particularly useful in the study of immigrants and acculturation. In her study, the first author employed this guideline by describing participants’ length of residency, age, and their country of origin. This not only provided adequate background information but it also allowed the reader to get a better sense of the participants in relation to their perspectives (i.e. verbatim extracts) so that readers are able to form their own judgements. This process had been referred to as “situating the sample” (Elliott, et al., 1999). This approach also would enable clearer distinction between the researcher’s interpretation and participants’ accounts (Armstrong, et al., 1997). Although quoting verbatim extracts allows greater clarity in the analytic process, ‘reflexivity’ further increases transparency of the data, thus enhancing confidence of the data analysis (Brocki & Wearden, 2006; Yardley, 2000).

3.8.2 Reflexivity

The second strategy for establishing credibility is through a process called reflexivity (Lincoln & Guba, 1985) or ‘owning one’s perspective’ (Elliott, et al., 1999). This time of ‘self-reflection’ provides opportunity for the researcher to reflect (Smith, et al., 1995) and articulate the way in their own personal biases, assumptions and background influences their interpretation
(Creswell & Miller, 2000). Personal and intellectual biases need to be acknowledged by the research, whereby Miles et al. (2004) referred to these biases as ‘researcher effects’.

Because reflexivity recognises that personal characteristics such as age, sex, social class and professional status of the researcher may also have an effect on the interpretation of the data (Mays & Pope, 2000), and since IPA acknowledges the interpretive position of the researcher based on the researcher’s insights and experiences (Chapman & Smith, 2002), this method of establishing credibility is appropriate within the IPA’s framework.

In relation to the first author’s research, potential influences of personal characteristics of the researcher and its possible impact upon the research process were taken into account. Since the research involved semi-structured interviews with Anglo-Australian and Chinese-Australian participants over the age of 55, it was possible that the researcher’s age and gender could influence the dynamic of the interview (Mays & Pope, 2000). Because the researcher is considerably younger in age in relation to the participants, and that the researcher is a female, it was essential to establish and recognise hierarchical positions between the participant and the researcher. This technique allowed the researcher to display “sensitivity to the social context of the interaction” (Yardley, 2000, p. 227) by reflecting on appropriate protocols that would enhance researcher-participant interaction. For example, cultural sensitivity in terms of the significance of cultural roles (e.g. how an older participant should be addressed and greeted), and because some interviews were organised through personal connections and that the Chinese community is a small community, participants might not have shared as readily or openly although they were assured confidentiality.

Upon reflection, another factor that might have impinged upon the research includes the researcher’s own personal dispositions and values as an immigrant. The researcher’s personal
background as a Chinese-Malaysian migrant to Australia not only increases a sense of commonality and even trusts in the researcher, but participants are also more likely to recognize the researcher as a part of the same ethnic group and in turn they are more likely to comfortably reveal their own beliefs and ideas (Heikkila, 2004). The researcher also noted that during the process of reflexivity, assumptions made according to personal experience may be a source of possible contamination in the research. For example, the researcher reflected on the circumstance of her own personal migration experience and identified areas that might shaped her social, political and economic views on migration (Heikkila, 2004). As (Lukkarinen, 2005) contends, “any effort by the researcher to describe their experiences will reflect the researcher’s otherness-all things are filtered through what is heard, received, understood and interpreted” (p. 623-624).

The researcher was also aware of her professional role as a researcher (Mays & Pope, 2000). Establishing a rapport with participants reduces the level of intimidation and encourages openness. Participants were made to feel at ease and there was usually some degree of sharing prior to the interview to encourage openness, familiarity and trust. According to Ghuman (2001), full confidence and trust of the participants increase the reliability and validity of the study and is a requirement for a successful interview. Moreover, the interview was conducted at a place where the interviewee felt most comfortable (for example, in an office, the interviewee’s home or at a café), which essentially displays “sensitivity to the power of imbalance” (Yardley, 2000). Thus, this process of reflexivity acknowledges the effects of the researcher’s personal and professional roles during the conduct of the interviews and data interpretation (Elliott, et al., 1999; Mays & Pope, 2000).
3.8.3 Member Checks

Lastly, the credibility of the researcher’s interpretation of the data was assessed through member checks (Lincoln & Guba, 1985), also known as ‘respondent or member validation’ (Bygstad & Munkvold, 2007; Mays & Pope, 2000). The purpose of this process is to check the credibility of categories, themes or accounts (Elliott, et al., 1999). Member checks involve participants checking through the data and interpretation (Mays & Pope, 2000), thereby verifying the accuracy of the information provided (Bygstad & Munkvold, 2007) and “With the lens focused on participants, the researchers systematically check the data and the narrative account” (Creswell & Miller, 2000, p. 127). This is in line with Yardley’s (2000) criteria of “commitment and rigour”, which considers the usefulness of gathering of data from various sources. Miles et al. (1994) contend that member checks provide better knowledge and further verification of the data, allows for more structured feedback process (e.g., findings are clearly and systematically presented), and obtains comments from participants “at a higher level of inference: on main factors, on causal relationships, on interpretive conclusions” (p. 276). When findings were presented to participants, “the transcript became a base for shared reflection” (Melrick and Beaudry, 1990 in Miles et al., 1994, p. 276).

There are, however, several concerns about the use of member checks. Although they are useful in establishing level of consistency between the respondents and the researcher’s account, Mays et al. (2000) cautioned that the description formed by the researcher is intended for a wide audience and will, unavoidably be different from the description of an individual participant merely because of their different part in the research process.
Miles et al. (1994) contend that difficulties arise when participants reject the information or interpretation; when the participant believes the information or interpretation is bias or when their values, beliefs, or self-image is challenged, threatened or when information is interpreted differently to what they had meant. Moreover, the methodological procedure of member checks has often only been briefly mentioned “in passing” (Bygstad & Munkvold, 2007). Despite its limitations, this method of credibility check is useful for determining quality in qualitative research (Elliott, et al., 1999) because “in phenomenological and interpretive research case members play an active role beyond merely being “informants”” (Bygstad & Munkvold, 2007, p. 1).

In relation to the author’s research, transcripts were distributed to participants for verification. Due to time and financial constraints, four out of the 21 participants (youngest and oldest from each group) were selected. They were sent an information sheet and a detailed cover page attached to their interview transcript. The information sheet explained the purpose of the process and what was required of participants. Participants were asked to check the interview transcript as they listened to the CD (or cassette tape) of their interview, making frequent pauses to document notes and comments on the right hand column (marginal notes) of the transcript provided (Miles & Huberman, 1994). The information sheet also contained the researcher’s and supervisors’ contact details and information related to ethics, which had been sought from the University of Adelaide Human Research Ethics Committee.

A detailed cover page was attached to the interview transcript. Information was displayed on the cover sheet in such a way that was easily understood, and close attention was given to language and format used (Miles & Huberman, 1994). On the cover sheet, participants were provided with a step-by-step checklist to ensure thorough completion of the process and
additional space for any further information participants would like to include. Participants were not only invited to comment on the accuracy of the interview transcription, they were also asked to comment on the appropriateness of the themes (Bygstad & Munkvold, 2007). They were asked to check whether the key themes identified were accurate and appropriate and add comments or changes in the space provided. Participants were asked to indicate on the cover sheet whether they approved or did not approve of the transcript and the identified key themes. Their feedback would then be included into the final accounts (Mays & Pope, 2000).

During the research process of conducting member checks, the author identified some weaknesses and points of concern to this approach. First, member checks can be a lengthy process. Time was not only required for transcription and interpretation of data, layout and format, but time was also needed for ethics approval for this process and for the researcher to organise availability and seek participation from informants. While qualitative research is time-consuming and labour intensive (Pope, et al., 2000), one of the benefits of this approach was that meaningful information was obtained (Willig, 2001). Second, the research relied on participants’ time and interest to participate. Participants were initially interviewed and then later asked to read through their transcripts and interpretation. This process may be particularly tedious for participants, which may subsequently impact any future research participation. To address these issues, participants were generally accepting of the “member check” process when the process was made easy with simple instructions and when there were no added financial costs to participants (e.g. participants were provided with a copy of their interview on CD and a reply-paid envelope). Further, participants were more likely to cooperate when they recognise that the researcher was committed to ensure that the information they provided has been captured appropriately and accurately.
Third, another weakness to this approach was that although participants were ensured anonymity and confidentiality when they originally agreed to participate in the study, they and their transcripts had to be identified in order for this process to be carried out. Although some researchers may refute this and deem this process as unethical, these participants had given their consent to be contacted for future study at the beginning of the interview process, and they were also assigned a number so that individuals were not identified by name. These strategies aimed to increase participants’ anonymity and confidentiality. The author also found that between the times the interview had taken place and availability of transcripts and interpretation of the interview for member checks, participants may have experience significant change in circumstances. Where there were significant changes in life (e.g. death of a family member or chronic illness), member checks were not conducted for the ethical reason of not wanting to overburden participants. The researcher had to demonstrate sensitivity and respect to the needs of the participants (Angen, 2000).

3.9 Conclusion

Given the increased use of IPA in qualitative research, the question of what constitutes quality in IPA research must be explored. Although a number of guidelines and validity procedures have emerged in qualitative research generally, there have been limited discussions as to how quality and credibility within the framework of IPA should be addressed. Because the concept of inter-rater reliability has currency in discussions of the reliability and validity of qualitative studies (Armstrong, et al., 1997; Thompson, et al., 2004), this paper explored its application to establishing rigour within the framework of IPA.
The use of inter-rater reliability is questionable in IPA because it does not consider researcher subjectivity, context and individual differences; pre-determined themes or coding as limiting; the danger of using quantitative criteria on qualitative research; and the need for sufficient resources and involvement of an independent rater. Researchers can, however, demonstrate principles of rigour by quoting raw data, carry out reflexivity and conduct member checks. The application of these principles was demonstrated using the author’s cross-cultural work as a case study. These methods of validation are continually evolving but they appear to be more appropriate than inter-rater reliability for assuring quality and credibility because they are consistent with the basic philosophical premise of IPA.

References used in this paper are included in the main reference list. This was done for the sake of brevity.
Chapter 4

Experiences of Chinese Immigrants and Anglo-Australians Ageing in Australia: A Cross-cultural Perspective on Successful Ageing

Statement of Authorship

This empirical study was published in the *Journal of Health Psychology*:


Author Contributions

By signing the Statement of Authorship, each author certifies that their stated contribution to the publication is accurate and that permission is granted for the publication to be included in the candidate’s thesis.

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<th>Dr Tahereh Ziaian</th>
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4.1 Preface

This chapter consists of a manuscript that has been published in the *Journal of Health Psychology*. It presents results from the first qualitative study of the present research. For ease of reading, subsections are numbered according to chapter format and the reference list is included in the main reference list rather than attached to the manuscript.

The present research aimed to critically explore what it means to age well as an immigrant in Australia. In particular it focused on perceptions of successful ageing and attitudes to filial piety and expectations for aged care and among Anglo-Australians and Chinese immigrants. The current chapter and the next are focused on perceptions of successful ageing. As discussed in the previous chapter, qualitative method was employed at the beginning of the research process to gather exploratory data, followed by a quantitative approach with a larger sample to establish generalisability of the findings (Creswell, 2003). The next chapter presents quantitative data on successful ageing to further assess the views of older people regarding what it means to age well.

This chapter is focused on the question of how immigrants living in an individualistic culture such as Australia come to define successful ageing if they have come from collectivistic societies. The philosophical framework of IPA was selected for the qualitative phase of the project whereby semi-structured interviews were used.
4.2 Abstract

This study explored the life experiences and views on successful ageing of older Australians. Semi-structured interviews were conducted with 21 participants consisting of 10 Chinese-Australians and 11 Anglo-Australians, aged 55 to 78 years. Data were analysed using Interpretative Phenomenological Analysis. Results revealed that both groups associated successful ageing with health and personal responsibility. Anglo-Australians regarded growing old gracefully and acceptance as important aspects of successful ageing, whereas Chinese-Australians valued financial security and an active lifestyle. The research highlights that a cross-cultural perspective is imperative for service delivery and policy development to promote the health and well-being of older Australians.

4.2.1 Keywords: Culture, Immigrants, Interpretative Phenomenological Analysis (IPA), Older person, Well-being
The concept of successful ageing has received much attention in gerontological and psychological literature for over 40 decades. Successful ageing, made popular by Robert J. Havighurst (1961) has come to the forefront of gerontological research to address issues of consensus in its operational definition. The most widely recognised model was Rowe and Kahn’s (1997) expanded model of successful ageing, which was based on findings from the MacArthur Study of Successful Aging. As such, three factors for successful ageing were identified: optimal physical and cognitive functioning, absence of disability and disease, and engagement with life (Rowe et al., 1997). Researchers investigating successful ageing tended to use Rowe and Kahn’s model in their operational definitions and predictors of successful ageing, which placed particular emphasis on optimal functioning and the absence of disability and disease (Depp & Jeste, 2006).

Rowe and Kahn’s criterion-based approach therefore implied that certain standards need to be met to be ageing successfully (Bowling & Dieppe, 2005) and that illness and dependence signify failure in the ageing process (Glass, 2003). However, in reality, many people actually consider themselves to be successfully ageing despite health problems (Bowling et al., 2005). Bryant, Corbett and Kutner (2001), for example, found that healthy ageing was dependant on the individual’s perception of their ageing process and what they considered to be satisfactory, rather than just the absence of functional limitations. Hence, successful ageing appears to encompass other dimensions.

However, few researchers have employed a multidimensional approach to research on successful ageing (Hsu, 2007). Most definitions of successful ageing have specifically focussed on only one aspect of health, that is, either the physical, functional, psychological or social dimensions of health (Phelan, Anderson, LaCroix,
& Larson, 2004). When older adults were consulted, their definitions of successful ageing are broader and more multidimensional than Rowe and Kahn’s (McCann Mortimer, Ward, & Winefield, 2008). For example, 15 sub-themes were identified from semi-structured interviews within which three central themes emerged: personal agency (e.g., adaptability), social value (e.g., generativity) and quality of life/quality of death. Thus, consensus as to the definition and meaning of successful ageing has yet to be reached.

Another aspect that needs further attention is the cross-cultural understanding of successful ageing (Phelan et al., 2004). Since definitions of successful ageing were identified in Western literature, they tend to reflect characteristics of Western societies, for example, the term ‘success’ is itself problematic and is often equated in relation to individual achievements (Torres, 1999). The concept of successful ageing may therefore have little meaning across the board other than what was defined by Western researchers.

Culture has been regarded as crucial to understanding successful ageing. Given that Asian cultures typically honour older people and the American culture “in general seeks to defy or deny aging”, cultural differences may be worth considering (Phelan, 2002, p. 1307). In a cross-cultural study, for example, Harris & Long (1999) found that North American caregivers held the belief that successful ageing meant the ability to remain independent for as long as possible, whereas their Japanese counterparts were more accepting of the notion of frailty in old age. While their research gave way to new insight into the cross-cultural understandings of successful ageing, research into the applicability of the attributes of successful ageing to the general population or those in East Asia has been limited (Hsu, 2007). In an exploratory study, Hsu (2007) looked at the concept of successful ageing in Taiwan.
Participants were asked open-ended questions and six themes were identified from their responses: a) physical health and independence; b) economic security; c) family and social support; d) engagement with life; e) spiritual well-being; and f) environment and social welfare policy. Accordingly, their study highlighted that the views of Taiwanese elders “do not completely match the objective indicators that are prominent in the Western research literature” (Hsu, 2007, p. 100).

Chinese immigration to Australia could be viewed as two distinct waves. The first was during the gold rush era in the 1850s and the next peak of Chinese immigration occurred from the 1970s, where most of these immigrants had come from Malaysia followed by Vietnam and Taiwan in the 1980s, and Hong Kong and China in the 1980s and 1990s respectively (Mak & Chan, 1995). Given the influx of Chinese immigrants to Australia, it was not surprising that the 2001 Australian census reported Chinese ancestry as the seventh most common ancestry, which made up of 3.4% of Australia’s total population (Australian Bureau of Statistics, 2006). Over the next 15 years, it is expected that there will be a substantial 66% increase in the size of the overseas-born group within the Australian community, almost three times the rate of growth for people of the same age who were Australian-born (Lawson, Barbaro, & Goulding, 2003). It is projected that the older Chinese population will be included in the top five largest groups of overseas born Australians, taking the place of Polish older people in 10 years (Bryant, 2002). Furthermore, older people from the Philippines, Malaysia, Sri Lanka and Lebanon are projected to significantly represent the older population of Australia in years to come (Bryant, 2002). Thus, people from Asian cultural backgrounds will represent a large part of the older population and this demographic forecast will further add to the rising challenges of meeting the ageing needs of its diverse population (Andrews, 2001).
The uniqueness of the present research is twofold. Firstly, the research investigates perceptions of ageing Chinese-and Anglo-Australians themselves and secondly, the research provides a cross-cultural understanding and knowledge of the various cultural needs and expectations of an under-researched group of Chinese immigrants who are ageing in Australia.

The current research is part of a larger project that looked at successful ageing, filial piety, and acculturation of Chinese immigrants ageing in Australia. Results from the qualitative phase of the study that explored what it means to age well within two distinct cultural groups, Chinese immigrants and Anglo-Australians are examined within an Interpretative Phenomenological Analytic perspective. According to Smith and colleagues (Smith, 1995; Smith, 2003; Smith & Osborn, 2003), IPA is particularly appropriate for under-researched areas because it focuses on understanding the lived experiences and worldviews of participants by considering the way in they construct their personal and social world, and the significance that their experiences, events and circumstances hold. At the same time, IPA recognises the researcher’s interpretative role in the analysis. It was thus considered appropriate for the current study on perceptions of successful ageing by Chinese-and Anglo-Australians.

4.3 Method

4.3.1 Participants

Inclusion criteria were being aged over 55, community-dwelling, living in Australia, able to fully comprehend and complete the study requirements, and of
either Chinese-Australian or Anglo-Australian background. Chinese-Australians were operationally defined as participants who identified themselves as Chinese, were from Southeast Asian and Northeast Asian countries (Australian Bureau of Statistics, 2001) and who had at least one Chinese parent. Anglo-Australians were operationally defined as participants from Western background. They included people born overseas to one or both Western parents, who migrated to Australia, country of origin included England, Ireland, and Scotland as well as those born in Australia to at least one Western parent who had lived in Australia most of their lives (Australian Bureau of Statistics, 2003; Ng et al., 2000).

Semi-structured interviews were conducted in English with participants from both groups. The sample consist of 11 Anglo-Australians and 10 Chinese-Australians. Participants were born between 1927 and 1950 (age range 55 to 78 years, $M = 65.1$, $SD = 7.30$). The Anglo group ($M = 69.82$, $SD = 6.15$) were significantly older than the Chinese group ($M = 59.90$, $SD = 4.38$); $t(19) = 4.22$, $p < 0.001$. There were more female ($n = 12$) than male ($n = 9$) participants and the majority of the participants were married. Three-quarters of the participants were not employed, of which a third were involved in voluntary work. Although the Anglo group was on average older than the Chinese group, more than half of the Chinese group was also not involved in paid work. Overall, almost 80% of the participants had spent most years of employment in Australia.

Most of the sample lived with their spouse or partner. The Anglo-Australian households however were more widespread in their living arrangements than their Chinese-Australian counterparts. Half of Chinese-Australians live with their spouse or partner and the other half live with their spouse/partner and other family members, compared to three Anglo-Australians who live alone, six live with their
spouse/partner, one with their spouse/partner and other family members and one with other family members. Participants were generally well-educated, over 90% had secondary school education; however, a large majority (80%) of Chinese-Australians had completed tertiary education compared to 18% of their Anglo-Australian counterparts.

Participants generally perceived themselves to be healthy and moderately active. They generally relied on their own income and all but one considered that their income was adequate to meet their daily needs. Participants had good English language skills, rating both their oral and written English as ‘good’ to ‘excellent’.

Even though the entire Chinese-Australian group spoke a language other than English (namely Mandarin), a large majority (85.7%) indicated English as the preferred spoken language at home. This means that participants were comfortable with the English language and therefore are able to communicate with ease. This also suggests that the Chinese participants are at least acculturated in one area that is, having acquired the English language. English language proficiency would also eliminate all other challenges that would usually occur if one were to have language barriers. For example, language barriers can impede one’s access to support services such as mental health services and recreational activities (Mak et al., 1995).

The majority of the Chinese immigrants were professionals, and half had come under the Skilled Migration Stream, others had come under Business Migration or had stayed on in Australia after completing their studies and only one had migrated under the Family Reunion Program. Nine of the participants were from Malaysia and one participant from Singapore. Seventy-per cent had come to Australia with their young children. They had arrived between the ages of 17 and 47 years (between 1964 and 1992); mean age at arrival was 34.30 years ($SD = 10.21$). The average length of
The average duration of residence for Chinese-Australians was 25.7 years ($SD = 10.96$) and ranged from 13 to 41 years, which reflects the statistics that the peak of Chinese immigration from Malaysia was in the 1970s.

The sample was selectively biased as generally only those who were in reasonably good health physically and mentally and have a good command of English were likely to participate in these studies. Moreover, it should be noted that the current sample was limited to a group of Malaysian (and one Singaporean) immigrants who were educated, resourceful, reasonably healthy and skilled, and with English language proficiency. During the course of data collection, this group of Chinese participants became accessible due to networking and snowball sampling, and although they spoke other languages, the current group of participants spoke English comfortably. Importantly, the research looks at a sub-group of the Chinese community in Australia, thereby enhancing understanding of an under-researched group and extending the research beyond the general Chinese population.

### 4.3.2 Procedure

The most effective way to recruit participants for this particular study was through ‘snowball sampling’ and personal networks. Participants from both groups were recruited through recommendations of other people, through individuals, community leaders, and community organisations (e.g., church groups and Chinese Association). Participation was voluntary, participants were not paid and ID codes were assigned to ensure confidentiality and anonymity. Ethical approval for the study was given by the University of Adelaide Human Research Ethics committee.
Participants completed a ‘Background Questionnaire’ to provide demographic information including age, gender, marital status, level of education perceived health status, and level of activity. Questions also asked about migration, for example, year of migration, age upon arrival and which migration stream they came under. Semi-structured interviews were then conducted to explore the experiences of Chinese- and Anglo-Australians. As recommended by Smith (1995), an interview schedule was prepared. For the purposes of the present paper, only questions pertaining to successful ageing are reported. Participants were encouraged to share their own definitions of successful ageing in response to the question “What do you think it means to age well?” and “What would make you satisfied in old age?” Migrants were further questioned, “How would ageing in Australia be different to that of your country of origin?”, “Would the meanings of ageing well be different to that of your country of origin?”, and “Which country do you think you would age in and which would you prefer to age in?”, followed by a possible prompt question “Do you think migration will have an impact on your ageing process/experience?”

4.4 Analytic Framework: Interpretative Phenomenological Analysis (IPA)

The philosophical framework of IPA was employed to identify the themes that emerged from the interviews. Interviews were transcribed and the qualitative data were analysed according to the four stages of IPA as outlined by Smith and his colleagues. The first stage of IPA involved reading and re-reading of transcripts. This process essentially allowed the analyst to get to know the text and get familiar with the data. The second stage entailed identifying and labelling emerging themes. During this phase, transcripts are analysed individually on a case by case basis,
followed by line by line coding. Initial notes were then transferred into themes. Initial themes are subsequently grouped together into sub-themes. The third stage of the analysis involved the clustering of themes, which entailed connections between themes and shared meanings are identified. Initial sub-themes are then reviewed and subsequently re-clustered into master themes. The final stage, Stage 4 of the analysis, entailed concise and logical outline of the themes through a summary table.

4.4.1 IPA and Credibility Checks

The issue of credibility is acknowledged within qualitative analysis. As such, three strategies for establishing credibility within the theoretical orientation of IPA were employed: quoting raw data, reflexivity and member checks. In the present study, verbatim extracts which best illustrated typical responses were selected for points of discussion so that they are ‘grounded in examples’ and that the reader is able to form their own understanding and conclusion of the data (Elliott, Fischer, & Rennie, 1999). The process of reflexivity or ‘owning one’s perspective’ allowed the researcher to reflect the way in which their own personal biases, assumptions and background have influenced their interpretation (Creswell & Miller, 2000). In this case, the first author reflected on her background as an immigrant with parents who are ageing abroad. The effects of her personal (e.g., age and gender) and professional (i.e., researcher) roles during the conduct of the interviews and data interpretation were also acknowledged. Lastly, member checks were conducted whereby transcripts were distributed to participants for verification and on the appropriateness of the themes identified (Bygstad & Munkvold, 2007).
4.5 Results and Discussion

Qualitative findings are presented according to the themes identified. For both Anglo-and Chinese-Australians, initial themes focused on attitudes and behaviours related to health and well-being. For example, initial themes of mental and physical health, spiritual health, lifestyle and leisure were identified and subsequently grouped together into a sub-theme labelled as ‘health’. Another sub-theme labelled as ‘health maintenance’ reflected initial themes pertaining to personal responsibility, maintain mental and physical activities, lifestyle, have routine checks and address health issues, and to be proactive and keep active. These sub-themes were then re-grouped into one master theme. Hence, the theme ‘To have and maintain health’ (3.1) focussed on how both groups of participants described successful ageing in terms of their functional health and how they engage in health-seeking behaviours.

While there were shared themes commonly held by both groups, separate themes have also emerged for the two Anglo and Chinese groups. The themes of ‘Growing old gracefully’ and ‘Acceptance’ (3.2) reflect the particular views of Anglo-Australians on successful ageing and ‘Financial security’ and ‘Active and meaningful lifestyle’ (3.3) emerged as particularly important to Chinese-Australians when it comes to successful ageing. It is acknowledged that the themes are not necessarily exclusive nor are they confined to any one group and that some themes are inter-related and shared by both groups, as will be discussed within the text.
4.5.1 Similarities between the two groups: ‘To have and maintain health’

‘To have and maintain health’ was a common theme shared by both Anglo- and Chinese-Australians as an important part of successful ageing. Participants felt that one has to give attention to and be involved in one’s health and mental state in order to age well. Almost all of the Chinese-Australian participants and majority of the Anglo-Australian participants specifically highlighted the importance of physical and mental capabilities. The example below illustrates typical answers:

“Stay healthy until almost the last day of my life on Earth that will be ageing well. Can eat well, sleep well, have friends, can do things for myself” (CA7)

Because it was important for participants to remain functionally active, both mentally and physically, participants were motivated to prolong and improve their health through adopting a healthier, more proactive lifestyle approach. Thus, another inter-related theme, also shared by both groups was health maintenance. Participants displayed attributions of responsibility, that is, the motivation to take personal responsibility over one’s health. For example, they (AA4, CA14, AA1, CA18) described the need to seek appropriate medical attention when needed and to engage in proactive health behaviours:

“... so if age well is you’ve got to look after yourself first, not the environment or the home or anything right. If for the health side if I have ache and pain or whatever, don’t be scared just go and get a routine check up, keep yourself well, after that when you are well, then you can attend to household chores, whatever. It’s the health side that is very important...” (CA14)
By assuming personal responsibility over one’s health, participants attain a sense of control over the direction of their health, thereby maintaining their independence. As Hsu (2007) has observed, physical and functional health are important to older people as they did not want to become dependent and a source of burden to their family. Indeed, this appears to be the case for this group of participants as many were keen to address health issues so that health is improved or at least sustained in order to prevent further illnesses and hence, dependency. The physical as well as psychological benefits of health therefore entail quality of life and independence.

4.5.2 Anglo-Australians: ‘Grow old gracefully’ and ‘Acceptance’

For Anglo-Australians, to ‘grow old gracefully’ and to have ‘acceptance’ were important aspects of successful ageing. Anglo-Australian (AA1, AA3, AA4) women typically referred to the term growing old gracefully to one’s physical appearance, as demonstrated in the comment below:

“Um, it certainly means to me how I look, physically, you know how you present yourself, that you’re not grubby, and that you look nice, that you behave with reasonable manners that people are happy to be around you and that you just are nice person (laughs). Cause I was brought up in that era to always be concerned what other people think about you. And that’s not necessarily a good thing but it’s very engrained in my generation” (AA3)
Favourable self-image not only pertained to one’s physical presentation, it also meant having the right attitude. For the majority of participants, they considered successful ageing as the ability to have a positive outlook. In particular, for AA1 and AA5, the ability to uphold oneself despite physical illness and to be content was important aspects of successful ageing.

It should be noted that only one Chinese-Australian mentioned the term ‘growing old gracefully’. When she was asked about her definition of growing old gracefully, CA12 expressed the view that one should carry out tasks that are within one’s abilities:

“Well if, if you strike some health problems then you have to attend to it and you feel that things you want to do that is within your physical capacity, you just go ahead and do it, you know what I mean. And I think age is how you feel as well, you know if you feel that you’re young at heart…” (CA12)

For Anglo-Australians, AA17 and AA3, the ability to accept life’s limitations was also regarded as an important aspect of successful ageing. The quote presented below best illustrated typical responses:

“...Ageing well would be to retain your mental facilities um many most of your significant physical capabilities and accepting the limitations that ageing brings so probably the most important thing is acceptance, acceptance” (AA17)

The theme of acceptance had appeared throughout their accounts and was identified as a coping mechanism. In order to manage their age-related issues
successfully, participants therefore perceived acceptance as an important part of successful ageing, which reflects the view that participants’ have an optimistic philosophy about life (Gabriel et al, 2004). Gabriel et al. (2004) also found that instead of dwelling on the negative aspects, the attitude of acceptance enabled one to have a more positive outlook towards life despite the constraints that come with old age.

For this group of Anglo-Australian participants, acceptance facilitated an attitude of adaptation, and acknowledgement of the changes that come with old age. When it comes to successful ageing, participants not only spoke about successful ageing as a positive concept but they also spoke about the challenges that come with old age.

4.5.3 Chinese-Australians: ‘Financial security’ and ‘Active and meaningful lifestyle’

While both groups perceived health as an important aspect of successful ageing, for Chinese-Australians, successful ageing also meant to have financial security and an active and meaningful lifestyle (3.3). For three Chinese participants (CA18, CA20, CA21), successful ageing entailed having sufficient resources, financial independence, and financial security in old age, for example:

“Well, to age well that you, you have sufficient resources to look after yourself you know and without depending on any people including your children um that’s, I think that’s the most important because if not then, then you are struggling depend on the Government and things like that always not sufficient and then there’s always, when you don’t have that then its always a problem” (CA20)
For this group of Chinese-Australians, ensuring financial security was an important part of successful ageing as they did not want to depend on others financially, including their own children. This theme is a move away from the traditional expectation that children should have financial responsibilities to their ageing parents (Ng, Phillips, & Lee, 2002). In some Asian countries, for example, family members are legally obligated to support their elders when they are not able to support themselves financially and this may have resulted in an inherent sense of financial obligation among the Chinese (Ng, Loong, Liu, & Weatherall, 2000). This aspect of filial piety may not be important to this group of participants as their views may have been influenced by the social context within which they reside. For example, within the context of Australia, older people are supported by the social welfare system by means of the pension and through the Australian retirement savings scheme (i.e., Superannuation) compared to the lack of government assistance towards the care of elderly citizens in most Asian countries. Moreover, since a majority of the Chinese sample were skilled migrants and have been working in Australia, they would have been able to actively contribute to the financial decisions with regards to their old age and as a consequence, financial dependence on their offspring would therefore be minimised. Thus, financial security for older people may be related to the fact that adequate finance not only enhances one’s independence but also provides people with the means to do the things that they enjoy (Gabriel et al., 2004). However, other migrant groups (e.g., older immigrants and refugees) with poorer economic circumstance may require additional assistance from their family, and according to de Vaus (1996), this could in turn endorse filial responsibilities towards the care of the elderly.
Although financial security was important for CA20, the 55 year old also believed that the most important aspect of successful ageing was one’s happiness. He went on to describe what he believed would be an ideal and meaningful retirement in terms of lifestyle and relationships:

“The other thing is that to have the money is one thing but it’s not very important I mean most important is that you’re happy..., now I don’t mind to have a bit of responsibility in the sense that maybe you do some community work and things like that, helping the church and do something good and yeah, occasionally you enjoy with seeing your children, be with your children, enjoy with your friends and be able to drink one or two glasses of wine...” (CA20)

Community work and volunteer activities provide one with a sense of meaningful engagement. Studies (e.g., Herzog, Kahn, Morgan, Jackson, and Antonucci, 1989) have, for example, found that older people’s participation in social activities such as volunteer work increases their well-being and life satisfaction. Volunteering allows people to engage in meaningful, social activities and fulfils one’s personal enjoyment (Noble & Johnston, 2001). Hence, volunteering can play an important role in sustaining good mental and physical health of an ageing person (Yeon and Hong, 1998).

For CA21, a 67 year old, a lifestyle that is active and one that involved friends and family were central to successful ageing. The views of this group of Chinese-Australians were similar to Tsang, Liamputtong & Pierson’s (2004) findings on the meaning of good quality of life for older Chinese-Australians, which included health, independence, financial security, and family support, love and respect.
It should be noted that while the themes of growing old gracefully and acceptance reflected commonly held views of Anglo-Australians, two participants (AA2 and AA6) particularly spoke about the need to be physically and mentally active in order to age well. AA6 also spoke about active relationships in terms of his relationship with God and his relationship with family and friends. In the present study, this theme exemplified Rowe and Kahn’s (1997) factor of ‘engagement with life’ in their model of successful ageing.

When participants were asked whether the meanings of successful ageing would be different to that of their country of origin, participants gave various responses. For CA7 and CA13, Australia offers better health and carer services. CA18 and CA19 pointed out differences in government policies, that Australia offers better support to older people:

“I would say the main difference lie in support both social and health from official quarters, government departments... Yes, that’s the main thing. I mean in a country like Malaysia, you are completely on your own... On your own meaning yeah your own family, yourself, that’s it. Here, there’s added support, federal and state agencies” (CA19)

As Liu & Tinker (2003) noted, increase in service availability and a well-established welfare system could alter people’s perception about their choices of care and responsibility of the family. The discourse used by Chinese participants was one of appreciation and recognition of what the host country has to offer. However, having recognised differences between countries, CA7 and CA18 also stated that it made no difference where they age. For CA18, preparation, family ties, health and finance were more important than the location.
Participants (CA12, CA20) also discussed differences between the two countries in terms of family and friendships. For CA12, the lifestyle and work hours in Australia enable more family time and relaxation. For CA20, he preferred the informal nature of friendships in Malaysia compared to Australia. When comparing Australia to their country of origin, Chinese-Australians identified that the meanings of successful ageing would be different in terms of health and carer services, government policies and lifestyle.

4.6 Conclusion

The findings on successful ageing are based on older people’s thoughts and perceptions. In this study, the meaning of successful ageing is made up of interrelated themes, some of which are shared by both groups and some of which are particular to individual groups. For both Anglo-and Chinese-Australians, successful ageing need not be limited to functional health. Instead, both groups perceived that the ways in which one copes with physical and mental challenges of old age are important facets of successful ageing. These age-related declines do not necessarily signify failure in the ageing process, as Rowe & Kahn’s model suggests. Successful ageing, then, for both groups of participants is the ability to take personal responsibility for one’s health. In particular, for Anglo-Australians, to grow old gracefully and to have acceptance were important aspects of successful ageing. Chinese-Australians in this study were more concerned about having financial security in old age and a lifestyle that is active and meaningful. Participants’ descriptions of successful ageing are thus much more varied and multifaceted, as noted in previous studies (e.g., McCann Mortimer et al., 2008).
The findings contribute to the successful ageing model in a way that acknowledges the views of an under-researched group of migrants ageing abroad and the characteristics in which they share with their Anglo-Australian counterparts. However, the study has several limitations which may have important implications for the results. The present sample is limited to community-dwelling adults and consists of a group of immigrants who were educated, reasonably healthy and skilled, and with English language proficiency. It would be beneficial for future research to include the views of a wider population, for example, the views of non-community-dwelling adults (e.g., people living in nursing homes and residential care), recent and non-English speaking immigrants, refugees and older immigrants that have come under the Family Reunion Program as their perceptions of successful ageing are likely to vary considerably.

The current study is an important contribution to the cross-cultural understanding of successful ageing within the context of Australia. Future research could entail further investigation into the value orientations of other ethnic groups in Australia to explore their life experiences and provide a more multifaceted portrayal of the aspirations, needs and issues affecting emerging groups of immigrants as they age abroad. In doing so, the research begins to address the crucial question of how best to support the lifestyle needs of older Australians in a way that acknowledges the different value orientations of cultural groups. Indeed, policy makers and service providers need to consider heterogeneity of ethnic communities whereby individual lifestyles, values and beliefs are recognised. As such, research on ethnic communities is warranted, with a view to address the various cultural challenges of its ageing population, and to understand and meet the needs of minority migrant groups.
Chapter 5

Comparing Definitions of Successful Ageing: The Case of Anglo-and Chinese-Australians

Statement of Authorship

This empirical study was published in the Electronic Journal of Applied Psychology:


Author Contributions

By signing the Statement of Authorship, each author certifies that their stated contribution to the publication is accurate and that permission is granted for the publication to be included in the candidate’s thesis.

| Name of Principal Author (Candidate) | Joanne Soosai (former name Joanne Tan) |
| Contribution to the paper | Collected data, performed analysis on data, interpreted data, wrote manuscript and act as corresponding author. |
| Signature | Date | 31/7/14 |

| Name of Co-Author | Dr Lynn Ward |
| Contribution to the paper | Supervised development of the work, helped with data interpretation and manuscript evaluation. |
| Signature | Date | 31-7-14 |

| Name of Co-Author | Dr Tahereh Ziaian |
| Contribution to the paper | Supervised development of the work, helped with data interpretation and manuscript evaluation. |
| Signature | Date | 31/7/14 |
5.1 Preface

This chapter consists of a manuscript that has been published in the *Electronic Journal of Applied Psychology*. It presents results of the second quantitative study of the present research. For ease of reading, subsections are numbered according to chapter format and the reference list is included in the main reference list rather than attached to the manuscript.

Results from the qualitative study in the previous chapter suggested that both Anglo-Australians and Chinese-Australians associated successful ageing with health and personal responsibility. Anglo-Australians regarded growing old gracefully and acceptance as important aspects of successful ageing, whereas Chinese-Australians valued financial security and an active lifestyle. To further assess the views of older people regarding what it means to age well, this chapter presents quantitative data on successful ageing using a larger sample. The aim of the quantitative data was to offer a sense of the degree to which certain views were held regarding cultural meaning of ageing. It extends the target population to include the Chinese-speaking Chinese-Australians so as to capture a wider group of participants and to form a sizeable sample. Translated questionnaires are available on request from the author.
5.2 Abstract

Research into the concept of successful ageing, or ageing well, within the context of migration has become significant in cross-cultural gerontology and psychology. Given that attributes of successful ageing had been identified in published Western literature, it has been argued that these attributes commonly reflect Western perceptions. This study examined the 20 attributes identified by Phelan, Anderson, LaCroix & Larson (2004) as important to successful ageing, comparing the views of older adults with researchers’ definitions. The sample consisted of 152 Anglo-Australians and 116 Chinese-Australians: English speaking (n = 68) and Chinese speaking (n = 48). Anglo-Australians and Chinese-Australians rated 13 and 14 of the 20 successful ageing attributes as important, respectively. Results also revealed that Anglo- and Chinese-Australians differed significantly on four successful ageing attributes. For Chinese speaking Chinese-Australians, heredity was rated as important to successful ageing compared to their English speaking and Anglo-Australian counterparts. The research contributes to greater understanding of the way in which people from different backgrounds view quality of life so as to better support positive ageing in minority groups.

5.2.1 Keywords: Psychology; Cross-culture; Chinese-Australians; Successful ageing
A well-known model of successful ageing pertains to Rowe and Kahn’s (1997) concepts of ‘usual ageing’ and ‘successful ageing’. Their initial conceptualisation of usual ageing associated the ageing process as static and is frequently related to decline in functional, physiological and cognitive abilities, that is, disease-related decline in functioning as well as deterioration in social and cognitive functioning with age (Rowe et al., 1997). Successful ageing, on the other hand, entailed few functional limitations that accompany old age (Rowe et al., 1997). Their expanded model, based on findings from the MacArthur Study of Successful Aging, identified three factors for successful ageing: optimal physical and cognitive functioning, absence of disability and disease, and engagement with life (Rowe et al., 1997). These factors have been commonly used by researchers in their operational definitions and predictors of successful ageing (Depp & Jeste, 2006). However, Rowe and Kahn’s criterion-based model suggests that particular standards need to be fulfilled in order to age successfully (Bowling & Dieppe, 2005) and disability and disease imply failure in the ageing process (Glass, 2003). However, Bowling et al (2005) found that people actually perceived themselves to be ageing successfully in spite of health problems. As Hsu (2007) has noted, a multidimensional approach to research on successful ageing has been limited. Researchers tended to focus on one particular component of health, for example, either the physical, functional, psychological or social dimensions of health (Phelan, Anderson, LaCroix, & Larson, 2004).

As Matsubayashi, Ishine, Wada, & Okumiya (2006) have noted, “beliefs of aging individuals about the meaning and relevance of “successful aging” have not been systematically documented” (p. 1308). Research on attributes of successful ageing reveals what people perceive as important in later life and is useful to the development of measures of successful ageing (Phelan et al., 2004). Moreover, knowledge of perceptions and beliefs of older adults
would facilitate a more patient-centred care approach by health care providers and programs aimed at improving the health of older adults (Phelan et al., 2004).

Theoretical definitions of successful ageing have largely been determined by researchers and there is limited research on the perceptions of ageing individuals themselves (Bowling et al., 2005). Definitions of successful ageing that have been developed by investigators should therefore be compared to those of older people themselves so that relevance of such definitions is established (Phelan & Larson, 2002).

Phelan et al. (2004) compared older adults’ perceptions of successful ageing with twenty attributes of successful ageing identified from published studies on ageing between 1961 and 2001. Attributes, for example “Remaining in good health until close to the time of my death”, “Being able to cope with the challenges of my later years”, and “Having friends and family who are there for me” were analysed according to the proportion of participants (i.e., over 75%) rated each statement as ‘important’ to successful ageing.

Phelan et al. (2004) compared two distinct cultural groups, ‘Japanese-Americans’ (n= 717, M = 78.3, SD = 4.3) and ‘White-Americans’ (n= 1173, M = 79.7, SD = 5.5), and found that both groups rated the same attributes (i.e., 13 out of the 20 attributes) as ‘important’ to successful ageing, as listed in Table 4. In addition, the White-American group had one other item (i.e., item 19 ‘continuing to learn new things’) rated as important by over 75% of respondents. These 13 attributes in common reflected various dimensions including physical (items 2 and 18), functional (item 11), psychological (items 3, 7, 8, 9, 10, 16, 17, 20), and social (items 5 and 6) aspects of successful ageing (Phelan et al., 2004), which further confirmed the notion that older adults’ perceptions of successful ageing are more multifaceted and complex compared to the viewpoints that have been presented in previous studies (Phelan et al., 2004). Moreover, because
the attributes of successful ageing had been identified from Western literature, it has been argued that they reflect Western perceptions, for example, the meaning of ‘success’ is usually associated with individual achievements (Torres, 1999). The concept of successful ageing, therefore, has not only been confined to researchers’ definitions, but it has also been confined to definitions provided by Western researchers (Tan, Ward, & Ziaian, 2010).

According to Austin (1991), successful ageing articulated by researchers tend to dismiss the experiences of other segments of society, identifying six subgroups who are relatively disadvantaged in their opportunity to age well: 1) low-income; 2) minority elderly; 3) the frail and impaired; 4) abused/neglected elders; 5) rural elderly; and 6) mentally retarded and developmentally disabled elderly (Austin, 1991). In the case of minority elderly, there has been growing interest in the way in which this group perceives successful ageing. Some researchers have contended that Eastern cultures have a more positive viewpoint of the ageing process compared to Western societies (Yun & Lachman, 2006). In East Asian countries, for example, ageing has been typically associated with respect and increase in one’s social status (Sung, 1995). While Asian cultures typically honour older people, the American culture, on the other hand, commonly resists or rejects the ageing process, whereby its emphasis on a youth-oriented culture has contributed much to negative perceptions of the ageing process (Phelan et al., 2002).

Matsubayashi et al. (2006) examined Phelan et al.’s (2004) 20 attributes of successful ageing from the perspectives of 5,207 community-dwelling older adults (M = 75.7, SD = 7.1) living in Japan. Over 75% of Japanese participants rated seven out of the 20 attributes as ‘important’ to successful ageing, compared to Phelan et al.’s (2004) study whereby Japanese Americans and White Americans rated 13 and 14 of the 20 attributes as important to successful ageing, respectively (Matsubayashi et al., 2006). This means that older people in Japan rated one
third of the successful ageing attributes that have been identified in the published literature compared to Japanese Americans and White Americans, rating almost two-thirds of the attributes as important to successful ageing. The seven attributes that were rated as important to the Japanese were also rated as important by their Japanese American and White American counterparts, except for item 4 (having the kind of genes [heredity] that help me age well) (Matsubayashi et al., 2006).

Australia’s population is not only getting older but its older population has also become more diversified in terms of country of origin and ethnicity (Australian Bureau of Statistics, 2006). According to Lawson, Barbaro, & Goulding (2003), it is projected that there will be a significant 66% increase in the size of overseas-born older people in Australia within the next 15 years (Lawson, Barbaro, & Goulding, 2003). In particular, it is anticipated that the older Chinese population will become part of the top five largest groups of overseas born Australians in the next 10 years, followed by Vietnamese older people by 2026 and those from the Philippines, Malaysia, Sri Lanka and Lebanon will also broadly characterise the older population of Australia (Bryant, 2002). Thus, older people from Asian cultural backgrounds will eventually replace the current trend of older people from European backgrounds (Andrews, 2002).

The current study is part of a larger research project that looked at successful ageing, filial piety and acculturation of ageing Chinese-and Anglo-Australians. This paper presents results from the quantitative phase of the research that examined the 20 attributes that had been identified by Phelan et al. (2004) as important to successful ageing. Given that attributes of successful ageing had been identified in published Western literature, the aim of the present research is to contribute to the cross-cultural understanding of successful ageing by comparing
the views of Chinese-and Anglo-Australians and through the inclusion of a sample of Chinese speaking participants who are ageing in Australia.

5.3 Method

5.3.1 Participants

Eligibility criteria for the present study included community dwelling adults who are living in Australia, able to fully comprehend and complete the study requirements, and of either Chinese-Australian or Anglo-Australian background.

The sample group consisted of 152 Anglo-Australians (56.7%) and 116 Chinese-Australians (43.3%). There were two subgroups within the Chinese-Australian group: the English speaking (n = 68) and Chinese speaking (n = 48) subgroups. Anglo-Australians were slightly older than their Chinese-Australian counterparts. Mann-Whitney U tests showed that there was a significant difference in age between Anglo-Australians (M = 67.14, SD = 8.55) and Chinese-Australians (M = 64.73, SD = 8.41); U = 7157, z = -2.32, p < .05, r = .14. Within the two Chinese subgroups, Chinese-speaking participants were older (M = 69.54, SD = 8.06) than English-speaking participants (M = 61.42, SD = 6.96); U = 633.5, z = -5.31, p < .001, r = .49. Overall, majority (77%) of the participants were married or in defacto relationships, 12% were widowed, 10% divorced and less than 2% were either single or never married. Participants had up to six children. Half of the sample indicated that they live with their spouse or partner. More than half (58.1%) of the Anglo-Australian sample indicated that they are living with their spouse or partner compared to almost 40% of Chinese-Australians. Of the Chinese-Australian sample,
43% lived with their ‘spouse/partner and other family members’ compared to only 12.8% of Anglo-Australians. Almost a quarter of Anglo-Australians live alone compared to almost 10% of Chinese-Australians. Almost half of the sample was not employed. Sixteen per cent of Anglo-Australians compared to 31% of Chinese-Australians were engaged in full-time employment. Almost a quarter of the Anglo-Australian group was engaged in voluntary work compared to only 6.5% of the Chinese-Australian group.

Overall, the current sample was an educated group. Thirty-nine per cent of Anglo-Australians and 51% of Chinese-Australians had completed tertiary education, 13.5% of Anglo-Australians and 10% of Chinese-Australians had college education, and over a third had secondary schooling. A large majority of participants from both groups were not working. A third of Chinese-Australians were working fulltime compared to 16% of Anglo-Australians. Participants generally rated their overall health status as ‘good’ to ‘excellent’.

In the present sample, Chinese-Australians had arrived in Australia between 1951 and 2007, between the ages of 15 to 71 years. Their length of residence ranged from 2 to 70 years. The average age of arrival of Chinese-Australians was 44.2 years ($SD = 15.80$, range 15 to 71 years) and average length of residency was 20.7 years ($SD = 12.66$, range 2 to 70 years). Majority of Chinese-Australians had come under the skilled migration (40%) and family migration stream (35.7%), and most had either immigrated as young families (with young children) (32.3%) or to be with their adult children already living in Australia (32.3%). Overall, a large majority of Chinese-Australian participants had come from Malaysia (37.2%), Hong Kong (32.1%) and other countries in Asia, including China (21.8%).
5.3.2 Materials

Participants were given an information sheet, a consent form, a battery of questionnaires including a Background Questionnaire and the Successful Ageing Questionnaire (Phelan et al., 2004). Chinese participants were given the choice of completing the research package in Chinese or in English. Questionnaires had been translated and back-translated. Back-translation involved checking and confirming terms, definitions and meanings.

The Successful Ageing Questionnaire (Phelan et al., 2004) assesses the views of older people in relation to what they perceive successful ageing (or ageing well) to be. These successful ageing attributes were then adapted into 20 statements, for example items included “Remaining in good health until close to the time of my death”, “Being able to cope with the challenges of my later years”, and “Having friends and family who are there for me”. According to Phelan et al. (2004), the questionnaire has a multidimensional focus in that it had identified the physical, functional, psychological and social dimensions of successful ageing. For example, items 2 and 18 pertained to physical health, item 11 related to functioning, items 5 and 6 pertained to social health and eight items (items 3, 7, 8, 9, 10, 16, 17, and 20) referred to psychological health including attitudes toward autonomy, control and coping. Statements were measured on a five point Likert scale according to how important each of these statements are (1 = ‘extremely important’; 5 = ‘not at all important’). Response categories for each of the successful ageing attributes were subsequently collapsed from five to three categories of responses (‘important’, ‘neutral’, or ‘not important’) (Phelan et al., 2004; Matsubayashi et al., 2006). The distribution of responses for each group was ascertained. Items rated as ‘important’ to successful ageing by 75% or more participants were determined (Phelan et al., 2004;
Matsubayashi et al., 2006). It is noted Phelan et al. (2004) did not report Cronbach’s alpha for the 20 items. For the present study, Cronbach’s alpha coefficient for the 20 items was .87, with a mean inter-item correlation of .28.

5.3.3 Data collection procedures

Research packages were distributed throughout Australia, namely, Victoria, South Australia and New South Wales, to individuals, community leaders and volunteers for distribution (e.g., through their own contacts). Several strategies were used when recruiting participants including email, letters, posters, and ethnic radio programs. Invitations to participate were sent out to various community groups and organisations, for example, Community Welfare Services, Migrant Resource Centres and Neighbourhood Houses and Learning Centres. Those who were interested in participating contacted the researcher who then sent out the research package to them.

The questionnaires took approximately 40 minutes to complete and were returned to the researcher via reply-paid envelopes. Participants were assured confidentiality and anonymity. The research had been approved by the School of Psychology Ethics Subcommittee, University of Adelaide.
5.4 Results and Discussion

In this study, Chinese-Australians are first discussed as one group in general. Given that attributes of successful ageing had been identified in published Western literature, this study also examines the views of Chinese speaking Chinese-Australians.

Successful ageing attributes were analysed according to the proportion of participants who rated each statement as ‘important’ to successful ageing. Table 4 shows the number of participants who answered ‘important’ on each of the 20 attributes of successful ageing among English speaking Chinese-Australians, Chinese speaking Chinese-Australians and Anglo-Australians. For comparative purposes, Table 4 also shows results reported in previous studies (i.e., Matsubayashi et al., 2006 and Phelan et al., 2004).
Table 4: Comparison of perceptions of successful ageing of the current study and past studies

<table>
<thead>
<tr>
<th>Item</th>
<th>Percentage of participants who rated the item as important</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ES (n = 68)</td>
</tr>
<tr>
<td>Mean age (standard deviation)</td>
<td>61.4 (7.0)</td>
</tr>
<tr>
<td>1. Living a very long time.</td>
<td>27</td>
</tr>
<tr>
<td>2. Remaining in good health…^</td>
<td>97</td>
</tr>
<tr>
<td>3. Feeling satisfied with my life…^</td>
<td>87</td>
</tr>
<tr>
<td>4. Having the kind of genes (heredity)…</td>
<td>57</td>
</tr>
<tr>
<td>5. Having friends and family…^*</td>
<td>77</td>
</tr>
<tr>
<td>6. Staying involved…^</td>
<td>82</td>
</tr>
<tr>
<td>7. Being able to make choices…^**</td>
<td>87</td>
</tr>
<tr>
<td>8. Being able to meet all of my needs… ^</td>
<td>84</td>
</tr>
<tr>
<td>9. Not feeling lonely…^</td>
<td>82</td>
</tr>
<tr>
<td>10. Adjusting to changes…^</td>
<td>81</td>
</tr>
<tr>
<td>11. Being able to take care of myself…^</td>
<td>93</td>
</tr>
<tr>
<td></td>
<td>ES CA</td>
</tr>
<tr>
<td>----------------</td>
<td>-------</td>
</tr>
<tr>
<td>12. Having a sense of peace…#</td>
<td>71</td>
</tr>
<tr>
<td>13. Feeling that I have been able to influence others…</td>
<td>54</td>
</tr>
<tr>
<td>14. Having no regrets...</td>
<td>65</td>
</tr>
<tr>
<td>15. Being able to work in paid or volunteer activities...</td>
<td>52</td>
</tr>
<tr>
<td>16. Feeling good…^</td>
<td>88</td>
</tr>
<tr>
<td>17. Being able to cope…^***</td>
<td>81</td>
</tr>
<tr>
<td>18. Remaining free of chronic disease…^</td>
<td>91</td>
</tr>
<tr>
<td>19. Continuing to learn…*</td>
<td>68</td>
</tr>
<tr>
<td>20. Being able to act according to my own inner standards... ^</td>
<td>88</td>
</tr>
</tbody>
</table>

Notes: ES CA = English speaking Chinese-Australians, CS CA = Chinese speaking Chinese-Australians, All CA = English speaking and Chinese speaking combined, AA = Anglo-Australian, CA = Chinese-Australian, JA = Japanese-American, WA = White American, and J = Japanese, ^ 75% or more participants from both groups (‘All CA’ and ‘AA’) rated as important, # 75% or more participants from one group rated as important; Chi-square significance level: *p<.05; **p<.01; ***p<.001

As shown in Table 4, 75% or more Anglo-Australians rated 13 attributes as important to successful aging. The same attributes were also rated as important by at least 75% of all Chinese-Australians (both Chinese speaking and English speaking subgroups combined). In addition, 80% of Chinese-Australians rated ‘having a sense of peace’ (item 12), as important to
successful ageing. Therefore, Anglo-Australians and Chinese-Australians rated 13 and 14 out of the 20 successful ageing attributes as important, respectively.

Results indicate that both Chinese and Anglo-Australians rated physical health and functioning (e.g., items 2 and 11), absence of disability and disease (e.g., item 18) and staying engaged (e.g., item 6) as important aspects of successful ageing, which reflects Rowe et al.’s (1997) three factors for successful ageing. However, successful ageing was not limited to Rowe et al.’s (1997) model. Successful ageing also entailed, among other things, adjusting to changes, being able to make choices and having friends and family. As Tan et al. (2010) has observed in their qualitative study, Anglo-Australians regarded acceptance as an important part of successful ageing in order to adapt to old age changes. Tan et al. (2010) also found that both Chinese and Anglo-Australians valued an active lifestyle and relationship with friends and family. One Anglo-Australian participant also spoke about having an active relationship with God (Tan et al., 2010).

Chi-square test for independence (with Pearson Chi-Square) revealed significant associations between Anglo-and Chinese-Australians on four successful ageing attributes, as shown in Table 4. The difference in proportion of Anglo-Australians (91%) who rated item 5 (Having friends and family who are there for me) as important to successful ageing compared to the proportion of Chinese-Australians (83%) is significant, $\chi^2 (2, N = 266) = 7.67, p<.05$.

Family relationships emerged as particularly important when it comes to successful ageing. With regard to the family, individualism implies that the relationship between the self and others is independent and separate (Cross & Gore, 2003), and therefore less emphasis on kinship ties and familial responsibilities (Pyke, 1999). In comparison, the collectivistic worldview, which has also been termed as ‘familism’, is focused on kinship relation and family responsibilities
(Pyke & Bengston, 1996). In this case, the views of Anglo-Australians did not appear to reflect the individualistic worldview. While a high proportion of Chinese-Australians also rated this item as important, it is important to note that the statement is general and does not consider the role of the family in relation to elder care and familial responsibilities. For example, in collectivist cultures, eldercare is seen as a family affair (Hofstede, 2001) and one that is such that the aged should be looked after (Sung, 1997).

In relation to item 7 (Being able to make choices), the difference in proportion of Anglo-Australians (96%) who rated as important to successful ageing compared to the proportion of Chinese-Australians (85%) is significant, $\chi^2 (2, N = 263) = 11.74, p < .01$. As Tan et al. (2010) noted, being able to make choices entail a sense of control and maintains one’s level of independence. Also, the difference in proportion of Anglo-Australians (95%) who rated item 17 (Being able to cope) as important to successful ageing compared to the proportion of Chinese-Australians (76%) is significant, $\chi^2 (2, N = 266) = 20.35, p < .001$. As Tan et al. (2010) has observed, Anglo-Australians considered successful ageing as the ability to have a positive attitude and accept life’s limitations. Gabriel and Bowling (2004) also found that the attitude of acceptance helps one manage the constraints of old age.

And finally, the difference in proportion of Anglo-Australians (74%) who rated item 19 (Continuing to learn new things) as important to successful ageing compared to the proportion of Chinese-Australians (70%) is significant, $\chi^2 (2, N = 266) = 5.89, p < .05$. For this group of Anglo-Australians, the ability to continue to learn new things is considered important as it entails a sense of personal growth and engagement, which exemplifies Rowe and Kahn’s (1997) factor of ‘engagement with life’ in their successful ageing model.
Whilst it is not the focus of the present study, it is interesting to note particular views of
the Chinese speaking subgroup on successful ageing. As shown in Table 4, 75% of Chinese
speaking Chinese-Australians rated item 4 (Having the kind of genes (heredity)) as important to
successful ageing compared to their English speaking and Anglo-Australian counterparts.
Interestingly, 83% of Japanese older adults in Matsubayashi et al.’s (2006) study also rated item
4 (Having the kind of genes (heredity)) as important to successful ageing, compared to their
In this case, it would appear that Chinese speaking Chinese-Australians and Japanese believed
that successful ageing is determined by genetics. Whilst it has been increasingly argued that
successful ageing ought not to be determined by genetic markers (Vaillant, 2002 in Bowling et
al., 2005), perceptions of genetic influences on successful ageing may well affect the way in
which these groups access health services (Bowling et al., 2005).

When compared to the other groups, a small percentage of Chinese speaking Chinese-
Australians and Matsubayashi et al.’s (2006) Japanese participants rated items 8 (Being able to
meet all of my needs) and 17 (Being able to cope) as important to successful ageing. It would
appear that non-English speaking participants tend to rate certain items lower than their English
speaking counterparts. As Matsubayashi et al. (2006) has observed, differences in the ratings of
the items may be as the result of differences in values between cultures given that the successful
ageing attributes were identified from published Western literature. The meanings of successful
ageing among older adults are therefore much more diverse (McCann Mortimer, Ward &
Winefield, 2008).
5.5 Conclusion

The present study looked at perceptions of successful ageing in the Australian context by examining the 20 attributes that had been identified by Phelan et al. (2004) as important to successful ageing. Results of the current study were similar to Phelan et al.’s (2004) study of Japanese Americans and White Americans. Both studies reported similar results in that almost two-thirds of the 20 successful ageing attributes were rated as important.

The three factors for successful ageing: physical health and functioning, absence of disability and disease, and staying engaged, as identified by Rowe et al. (1997), were also rated as important aspects of successful ageing by the present sample of Chinese and Anglo-Australians. Successful ageing, however, also entailed other psychological and social dimensions including one’s adjustment to changes, being able to make choices and having friends and family. This study also found significant associations between Anglo-and Chinese-Australians on four successful ageing attributes. For Chinese speaking Chinese-Australians, heredity was rated as important to successful ageing. Differences in the ratings of the items may be attributable to differences in values between cultures given that the successful ageing attributes were taken from Western literature (Matsubayashi et al., 2006). Thus, participants’ perceptions of successful ageing include other dimensions than Rowe et al.’s (1997) model of successful ageing.

There are several limitations to the present study. The present study employed an instrument based on a Western model, whereby the instrument was translated and back-translated. Results ought to be interpreted with caution. It is noted the average age of participants in Phelan et al.’s (2004) study was 78 and 80 years, whereas the average age of
participants in the current study was 65 and 67. Moreover, the present instrument contained uneven amount of items for each topic (e.g., two items were on physical health, one item was on functioning, two items on social health and eight items on psychological health).

Future studies would benefit from an instrument that contains culturally relevant and specific items and the inclusion of equal amount of items in the successful ageing questionnaire and the inclusion of the views of a wider population, for example, the views of institutionalised adults (e.g., those who live in nursing homes) and recent and non-English speaking immigrants.

Adding to the strength of this study is the inclusion of Chinese speaking participants, thereby giving further insight into the views of the Chinese community in Australia. The research contributes to greater understanding of the way in which people from different backgrounds view successful ageing so as to better support positive ageing in minority groups as they age abroad.
Chapter 6

A Qualitative Inquiry into the Future Care Plans and Preferences of Anglo-and Chinese-Australians

Statement of Authorship

This empirical study has been submitted to the Journal of Community & Applied Social Psychology:


Author Contributions

By signing the Statement of Authorship, each author certifies that their stated contribution to the publication is accurate and that permission is granted for the publication to be included in the candidate’s thesis.

<table>
<thead>
<tr>
<th>Name of Principal Author (Candidate)</th>
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</tr>
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<td>Contribution to the paper</td>
<td>Collected data, performed analysis on data, interpreted data, wrote manuscript and act as corresponding author.</td>
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<th>Dr Lynn Ward</th>
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<td>Contribution to the paper</td>
<td>Supervised development of the work, helped with data interpretation and manuscript evaluation.</td>
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6.1 Preface

This chapter consists of a manuscript that has been submitted to the *Journal of Community & Applied Social Psychology*. It presents results of the first qualitative study of the present research. For ease of reading, subsections are numbered according to chapter format and the reference list is included in the main reference list rather than attached to the manuscript.

The two previous chapters focused on perceptions of successful ageing. In order to critically explore what it means to age well as an immigrant in Australia, the present qualitative research investigated attitudes to filial piety and expectations for aged care among Anglo-Australians and Chinese immigrants. The current chapter and the next are focused on the needs and expectations of Chinese migrants who are ageing in Australia to ascertain how traditional Chinese values including filial piety are reflected in expectations for future care in this group of people who are ageing away from their country of origin.

The present research is focused on the question of whether filial piety has eroded following migration or whether the cultural value is still relevant in contemporary Australia. The philosophical framework of IPA was selected for the qualitative phase of the project whereby semi-structured interviews were used.
6.2 Abstract

Understanding the complex and diverse needs of ageing migrants is necessary to inform appropriate social infrastructure and the provision of quality, culturally responsive service. This study presents a qualitative inquiry into the future care plans and preferences of older Anglo- and Chinese-Australians. Twenty-one participants, 10 Chinese-Australians and 11 Anglo-Australians, aged between 55 and 78 years took part in semi-structured interviews with Interpretative Phenomenological Analysis (IPA) used to explore their future care plans and preferences. Both groups spoke about their current lack of preparation with respect to future care plans. In terms of ‘Future care preferences’, themes of ‘Ageing in place’, ‘Openness to formal care’ and ‘Quality of care’ reflect perceptions and attitudes of both the Anglo and Chinese groups. In particular, among Chinese-Australians a range of views emerged in relation to the importance and role of traditional values in care expectations and preferences. Although there was openness to the possibility of moving into a mainstream aged care facility, some Chinese-Australian participants also expressed cultural attachments and expectations. Results demonstrated heterogeneity within the Chinese-Australian group and suggest that longer length of residency does not necessarily lead to a decrease in traditional expectations. This research contributes to the cross-cultural understanding of the value of filial piety in migrant Chinese communities and to aspirations for future care of adults ageing in Australia.

6.2.1 Keywords: Chinese immigrants, future care, filial piety, cross-culture, qualitative
Population ageing is part of a worldwide demographic shift. The proportion of people aged over 60 years will double from approximately 11 to 22 per cent between 2000 and 2050, with an estimated rise from 605 million to 2 billion people (World Health Organization, 2012). Between 2000 and 2050, people over the age of 80 years will have almost quadrupled to 395 million. Trends for Australia’s older population are consistent with this, with the youngest of the Australian “baby boomers” (i.e., those born between 1946 and 1965 inclusive) set to turn 65 in 2031. People aged over 65 are projected to rise to 27 per cent of the population by 2051 and those aged over 85 will rise to 7 per cent (Australian Bureau of Statistics, 2006). Increasing levels of frailty and disability are also expected to accompany this trend.

Within this context there is increasing need for research into the needs and expectations that older Australians have for aged care support. Such support may including home and community care, assisted living, residential care and long hospital stays (World Health Organization, 2012). Australia’s ageing and aged care programs and services are governed by the Home and Community Care Act, 1985 and the Aged Care Act, 1997. The Aged Care Act, 1997 governs the provision of various services to older Australians including residential care, flexible care and community aged care. These packages provide low and high levels of care to older people either in their own homes or residential aged care facilities (Commonwealth of Australia, 2008). The Australian Government Productivity Commission (2013) notes those over the age of 80 are the main recipients of these services. Australia will experience an increase in age-related expenditures with a significant rise in the government’s obligations for publicly funded health care, aged care and retirement, and its budget estimate rising to six per cent of the national Gross Domestic Product (GDP) by 2060.
The ethnic composition of Australia’s population in general and its older population in particular, is changing. Historically, Europe (especially Britain) was the main source of migrants to Australia, more recently, migrants have come from a range of countries, with growing proportions of immigrants from India and Sri Lanka, Lebanon, Vietnam, the Philippines, Malaysia, China, Hong Kong, South Africa, and New Zealand (Australian Bureau of Statistics, 2012). Almost a quarter of Australia’s population were born overseas and 44 per cent were born, or have a parent who was born, overseas. Four million Australians speak a language other than English with over 260 languages and 270 ancestries identified for this diverse population (Australian Government, 2011).

Chinese ancestry has been identified in Australia’s top ten ancestries, comprising of 4 per cent of the population (Australian Bureau of Statistics, 2012). Of those who reported Chinese ancestry, 36 per cent were born in China, 26 per cent in Australia and 38 per cent born in other countries (Australian Bureau of Statistics, 2012). In 2011, Chinese was one of the main languages for 48,813 of older people in Australia, with 1.7 per cent (336,409 people) and 1.3 per cent (263,673 people) of the Australian population speaking Mandarin and Cantonese, respectively (Australian Bureau of Statistics, 2012). Older adults of Chinese ancestry are thus projected to increase (Australian Bureau of Statistics, 2012).

The needs of ageing immigrants are an increasingly important concern for service providers and policy makers. Despite having one of the most ethnically diverse populations in any country (Warburton, Winocur, & Rosenman, 1995), research on future care preferences of older adults have predominantly been understood within the Western cultural context and little is known about cultural needs and expectations and in particular, future care aspirations of
immigrants within the Australian context. The current research thus focuses on the older Chinese community, an emerging group in contemporary Australia.

6.3 Filial piety

Culture, in its simplest form, has been defined as “an integrated set of knowledge, beliefs, values, and behaviors shared by a group of people” (Lai, 2010, p. 203). Confucian values have a prominent role in guiding the behaviour models and social systems of the family and community in Asia (Hyun, 2001) and pave the way through which a person defines self-identity, duty, and responsibility (Park & Chesla, 2007). Cultural orientation can play an important role in the way in which one perceives elder care (Hsueh, et al., 2008; Pyke & Bengston, 1996).

One of the most important duties within the family is the commitment and support that adult children make to the care of ageing parents, otherwise known as filial piety (or ‘xiao’ in Chinese) (Ng, et al., 2002). Filial piety is deeply rooted in Confucian norms (Chow, 2004; Streib, 1987), representing one part of the five primary relationships (i.e., parent-child) in which the Chinese society is based (Park & Chesla, 2007). Generally speaking, the doctrine of filial piety maintains that adult children must be committed to respect and care for parents (Mak & Chan, 1995), and when a child maintains his or her responsibility to the family, peace and harmony will thereby be achieved (Hyun, 2001; Sung 1998). There has been debate in the literature, however, about whether filial piety remains significant in contemporary society generally, and in migrant societies, more specifically.

Significant social changes that may erode the value of filial piety have taken place due to urbanisation, modernisation and industrialisation. These include geographic relocation in
response to economic imperatives (Chan, 2005), and employment and education opportunities (Sung, 1997) and an increasing number of women joining the workforce (Chen, 2001). Women who have joined the workforce may be unable to carry out and fulfil their traditional duties within the home, including caring for older relatives. Partly in response to this, adult children in Asia, regardless of gender, are now required to take filial responsibilities towards ageing parents (Hsueh, et al., 2008; Sung 1998), and the caring role has become a collective responsibility rather than the responsibility of one individual (i.e., daughter in-law) (Chappell & Kusch, 2007). According to Chan (2005), this problem is further exacerbated by decline in the size of the family, which means there are less young people available to look after the older members of the family. These changes have therefore placed uncertainty into the feasibility of ongoing caring provisions for the elderly (Chen & Silverstein, 2000).

Some researchers (e.g. Yeh, Yi, Tsao, & Wan, 2013) have argued that filial piety continues to be a significant cultural value in guiding the behaviour of children towards seniors that has not been eroded by modernisation and democratisation. The Dual Filial Piety Model (DFPM) of Yeh & Bedford (2003) proposes two fundamental aspects of filial piety: reciprocal and authoritarian that represent psychological motivations underlying children’s interactions with their parents. Reciprocal filial piety refers to intimacy and the quality of the parent-child relationship, whereby voluntary support and affection for one’s parents are usually expressed (Yeh, et al., 2013). Reciprocal filial piety encourages care because of love and a wish to ‘give back’ for the sacrifices of parents (Laidlaw, Wang, Coelho, & Power, 2010). Sung (1997), termed this kind of care, ‘affection-oriented care’.

Authoritarian filial piety, on the other hand, refers to obedience and submission to parental authority to fulfil parental demands or expectations (Yeh, et al., 2013). Laidlaw et al.
Hyun (2001) noted that from the perspective of family relationships, interactions and ethos, culturally embedded beliefs and roles are carried across the generations and are “internalized into one's values through socialization” (p. 205). For example, children in Asian families are taught early in life the responsibilities, commitment and support expected for the care for their elders (Chow, 2004; Ng, et al., 2002). Yeh et al.’s (2013) investigation into the functions of filial piety in three contemporary Chinese societies, Taiwan, Hong Kong and China, found that reciprocal filial piety remains prevalent in all three regardless of the range of socio-political developments in each society. The orientation of filial piety in Taiwan and Hong Kong has changed from authoritarian to one that is reciprocal in nature. Yeh et al. (2013) further observed that filial piety remains an important value in China despite Chinese communism and Cultural Revolution.

Other researchers (Laidlaw, et al., 2010; Park & Chesla, 2007) have argued that immigration and acculturation have had an impact on the traditional value of filial piety. Migrants, they argue, are inevitably influenced by the practices and values of the new culture through the mass media, schools and other institutions (Foner, 1997) and, as a consequence, traditional values are either continually challenged or modified, or in conflict with that of the dominant Western culture in which they live (Park et al., 2007).

In a study on the effects of acculturation and social exchange, Kao and Travis (2005) investigated the impact of demographic factors on the filial expectations of Hispanic/Latino parents of adult children and found that older age and lower length of residence in the USA had significant effects on expectations of filial piety whereas education, employment status and language attainment did not have a significant impact on how these parents felt about adult
children’s responsibilities to them (Kao & Travis, 2005). In contrast, de Valk and Schans (2008) found that educational attainment was related to perceptions of filial obligation among immigrants (Turks, Moroccans, Surinamese and Antilleans) and Dutch older people, but marital status and current health status were not. Noteworthy in the current context, immigrant background was an important determinant of perceptions of filial obligation towards parents. Length of residence did not have an effect on filial norms and, among the Mediterranean respondents (i.e., Turks and Moroccans). Although proficiency in the Dutch language is an indicator of acculturation, this was not the case for the Carribean (i.e., Surinamese and Antilleans) respondents reflecting that acculturation processes vary by immigrant group.

Hsueh, Hu and Clarke-Ekong (2008) examined the role of acculturation in filial practices among 21 Chinese caregivers in the United States. Participants ($M = 47.5$ years), had lived in the United States for between 10 and 33 years, and were described as situational-reciprocal-filial caregivers, who had maintained their own heritage and yet adopted mainstream filial practices to deal with the challenges of parental care. Hsueh et al. (2008) found that participants’ acceptance of new filial practices was influenced by a number of factors including feeling comfortable in adopting some mainstream filial practices, financial status and past relationship with the care recipient. Hsueh et al. (2008) also found participants’ acculturation in filial practices is represented in two integrative themes of acculturation motivations and filial motivations. Acculturation motivations refer to participants’ experiences of various circumstances that influence filial practices in their effort to acculturate. These have been indentified to include being overwhelmed, various situational constraints from being an immigrant, access to and utilization of resources, and a need for a shared/coordinated approach to filial responsibilities. Lastly, they found that filial motivations included love, honouring traditions, meeting personal
values, and meeting social expectations. Hsueh et al. (2008) study gave insight into changes in filial practices that are a result of acculturation.

Despite the demographic forecast and recognition that Chinese immigrants will constitute a significant subgroup in the older population in the years to come, little research has been conducted into the needs and attitudes of the Chinese community ageing in Australia. In particular, little is known about the way in which migration plays a role in how traditional roles and responsibilities are practiced and expressed, and whether filial piety has eroded following migration, as the values and practices of the new country are adopted. Better understanding of the complex and diverse needs of ageing migrants may inform Government’s responses to provide appropriate social infrastructure and the provision of quality, culturally responsive service.

The present study is part of a larger mixed-methods program of research by the first author that has looked at successful ageing, filial piety, and acculturation of Chinese immigrants ageing in Australia. This paper reports results from the qualitative phase of the study that explored future care plans and preferences within two distinct cultural groups, Chinese immigrants and Anglo-Australians. The primary goal of the current study was to explore attitudes and perceptions that older Chinese-Australians have with respect to aged care and to consider the value of filial piety in this context. Interpretative Phenomenological Analytic (IPA) was the research strategy used. By focusing on the range of lived experiences within the Chinese-Australian group, the study explores their values and what they perceives as appropriate and relevant as they age away from their country of origin. The similarities and differences in perceptions and aspirations of Anglo and Chinese Australians were also considered.
6.4 Method

6.4.1 Participants

Participants were 11 Anglo-Australians and 10 Chinese-Australian, born between 1927 and 1950 ranging in age from 55 to 78 years ($M = 65.1$ years, $SD = 7.30$). The Anglo group ($M = 69.82$, $SD = 6.15$) was older than the Chinese group ($M = 59.90$, $SD = 4.38$); $t(19) = 4.22$, $p < .001$. There were more female ($n = 12$) than male ($n = 9$) participants and majority of the participants were married. Three-quarters of the participants were not employed, and a third of these were involved in voluntary work. The entire Chinese-Australian sample lived with their spouse or partner (half live with their spouse/partner and other family members). In contrast, three Anglo-Australians lived alone, six lived with their spouse/partner, one with their spouse/partner and other family members, and one participant lives with other family members. In general, over 90 per cent had secondary school education. The majority (80 per cent) of Chinese-Australians had achieved tertiary education compared to 18 per cent of their Anglo-Australian counterparts. And lastly, majority of the participants from both groups (over 80 per cent) perceived themselves to be healthy and moderately active.

In order to provide the reader with contextual information, characteristics of Anglo-and Chinese-Australian participants are presented in Tables 5 and 6. Participants were identified according to their ethnicity and a corresponding code number (i.e., CA refers to Chinese-Australians and AA refers to Anglo-Australians).
Table 5: Characteristics of Anglo-and Chinese-Australian participants

<table>
<thead>
<tr>
<th>ID No.</th>
<th>Age</th>
<th>Gender</th>
<th>Marital status</th>
<th>No. of children</th>
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<tbody>
<tr>
<td>AA1</td>
<td>76</td>
<td>Female</td>
<td>Widowed</td>
<td>3</td>
</tr>
<tr>
<td>AA2</td>
<td>69</td>
<td>Female</td>
<td>Divorced</td>
<td>4</td>
</tr>
<tr>
<td>AA3</td>
<td>65</td>
<td>Female</td>
<td>Divorced</td>
<td>3</td>
</tr>
<tr>
<td>AA4</td>
<td>63</td>
<td>Female</td>
<td>Married</td>
<td>4</td>
</tr>
<tr>
<td>AA5</td>
<td>60</td>
<td>Female</td>
<td>Divorced</td>
<td>3</td>
</tr>
<tr>
<td>AA6</td>
<td>74</td>
<td>Male</td>
<td>Married</td>
<td>3</td>
</tr>
<tr>
<td>CA7</td>
<td>62</td>
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<td>2</td>
</tr>
<tr>
<td>AA8</td>
<td>65</td>
<td>Male</td>
<td>Married</td>
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</tr>
<tr>
<td>AA9</td>
<td>68</td>
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</tr>
<tr>
<td>AA10</td>
<td>73</td>
<td>Male</td>
<td>Married</td>
<td>3</td>
</tr>
<tr>
<td>AA11</td>
<td>77</td>
<td>Male</td>
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<td>3</td>
</tr>
<tr>
<td>CA12</td>
<td>59</td>
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</tr>
<tr>
<td>CA13</td>
<td>66</td>
<td>Female</td>
<td>Married</td>
<td>4</td>
</tr>
<tr>
<td>CA14</td>
<td>56</td>
<td>Female</td>
<td>Married</td>
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<td>CA15</td>
<td>56</td>
<td>Female</td>
<td>Married</td>
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<td>CA16</td>
<td>59</td>
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<td>AA17</td>
<td>78</td>
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<td>Married</td>
<td>6</td>
</tr>
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<td>CA18</td>
<td>63</td>
<td>Female</td>
<td>Married</td>
<td>2</td>
</tr>
<tr>
<td>CA19</td>
<td>56</td>
<td>Male</td>
<td>Married</td>
<td>2</td>
</tr>
<tr>
<td>CA20</td>
<td>55</td>
<td>Male</td>
<td>Married</td>
<td>4</td>
</tr>
<tr>
<td>CA21</td>
<td>67</td>
<td>Male</td>
<td>Married</td>
<td>4</td>
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</table>

CA participants had arrived in Australia between 1964 and 1992. Seventy per cent of CA participants had immigrated to Australia as young families, that is, they had come to Australia with their young children. Their average age at of arrival was 34.30 years (SD = 10.21, ranging from 17 to 47 years of age) and average length of residency was 25.7 years (SD = 10.96). Participants varied in terms of their proportion of life spent in Australia, for example, the more
recent immigrants, CA7, CA14 and CA20 had spent less than a third of their lives in Australia, compared to CA12 and CA15 who had lived in Australia for over two-thirds of their lives.

Table 6: Chinese-Australian immigrant profile

<table>
<thead>
<tr>
<th>ID No.</th>
<th>Country of Origin</th>
<th>Length of Residency (years)</th>
<th>Year of Migration</th>
<th>Age of Arrival (years)</th>
<th>Percentage of life spent in Australia (%)</th>
</tr>
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<tr>
<td>CA7</td>
<td>Malaysia</td>
<td>16</td>
<td>1989</td>
<td>47</td>
<td>25.8</td>
</tr>
<tr>
<td>CA12</td>
<td>Malaysia</td>
<td>41</td>
<td>1964</td>
<td>19</td>
<td>69.5</td>
</tr>
<tr>
<td>CA13</td>
<td>Malaysia</td>
<td>28</td>
<td>1976</td>
<td>38</td>
<td>42.4</td>
</tr>
<tr>
<td>CA14</td>
<td>Malaysia</td>
<td>16</td>
<td>1989</td>
<td>41</td>
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<td>Singapore</td>
<td>39</td>
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<td>27</td>
<td>1978</td>
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<td>1988</td>
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<tr>
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<td>40</td>
<td>1965</td>
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Participants indicated their English language, both oral and written as ‘good’ to ‘excellent’ (Cronbach’s alpha = 0.98). Their ethnic language proficiency, however, was not rated as highly. Although the entire Chinese-Australian group spoke a language other than
English, namely Mandarin, it is important to note that majority of the participants (80 per cent) indicated English as the preferred spoken language at home.

6.4.2 Procedure

Participants from both groups were recruited through ‘snowball sampling’ and personal networks. Inclusion criteria were: aged 55 years or over, community-dwelling in Australia, and of either Chinese-Australian or Anglo-Australian background. Details of operational definitions of Anglo- and Chinese-Australian are described elsewhere (Tan, Ward, & Ziaian, 2010). Participants completed a ‘Background Questionnaire’ to provide demographic information including age, gender, marital status, employment, education, living arrangements, perceived health status (on a five point scale: very good, average, poor, very poor) and income. Questions also asked about migration, for example, country of origin, length of residence, year and age upon arrival, and which migration stream they came under. Participants then took part in semi-structured interviews, which were conducted in English, to explore their experiences. An interview schedule was prepared according to the guidelines provided by Smith (1995). The interview included questions pertaining to successful ageing and these findings are reported in Tan et al. (2010). In the present article, only questions pertaining to future care and preferences are reported. Participants were asked general questions about the future, whether they had made any plans for the future, and whether they would consider moving into an aged care facility. Participants were, for example, asked “Would family relationships affect your future care preferences?” And the possible prompt to this particular question was “And how do or will they play a role in your future plans (e.g., family discussions)?” In order to investigate the ideal
characteristics of an aged care facility from the perspective of Chinese-Australians, Chinese-Australian participants were further questioned, for example, “Would you consider living in a facility tailored to your cultural needs in the future?” This study was reviewed and received approval from the University of Adelaide Human Research Ethics Committee.

6.5 Analytic Framework: Interpretative Phenomenological Analysis (IPA)

The research employed the process and principles of IPA to identify emerging themes from interviews. According to Smith and colleagues (Smith, 1995; Smith, 2003; Smith & Osborn, 2003), IPA is suitable for under-researched topics because it pays attention to the lived experiences and worldviews of participants by taking into account the way in which people form their personal and social worlds, and the meanings attached to their experiences, events and circumstances. IPA further acknowledges the researcher’s interpretative role in the analysis. The first author is of Chinese thus, IPA was deemed appropriate for the present study on future care plans and preferences of Chinese-and Anglo-Australians.

Interviews were transcribed and data were analysed according to the four stages of IPA (Smith et al., 1995, 2003; Smith & Osborn, 2003). The first stage comprised of reading and re-reading of transcripts to enable the analyst to get to know the text and become familiar with the data. The second stage involved identifying and labelling emerging themes. During this stage, transcripts were analysed separately, followed by line by line coding. Initial notes were then coded into themes, which were subsequently grouped together into sub-themes. The third stage of the analysis included the clustering of themes, whereby connections between themes and
shared meanings were identified. The fourth and final stage entailed providing a concise and logical outline of the themes through a summary table, as shown in Table 7.

The issue of credibility within qualitative analysis was explored. The current research employed three strategies that are considered appropriate for establishing credibility within the context of IPA: quoting raw data, reflexivity and member checks. In the present study, verbatim extracts which best described usual responses were chosen for discussion so that the reader is able to ascertain their own understanding and conclusion of the data (Elliott, Fischer, & Rennie, 1999). The process of reflexivity enabled consideration of personal biases, assumptions and background of the research on data interpretation (Creswell & Miller, 2000). For instance, the first author reflected on her background as an immigrant whose parents are ageing away from their country of origin (Tan, et al., 2010). Finally, the process of member checks included distributing transcripts to participants for verification and on the appropriateness of the themes identified (Bygstad & Munkvold, 2007). Please refer to Tan et al. (2010) for further details regarding the analytic framework of IPA used in the present study and for a discussion on the issue of credibility within qualitative analysis.

6.6 Results and Discussion

Qualitative findings are presented according to the themes identified with quotes from the data set that illustrated typical responses selected for points of discussion. For both Anglo- and Chinese-Australians, initial themes focussed on attitudes towards the future. For example, both groups initially spoke about their active lifestyle, employment status and not perceiving themselves as being old. They attributed their lack of preparation for old age to these factors.
These were subsequently grouped together into a sub-theme labelled as ‘lack of planning’. Some Anglo-Australians also spoke about accommodation options and getting funerals and legal documents arranged in order to have some control of the future. These sub-themes were then re-grouped into one master theme. ‘Future care plans’ focused on how both groups of participants described their lack of plans for old age, as shown in Table 7.

In terms of ‘Future care preferences’, themes of ‘Ageing in place’, ‘Openness to formal care’ and ‘Quality of care’ reflect perceptions and attitudes of both the Anglo and Chinese groups. The responses of the Chinese-Australians are considered in more depth as the research question focuses particularly on their experiences and aspirations. This group of CA applied a comparative approach when it came to their views about formal care and services. In particular, they spoke about differences between Australia’s health care system and aged care facilities to that of their country of origin. Support from family also emerged as particularly important to CA participants when it comes to future care preferences. As was acknowledged in Tan et al. (2010), the themes are not limited to either group and some themes were common to both groups, as will be noted in the text.
Table 7: Clustering of master themes for future care plans and preferences

Master theme: Future care plans

Similarities among the two groups: ‘Lack of planning’

Master theme: Future care preferences

Similarities among the two groups:

‘To age in place’

‘Openness to formal care’ and ‘Quality of care’

6.6.1 Future Care Plans

6.6.1.1 Similarities Among the Two Groups: ‘Lack of Planning’

When participants were asked about their plans for their future care, Anglo-and Chinese-Australians alike spoke of their lack of preparation. The majority of AA (AA1, AA4, AA10, AA5, AA8, AA11) and CA (CA12, CA14, CA16, CA21) expressed the view that they have not made plans for the future, as demonstrated in the following interview extract:

“No it has crossed my mind, the only thing is just that I would like to stay in my house as long as I possibly can and be independent. I don’t know how I could fit my whole life into one room. I shudder at the thought but I guess it can happen” (AA5)
For two CA participants (CA16 and CA21), lack of planning was attributed to their current active lifestyle. At the age of 56, CA16 was still working fulltime and, even though CA21 had retired and was 67 years of age, no future plans had been made. CA14, at 56 years of age, did not perceive herself as being old and therefore attributed her lack of preparation to her age.

The majority of the participants had very general and vague plans. For some, ensuring appropriate finance was considered the best preparation for old age. For example, CA14 and CA20 generally spoke about savings for their future in terms of personal savings and superannuation instead of relying on assistance from the government, for example:

“I just don’t want handout from the Government, I want to be stable to establish myself. So when they can work, they should start looking at owning a house, at the end of the well, all the years of toil and everything, sell, enjoy, from that house is your enjoyment, if they have that concept, that would be the best preparation for old age” (CA14)

The lack of discussion from the CA group is likely to be due to it being a younger group than their AA counterparts. As noted previously, there was a significant age difference between the AA group (\(M = 69.82, SD = 6.15\)) and the CA group (\(M = 59.90, SD = 4.38\)); \(t(19) = 4.22, p < .001\). Though not far from retirement age, the CA group perhaps did not feel the need or the urgency to plan too far in advance into the future, as their immediate concern may be towards retirement. However, since it was not the focus of this research to investigate retirement plans, it
did not emerge as a topic, even though the nature of semi-structured interviews would have enabled such topics to arise at the discretion of the participant.

While the majority of participants indicated that they had not yet made plans for the future, most AA participants have either started considering options to aid them with planning for the future or had begun to made plans for old age. AA4, for example, started thinking about options for her own funeral. AA2 and AA9 spoke about downsizing and both were concerned about the availability of appropriate accommodation, as illustrated in the interview excerpt below:

“...From that seminar I went to and I found out that domiciliary care is not as easy to get, to keep people in homes that there’s going to be just such a demand for that but I don’t think that an option and so I’ve decided that I’m now ideally I would like to go up to that village up the road [suburb], sell this house and buy one of those nice units and then from there I think and I’ve got to find this out, that you can then be taken into care and have meals or whatever and then gradually you know drift off...(laughs) without being a burden on anybody else”

(AA2)

AA participants felt that one should be involved in one’s future care. Because it was important for participants to assert control over their own future, they were proactive in planning their own state of affairs. For example, AA3 and AA17 have both paid for their funerals and have prepared appropriate legal documents including enduring power of attorney, will and guardianship orders to formally convey their wishes:
“Yup I have a, I’ve done my will of course and I have a separate will for, you know if I am involved in a serious accident or a serious Illness that I will not be kept alive because I don’t want that to happen. I have a power of attorney, an enduring power of attorney because I want to do that now and not have to do it or somebody else have to do it for me because I can no longer make those decisions. I have paid a funeral benefit so you know, I want to be in control of those things. I mean, I’ve even started to think what I want them to sing at my funeral” (AA3)

For AA, planning for the future meant having autonomy and control over their future by making their own decisions. Participants valued their independence, self-sufficiency and control: environmental mastery was particularly evident in how AA approached their ageing process.

6.6.2 Future Care Preferences

In terms of future care preferences, the themes of ‘Ageing in place’ and ‘Openness to formal care’ and ‘Quality of care’ reflect perceptions and attitudes of both the Anglo and Chinese groups. CA participants also spoke about differences between Australia’s health care system and aged care facilities to that of their country of origin and that support from family also emerged as particularly important to CA.
6.6.2.1 Similarities Among the Two Groups: ‘Ageing in Place’

When participants were asked about their future care preferences, Anglo-and Chinese-Australians participants generally gave similar responses, expressing a desire to ‘age in place’. Three AA (AA17, AA10, AA1) expressed their preference to live in their own homes for as long as possible. Although AA9 reflected that she was open to move into a facility, she had also indicated that her preference was to live at home. She acknowledged that she and her husband may need assistance in order to continue the independent lifestyle of living at home. AA1, who lives alone, already needed outside assistance to continue living at home and managing her household. She also acknowledged that she may require more practical assistance with time:

“I would like to live here for as long as possible but not being a burden to the family... I should be able when I get older to afford someone to come in. Well, I’ve got a lady that comes once a month. She just gives me an hour once a month and that’s enough..... Now she comes once a month, now there’ll come a time when I have to have someone every week. And I’ve got to make my money work for me so that that happens” (AA1)

In order to remain in their own homes for as long as possible, both groups of participants referred to their preference for progressive care according to their needs, for example, moving from home-based care to low care and then, if necessary, to high care:
“If possible no (laughs), I’d like to stay in my own house”... “Yes, there would be family discussions. I think well if they can help to look after me, if I still can be on my feet, it’d be good. If I can’t, if to be bedridden, well I still maybe expect them to continue to be with me together in the same house or what not, unless my partner or my husband or is still handicapped or unable then maybe just have to move into a home. So start with a low care maybe later on to high care” (CA18)

6.6.3 ‘Openness to Formal Care’ and ‘Quality of Care’

While most AA participants expressed their desire to remain in their own homes for as long as possible, majority (AA2, AA3, AA4, AA5, AA8, AA9) were also open to the possibility of moving into an aged care facility. For AA, professionalism of aged care facilities was an important aspect of their future care preference and some (AA9, AA8, AA6, AA3) gave specific reasons relating to the specialised training and expertise of aged care providers.

“Absolutely, particularly at the [retirement village] because they do things very professionally and every avenue of the homes I’ve seen, I’ve been impressed with their professional ability to provide any kind of need that you need...” (AA6)

AA generally have positive perception of formal care. Although one AA participant (AA4) was open to move into a facility because it was the practical option, she also shared her dislikes and concerns about aged care facilities. One AA man, AA10, also presented a negative
outlook, which was in stark contrast to the general positive perceptions of Australian aged care facilities:

“...I’ve seen better ones in other countries you know but here its very slack you know like they haven’t got very good accommodation, I’ve seen it from people that were there and we visit them sometimes people like, really no...” (AA10)

CA participants were more mixed in their attitudes when it comes to the possibility of moving into an aged care facility. While two CA participants (CA18 and CA12) were not particularly keen to move into an aged care facility, four participants (CA7, CA15, CA19, CA20) expressed the view that they were willing to move into an aged care facility, for example:

“I’ve not actively considered it. I mean my way of thinking is aged care facility would be for me if I am no longer able to look after myself, then that would be the option of whether my children would want me to stay with one of them, I’m open to that, it doesn’t worry me one way or another” (C19)

Furthermore, these participants CA7, CA15 and CA20 who have been living in Australia 26 per cent, 70 per cent and 24 per cent of their lives respectively, reflected that they do not intend to rely on their children in old age:
“Yes, yes because I don’t think it’s fair for them to have to look after me, I mean I don’t think I really want, I think I’d choose to go to a home when I could no longer manage” (CA15)

There were also differences among CA participants in terms of their choice of aged care facility. It is interesting to note that CA7 and CA15 had specifically expressed their preference for mainstream aged care facility as opposed to going to one that was culture-specific:

“…but I think like me, I don’t mind going to an aged home that is run by the Australians, that’s English speaking. I’d be quite happy you know, I don’t have to go to an Asian aged home…I mean if you give me a choice of having to go to a Australian run aged home or an Asian run aged home, I think I would opt for an Australian run aged home” (CA7)

Given that CA15 had lived in Australia for almost 40 years and had spent 70 per cent of her life in Australia, her preference for mainstream aged care was perhaps not particularly surprising. CA15 revealed she would prefer to go to a mainstream aged care facility instead of one that is culture-specific because she was concerned about certain attitudes of Chinese in that “…they always want to see what you’re doing and everybody lives in each other’s shoes…”

In contrast to CA15’s response, although CA12 had also spent 70 per cent of her life in Australia, she expressed a preference for a facility that would meet her cultural needs specifically she preferred to be with people of the same cultural background. Similarly CA21, who had lived
in Australia for almost 60 per cent of his life, also expressed some cultural attachment. For example, his priority was to have ‘good Chinese food’:

“Main thing is the food, I still sort of a very attached to the Chinese sort of the food...Yeah, it would help, if a well, a nursing home that providing sort of a reasonably good Chinese food, yes. But no, I think that I hate to eat sort of a pies and pasties, that sort of thing” (C21)

In terms of their own personal views about aged care facilities in Australia, three Chinese participants (CA12, CA7 and CA14) noted that aged care facilities provide necessary help and care. Participants’ accounts show heterogeneity within the CA group. Longer length of residency does not necessarily mean decrease in one’s cultural attachments. When it comes to future care preferences, there is complex interplay between cultural norms and personal preference. One cannot therefore assume that there would be total rejection of formal care on the basis of having a traditional background; and neither can one assume that people’s preference would be to only go to culture-specific aged care.

When participants were further asked about whether Chinese people would be more accepting of aged care facilities in the future, CA7, CA13, CA14, CA20 and CA21 expressed that there are growing acceptance of aged care facility among their peers:

“I think so, I think so. Among my friends who are about my age, we’re all saying that maybe we go to the same one (laughs), so we can continue to be friends and go about our activities” (CA7)
Participants also revealed the importance of a facility that meets their social and cultural needs. Majority spoke about entertainment and food as important elements of enjoyment and valued lifestyle when living in such a facility. In terms of entertainment, CA12 and CA14 talked about active and enjoyable activities. When it comes to food, CA12, CA13, CA14 and CA21 made specific reference to having Chinese or Asian food, as illustrated in the example below:

“It’s got to be clean, well run, run by people who are compassionate, caring for the elderly and also to make the facility to fulfil as many of the needs of the occupants as possible, taking them to day trips or engaging them in you know handicrafts or gardening or you know things like that you see, a bit of relaxation exercises, all the activities that older people as much as possible can participate and enjoy you see... Yeah, who are the people who are going to be staying there, whether they share the same sort of, they enjoy Chinese food, Asian food you know and can sort of mix well with them you see, interact well with them you see”

(CA12)

This group of CA applied a comparative approach when it came to their views about formal care and services. In particular, CA participants, most of who had come from Malaysia, spoke about differences between Australia’s health care system and aged care facilities to that of their country of origin. Majority of the participants spoke about positive aspects of care in Australia. Three CA participants (CA7, CA13, CA18) noted that Australia offers better health care and services than in Malaysia. In particular, participants made specific reference to
differences in the range and quality of aged care in Australia compared to what is on offer in Malaysia:

“I think here, there are more facilities you can look forward to you know like when you grow old and you need care and all. There’s more chance of you getting care that you can be satisfied with rather than in Malaysia. At the moment I think Malaysia’s care is quite haphazard you know though I suppose you can still stay at home and get maids and all those but here I think you can have more, even if you go to an institution it’s cleaner I think, cleaner and you’re, you, they are more reliable, and give you proper care” (CA13)

Participants’ perception of what each country has to offer the elderly could potentially influence successful ageing. For example, in the author’s paper on successful ageing (Tan et al., 2010), CA participants were asked whether the meanings of successful ageing would be different to that of their country of origin, from which they again noted Australia offers better support to older people in terms of government policies and services for the elderly. As Austin (1991) noted, the older population needs to have the necessary structures in place to support a lifestyle that encourages successful ageing. For example, socioeconomic status and access to resources and services can have important implications for ageing well (Austin, 1991).

Despite generally having positive perception of formal care, participants also spoke about support from family. The majority of Chinese-Australians (CA7, CA14, CA19, CA18, CA21 and CA20) expressed their desire for contact and interaction with their children. One respondent (CA14) indicated that she would only rely on her children to come visit occasionally and in
emergency. CA21’s expectations of contact with his children depended on geographical location, that is, the closer their place of residence, the more frequent their visits should be. In particular, CA7, CA12, CA14, CA16, CA20 and CA21 regarded contact and interaction with their children more important than physical and financial support, as illustrated in the example below:

“Support as in they can phone me, and visit me right. And I don’t need their money but if they come with a little gift for me that is a real, well I would say will make me very happy, not expensive gifts” (CA14)

For this group of CA, filial expectations come in different forms and at different levels. This finding is consistent with Lo and Russell’s (2007) research that found older Chinese-speaking Chinese immigrants varied widely in their expectations about family support, from an expectation to live with adult children and receive full support from them in the traditional way to a preference for financial independence and formal care. The current study however is based on the views of English-speaking Chinese immigrants, suggesting that there may not be much difference between Chinese and English speaking immigrants as both groups appear to be quite varied in their responses to filial expectations.

In this study, for most CA participants, contact and interaction with their children were sufficient and regarded as more important than physical and financial support. These aspects of filial piety were further reflected in a separate larger quantitative study on filial responsibilities and expectations (Tan, Ward, & Ziaian, 2014). For example, when responses for both cultural groups were inspected separately, results suggest endorsement of certain filial duties. Filial duty
item ‘retain contact’ consistently attracted the highest rating for both Anglo-and Chinese-Australians’ perceptions of filial responsibilities and expectations. ‘Please’ and ‘financial assistance’ were the lowest rated items for CA participants’ perceptions of filial responsibilities and expectations, respectively. For AA, ‘financial assistance’ was the lowest rated item (Tan, et al., 2014). In this regard, it appears that CA and AA participants alike endorsed certain aspects of filial piety, preferring ‘affection-oriented care’ (Sung, 1997) in their old age. Yeh et al. (2013) refer to this type of intimacy and quality of parent-child relationship as reciprocal filial piety, whereby voluntary support and affection for one’s parents are often expressed.

However, when compared to AA, results also revealed that CA consistently held certain filial values of higher regard, namely to ‘look after’ and give ‘financial assistance’ (Tan, et al., 2014). While ‘financial assistance’ appears to have been de-emphasised by CA, it is still more highly regarded when compared to their AA counterparts (Tan, et al., 2014). This was reflected in the qualitative interviews. For example, in her interview, CA18 noted her belief that it is the “Duty of the children to look after parents”. CA18 also indicated that she would expect some financial assistance from her children if necessary.

“Expect them to come and visit me, regular visits. And with some financial support, if I don’t have enough for my own. So I expect them to come and see, see and visit and be close” (C18)

Although CA18 recognised that Australia offers better services and facilities, she nevertheless preferred support from her family in terms of contact and care from her children. CA18, who had been living in Australia for 20 years, almost a third of her life, held on to the
belief that her expectations of support from her children were traditional, intergenerational and reciprocal in nature:

“Well, I think we just from generation passing down that I support my parents; my parents support the grandparents, so expect the children to support us. We support them from young, give them full education and make sure they work and got the roof over their head. Treat it for them so they should look after us” (C18)

Another CA participant (CA16) also stated that she expected all forms of support from her children including financial, moral and emotional support. Despite her length of residency (27 years) and having spent 46 per cent of her life spent in Australia, she nevertheless held on to the belief that parents should expect care and support from their children. It seems that longer length of residency does not necessarily signify decrease in traditional expectations. Moreover, these CA participants demonstrated that their preferences are more authoritarian focused, that children are expected to look after their ageing parents to fulfil parental demands or expectations (Yeh, et al., 2013).

In contrast, one CA participant (C19) believed that his children are not obligated to look after him nor are they indebted to look after him in old age. It should be noted that although both CA18 and CA19 had been living in Australia for almost a third of their lives, they had contrasting viewpoints. This again shows the heterogeneous nature of the CA group. Even though participants had arrived from the same country of origin (i.e., from the same cultural background) and had similar length of stay in Australia (i.e., same level of exposure to the new country), they had markedly different points of view when it comes to traditional values.
6.5 Conclusion

This study on future care plans and preferences is informed by older people’s thoughts, attitudes and aspirations. When participants were asked about their future care plans, the majority of participants from both groups generally spoke about their lack of planning. AA participants had either started looking at options to aid them with planning for the future or had already made plans for old age, whereas CA participants generally spoke about their lack of preparation as a result of their current active lifestyle. Given that AA are on average 10 years older than their CA counterparts, the age difference between the two groups may have influenced participants’ attitudes towards planning for the future. Nevertheless it is necessary to explore the range of lived experiences of the CA group, their values and what they perceived as appropriate and relevant as they age away from their country of origin, as better understanding of the complex and diverse needs of ageing migrants may inform Government’s responses to provide appropriate social infrastructure and the provision of quality, culturally responsive service.

When it comes to future care preferences, both groups expressed a desire to age in place, that is, to remain in their own homes for as long as possible. This view is currently supported by Australia’s aged care policy, which was devised on the basis of independence and individualism, and with the assumption that older people intends on remaining in the community for as long as possible (Gray & Heinsch, 2009). Both groups also shared common themes of ‘Openness to formal care’ and ‘Quality of care’. An interesting finding is that most CA participants indicated that they were also open to live in an aged care facility, which diverged from the practices of filial piety to provide all forms of care for elderly parents.
This group of CA valued Australia’s health care system when compared to that of their country of origin (i.e., Malaysia) and frequently applied a comparative approach when it comes to their views about formal care and services. In particular, the availability of formal care and health care services and the type and quality of services compared to that expected in their country of origin appears to exert an influence one’s attitude towards formal care. While there was an openness to the possibility of moving into a mainstream aged care facility, some Chinese participants expressed cultural attachments (e.g., having Chinese food) and expectations (e.g., visitations from their children) when in a facility. Nevertheless, for this group of participants, it seems that increased options and better standard of aged care facilities in Australia would further weaken the social stigma associated with aged care facilities. These aspects are worth considering for future studies on consumer access to aged care services.

For this group of CA, contact and interaction with their children are more important than physical and financial support. As noted in the author’s paper on successful ageing (Tan et al., 2010), financial security was an important aspect of successful ageing whereby participants expressed the view that they did not want to depend on others financially, including their own children. This essentially represents a shift from the traditional expectation that children should provide for their parents financially (Ng, et al., 2002) such that financial independence contributes to one’s ability to age successfully. Tan et al. (2010) further noted the possible impact of social context on the views of these immigrants as older people in Australia are supported by the social welfare system and through a retirement savings scheme (i.e. Superannuation) in contrast to the lack of support from the Government in most Asian societies.

Traditional expectations of filial piety appear to have shifted from practical, material care to emotional support including contact and interaction. Based on previous research, this has not
only been found to be the case for Chinese older adults living in the United States (Dong, et al., 2012) but also for Chinese living in Chinese societies such as Hong Kong (Cheng & Chan, 2006).

Furthermore, results show that acculturation does not necessarily increase with length of residency, or that one’s perception changes with acculturation. Some CA participants with comparatively shorter length of residency and a smaller proportion of life spent in Australia expressed openness to formal care and less traditional expectations compared to others with longer residency and higher proportion of life spent in Australia were less open to formal care and had greater traditional expectations. Given that findings are discussed in light of length of residency and proportion of life spent in Australia, other contributing factors ought to be considered within the broader context of acculturation, for example, the role of language (Matsudaira, 2006), cultural preferences and ethnic interaction (Suinn, et al., 1992). Participants’ descriptions of future care preferences are thus much more diverse and multifaceted. As such, policy makers and service providers need to take into account heterogeneity of ethnic communities whereby individual way of life, values and beliefs are acknowledged.

This research is an important contribution to the cross-cultural understanding of the value of filial piety and to the broader knowledge of the issues and demands for future care of adults ageing in Australia. By exploring Australia’s diverse ageing population, for example, the Chinese population in Australia, we are better informed as to how they view cultural responsibilities and expectations, family support systems and the impact of migration. The present sample is restricted to community-dwelling adults, which comprised of immigrants who were educated, reasonably healthy and skilled, and with English language proficiency. Future research would benefit from inclusion of a wider population, for example, the views of non-
community-dwelling adults (e.g., residential care), recent and non-English speaking immigrants and refugees as their choices of care and future care plans are likely to differ (Tan, et al., 2010). Nevertheless, the present research contributes to the cross-cultural understanding of future care within the Australian context, serving as a platform from which future studies on other emerging ethnic communities could also be developed.
## Chapter 7

**A Cross-cultural Perspective on Filial Responsibilities and Expectations: Comparing Anglo-and Chinese-Australians**

### Statement of Authorship

This empirical study has been submitted to the *Asian Journal of Social Psychology*:


### Author Contributions

By signing the Statement of Authorship, each author certifies that their stated contribution to the publication is accurate and that permission is granted for the publication to be included in the candidate’s thesis.

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<td>Collected data, performed analysis on data, interpreted data, wrote manuscript and act as corresponding author.</td>
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<table>
<thead>
<tr>
<th>Name of Co-Author</th>
<th>Dr Tahereh Ziaian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribution to the paper</td>
<td>Supervised development of the work, helped with data interpretation and manuscript evaluation.</td>
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<td>Signature</td>
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</table>
7.1 Preface

This chapter consists of a manuscript that has been submitted to the *Asian Journal of Social Psychology*. It presents results of the second quantitative study of the present research. For ease of reading, subsections are numbered according to chapter format and the reference list is included in the main reference list rather than attached to the manuscript.

Results from the qualitative study in the previous chapter suggested that both Anglo-Australians and Chinese-Australians spoke about their current lack of preparation with respect to future care plans. In terms of ‘Future care preferences’, themes of ‘Ageing in place’, ‘Openness to formal care’ and ‘Quality of care’ reflect perceptions and attitudes of both the Anglo and Chinese groups. In particular, among Chinese-Australians a range of views emerged in relation to the importance and role of traditional values in care expectations and preferences. Although there was openness to the possibility of moving into a mainstream aged care facility, some Chinese-Australian participants also expressed cultural attachments and expectations. In order to further examine the concept of filial piety and its applicability in contemporary Australian families, the present study focuses on a larger sample of Anglo-Australians and Chinese-Australians, and within the Chinese-Australian group, compares two subgroups: English speaking and Chinese speaking Chinese-Australians. The quantitative research design extended the target population to include Chinese-speaking Chinese-Australians so as to capture a wider group of participants and to enable more in depth consideration of the role of acculturation. In particular it allowed for a subgroup comparison of predominantly English speaking and Chinese speaking older Chinese Australians. This study considers the question of whether filial piety has
eroded following migration or whether the cultural value is still relevant in contemporary Australia. The role of acculturation is considered within this context.
7.2 Abstract

This study examined attitudes to, and perceptions of, the traditional value of filial piety of older Chinese immigrants who are ageing in contemporary Western society away from their country of origin and compared these to older adults of the host country. Immigrants are potentially confronted with two sets of values: the Chinese Confucian norms that promote eldercare and interdependence and in contrast, the Australian society values that emphasises self-sufficiency and independence. Filial responsibilities (perceptions about adult children’s responsibilities) and filial expectations (older adults’ expectations) were surveyed among 152 Anglo-Australians (AA) and 116 Chinese-Australians (CA), including 68 English speaking (ESCA) and 48 Chinese speaking (CSCA) participants. Overall CA showed greater endorsement of filial responsibilities: that adult children should show filial piety, that children have been brought up to it and that they will have to do this for their parents, compared to AA. CA also showed greater endorsement of filial expectations: that older adults expect filial piety, that older adults were brought up this way and that they themselves expect it as they age, compared to AA. Results consistently showed filial duties ‘look after’ and ‘financial assistance’ were significantly higher for CA on all six sets of subscales. Perceptions of filial piety were further explored using nine statements of filial piety. Chi-square analyses showed CA scored higher than AA, and within the CA group, CSCA scored higher on four of the nine statements. It also discussed the role of acculturation on Chinese immigrants.

7.2.1 Keywords: filial piety, immigrants, older adults, culture
This paper explores the question of how immigrants from collectivistic societies who are living in Australia, an individualistic society, manage the role of traditional values for aged care. Chinese ancestry has been identified in Australia’s top ten ancestries, which comprised of 4 percent of the population (Australian Bureau of Statistics, 2012). Its significant growth, coupled with the diverse ageing population in Australia renders the need for more empirical research that focuses on this population.

Confucian values have a prominent role in guiding the behaviour models and social systems of the family and community in Asia (Hyun, 2001). One of the most important duties within the family is the commitment and support that adult children make to the care of ageing parents, otherwise known as filial piety (or ‘xiao’ in Chinese) (Ng, et al., 2002), which is deeply rooted in Confucian norms (Chow, 2004; Streib, 1987).

Deeply held traditional beliefs and roles are passed across the generations, whereby one’s central values are shaped by early socialisation (Hyun, 2001). In Asia, children are taught at a young age to support, be committed to and be responsible for the care of older people (Chow, 2004; Ng, et al., 2002). In this respect, Confucian values could be observed in terms of social relationships, including intergenerational and interpersonal relations (Park & Cho, 1995 in Park et al., 2007). For example, in a typical parent-child relationship, judgement and accountability are placed on parents based on how well their children have been brought up to be good or bad citizens (Park & Chesla, 2007). Badly behaved children reflect ‘failure’ on the part of parents, which could be expressed as ‘losing face’, a term used by the Chinese as a way of expressing feelings of humiliation (Hoftstede, 2001). In essence, “face describes the proper relationship with one’s social environment…The importance of face is the consequence of living in a society that is very conscious of social contexts” (Hoftstede, 2001, p. 230). In a similar way,
expectations are placed on adult children to fulfil their duties towards the care of their parents in old age (Ng, et al., 2002). The support that the older person receives from their children gives them ‘face’, thereby enhancing the social position of the older person (Chan, 2005). However, when these expectations are not met, it would, in the same way, cause the family to lose face. For example, since children are traditionally responsible to look after their parents, dependence on formal care would decrease the social position of the older person (Chan, 2005). Individuals are therefore brought up with a set of values and beliefs, which become family ethos that provides the individual with necessary guidelines and strategies to handle tasks and approach problems within the family unit (Pyke & Bengston, 1996; Whitbourne, 2001).

In a prominent cross-cultural study across the Pacific Rim, Gallois, Giles, Ota, Pierson, Ng, Lim, Maher, Somera, Ryan and Harwood (1999) examined intergenerational communication patterns of Western (United States, Australia, Canada and New Zealand) and Eastern (Japan, Korea, Hong Kong and the Philippines) cultures. In total, 1445 young adults with an average age of 20.1 years (SD = 1.93) participated in the study. Their conceptual framework consisted of six target scales including peer, behavioural and personal norms towards elderly people in general and towards one’s own parents (Gallois, et al., 1999). Each of the target scales included six filial actions items: ‘look after’, ‘finance’, ‘respect’, ‘listen’, ‘contact’ and ‘please’. These filial action items are not limited to Confucian ideals as the measure did not include the more traditional Chinese aspects of filial piety such as ancestral worship, as such inclusion may be less suitable in cross-cultural studies (Liu, et al., 2000). For the purposes of the present study, filial action items are more appropriately referred to as filial piety duties (Yue & Ng, 1999).

Gallois et al. (1999) found that participants made a distinction between younger and older people and between family members and non-family members with respect to filial piety. For
instance, both Asian and Western students perceived they were obliged to look after and support older people, and that they intended to do so. However, participants also indicated that expectations of older people were different from their own. In particular, both Asian and Western young adults reported that their parents and older people in general expected respect, communication and contact. Such disparity in expectations may be the cause of future conflicts between younger and older adults (Gallois, et al., 1999). Results also showed that participants perceived that they were obliged to give practical support to their parents whereas they were only obligated to give respect to older people in general (Gallois, et al., 1999). For Asian students, however there was closer link between expectations of older people in general and those of their own parents. Gallois et al. (1999) also found that with respect to filial care, Asian students endorsed practical support more strongly than their Western counterparts, who favoured contact and communication. Thus, filial piety as an attitude is not just limited to Asian populations; it has cross-cultural applicability but, as been observed by Cheng and Chan (2006), a subtle, yet fundamental, difference exists between the West and the East when it comes to filial care. They proposed that in Western culture, filial care represents meeting the needs of one’s parents when they are not able to look after themselves; whereas in Eastern culture, filial care represents showing devotion to one’s parent, thereby conveying a sense of reverence regardless (Cheng & Chan, 2006).

Yeh, Yi, Tsao and Wan (2013) argue that cultural differences ought to be considered within wider cultural and socio-political background of each individual country. In their investigation into the functions of filial piety in three contemporary Chinese societies, Taiwan, Hong Kong and China, Yeh et al. (2013) observed two fundamental aspects of filial piety: reciprocal and authoritarian. Reciprocal filial piety implies intimacy and quality of parent-child
relationship, whereby voluntary support and affection for one’s parents are often expressed. In contrast, authoritarian filial piety implies obedience and submission to parental authority to fulfil parental demands or expectations (Yeh, et al., 2013). Yeh et al. (2013) found that reciprocal filial piety remains prevalent in all three societies regardless of the range of socio-political developments in the sense of modernisation and democratisation in each society. For example, Yeh et al. (2013) observed that filial piety remains an important value in China despite Chinese communism and Cultural Revolution, and considering the legacy of Hong Kong’s colonial past. Furthermore, the value of filial piety in Taiwan and Hong Kong changed from authoritarian to a type that is reciprocal in nature.

Along with the effects of urbanisation, modernisation and industrialisation, immigration and acculturation have also had an impact on familial roles and responsibilities (Laidlaw, et al., 2010; Park & Chesla, 2007). Within the context of migration, the values with which one has been brought up with may conflict with the values of the new culture to which one has been exposed (Park et al., 2007). One feature that is considered to reflect fundamental differences among cultures is that of individualism and collectivism.

In the context of eldercare, individualistic (e.g., Western/Australian) and collectivistic (e.g., Eastern/Asian) cultures differ with respect to who is considered responsible for providing parental care and how it should be provided (Hsueh, et al., 2008). With regard to the family, individualism implies that the relationship between the self and others is independent and separate (Cross & Gore, 2003), with less emphasis on kinship ties and familial responsibilities (Pyke, 1999). In comparison, the collectivistic worldview, which has also been termed as ‘familism’, is focused on kinship relation and family responsibilities (Pyke & Bengston, 1996).
In collectivist cultures, eldercare is seen as a family affair (Hoftstede, 2001) and the family provides the context within which the support of the aged (Sung, 1997).

Asian immigrants to Australia who are ageing away from their country of origin are potentially confronted with two sets of values. The Chinese Confucian norms promote eldercare and interdependence, and in contrast, the Australian society values of self-sufficiency and independence. For example, Australia’s aged care policy is devised on the basis of independence and individualism, with the assumption that older people intend to remain in the community for as long as possible (Gray & Heinsch, 2009). It is unclear then how Australia’s aged care policy is received by those who have come from collectivistic societies or whether such policy, different as it may be, has a way of influencing particular views of immigrants. Li’s (2011) work examined the role of social structure and social welfare by incorporating the responsibility of the community, institution, environment and society towards elder care. In her investigation of the Chinese community in New Zealand, Li (2011) observed that where financial assistance is provided by the government, older Chinese adults regard financial assistance from their adult children as supplementary income. In this sense, the New Zealand Government was the primary provider of material support together with emotional, practical and material support from spouses and children. In this regard, filial piety is not only associated with the family, it involves a set of connections and interactions including relationships between the parent and the child, spouses, neighbours and friends, the community and institutions (Li, 2011). The term ‘community piety’ therefore encompasses these broader social networks (Li, 2011). In particular, for older adults whose children no longer live in New Zealand, community piety, through the welfare system, provides necessary financial and instrumental support in order to successfully age in place (Li, 2011).
While research indicates changes in the concept of filial piety in parts of Asia as well as attitudes of Asian immigrants in various parts of the world, little is known about immigrant Asian families living in Australia (Lo & Russell, 2007). Lo and Russell (2007) conducted an exploratory study on the experience of ‘family care’ among Chinese-speaking older adults. With respect to caregiving, they found perceptions of older adults differed from the norms of filial piety. In particular, perceptions of living arrangements, financial support, instrumental and emotional support and respect did not appear to support traditional views. For instance, the authors observed co-residence contributed to intergenerational tension instead of emotional closeness and financial contribution from the family seems to be related to the financial situation of older adults, which includes availability of government pensions. Findings were limited to the views of six Chinese-speaking older adults, who immigrated in their 60s and 70s under the family reunion scheme. There is still much to learn about this group of immigrants to Australia.

Since it is mainly assumed that immigrants from collectivistic societies prefer more traditional approach to elder care, little is known about whether immigrants maintain their traditional filial values despite living away from country of origin and whether the caring capacity of families is still strongly supported upon immigration. In other words, there needs to be more clarity about in the way in which migration and acculturation play a role in how traditional roles and responsibilities are conceptualised and operationalised. As Yeh and Bedford (2004) have noted, exploration of filial belief is necessary so that the “indigenous aspects can then be integrated into a greater theoretical framework that may have universal application” (p. 134).
7.3 The Present Study

The present study is part of a larger mixed methods research project that examined successful ageing, filial piety and acculturation of older Chinese- and Anglo-Australians. This paper presents results from the quantitative phase of the research that examined the applicability of filial piety in contemporary Australian families. The quantitative research design extended the target population used in the qualitative phase of the program to include Chinese-Australians who were predominantly Chinese-speaking so as to capture a wider group of participants and to enable more in depth consideration of the role of acculturation on filial piety. Participants in the present study self-identified as either Anglo-Australians (AA) or Chinese-Australians (CA) according to operational definitions that were provided in the information sheet (Tan, et al., 2010). CA participants were given a choice of completing the research package in either English or in Chinese and were subsequently grouped according to their preferred language of participation: English speaking Chinese-Australians (ESCA) and Chinese speaking Chinese-Australians (CSCA). As Tan, Ward and Ziaian (2010) noted, language preference suggests that ESCA participants have acquired the English language and are therefore, at the very least, acculturated in one domain. Within-ethnic group differences associated with acculturation have been less frequently studied and were examined here using the two Chinese subgroups.

The aim of the present study was to explore whether there are culturally-based differences between CA and AA on the endorsement of various aspects of filial responsibilities and expectations, and to consider the impact of acculturation on the expression of this traditional value. Because filial piety is socially valued among Chinese it was expected that compared to AA, CA more strongly agree a) that adult children should show filial piety; b) that children have
been brought up to do so; and c) that they, themselves will have to do it for their parents (Hypothesis 1). Furthermore, it was expected that compared to AA, CA more strongly agree a) that older adults expect filial behaviour; b) that older adults were brought up this way; and, c) that they themselves expect to be recipients of filial piety as they age (Hypothesis 2).

Differences within the Chinese-Australian group were also examined by comparing those who described themselves as predominantly English speaking to those who described themselves as predominantly Chinese speaking and by examining whether various factors assumed to be related to acculturation (e.g., language, age, age of arrival, length of residency, percentage of life spent in Australia, cultural orientation and various acculturation domains) are associated with support for filial piety.

7.4 Method

7.4.1 Participants

As shown in Table 8, there were 152 AA and 116 CA. Within the CA group, there were two subgroups: 68 who described themselves as predominantly ESCA and 48 who described themselves as predominantly CSCA. Mann-Whitney U tests revealed the AA group was older than the CA group, $U = 7157, z = -2.32, p < .05, r = .14$. The majority of the participants were married or in defacto relationships and lived with their spouse or partner. More CA indicated that they live with their ‘spouse/partner and other family members’ than AA. More CA was engaged in full-time employment and had completed tertiary education compared to AA. In general, participants rated their overall health status as ‘good’ to ‘excellent’.
Table 8: Sample description of Anglo- and Chinese-Australians ($N = 268$)

<table>
<thead>
<tr>
<th></th>
<th>Anglo-Australian</th>
<th>Chinese-Australian</th>
<th>Total N</th>
</tr>
</thead>
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<tr>
<td>$n$</td>
<td>152</td>
<td>116</td>
<td>268</td>
</tr>
<tr>
<td>Mean age ($SD$)</td>
<td>67.1 (8.6)</td>
<td>64.7 (8.4)</td>
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<thead>
<tr>
<th></th>
<th>$n$</th>
<th>%</th>
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<td>40</td>
<td>54</td>
<td>47.8</td>
<td>114</td>
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<tr>
<td>Female</td>
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<td>60</td>
<td>59</td>
<td>52.2</td>
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<td>85.4</td>
<td>196</td>
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<td>8</td>
<td>7.8</td>
<td>30</td>
<td>11.8</td>
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<td>5.8</td>
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<td>1</td>
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<td>11.1</td>
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<tr>
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<td>2.9</td>
<td>5</td>
<td>4.6</td>
<td>9</td>
<td>3.6</td>
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<td>Voluntary work</td>
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<td>6.5</td>
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<td>Not working</td>
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<td>42.4</td>
<td>51</td>
<td>47.2</td>
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<td>Living Arrangement</td>
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<td></td>
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<tr>
<td>Living alone</td>
<td>35</td>
<td>23.6</td>
<td>11</td>
<td>9.6</td>
<td>46</td>
<td>17.6</td>
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<tr>
<td>With spouse/partner</td>
<td>86</td>
<td>58.1</td>
<td>45</td>
<td>39.5</td>
<td>131</td>
<td>50</td>
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<tr>
<td>With partner and other family members</td>
<td>19</td>
<td>12.8</td>
<td>49</td>
<td>43</td>
<td>68</td>
<td>26</td>
</tr>
<tr>
<td>With other family members</td>
<td>7</td>
<td>4.7</td>
<td>7</td>
<td>6.1</td>
<td>14</td>
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<td>Tertiary completed</td>
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<td>38.5</td>
<td>56</td>
<td>50.9</td>
<td>113</td>
<td>43.8</td>
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<td>Tertiary incomplete</td>
<td>14</td>
<td>9.5</td>
<td>3</td>
<td>2.7</td>
<td>17</td>
<td>6.6</td>
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<tr>
<td>College</td>
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<td>13.5</td>
<td>11</td>
<td>10</td>
<td>31</td>
<td>12</td>
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<tr>
<td>Secondary school</td>
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<td>31.1</td>
<td>35</td>
<td>31.8</td>
<td>81</td>
<td>31.4</td>
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<tr>
<td>Primary school</td>
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<td>4.7</td>
<td>3</td>
<td>2.7</td>
<td>10</td>
<td>3.9</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>2.7</td>
<td>2</td>
<td>1.8</td>
<td>6</td>
<td>2.3</td>
</tr>
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<td>Health</td>
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<td></td>
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<tr>
<td>Poor</td>
<td>4</td>
<td>2.7</td>
<td>2</td>
<td>1.8</td>
<td>6</td>
<td>2.3</td>
</tr>
<tr>
<td>Fair</td>
<td>19</td>
<td>12.8</td>
<td>28</td>
<td>24.8</td>
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<td>18</td>
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<tr>
<td>Good</td>
<td>54</td>
<td>36.5</td>
<td>51</td>
<td>45.1</td>
<td>105</td>
<td>40.2</td>
</tr>
<tr>
<td>Very good</td>
<td>59</td>
<td>39.9</td>
<td>21</td>
<td>18.6</td>
<td>80</td>
<td>30.7</td>
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<tr>
<td>Excellent</td>
<td>12</td>
<td>8.1</td>
<td>11</td>
<td>9.7</td>
<td>23</td>
<td>8.8</td>
</tr>
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<td></td>
<td></td>
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<tr>
<td>Rely on own income</td>
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<td>59.1</td>
<td>66</td>
<td>59.5</td>
<td>154</td>
<td>59.2</td>
</tr>
<tr>
<td>Rely on others</td>
<td>16</td>
<td>10.7</td>
<td>28</td>
<td>25.2</td>
<td>44</td>
<td>16.9</td>
</tr>
<tr>
<td>Rely on both</td>
<td>45</td>
<td>30.2</td>
<td>17</td>
<td>15.3</td>
<td>62</td>
<td>23.8</td>
</tr>
</tbody>
</table>

(Please note all variables do not sum total 'n' due to missing data)
The CA group had arrived in Australia between 1951 and 2007, either as skilled migrants (40 per cent) or under the family migration stream (35.7 per cent). On average, Chinese-Australians had arrived at 44.2 years of age ($SD = 15.80$, range 15 to 71 years) and had been living in Australia for 20.7 years ($SD = 12.66$, range 2 to 70 years). Most of the participants had come from Malaysia (37.2 per cent), Hong Kong (32.1 per cent) and other countries in Asia, including China (21.8 per cent). As shown in Table 9, within the Chinese group, CSCA participants were older than ESCA participants and the two subgroups also differed significantly in terms of age, length of residency, age of arrival, and percentage of life spent in Australia. The ESCA subgroup had longer length of residency in Australia, arrived at an earlier age and they had spent a greater proportion of their lives in Australia compared to the CSCA subgroup. Comparisons of the acculturation scores of the two groups are presented in the results.

Table 9: Comparison of the two Chinese subgroups

<table>
<thead>
<tr>
<th></th>
<th>Chinese subgroups</th>
<th>Mann-Whitney U tests</th>
<th>Z value</th>
<th>Effect size $(r)$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>English-speaking</td>
<td>Chinese-speaking</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>$SD$</td>
<td>Mean</td>
<td>$SD$</td>
</tr>
<tr>
<td>Age</td>
<td>61.42</td>
<td>6.96</td>
<td>69.54</td>
<td>8.06</td>
</tr>
<tr>
<td>Length of residency</td>
<td>25.80</td>
<td>9.95</td>
<td>13.64</td>
<td>12.67</td>
</tr>
<tr>
<td>Age of arrival</td>
<td>34.82</td>
<td>11.77</td>
<td>57.07</td>
<td>11.41</td>
</tr>
<tr>
<td>Percentage of life in Aust</td>
<td>42.40</td>
<td>16.51</td>
<td>19.14</td>
<td>17.88</td>
</tr>
</tbody>
</table>

Effect size: $r = z/\sqrt{N}$, *$p < .001$
7.4.2 Materials

Participants were provided with an information sheet, which also contained operational definitions of AA or CA (please refer to Tan, Ward and Ziaian, 2010), a consent form and a series of questionnaires including a Background Questionnaire, the modified Filial Responsibilities and Expectations Questionnaire (Gallois, et al., 1999; Liu, et al., 2000) and the Suinn-Lew Self-Identity Acculturation Scale (SL-Asia Scale) (Suinn, et al., 1992; Suinn, et al., 1987). The Background Questionnaire asked about demographic information (e.g., age, gender, marital status and health status). Chinese immigrants answered additional questions pertaining to migration including age of arrival, length of time in Australia and the type of migration program they had come under.

Filial responsibilities and filial expectations were measured using a modified version of the ‘Filial Responsibilities and Expectations Questionnaire’ (Gallois, et al., 1999; Liu, et al., 2000). The original 36 item scale uses a seven-point Likert scale (1 = ’strongly disagree’ to 7 = ’strongly agree’) to evaluate attitudes about various forms of filial duties. Measures of filial piety adapted from Gallois et al. (Liu, et al., 2000; Ng, et al., 2000) have typically used a five point scale, thus in the current study a five point scale was used. Gallois et al. (1999) asked young participants about their intentions to engage in filial behaviour with elderly people in general, their personal norms about filial behaviour toward their own parents, and their perceptions of parents’ expectations regarding filial behaviours. In contrast, the present study examined the perspective of older adults, and questions were reworded to reflect this, two questions were eliminated and replaced with two questions pertaining to beliefs about upbringing. For example, Gallois et al. (1999) asked ‘When my parents are older adults, they
will expect...’ whereas in the present study, we asked ‘In your old age, you would expect...’

Questions about the role of upbringing sought to examine principles that had been taught and learnt (Streib, 1987), and to determine whether individuals still subscribed to the principles of filial piety.

*Filial responsibilities* reflect perceptions of responsibilities or obligations toward older adults by the individual (i.e., perceptions about adult children’s responsibilities) and *filial expectations* reflect expectations that the individual holds towards the younger generation (i.e., older adults’ expectations)) and the extent to which the individual expects to receive support. Accordingly, the former reflects one’s internal standards and the latter reflects one’s external expectations (Liu, et al., 2000). In this research, the modified version of Gallois et al.’s (1999) scale evaluated general beliefs, beliefs about upbringing and personal beliefs. It included six sentence completion items that reflect particular filial duties to: a) look after older adults, b) financially assist older adults, c) respect older adults because of their age, d) listen patiently to older adults, e) please older adults and make them happy, and f) retain contact with older adults.

The *filial responsibilities* questions asked about filial obligations or responsibilities young adults have toward older adults:

1) Do you agree or disagree that adult children/young adults should have the responsibility to: a) look after older adults, b) financially assist older adults, c) respect older adults because of their age, d) listen patiently to older adults, e) please older adults and make them happy, and f) retain contact with older adults.

2) Do you agree or disagree that you have been brought up to have the obligations/responsibilities to: [followed by the same set of filial duties].
3) For you personally, do you expect that you will (or you already have to): [followed by the set of filial duties].

The filial expectations questions asked about filial expectations of older adults:

1) Do you agree or disagree that it is an expectation of older adults that adult children/young adults should: [followed by the set of filial duties].

2) Do you agree or disagree that you have been brought up to expect: a) to be looked after by young adults, b) financial assistance from young adults, c) young adults to respect you because of your age, d) young adults to listen patiently to you, e) young adults to please and make you happy, and f) young adults to retain contact with you.

3) In your old age, would you expect: [followed by the set of filial duties].

Each item was rated on a five-point Likert scale (1 = ‘strongly disagree’ to 5 = ‘strongly agree’). For each question, the six items were added to form a total score. A higher score reflected strong sense of filial piety and a lower score reflects weaker endorsement of filial piety. Liu et al. (2000) reported reliability coefficients from .81 to .88 and mean inter-item correlations ranged from .47 to .56, and Funk et al. (2013) reported an alpha coefficient of .80 for the original scale. In the current study, Cronbach’s alpha for this scale was .95, with a mean inter-item correlation of .37. The six sets of subscales have satisfactory levels of internal consistency, Cronbach’s alpha coefficients for the six subscales for this sample ranged from .83 to .88, and mean inter-item correlations for the six subscales ranged from .45 to .57.

In order to further explore filial piety, participants’ views on nine statements about filial expectations and behaviours were examined. Participants were asked about their agreement
(‘yes’ or ‘no’) with a series of statements. These included: ‘I intend to rely on my children in old age’ (Yue et al., 1999), ‘Elderly people should live with their children when they can no longer manage and look after themselves’, ‘Elderly people should live in an aged care facility when they can no longer manage and look after themselves’ and ‘Do you believe that one important reason for having children is so that people have someone to take care of them when they’re old?’ (Seelbach & Die, 1988). Since there are mixed views regarding prevalence of filial piety, the remaining items (e.g., ‘Filial piety still applies to the current generation’ and ‘I will continue to instil traditional values to my grandchildren’) were added because these were emerged as themes in the author’s qualitative study (Tan, Ward, & Ziaian, 2014a). Thus, items were selected to reflect two themes: ‘importance of continuity of the traditional value’, as represented by items 1, 2 and 5, and ‘attitudes towards future care in the context of traditional values’, as represented by items 3, 4, 6, 7, 8 and 9 (Table 11).

The SL-Asia Scale was developed to measure the level of acculturation of Asian Americans (Suinn et al., 1987). The SL-Asia Scale consists of 21 items: four focus on language, four on identity, four on friendships, five on behaviours, three on generational/geographic background, and one on attitude (Suinn, et al., 1992; Suinn, et al., 1987). Items were measured on a five point Likert scale. For example, the questionnaire asked ‘What language do you prefer?’ in which participants were to choose from the five point Likert scale: 1= Only Asian, 2= Mostly Asian, some English, 3= Asian and English about equally well (bilingual), 4= Mostly English, some Asian, and 5= Only English. For the purposes of the present study, the SL-Asia Scale was modified to assess the level of relatedness, that is, how well migrants identify with their traditional culture and the Australian culture (Suinn et al., 1987). For example, in this study, in order for this scale to be relevant, all items that contain the words “American” or
“America” were changed to read “Australian” or “Australia” respectively. Responses, for example, followed the format of, 1= Oriental, 2= Asian, 3= Asian-Australian, 4= Chinese-Australian, Japanese-Australian, Korean- Australian, etc., 5= Australian. Scores were added to form a total score and then divided by the number of items to get a single score (Suinn et al., 1987; Suinn et al., 1992). Accordingly, the low score of ‘1’ reflects stronger ethnic identity (i.e., Asian identified) and low acculturation (Suinn, et al., 1987). This means that the individual retains “identity with their ethnic heritage and refuse attempts to become integrated within the Western society” (Suinn, et al., 1987, p. 403). A mid-way score (i.e., of ‘3’) reflects Biculturalism, where “a person may be capable of assuming the best of two worlds, with denial to neither” (Suinn, et al., 1987). The high score of ‘5’ reflects stronger Western identity (i.e., Western identified) and high acculturation (Suinn, et al., 1987). Accordingly, the individual “becomes completely identified as part of the dominant Western society” (Suinn, et al., 1987, p. 403). Internal consistency was assessed using Cronbach’s alpha. The Cronbach alpha coefficient for the present sample was .83, with a mean inter-item correlation of .21, indicating satisfactory level of stability of the measure and high internal consistency among items (Suinn et al., 1987). Abe-Kim, Okazaki and Goto (2001) and Hamid, Simmonds and Bowles (2009) reported alpha coefficients of .88.

The research package was available in Chinese and in English. Questionnaires were translated and back-translated. Back-translation involved checking and confirming terms, definitions and meanings.
7.4.3 Data Collection Procedures

Research packages were distributed throughout Australia, namely, Victoria, South Australia and New South Wales, to individuals, community leaders and volunteers for distribution (e.g., through their own contacts). Data collection procedures consisted of collaboration with community organisation, translation of the materials, selection of a bi-lingual contact person, and dissemination of research package. Careful considerations were given to identifying a bilingual contact person for the CSCA group to overcome issues of anonymity and confidentiality.

Strategies used to disseminate information for recruiting participants including email, letters, posters, and ethnic radio programs. Invitations to participate were sent out to various community groups and organisations, for example, Community Welfare Services, Migrant Resource Centres and Neighbourhood Houses and Learning Centres. Those who were interested in participating contacted the researcher who then sent out the research package to them. The questionnaires took approximately 40 minutes to complete and were returned to the researcher via reply-paid envelopes. Participants were assured confidentiality and anonymity. The research was approved by the University of Adelaide Human Research Ethics committee.

7.4.4 Preliminary Data Analysis

Preliminary analyses were first conducted to inspect the data for outliers and the distribution of scores. Missing data were dealt with using the ‘pairwise exclusion of missing data’. In order to identify whether extreme scores have a considerable influence on the mean, the
original mean was compared with the ‘5% Trimmed Mean’ (Pallant, 2007). In this case, since the mean values were not very different, no further investigation of data points was required. Data were screened for normality by inspecting the distributions and examining the Kolmogorov-Smirnov and the Shapiro-Wilk statistics (Pallant, 2007). Non-parametric tests, Spearman correlations and Mann-Whitney U were used where data violated assumptions of normality.

7.5 Results

Acculturation scores were compared for CA subgroups (ESCA and CSCA). Following this Mann-Whitney U tests were used to compare CA and AA groups in the endorsement of filial responsibilities and filial expectations. A series of chi-square analyses were subsequently conducted on the percentage agreement scores for these scales. The number of response categories was reduced by collapsing the Likert scale responses into three categories: ‘strongly disagree’ and ‘disagree’ into ‘disagree’, ‘nether agree nor disagree’ and ‘strongly agree’ and ‘agree’ into ‘agree’; the analysis then compared the percentage in agreement with each statement. Relationships between aspects of acculturation and endorsement of filial piety were then examined using correlational analyses.

7.5.1 Acculturation Scores of Chinese Australians

The mean acculturation score of the present sample of CA derived from the SL-Asia was 2.43 ($SD = .49$). An independent samples $t$-test was conducted to compare acculturation scores
for the two Chinese subgroups. There was a significant difference in acculturation levels between ESCA \((M = 2.65, SD = .40)\) and CSCA \((M = 2.02, SD = .37)\); \(t(89) = 7.34, p < .001\). The magnitude of this difference in the means (mean difference = .63, 95% CI: .46 to .80) was very large (eta squared \(\eta^2 = .377\)) indicating that 37.7 per cent of the variance in acculturation is explained by the language grouping of the two Chinese subgroups. Results indicate that ESCA were bicultural in orientation and CSCA were Asian-identified in orientation.

Data were subsequently cross-tabulated using cultural orientation and the Chinese-Australian sample. Overall, results revealed that 59 per cent of CA participants (i.e., the two Chinese subgroups combined) were Asian identified, 39 per cent were Bicultural in orientation and two per cent were Western identified. Within the Chinese-Australian sample, 56 per cent of ESCA were bicultural in orientation, 41 per cent were Asian identified and three per cent were Western identified. Not surprisingly, majority (94 per cent) of the CSCA subgroup were Asian identified and the remaining six per cent were bicultural in orientation. The chi-square test for independence (with Pearson Chi-Square) revealed significant associations between the two Chinese subgroups, \(\chi^2 (2, n = 91) = 24.25, p < .001\), Cramer’s \(V = 0.52\).

7.5.2 Filial Responsibilities

Results supported Hypothesis 1 that, compared to AA, CA more strongly agreed a) that adult children should show filial piety; b) that children have been brought up to it; and, c) that they themselves will have to do this for their parents. Table 10 summarises the results of Mann-Whitney \(U\) and chi-square tests for both groups. Mean ranks for AA are statistically lower than the CA group across all three filial responsibilities subgroups. For CA, mean ranks were highest
for general beliefs (‘Young should have’) and beliefs about upbringing (‘Brought up to’) but
lowest for personal beliefs (‘I expect to’). In contrast, for AA, means ranks were lowest for
general beliefs and beliefs about upbringing but highest for personal beliefs.

Table 10: Perceptions about adult children’s responsibilities

<table>
<thead>
<tr>
<th>Filial Responsibilities</th>
<th>Percentage Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Young should have</td>
</tr>
<tr>
<td>AA</td>
<td>N = 249</td>
</tr>
<tr>
<td>CA</td>
<td>Look after</td>
</tr>
<tr>
<td></td>
<td>Financially assist</td>
</tr>
<tr>
<td></td>
<td>Respect</td>
</tr>
<tr>
<td></td>
<td>Listen patiently</td>
</tr>
<tr>
<td></td>
<td>Please</td>
</tr>
<tr>
<td></td>
<td>Retain contact</td>
</tr>
<tr>
<td>Mean Rank</td>
<td>97.89</td>
</tr>
<tr>
<td>U</td>
<td>3702.50</td>
</tr>
<tr>
<td>Z value</td>
<td>-6.93***</td>
</tr>
<tr>
<td>Effect size (r)</td>
<td>.44</td>
</tr>
</tbody>
</table>

Note: AA: Anglo-Australian, CA: Chinese-Australian (English and Chinese speaking combined),
Significance level: *p<.05; **p<.01; ***p<.001, Effect size: r = z/square root of N

Chi-square tests revealed significant differences in the proportion of CA who agreed that
young adults (adult children) should have the responsibility to ‘look after’, ‘financial assistance’,
‘respect’ and to ‘please’ compared to AA, \( \chi^2 (2, N = 261) = 54.04, p< .001 \), Cramer’s \( V = 0.46 \),
\( \chi^2 (2, N = 255) = 85.46, p< .001 \), Cramer’s \( V = 0.58 \), \( \chi^2 (2, N = 262) = 5.98, p< .05 \), Cramer’s \( V = 0.15 \), and \( \chi^2 (2, N = 257) = 12.16, p< .01 \), Cramer’s \( V = 0.22 \) respectively.
With respect to whether one has been brought up to have certain responsibilities, results showed significant differences in the proportion of CA who agreed that one has been raised to have the responsibility to ‘look after’, give ‘financial assistance’ and ‘please’ compared to AA, $\chi^2(2, N = 261) = 37.96, p < .001$, Cramer’s $V = 0.38$, $\chi^2(2, N = 256) = 80.38, p < .001$, Cramer’s $V = 0.56$, and $\chi^2(2, N = 258) = 12.40, p < .01$, Cramer’s $V = 0.22$, respectively.

In relation to one’s sense of personal responsibility, results revealed significant differences in the proportion of CA on items ‘look after’, ‘financial assistance’ and ‘listen patiently’ compared to AA, $\chi^2(2, N = 257) = 17.17, p < .001$, Cramer’s $V = 0.26$; $\chi^2(2, N = 251) = 65.89, p < .001$, Cramer’s $V = 0.51$; and $\chi^2(2, N = 254) = 6.47, p < .05$, Cramer’s $V = 0.16$, respectively.

Thus, in accord with Hypothesis 1, CA showed greater endorsement that adult children should show filial piety, that children have been brought up to it and that they will have to do this for their parents, compared to AA.

7.5.3 Filial Expectations

Results also supported Hypothesis 2 that compared to AA, CA more strongly agree that a) older adults expect it, b) believe older adults were brought up this way and c) they themselves expect it. Table 11 summarises the results of Mann-Whitney $U$ and chi-square tests for both groups. Results revealed that mean ranks for AA are lower than the CA group across all three filial expectations comparisons. Again, for CA, mean ranks were highest for general beliefs (‘Old think young should have’) and beliefs about upbringing (‘Old brought up to’) but lowest
for personal beliefs (‘When I’m old, I expect’). In contrast, for AA, means ranks were lowest for general beliefs and beliefs about upbringing but highest for personal beliefs.

Table 11: Perceptions about older adults’ expectations

<table>
<thead>
<tr>
<th>Filial Expectations</th>
<th>Percentage Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Old think young should have</td>
</tr>
<tr>
<td></td>
<td>$N = 243$</td>
</tr>
<tr>
<td>AA</td>
<td>AA</td>
</tr>
<tr>
<td>Look after</td>
<td>34.5</td>
</tr>
<tr>
<td>Financially assist</td>
<td>16.4</td>
</tr>
<tr>
<td>Respect</td>
<td>79.5</td>
</tr>
<tr>
<td>Listen patiently</td>
<td>79.5</td>
</tr>
<tr>
<td>Please</td>
<td>57.6</td>
</tr>
<tr>
<td>Retain contact</td>
<td>95.2</td>
</tr>
<tr>
<td>Mean Rank</td>
<td>99.76</td>
</tr>
<tr>
<td>$U$</td>
<td>4097.00</td>
</tr>
<tr>
<td>$Z$ value</td>
<td>-5.81***</td>
</tr>
<tr>
<td>Effect size ($r$)</td>
<td>.37</td>
</tr>
</tbody>
</table>

Note: AA: Anglo-Australian, CA: Chinese-Australian (English and Chinese speaking combined), Significance level: *$p<.05$; **$p<.01$; ***$p<.001$, Effect size: $r = z$/square root of $N$

Chi-square tests revealed significant differences in the proportion of CA who agreed that older adults expect that the younger generation should ‘look after’ and give ‘financial assistance’ compared to AA, $\chi^2 (2, N = 258) = 43.15, p<.001$, Cramer’s $V = 0.41$ and $\chi^2 (2, N = 252) = 74.14, p<.001$, Cramer’s $V = 0.54$, respectively.

With respect to whether one has been brought up to have certain expectations, results revealed significant differences in the proportion of CA who agreed that one has been raised to
expect from the younger generation ‘look after’, ‘financially assist’, ‘listen patiently’ and ‘please’ compared to AA, $\chi^2 (2, N = 252) = 71.75, p< .001$, Cramer’s $V = 0.53$, $\chi^2 (2, N = 249) = 75.44, p< .001$, Cramer’s $V = 0.55$, $\chi^2 (2, N = 246) = 6.15, p< .05$, Cramer’s $V = 0.16$, and $\chi^2 (2, N = 248) = 15.93, p< .001$, Cramer’s $V = 0.25$, respectively.

In relation to one’s own expectations in old age, results revealed significant differences in the proportion of CA on items ‘look after’, ‘financially assist’ and ‘please’ compared to AA, $\chi^2 (2, N = 253) = 57.75, p< .001$, Cramer’s $V = 0.48$, $\chi^2 (2, N = 249) = 62.00, p< .001$, Cramer’s $V = 0.50$, and $\chi^2 (2, N = 249) = 8.17, p< .05$, Cramer’s $V = 0.18$, respectively. Of particular interest, AA have greater expectations than CA when it comes to retaining contact with the younger generation, $\chi^2 (2, N = 252) = 9.01, p< .01$, Cramer’s $V = 0.19$.

Nevertheless, in accord with Hypothesis 2, CA showed greater endorsement that older adults expect filial piety, that older adults were brought up this way and that they themselves expect it as they age, compared to AA.

7.5.4 Within Group Differences: English speaking and Chinese speaking Chinese-Australians

Additional analyses were conducted to examine differences in filial responsibilities and filial expectations within the CA group (Table 12). On the whole, there were no significant differences between the ESCA and the CSCA subgroups except for one of the filial expectation subscales, ‘When I’m old, I expect’. CSCA reported higher mean rank than ESCA and this difference is statistically significant, $U = 805.50, z = -2.76, p< .01, r = .27$. This suggests that CSCA participants expect more in their old age than ESCA participants. In particular, chi-square tests for ‘When I’m old, I expect’ showed significant differences in the proportion of CSCA who
agreed compared to ESCA on items ‘look after’, ‘financially assist’, ‘respect’, ‘please’ and ‘retain contact’, $\chi^2 (2, N = 107) = 10.89, p < .01$, Cramer’s $V = 0.32$, $\chi^2 (2, N = 103) = 9.71, p < .01$, Cramer’s $V = 0.31$, $\chi^2 (2, N = 106) = 7.88, p < .05$, Cramer’s $V = 0.27$, $\chi^2 (2, N = 104) = 8.07, p < .05$, Cramer’s $V = 0.28$ and $\chi^2 (2, N = 106) = 10.17, p < .01$, Cramer’s $V = 0.29$, respectively. The two Chinese subgroups differed in their personal beliefs for filial expectations. One explanation for this finding may be that the ESCA group is more acculturated than the CSCA group since the former had lived in Australia almost twice as long as the latter.
Table 12: Perceptions about adult children’s responsibilities and older adults’ expectations among the two Chinese subgroups

<table>
<thead>
<tr>
<th>Filial Responsibilities</th>
<th>Filial Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage Agree</td>
<td>Percentage Agree</td>
</tr>
<tr>
<td>Young should have (Fp1)</td>
<td>Old think young should have (Fp4)</td>
</tr>
<tr>
<td>(Fp1) N = 106</td>
<td>(Fp4) N = 103</td>
</tr>
<tr>
<td>Brought up to (Fp2)</td>
<td>Old brought up to (Fp5)</td>
</tr>
<tr>
<td>N = 108</td>
<td>(Fp5) N = 100</td>
</tr>
<tr>
<td>I expect to (Fp3)</td>
<td>When I’m old, I expect (Fp6)</td>
</tr>
<tr>
<td>N = 107</td>
<td>(Fp6) N = 101</td>
</tr>
</tbody>
</table>

| Look after             | ESCA  | CSCA  | ESCA  | CSCA  | ESCA  | CSCA  | ESCA  | CSCA  | ESCA  | CSCA  |
|                       | 74.6  | 82.2* | 89.4  | 91.1  | 83.8  | 81.8  | 67.6  | 83.3  | 57.6  | 57.5  |
| Financially assist     | 66.2  | 73.2* | 77.9  | 82.9  | 73.5  | 82.9  | 61.8  | 68.4  | 42.4  | 44.7  |
| Respect                | 80.9  | 93    | 94    | 93    | 89.7  | 90.5  | 80.9  | 92.1  | 75    | 82.5  |
| Listen patiently       | 85.1  | 65.9* | 91.2  | 78    | 85.3  | 75    | 83.6  | 70.3  | 59.1  | 44.7  |
| Please                 | 52.9  | 65    | 79.4  | 75.6  | 73.5  | 74.4  | 64.7  | 75    | 51.5  | 47.4  |
| Retain contact         | 97.1  | 95.2  | 94.1  | 97.6  | 91.2  | 92.5  | 88.2  | 97.4* | 72.1  | 85.4  |

| Mean Rank              | 54.17 | 52.40 | 54.49 | 54.52 | 54.13 | 53.77 | 51.34 | 53.24 | 51.43 | 48.85 |
| U                      | 1276.00 | 1372.50 | 1317.00 | 1161.50 | 1092.50 | 805.50
| Z value                | -.29  | -.01  | -.06  | -.32  | -.43  | -2.76** |
| Effect size (r)        | -     | -     | -     | -     | -     | .27    |

Note: ESCA: English speaking Chinese-Australian, CSCA: Chinese speaking Chinese-Australian, Significance level: *p<.05; **p<.01; ***p<.001, Effect size: r = z/square root of N
7.5.5 Perceptions of Filial Piety

To further explore whether individuals still subscribed to the principles of filial piety, a series of chi-square analyses were used to compare agreement with nine statements on perceptions of filial piety. Perceptions of filial piety were analysed according to the proportion of participants who answered ‘yes’ or ‘no’ to each statement. Table 13 shows the number of participants (AA and CA) who answered ‘yes’ to each of the statements. Results for ESCA versus CSCA are also included in Table 13.

Results are reported according to ‘importance of continuity of the traditional value’, as represented by items 1, 2 and 5, and ‘attitudes towards future care in the context of traditional values’, as represented by items 3, 4, 6, 7, 8 and 9. Differences within the CA group were then examined to investigate the role of acculturation.
Table 13: Comparison of perceptions of filial piety among Anglo-Australians and Chinese immigrants

<table>
<thead>
<tr>
<th>Item</th>
<th>Percentage of participants who indicated ‘yes’</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AA</td>
</tr>
<tr>
<td>1. Filial responsibility still applies to...***^</td>
<td>61.2</td>
</tr>
<tr>
<td>2. I will continue to instill traditional values...*</td>
<td>76.3</td>
</tr>
<tr>
<td>3. I have confidence that I will be looked after...</td>
<td>70.6</td>
</tr>
<tr>
<td>4. There is no limit...***^</td>
<td>31.4</td>
</tr>
<tr>
<td>5. I have instilled a strong sense of filial responsibility...***^</td>
<td>49.6</td>
</tr>
<tr>
<td>6. I intend to rely on my children...***^</td>
<td>6.3</td>
</tr>
<tr>
<td>7. One important reason for having children...***</td>
<td>3.4</td>
</tr>
<tr>
<td>8. Elderly people should live with their children...***</td>
<td>4.8</td>
</tr>
<tr>
<td>9. Elderly people should live in an aged care facility...*</td>
<td>89.7</td>
</tr>
</tbody>
</table>

Note: AA: Anglo-Australian, All CA = English speaking and Chinese speaking combined, ESCA: English speaking Chinese-Australians, CS CA: Chinese speaking Chinese-Australians, Chi-square significance level between AA and All CA at: *p<.05; **p<.01; ***p<.001, ^Significant associations between ESCA and CSCA at **p<.01

7.5.5.1 Importance of Continuity of the Traditional Value

Results revealed that the difference in proportion of AA who agreed with item 1 (‘Filial responsibility still applies to the current generation’) compared to the proportion of CA is
significant, $\chi^2 (1, N = 248) = 17.92, p<.001$. Within the CA group, results revealed that significant association was found between ESCA and CSCA, $\chi^2 (1, N = 109) = 9.91, p<.01$. In this respect, responses of CA were aligned with collectivist orientation. In relation to the item 2 (‘I will continue to instil traditional values to my grandchildren’), the difference in proportion of AA who agreed compared to the proportion of CA is significant, $\chi^2 (1, N = 248) = 4.89, p<.05$. There was no association between ESCA and CSCA. Also the difference in proportion of AA who agreed with the item 5 (‘I have instilled a strong sense of filial responsibility on my own children’) compared to the proportion of CA is significant, $\chi^2 (1, N = 244) = 18.10, p<.001$. Significant association was found between ESCA and CSCA on item 5, $\chi^2 (1, N = 109) = 9.37, p<.01$.

7.5.5.2 Attitudes Towards Future Care in the Context of Filial Piety

When it comes to the item 3 (‘I have confidence that I will be looked after by my children in the future’), the difference in proportion of AA who agreed compared to the proportion of CA is not significant, $\chi^2 (1, N = 244) = .27, p = .61$. However, the difference in proportion of CA who agreed with item 4 (‘There is no limit to filial responsibility’) compared to the proportion of AA is significant, $\chi^2 (1, N = 247) = 21.62, p<.001$. Significant association was found between ESCA and CSCA on item 4, $\chi^2 (1, N = 110) = 7.11, p<.01$.

In relation to the item 6 (‘I intend to rely on my children in old age’) and item 7 (‘One important reason for having children was so that they have someone to take care of them when they’re old’), the difference in proportion of CA who agreed compared to the proportion of AA
is significant, $\chi^2 (1, N = 250) = 9.08, p < .01$ and $\chi^2 (1, N = 260) = 28.01, p < .001$, respectively. Although CA rated higher than AA, the number of participants who agreed are relatively low compared to the other items. Within the CA group, significant association was found between ESCA and CSCA for item 6, $\chi^2 (1, N = 107) = 6.87, p < .01$, but not for item 7.

When it comes to participants’ perceptions about future care and living arrangements, the difference in proportion of CA who agreed that ‘Elderly people should live with their children when they can no longer manage and look after themselves’ (item 8) compared to the proportion of AA is significant, $\chi^2 (1, N = 251) = 32.94, p < .001$. And lastly, the difference in proportion of AA who agreed with the item 9 (‘Elderly people should live in an aged care facility when they can no longer manage and look after themselves’) compared to the proportion of CA is significant, $\chi^2 (1, N = 255) = 5.77, p < .05$. Within the CA group, there were no associations between ESCA and CSCA for items 8 and 9.

7.5.6 Acculturation and Filial Piety

The associations between their total SL-Asia score and the six filial piety subscales were then examined using correlation analysis. As noted previously, ECSA were bicultural in orientation and CSCA were Asian-identified in orientation. However, results revealed there was no relationship between cultural orientation (i.e., total SL-Asia score) and filial responsibilities and filial expectations. There were some associations with SL-Asia domains. For the CSCA group, age was negatively correlated with filial responsibilities (‘Young should have’), $\rho = -.40, p < .05$, and no other associations were found. However, for the ESCA group, the endorsement of filial responsibilities (‘I expect to’) were negatively correlated with percentage of
life spent in Australia, \( \rho = -0.27, p < 0.05 \), but positively correlated with age of arrival, \( \rho = 0.31, p < 0.05 \). Filial expectations (‘Old brought up to’) were positively correlated with age of arrival, \( \rho = 0.30, p < 0.05 \), and the acculturation domain of ‘ethnic interaction’, \( \rho = 0.32, p < 0.05 \), but negatively correlated with ‘ethnic pride and food preference’, \( \rho = -0.27, p < 0.05 \). Filial expectations (i.e., ‘When I’m old, I expect’) were negatively correlated with length of residency, \( \rho = -0.42, p < 0.01 \), and proportion of life in Australia, \( \rho = -0.48, p < 0.01 \), but were positively correlated with age of arrival, \( \rho = 0.57, p < 0.01 \). ‘When I’m old, I expect’ were negatively associated with the acculturation domain of ethnic pride and food preference, \( \rho = -0.27, p < 0.05 \).

In other words, for ESCA, the longer one has been living in Australia, the lower their expectations and the later their age of arrival, the higher their expectations.

### 7.6 Discussion and Conclusion

In Australia, filial piety appears to have shifted but not necessarily weakened. Results showed that even though cultural influence on filial responsibilities and expectations was varied and appears to have shifted, the cultural context of the ageing experience remains essential.

In relation to filial responsibilities and filial expectations, differences were found between the two cultures. Specifically, results consistently showed filial duties ‘look after’ and ‘financial assistance’ were significantly higher for CA on all six sets of subscales. The present study supports Gallois et al.’s (1999) findings that Asian students also perceived they are obliged to look after and financially support older people more strongly than their Western counterparts. Thus, there appears to be cultural differences in relation to practical support. This finding reflects the core theme of collectivism where the family provides the context within which the
aged should be looked after (Sung, 1997). Cheung and Kwan (2009) contend that contemporary meaning of filial piety in East Asia refers to ‘unconditional’ material and emotional support for parents, and accordingly, affection and gratitude are associated with the reciprocal nature of filial piety (Yeh & Bedford, 2004).

Filial duties ‘please’, ‘respect’ and ‘listen’ were also more salient for CA than AA in certain circumstances. While respect from children was particularly significant for Chinese older adults living in Hong Kong (Cheng & Chan, 2006) and China (Yue & Ng, 1999), it did not emerge as particularly significant in the present study. Given these were mono-cultural studies conducted in Chinese societies, it appears that respondents’ attitudes about filial obligations were embedded in the norms into which they were socialised (de Valk & Schans, 2008). However, these once authoritarian societies appear to have shifted to one that is more reciprocal in nature (Yeh, et al., 2013).

It is noteworthy that when percentage in agreement for the different aspects of filial piety was examined, one finding that emerged was counter intuitive. While results revealed CA and AA consistently expressed more agreement with the filial duty ‘retain contact’, one finding that emerged as significant revealed AA had greater filial expectations (i.e., ‘When I’m old, I expect’) than CA when it comes to the younger generation retaining contact with them. While the present study supports Gallois et al.’s (1999) findings in that ‘retain contact’ was salient for the Western group, results also suggest the traditional value of filial piety appears to have shifted from practical, material care to emotional support including contact and interaction (Cheng & Chan, 2006; Dong, et al., 2012).

Although there is an indication that filial piety has cross-cultural applicability, results suggest that it is still an Eastern cultural construct, which would naturally invoke higher
responses from Chinese immigrants. It was observed that CA participants were higher on general beliefs and beliefs about upbringing but lower on personal beliefs. In contrast, AA participants were lower on general beliefs and beliefs about upbringing but higher on personal beliefs. Results suggest that for CA, participants perceived that they would do less and expect less than what the value requires whereas AA perceive that they would do more than what the value requires. It may be that the individualist cultural orientation of AA gives out of choice instead of obligatory means, as required by traditional values. In their study, Anngela-Cole and Hilton (2009) found that Caucasian caregivers consciously decide to assume the role of caregiving and therefore have greater acceptance of time spent providing care ad greater control of circumstances (Anngela-Cole & Hilton, 2009). In comparison, based on collectivist cultural orientation of Chinese older adults, it is possible that CA do not feel they could meet the level of expectation that the traditional value requires, hence scoring lower than what they perceived their obligations ought to be. It may also be that, Chinese immigrants have left their parents in their country of origin and therefore assessed that they are not able to give the type of care that is required.

The lack of differences between the ESCA and the CSCA groups in their perceptions of filial responsibilities and expectations suggest it is inadequate to just consider language as the primary defining construct of acculturation. As Ngan and Kwok-bun (2012) have observed, although language is a key component of ethnic identity, “its loss does not necessarily mean the loss of an ethnic identity” (Ngan & Kwok-bun, 2012, p. 32), and “whether one speaks a Chinese language or not does not make one more or less Chinese, as there are different ways of “being Chinese”” (Ngan & Kwok-bun, 2012, p. 33).
While Chinese immigrants still identify with their collectivistic heritage, results indicate that there are different degrees of adherence to the traditional value of filial piety. Within the Chinese-Australian group, the CSCA group, who were more Asian identified in their cultural orientation, was more likely to agree with four out of nine attributes of filial piety than the ESCA group, who were more bicultural in their cultural orientation. For example, more CSCA indicated their intention to rely on their children in old age compared to ESCA and AA. It supports the finding that personal beliefs of CSCA were higher than ESCA when it comes to filial expectations (i.e., ‘When I’m old, I expect ’). Notwithstanding ESCA still identify with the value of filial piety, their views on some aspects of filial piety appear to reflect individualist rather than collectivist sentiments. Given that the ESCA group had been living in Australia for a longer length of time and had arrived at an earlier age compared to the CSCA group, the ESCA group is assumed to have greater level of exposure to the dominant Western culture than the CSCA group. As been observed by Tan, Ward and Ziaian (2014a) in their qualitative study, regardless of the amount of time spent in Australia, ESCA indicated that they do not intend to rely on their children in old age because it would not be fair on their children if one had to be looked after by them (Tan, et al., 2014a). In this context, mixed responses of the ESCA group reflect their bicultural orientation and likewise particular traditional responses of the CSCA group reflect Asian cultural orientation. Thus, it appears that immigration and acculturation have also had an impact on familial roles and responsibilities (Laidlaw, et al., 2010; Park & Chesla, 2007). As noted by Canda (2013), “filial piety has always been an evolving concept, changing with historical conditions, philosophical movements, cultural context, and community- and family-level exigencies” (p. 226).
Another counter intuitive finding that emerged was the perception that ESCA and CSCA had that formal care was more preferable than to live with adult children as needs increase. Given that the CSCA group was more Asian identified, their views did not reflect their cultural inclination. In this respect, results appear to reflect social changes. For example, as Cheng and Chan (2006) has observed, co-residence has declined in Chinese societies as the nuclear family becomes the basic family structure. In an Australian study, Lo and Russell (2007) observed that for Chinese speaking participants, co-residence was marked with intergenerational tension rather than emotional closeness, which does not support traditional norms. Formal care may be more appealing for this reason. In their qualitative study, Tan et al. (2014a) also found openness to formal care by both the Anglo and Chinese groups. For AA, professionalism of aged care facilities was an essential characteristic of their future care preference and for CA, the authors noted responses were more complex (Tan, et al., 2014a). Qualitative findings revealed that CA applied a comparative approach when it comes to their views about formal care and services, specifically noting differences between and the positive aspects of Australia’s health care system and aged care facilities to that of their country of origin (Tan, et al., 2014a). Thus, the views of participants may have been influenced by the social context of their current place of residence (Tan, et al., 2010; Ward, et al., 2010). For example, in the case of Australia, older people are supported by the social welfare system by means of the pension and through the Australian retirement savings scheme (i.e. Superannuation) (Tan, et al., 2010), which enables financial independence, compared to the lack of government assistance towards the care of elderly citizens in most Asian countries (Luo, et al., 2013). This form of social welfare support to older immigrants has been referred to as ‘community piety’ (Li, 2011). Moreover, greater service accessibility and welfare provisions may alter people’s attitudes regarding care choices and
family responsibility (Liu & Tinker, 2003). As Li (2011) has observed, traditional support for older parents has changed and that “filial piety needs to be reconceptualised in a context where institutional support is provided” (p.18). Indeed, policy makers and service providers need to consider heterogeneity of ethnic communities whereby individual lifestyle, values and beliefs are recognised to promote the health and well-being of older Australians from different backgrounds.

Older people are often disadvantaged not only when assumptions are made about their ageing needs and experience but also when assumptions are made about their cultural needs and expectations. A policy implication is that although CA believed in caring for elderly parents and has more support system in place, the future care of the elderly by the family cannot be assumed nor guaranteed simply on the basis of their collectivist beliefs (Li, 2011; Ng, et al., 2000; Pyke, 1999).

Findings from the present research suggests that it is not only important to consider the impact of older people on the social welfare system and attitudes towards parental care, but also the impact of the system itself on one’s ageing experience. While traditional concepts such as filial piety give an understanding into societal values, the value ought to be considered at the individual as opposed to only at societal level (Laidlaw, et al., 2010). For instance, social and health care workers who work with family caregivers ought to be careful not to advocate filial responsibility as a universal moral imperative (Funk, Chappell, & Liu, 2013), as it, for example, may not be applicable within the Australian context that places emphasis on independence and individual approach. By the same token, professionals who work to promote independence of the individual may make incorrect assessments as they fail to notice the care requirements of
older people (Lloyd, 2004, 2006). Thus, knowledge from research such as this is particularly important for service providers and policy makers in meeting the needs of the diverse groups.

There are several limitations to this study that should be noted. Firstly, it is not known whether participants in the present study are bilingual. For instance, participants may be able to speak Chinese but not necessarily know how to write, which could impact the way in which they participate as the present study is written, questionnaire based. Nonetheless, participants selected the language they felt most comfortable in participating in. Secondly, it is possible that high level of responses may have been overstated by social desirability however as noted by Yue and Ng (1999), as there was anonymity in data collection, the effects of self-serving biases would be relatively small. Finally, the present study employed an instrument based on traditional Eastern concepts. It should be noted that even though the scale was modified to reflect contemporary meaning of filial piety so that it could be shared across cultures, results seem to suggest that the concept of filial piety remains an Eastern cultural construct. As Yeh and Bedford (2004) have noted, it is impossible to understand the unique aspects of obligations of children to their parents based on Western theoretical constructs, instead, research should be undertaken to examine “the particulars of a culture from an indigenous perspective” (p. 134).

Nonetheless, this cross-cultural study contributes to the literature on conceptualisation of filial piety in a way that acknowledges the views of an under-researched group of migrants ageing in the new culture and the characteristics in which they share with their Anglo-Australian counterparts. It therefore extends the research beyond the general Asian population. An additional strength of this study was its focus on the experiences of Chinese older adults in particular rather than Asian immigrants in general, and that it compared cultures from within the same country such that considerations could be made within the same social context (Ward, et
al., 2010). Thus, this research is an important contribution to the cross-cultural understanding of the value of filial piety and to the broader knowledge of the issues and demands for future care of older adults in Australia. The present study could serve as a platform for future studies on other emerging ethnic communities in Australia.
Chapter 8

Discussion and Conclusion

8.1 Preface

The present research presented five manuscripts either published or submitted for publication. One was a commentary on methodological considerations, the other four were studies conducted within the present research. This chapter is focused on the integration of results and discussions from the four manuscripts presented in chapters four to seven. It brings together results from the two independent phases of the present research to form joint discussions and interpretations of the findings. It then discusses implications of the present research for policy and service, its strengths and limitations, and future directions.

8.2 Overview of the Present Research

The present research aimed to critically explore what it means to age well as an immigrant by examining the intersection of the Western value system of successful ageing and the Eastern value system of filial piety through the lens of acculturation. Specifically, the present research aimed to investigate attitudes and beliefs towards ageing and well-being within the context of successful ageing; and needs and expectations within the context of filial piety among Anglo-Australians and Chinese immigrants.
In order to address these aims, a mixed methods design was employed. The first phase comprised of a qualitative research component. Interpretative Phenomenological Analysis (IPA) was used to identify and explore themes gathered through semi-structured interviews with 21 participants over the age of 55 years. Themes related to participants’ experiences and expectations of ageing, their thoughts about ageing well, and their future care plans and preferences were presented and discussed in two manuscripts (chapters four and six). Moreover, the issue of establishing rigour in qualitative research within the context of IPA was presented as part of the methodological considerations in the present research in the form of a manuscript (presented in chapter three) that has been submitted to a journal for publication.

The second quantitative phase further investigates cultural differences in aspects of successful ageing and filial responsibilities (i.e., perceptions about adult children’s responsibilities) and expectations (i.e., older adults’ expectations), and the role of acculturation. Qualitative data were collected from series of questionnaires, which were available in English and in Chinese. The sample group consisted of 152 Anglo-Australians (AA) and 116 Chinese-Australians (CA). Within the CA group, there were two subgroups: 68 English speaking (ESCA) and 48 Chinese speaking (CSCA) participants. Results, presented in two manuscripts (chapters five and seven), revealed attributes of successful ageing that were ‘important’ to AA and CA and differences between cultural groups were examined. In terms of filial responsibilities and expectations, CA felt more obliged towards older adults and had higher expectations of younger adults than their AA counterparts. It also found that some aspects of filial piety were particularly salient for the two groups. Results were discussed in relation to acculturation.
8.3 Research Questions and Summary of Results

Specific research questions asked with respect to the meanings attributed to successful ageing were:

a. Are there culturally-based differences between Chinese-Australians and Anglo-Australians in definitions of successful ageing?

b. What factors affect participants’ perceptions of successful ageing?

c. How does acculturation impact on perceptions of successful ageing?

Research questions (a) and (b) were addressed in two ways, which resulted in two published manuscripts. Firstly, using semi-structured interviews, Chinese-and Anglo-Australians shared their personal views about ageing and what it means to age well. Qualitative findings are presented according to the themes identified. Results revealed that both groups valued health and personal responsibility. For AA, growing old gracefully and acceptance were regarded as important aspects of successful ageing. Financial security and an active lifestyle were important for CA. The subsequent survey extended the research to include a larger sample size and a subgroup of predominantly Chinese speaking participants. Twenty attributes of successful ageing were examined and results indicated AA scored significantly higher than CA on four successful ageing attributes: ‘having friends and family who are there for me’, ‘being able to make choices’, ‘being able to cope’ and ‘continuing to learn new things’ (Tan, Ward, & Ziaian, 2011).

More CSCA regarded ‘having the kind of genes (heredity)’ as important to successful ageing compared to their ESCA counterparts (Tan, et al., 2011). It was observed that non-
English speaking participants, including the present sample and Japanese older adults in Matsubayashi et al.’s (2006) study, tend to rate certain items lower than their English speaking counterparts (Tan, et al., 2011). As Matsubayashi et al. (2006) has noted, since attributes of successful ageing had been identified from published Western literature, it may explain differences in values between cultures. The meaning of successful ageing is therefore much more varied and multifaceted than would be expected if a monocultural view is taken (Tan, et al., 2011).

Research question (c) was addressed by examining relationships between successful ageing and specific demographic variables assumed to reflect acculturation. This included data where participants in the qualitative study indicated they had good English language skills and that it was the preferred language spoken at home, which suggests that the Chinese participants were at least acculturated in one area. Having acquired the English language also suggests that these participants are not exposed to challenges that are usually associated with language barriers. Results were further considered in light of characteristics of the sample; that immigrants who participated were educated, resourceful, reasonably healthy and skilled, and these were considered within Australia’s socio-cultural environment.

With respect to filial responsibilities and expectations within the Australian context, the research questions were:

a. Are there culturally-based differences between Chinese-Australians and Anglo-Australians in various aspects of filial responsibilities and expectations?

b. What factors affect participants’ perception and expectations of filial piety?

c. How does acculturation impact on the traditional value of filial piety?
Research questions (a) and (b) were addressed in two ways. First, in the interview study, both groups spoke about their current lack of preparation with respect to future care plans. In terms of future care preferences, themes of ‘Ageing in place’ and ‘Openness to formal care’ and ‘Quality of care’ reflect perceptions and attitudes of both the AA and CA groups. In particular, among CA a range of views emerged in relation to the importance and role of traditional values in care expectations and preferences. Although there was openness to the possibility of moving into a mainstream aged care facility, some CA participants also expressed cultural attachments and expectations. The qualitative study demonstrated heterogeneity within the CA group and suggest that longer length of residency does not necessarily lead to a decrease in traditional expectations.

In the quantitative phase analyses indicated that, overall, compared to AA, CA showed greater endorsement of filial responsibilities: that adult children should show filial piety, that children have been brought up to do it and that they will have to do this for their parents. CA also showed greater endorsement of filial expectations: that older adults expect filial piety, that older adults were brought up this way and that they themselves expect it as they age, compared to AA. In particular, filial duties to ‘look after’ and provide ‘financial assistance’ were more salient for CA on all six sets of subscales. Filial duties to ‘please’, ‘respect’ and ‘listen’ were also more salient for CA than AA in certain circumstances. One finding that emerged was counter intuitive, that AA had greater filial expectations (i.e., ‘When I’m old, I expect’) than CA when it comes to the younger generation retaining contact with them.

While participants’ perceptions of filial responsibilities and expectations indicate Chinese immigrants still identify with their collectivistic heritage, additional questions regarding perceptions of filial piety indicate that there are different degrees of adherence to the traditional
value of filial piety. Within the CA group, CSCA scored higher on four of the nine statements: ‘filial responsibilities still applies...’, ‘there is no limit to filial responsibility’, ‘I have instilled a strong sense of filial responsibility’ and ‘I intend to rely on my children’. Thus, although ESCA still identify with the value of filial piety, their views on some aspects of filial piety appear to reflect individualist rather than collectivist sentiments.

Another counter intuitive finding that emerged was the perception that ESCA and CSCA had that formal care was more preferable than to live with adult children as needs increase. Given that the CSCA group was more Asian-identified, their views did not reflect their cultural inclination. In this respect, results appear to reflect social changes. For example, as Cheng and Chan (2006) have observed, co-residence has declined in Chinese societies as the nuclear family becomes the basic family structure. The views of participants within Australia’s socio-cultural context are discussed later in this chapter.

Research question (c) asked about the role of acculturation on how Chinese immigrants view the traditional value of filial piety. This question was addressed by comparing those who described themselves as predominantly ESCA to those who described themselves as predominantly CSCA and by examining whether various factors assumed to be related to acculturation (e.g., language, age, age of arrival, length of residency, percentage of life spent in Australia and cultural orientation) were associated with support for filial piety, and these were again considered within Australia’s socio-cultural environment. Within the CA group, on the whole, there were no significant differences between the ESCA and the CSCA subgroups except for the filial expectation subscale, ‘When I’m old, I expect’. This suggests that CSCA participants expect more in their old age than ESCA participants. One explanation for this finding may be that since CSCA had arrived in Australia at a later age, they lacked adequate
resource and language skills to establish an independent lifestyle and thus are more expectant of
the younger generation to meet their needs. As Li (2011) has observed, grandchildren take on
the role of ‘language and cultural broker’ to assist their grandparents interact with the community
(p.12). Another explanation for this within group difference may be that the ESCA group had
been living in Australia for a longer length of time and had arrived at an earlier age compared to
the CSCA group. The ESCA group is assumed to have had a greater level of exposure to the
dominant Western culture than the CSCA group. This view is further supported by significant
correlation results. For the ESCA group, filial expectation (‘When I’m old, I expect’) were
negatively correlated with length of residency and proportion of life in Australia but were
positively correlated with age of arrival. Thus, significant correlation results suggest that the
longer one has been living in Australia, the lower filial expectations and the later the age of
arrival, the higher the expectations.

Nonetheless, the lack of differences between the ESCA and the CSCA groups in their
perceptions of filial responsibilities and expectations suggest it may be inadequate to just
consider language as the primary defining construct of acculturation. Results from the SL-Asia
scale revealed that although ECSA were bicultural in orientation and CSCA were Asian-
identified in orientation, there was no relationship between cultural orientation (i.e., total SL-
Asia score) and filial responsibilities and filial expectations. Moreover, some associations were
found between filial expectations and SL-Asia domains. Filial expectations (‘Old brought up
to’) were positively correlated with the acculturation domain of ‘ethnic interaction’ but
negatively correlated with ‘ethnic pride and food preference’. Filial expectations (i.e., ‘When
I’m old, I expect’) were negatively associated with the acculturation domains of ethnic pride and
food preference. For the CCA group, no associations were found. Thus, the role of acculturation on immigrants is much more complex and is clearly a multidimensional construct.

In summary, the research questions with respect to the meanings attributed to successful ageing were addressed in chapters four and five, and the research questions with respect to filial responsibilities and expectations were addressed in chapters six and seven. As noted previously, since results and discussions relating to each of the studies had been presented in four individual manuscripts, this chapter is therefore focused on integration of results from these studies, consistent with the methodology that was presented in chapter three.

8.4 Meta-inference: Integration of Mixed Methods Findings

The conceptual framework provides the basis for the discussion of the present research. As shown in Figure 5 in the highlighted section on ‘Meta-inference’, results from qualitative and quantitative studies were brought together to form joint discussions and interpretations of the findings in order to explore what it means to age well. In particular, it focused on participants’ perceptions on successful ageing and attitudes to filial piety and expectations. Mixed methods results showed complex, over-lapping views within the two value systems, or “double engagement” according to Berry (2011).

The responses of CA were considered in more depth as the research question focused particularly on their experiences and aspirations. Similarities and differences in perceptions and aspirations of AA and CA were also considered. The main findings are represented in the Table 14 below and are discussed according to the topics identified.
Ageing Well in Australia from the Perspectives of Anglo-Australians and Chinese immigrants

Successful Ageing
Western construct
(Individualism)

Meta-inference
“Double Engagement”
A Cross-cultural Perspective on Successful Ageing and Filial Piety

Filial Piety
Eastern construct
(Collectivism)

Acculturation

Figure 5: Conceptual framework of ageing well
Table 14: Summary table of mixed methods findings

<table>
<thead>
<tr>
<th>Ageing Well in Australian Immigrants from Chinese Background</th>
<th>Coexistence of Individualism and Collectivism</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Traditional filial care</strong> (Hsueh, et al., 2008)</td>
<td><strong>Individualism</strong></td>
</tr>
<tr>
<td>Adult children should provide care and support to elderly parents</td>
<td>Financial security and independence</td>
</tr>
<tr>
<td>Co-residency: family caregivers should reside with their elderly parents</td>
<td>Openness to formal care: Better standard of aged care facilities in Australia</td>
</tr>
<tr>
<td></td>
<td><strong>Acculturation</strong></td>
</tr>
<tr>
<td></td>
<td>Material support: ‘look after’ and ‘financial assistance’</td>
</tr>
<tr>
<td></td>
<td>Social support: Contact and interaction</td>
</tr>
<tr>
<td></td>
<td><strong>Collectivism</strong></td>
</tr>
<tr>
<td></td>
<td>Openness to formal care but with some cultural attachments and expectations</td>
</tr>
</tbody>
</table>

8.4.1 Material Aspects of Care and Support

Qualitative and quantitative data indicated Chinese immigrants exhibited a range of complex sentiments when it comes to care and support in old age. The theme of ‘financial security’ emerged as an important aspect of successful ageing, whereby CA expressed the view that they did not want to depend on others financially, including their own children (Tan, et al., 2010). Although financial support is an important component of filial practice (Lo & Russell, 2007), their views of successful ageing essentially represent a shift from the traditional expectation that children should provide for their parents financially (Ng, et al., 2002). Qualitative results further revealed that although CA had far less firm ideas about their future care, two CA participants considered having appropriate finance was the best preparation for old
They generally spoke about having savings for their future in terms of personal savings and superannuation instead of relying on assistance from the Government (Tan, et al., 2014a). In the case of the qualitative study, it was noted that results may have been attributed to characteristics of the sample. For example, it identified that the majority of the Chinese sample had come as skilled migrants and have been part of the Australian workforce, and thus would have the necessary resources to make financial decisions with respect to their old age (Tan, et al., 2010). It was also observed that those with poorer resources may need some form of help from the family (Tan, et al., 2010) and thus, have greater endorsement of filial responsibilities towards care and support of the elderly (De Vaus, 1996).

At first glance, results of the quantitative findings consistently showed practical and material support such as ‘look after’ and ‘financial assistance’ were two of the filial duties that were consistently significantly higher for CA than AA with regards to filial responsibilities and expectations. However, when responses for both cultural groups were inspected separately, ‘financial assistance’ was the lowest rated item for CA’s perceptions of filial expectations. This has also been found to be the case with older Chinese-Americans, none of whom regarded financial support as a key feature of filial piety (Dong, et al., 2012). In other words, results indicate that while ‘financial assistance’ appears to have been de-emphasised by CA, it is still more highly regarded when compared to their AA counterparts.

Ng et al.’s (2000) cross-cultural study also found that the Chinese in New Zealand scored higher than Europeans on financial support and also on most other filial obligations. In this respect, Ng et al. (2000) observed that legislation on familial obligations towards ageing parents in Chinese societies demonstrates the inherent sense of financial obligation towards elders even among the Chinese living in New Zealand. Chen and Ye (2013) however noted that times have
changed and older adults in urban China may have greater sense of financial security due to economic reform and that these changes have been largely shaped by urbanisation. Their study of Chinese older adults living in Shanghai found that support from children by way of quality, attitude and willingness was more important than tangible financial support (Chen & Ye, 2013). Nonetheless, Ng et al.’s (2000) observation that financial obligation appears to be an intrinsic part of being Chinese may relevantly be applied in the Australian context, as differences were found between the two distinct cultural groups. This provides one possible explanation for the first part of the finding.

The second part, where ‘financial assistance’ was the lowest rated filial duty, suggests participants’ views may have been influenced by the social context of their current place of residence (Tan, et al., 2010). In the case of Australia, older people are supported by the social welfare system by means of the pension and through the Australian retirement savings scheme (i.e. Superannuation) (Tan, et al., 2010), which enables financial independence, compared to the lack of government assistance towards the care of elderly citizens in most Asian countries (Luo, et al., 2013). In the views of CA from the qualitative study, financial security and independence promote successful ageing. What might seem as counter to Eastern ideals, emphasis on self-reliance in old age does not necessarily mean a decline in filial support but a perspective that has been shaped by the society within which one resides (Ward, et al., 2010). These observations indicate that Chinese immigrants showed “a high degree of cultural and psychological continuity and producing new social structures” (Berry, 2008, p. 328) such that traditional values are maintained as they take on new ways of doing things. As Li (2011) has observed, ‘community piety’ encompasses broader social networks including neighbours and friends, the community and institutions. It suggests that filial piety need not be limited to one’s own cultural group but
within the context of the larger society. As migrants interact with the larger society, with many ethnocultural groups living in daily interaction, “all groups are engaged in a process of cultural and psychological change” (Berry, 2011, p. 8). In other words, acculturation in the community context considers acculturation by both mainstream community and minority groups, which facilitates a sense of connectedness (Ward, et al., 2010). This “double engagement”, as Berry puts it, is linked with better well-being including higher self esteem and life satisfaction (Berry, 2011, 2013), as shown in participants’ accounts of successful ageing in the present study.

In summary, responses appear to reflect mixed orientation. CA simultaneously emphasised qualities that have traditionally been classified at opposite ends of the individualistic-collectivistic spectrum. Results, for example, indicated that although CA placed greater emphasis on collective values such as the obligation and expectation to look after and give financial assistance, participants stress individualism in their views of successful ageing such as financial independence. Thus, although individualism and collectivism have been commonly represented as separate, the reflections of older adults from diverse communities suggest that older adults do not necessarily perceive a contradiction between traditional values and the Western notion of successful ageing. The juxtaposition of elements of filial piety and successful ageing therefore suggests that older adults could indeed view these cultural constructs as harmoniously co-existing.

8.4.2 Social Aspects of Care and Support

The social aspects of care and support were important aspects of ageing well. Quantitative data on successful ageing revealed AA had a strong desire for contact and
interaction. Results, for example, revealed AA rated significantly higher than CA on the successful ageing attribute ‘Having friends and family who are there for me’. As Tan et al. (2011) has observed, the perceptions of AA did not reflect an individualist worldview since this entails that the relationship between the self and others are separate (Cross & Gore, 2003).

Intriguingly, quantitative findings on filial expectations further revealed that the only instance whereby AA rated significantly higher than CA was the expectation that the younger generation retains contact with them, which again seems to contradict individualistic orientation. Together, the results suggest that contact and interaction were particularly salient for Anglo-Australians, and these were evident in how they view successful ageing and filial expectations. Results suggest that the practice of filial piety could have a significant impact on the well-being of older adults (Dong, et al., 2012), and in the case of the present study, this appears to be the case for Anglo-Australians. In other words, in order to age successfully, it was important for AA to have the necessary social support and this is reflected in their expectation of contact in old age.

When responses for both cultural groups were inspected separately, quantitative results revealed that CA and AA expressed more agreement with ‘retain contact’. Qualitative data further supports the view that the majority of CA participants regarded contact and interaction with their children as more important than practical and financial support. Consistent with the literature, the traditional value of filial piety appears to have shifted from practical, material care to emotional support including contact and interaction (Cheng & Chan, 2006; Dong, et al., 2012). While Dong et al. (2012) have also observed in their qualitative study that older Chinese-Americans valued emotional support over material support when it comes to filial care, the present mixed methods research provided additional information in that quantitative results
further revealed that practical and material assistance and most other filial duties were still more highly regarded by CA when compared to their AA counterparts. These observations again show that Chinese immigrants demonstrated a sense of cultural and psychological continuity (Berry, 2008). Quantitative findings have therefore enhanced the qualitative findings as it provided a more generalised perspective of participants’ perception of filial piety.

This finding further contributes to the uniqueness of the present research because it gave an indication how an Anglo group respond to an Eastern construct. Previous research tends to apply instruments based on Western literature onto minority groups whereas it is generally more uncommon to apply an Eastern construct on a Western sample. The latter is particularly relevant as societies become more intertwined through globalisation and that acculturation is a two-way process (Berry, 2008; Ward, et al., 2010). As Kendig (2004) has observed, cross-cultural research such as this is important because “comparisons and insights help us to see ourselves and our own societies more completely” (p. S6). Perceptions of both groups and contextual considerations therefore need to be taken into account to understand the national context (Ward, et al., 2010).

8.4.3 Openness to Formal Care

Qualitative and quantitative data indicated Chinese immigrants showed mixed sentiments when it comes to future care. Qualitative data indicated that CA identified that the meanings of successful ageing would be different when compared to their country of origin in terms of health and carer services, government policies and lifestyle, within which positive views about Australia were shared (Tan, et al., 2010). Themes that emerged from the qualitative findings
also demonstrated that ‘ageing in place’, ‘openness to formal care’ and ‘quality of care’ were salient for both AA and CA. Results of the qualitative study appear to support Australia’s aged care policy as it was devised on the basis of independence and individualism, with the assumption that older people intend on remaining in the community for as long as possible (Gray & Heinsch, 2009). In essence, ageing in place represents “a sense of identity both through independence and autonomy and through caring relationships and roles in the places people live” (Wiles, Leibing, Guberman, Reeve, & Allen, 2012, p. 357).

In terms of formal care, quantitative findings also indicated that the majority of AA and CA, which includes CSCA, agreed with the statement ‘elderly people should live in an aged care facility when they can no longer manage and look after themselves’. The responses of CA participants appear to have challenged the traditional notion of filial piety, a distinguishing feature of the Chinese family support system. Qualitative results expanded on the quantitative data in that it gave further insight into participants’ choice of care. For example, AA spoke about the importance of professionalism of aged care facilities whereas ESCA applied a comparative approach as they mainly spoke about the positive aspects of Australia’s health care system and aged care facilities compared to that of their country of origin. In the case of the qualitative study, the majority of participants had come from Malaysia. For this group of participants, it appears that increased options and better standard of aged care facilities in Australia would further weaken the social stigma associated with aged care facilities. As Liu et al. (2003) has observed, greater service accessibility and welfare provisions may alter people’s attitudes regarding care choices and family responsibility. Thus, results suggest that perceptions of filial piety may vary depending upon the cultural context in which the individual is situated (Ward, et al., 2010).
Although there was openness to the possibility of moving into a mainstream aged care facility, qualitative results indicated that some ESCA also expressed cultural attachments (e.g., Chinese food) and expectations (e.g., visitations from their children). The qualitative results also noted that in a select number of cases, ESCA participants with a comparatively shorter length of residency and a smaller proportion of life spent in Australia expressed openness to formal care and less traditional expectations compared to others with longer residency and a higher proportion of life spent in Australia (Tan, et al., 2014a). It was thus possible to observe variability within qualitative data. By contrast, results of the quantitative study indicated more generally that filial expectations increase the later their age of arrival to Australia but decrease the longer they live in Australia (Tan, et al., 2014). Individuals who are more acculturated and with greater personal resources including education, income and better health have more options and capacity in creating their own life course, and may decide to do so in non-traditional ways (Diwan, Lee, & Sen, 2011).

8.4.4 Ageing Well through the Lens of Acculturation

In summary, when it comes to attitudes towards ageing and well-being, and needs and expectations for support in old age, results of qualitative and quantitative studies indicated Chinese immigrants exhibited a range of complex sentiments. In the context of successful ageing, participants appear to focus on individualistic values and in the context of filial responsibilities and expectations, participants tend to emphasise collectivistic values, although findings also showed mixed orientation in some cases. The constructs used may have affected the answers provided. For example, a Western construct may contain items reflective of
individualistic ideals and similarly an Eastern construct is more reflective of collectivistic ideals. Nonetheless, results of the present research indicate that there appears to be cross-cultural applicability of each construct. The present research is the first to investigate the interplay of two value systems, which, through the use of mixed methods, has been found to provide a holistic account of ageing well.

Results not only revealed cross-cultural applicability but also cross-over of the two constructs. Results suggest that the practice of filial piety could have a significant impact on the well-being of older adults. For instance, as has been discussed, it was observed that for AA, in order to age successfully, it was important that they have the necessary social support in place and this is reflected in their expectations of contact into old age. Thus, intercultural contact was observed through the use of both Western and Eastern constructs in both cultures. Responses from both cultural groups suggest that acculturation is indeed a two-way process (Berry, 2008; Ward, et al., 2010). In other words, “double engagement” appears to have occurred with both cultures and that intercultural relations and change are therefore mutual and reciprocal rather than unidirectional (Berry, 2011, 2013). Given the rising ethnic composition of the Australian society, it may be worthwhile for future research to examine the impact of the values of other communities on its general Western population and the role of the larger society in the process of acculturation (Berry, 2008).

In Australia, filial piety appears to have shifted but not necessarily weakened. While Chinese immigrants still identify with their collectivistic heritage, results indicate that there are different degrees of adherence to the traditional value of filial piety. It appears that immigration and acculturation have also had an impact on familial roles and responsibilities (Laidlaw, et al., 2010; Park & Chesla, 2007). As noted by Canda (2013), “filial piety has always been an
evolving concept, changing with historical conditions, philosophical movements, cultural context, and community- and family-level exigencies” (p. 226). Indeed, policy makers and service providers need to consider the heterogeneity of ethnic communities whereby individual lifestyles, values and beliefs are recognised to promote the health and well-being of older Australians from different backgrounds.

### 8.5 Implications for Policy and Service

Results showed that even though cultural influence on filial responsibilities and expectations was varied and appears to have shifted, the cultural context of the ageing experience remains essential. Older people are often disadvantaged not only when assumptions are made about their ageing needs and experience but also when assumptions are made about their cultural needs and expectations. A policy implication is that although Chinese-Australians believed in caring for elderly parents and had more support systems in place, the future care of the elderly by the family cannot be assumed nor guaranteed simply on the basis of their collectivist beliefs (Ng, et al., 2000; Pyke, 1999).

Findings from the present research suggests that it is not only important to consider the impact of older people on the social welfare system and attitudes towards parental care, but also the impact of the system itself on one’s ageing experience. While traditional concepts such as filial piety give an understanding into societal values, the value ought to be considered at the individual level as opposed to only at societal level (Laidlaw, et al., 2010). For instance, social and health care workers who work with family caregivers ought to be careful not to advocate filial responsibility as a universal moral imperative (Funk, et al., 2013), as it, for example, may
not be applicable within the Australian context that places emphasis on independence and an individual approach. By the same token, professionals who work to promote independence of the individual may make incorrect assessments as they fail to notice the care requirements of older people (Lloyd, 2004, 2006). Adding to this implication is to find a balance between the two, where a flexible integrative approach is taken when dealing with continual change in filial practices, both at the individual and also at the societal level.

The provision of appropriate aged care services to older persons and their families need to recognise diversity of needs and expectations. The lack of understanding of service needs of people from other cultures may lead to depersonalisation of services and unmet needs and expectations of individuals and their families (Tan, 2008), which may lead to adverse consequences such as increased anxieties, insecurities and lack of confidence in old age. As such, research on ethnic communities is warranted, with a view to improve culturally appropriate services for advancing health and well-being of older persons (Kendig, 2004). Thus, knowledge from research such as this is particularly important for service providers and policy makers in meeting the needs of the diverse groups.

8.6 Strengths and Limitations

The study participants were older English speaking and Chinese speaking Chinese immigrants who are ageing away from their country of origin and in a Western society. Thus they represent a group whose voice is heard less often in research, particularly within the Australian context. However, whether attitudes identified in the present findings would be shared by other ethnic groups, who share the value of filial piety, requires further research. An
additional strength of this study was the focus on Chinese older adults in particular, rather than Asian immigrants in general. Moreover, the added benefit was that both groups were recruited from within the same country (Ng, et al., 2000), and are therefore exposed to the same social, political and cultural environment (Ward, et al., 2010; Yeh, et al., 2013). Thus, the Australian context was represented in the conceptual framework of the present research.

The present research provides an important contribution in the understanding of filial piety outside of Chinese societies and successful ageing outside of Western societies. It is unique in that it proposed a conceptual framework which incorporated both Eastern and Western constructs in a cross-cultural study. It enabled information to be obtained from both cultural groups using cultural constructs that are representative of each group. It is therefore possible to observe how one cultural group responded in relation to the other and to further observe the attributes the two cultural groups shared. For example, it was necessary to explore filial belief for the purpose of theory building through integration of findings from Western research and traditional concepts such as filial piety. As noted by Yeh and Bedford (2004), the “indigenous aspects can then be integrated into a greater theoretical framework that may have universal application” (p. 134). Thus, the present research extended beyond the general population to which the concepts were originally attached to, and explored whether these have universal applications or were limited to the respective societies to which it was intended.

Another significant feature of the present research is that it provides a rationale for a mixed-methods approach for a more comprehensive cross-cultural understanding of an emerging ethnic community in Australia. Qualitative perspectives were obtained at the outset, followed by a quantitative approach with a larger sample to establish generalisability of the findings (Creswell, 2003). Thus, qualitative methods provided “depth of understanding” whereas
quantitative methods provided “breath of understanding” (Aarons, et al., 2012, p. 68). The use of both qualitative and quantitative elements were particularly beneficial as it addressed the goal of the present research, which was to broaden and deepen our understanding of the perceptions and attitudes of filial piety and successful ageing among Anglo-Australians and Chinese immigrants who are ageing in Australia.

There are several limitations to the present research that should be noted. The first limitation was the reliance on self-reported questionnaires. The accuracy of self-reported questionnaires is questionable, particularly if it is context driven, and participants sometimes cannot and will not give an accurate assessment of themselves. Moreover, it was not clear whether the questions in the filial responsibilities and expectations scale was understood the same way by each of the participants. It is possible that high levels of responses may have been overstated by social desirability however as noted by Yue and Ng (1999), as there was anonymity in data collection, the effects of self-serving biases would be relatively small.

Sampling issues limit the generalisability of the present findings. The outcomes may, in part, be due to the composition of the present sample. Samples were drawn from Australia and are within the Australian context while the generalisability of the results to those in other migrant groups should be investigated further. Moreover, the research is limited to an older group. The sample was selectively biased as generally only those who were in reasonably good physical and mental health were likely to participate in these studies and this is because healthier people are more likely to volunteer (Wilson, 2000). Moreover, qualitative data do not permit generalisation. It was nevertheless recognised at the outset that IPA does not endeavour to achieve a representative sample; instead, the sample is usually small and homogenous and the
analysis focuses on understanding the lived experience of the participants (Smith & Eatough, 2006).

The present sample is restricted to community-dwelling adults, which comprised of immigrants who were educated, reasonably healthy and skilled, and with English language proficiency. The second quantitative study included Chinese speaking participants however the sample size was relatively small. Future research would benefit from inclusion of a wider population, for example, the views of non-community-dwelling adults (e.g., those in residential care), recent and non-English speaking immigrants and refugees as their choices of care and future care plans are likely to differ. Future research would also benefit from statistical analyses such as regression analysis to further investigate the relationship between filial piety and acculturation. The results of the present research therefore need to be viewed in light of the limitations of the research.

8.7 Future Directions

As more and more research in psychology becomes engaged in cross-cultural matters, and through the learnings and observations of the present research, a set of appropriate research guidelines for cross-cultural studies is necessary to ensure ethical and viable conduct, particularly for novice researchers and for those who do not have a background in cross-cultural research. In addition to the general considerations for cross-cultural research, it is proposed that a separate set of guidelines is essential also when dealing with particular cultural groups. For example, a set of guidelines for dealing with the Chinese community may be different to that of the Middle Eastern community. Since communities have different values and expectations, the
guideline could include cultural background information on other matters such as power
dynamics, political sensitivity, gender relations, and social hierarchy. In some cultures, for
example, it may be inappropriate for a female researcher to recruit male participants. Increased
cultural awareness and understanding enable the researcher to establish trust, respect and good
relations with participants from ethnic communities.

Future research could entail further investigation into the value orientations of other
ethnic groups in Australia to explore their life experiences and provide a more multifaceted
portrayal of the aspirations, needs and issues affecting emerging groups of immigrants as they
age away from their country of origin (Tan, et al., 2010). Thus, the present research design,
including the conceptual framework and methodology used could serve as a platform, while also
addressing some of its limitations, from which future studies on other emerging ethnic
communities could also be developed.

8.8 Conclusion

The present research provided important, holistic insights into perceptions and attitudes
of Anglo-and Chinese-Australians by using a unique framework that incorporated filial piety, a
traditional Eastern construct, and successful ageing, a Western construct, through the lens of
acculturation. The use of a mixed-methods approach enabled a more comprehensive cross-
cultural understanding of an emerging ethnic community in Australia. The present research
underscores the need for research into this area to broaden and deepen our understanding of
ageing adults in Australia. Its future prospect includes further development of the present
conceptual framework and research design for research across a range of other ethnic
communities, thereby raising the profile of ethnic communities in the wider society and enhancing culturally appropriate aged care in Australia.
References


Clare, L. (2002). We'll fight it as long as we can: coping with the onset of Alzheimer's disease. *Aging and Mental Health, 6*, 139-148.


Appendices

9.1 Appendix A: Consent Form (Study 1)

9.2 Appendix B: Information Sheet (Study 1)

9.3 Appendix C: Interview Schedule (Study 1)

9.4 Appendix D: Consent Form (Study 2)

9.5 Appendix E: Information Sheet (Study 2)
9.1 Appendix A: Consent Form (Study 1)
THE UNIVERSITY OF ADELAIDE HUMAN RESEARCH ETHICS COMMITTEE

CONSENT FORM FOR PEOPLE WHO ARE SUBJECTS IN A RESEARCH PROJECT

1. I, …………………………………………………………………… (please print name) consent to take part in the research project entitled:
   Cultural Factors Related to Healthy Ageing

2. I acknowledge that I have read the attached Information Sheet entitled:
   Cultural Factors Related to Healthy Ageing

3. I have had the project, so far as it affects me, fully explained to my satisfaction by the research worker. My consent is given freely.

4. Although I understand that the purpose of this research project is to improve the quality of medical care, it has also been explained that my involvement may not be of any benefit to me.

5. I have been given the opportunity to have a member of my family or a friend present while the project was explained to me.

6. I have been informed that, while information gained during the study may be published, I will not be identified and my personal results will not be divulged.

7. I understand that I am free to withdraw from the project at any time and that this will not affect medical advice in the management of my health, now or in the future.

8. I am aware that I should retain a copy of this Consent Form, when completed, and the attached Information Sheet.

9. I give permission for the interviews to be tape-recorded for transcribing purposes.

(Please tick)
10. ☐ I give consent to be contacted by Joanne Tan (investigator) to be invited for future study and to participate.

☐ I do not give consent to be contacted for future study.

................................................................. (signature) ................................................................. (date)

WITNESS
I have described to …………………………………………………………… (name of participant) the nature of the procedures to be carried out. In my opinion she/he understood the explanation.

Name: Joanne Tan (Investigator)

................................................................. (signature and date)
9.2 Appendix B: Information Sheet (Study 1)
Cultural factors related to healthy ageing

Information Sheet

My name is Joanne Tan and I am a PhD student at the University of Adelaide, Department of Psychology conducting this research.

The Study

It is a challenge for the Australian society to address the various cultural challenges of its ageing population, and to understand and meet the needs of minority migrant groups. This study hopes to investigate:
- What it means to age well
- Preferences and expectations for future care.

This is a cross-cultural study that compares attitudes and perceptions of Chinese immigrants living in Australia and Anglo-Australians over the age of 55.

It is the hope of this study to contribute to Government social policy and community services as well as contributing to existing and future aged care service providers to meet the needs of Australia’s increasing older multicultural population.

Your Involvement
People who are over the age of 55 are invited to take part. I am interested in comparing 2 cultural groups: the Chinese and Anglo-Australians. If you take part, you will be asked to complete ‘Demographic’ details and then participate in an interview to share your opinions regarding healthy ageing, and your preferences and expectations of future care. The interview will take approximately an hour.

Participation in this study is completely voluntary and you have the right to withdraw at any time. The interviews are anonymous and confidential. We do not store your consent form and your interview together so we are unable to identify individual participants by name.

More information
If you have any queries regarding the study, please feel free to contact me:
Joanne Tan (investigator)
Mobile: 0403 836 873 (at any time)
Telephone: (08) 8260 6804
Email: joanne.tan@adelaide.edu.au

The study is carried out under the supervisions of:
Dr Lynn Ward
University of Adelaide
Telephone: (08) 8303 3182
Fax: +61 8 8303 3770

Professor John Taplin
Pro Vice-Chancellor (International)
G04 Mitchell Building
Telephone: (08) 8303 5229
Fax: +61 8 8303 3770

If you wish to speak to someone who is not directly involved with the study, please contact Dr Peter Delin, Convenor of the Psychology Department Ethics Committee (telephone (08) 8303 5007)
9.3 Appendix C: Interview Schedule (Study 1)
### Cultural Factors Related to Healthy Ageing

#### Study 1: Interview Schedule

<table>
<thead>
<tr>
<th>A. Thoughts and feelings around one’s own ageing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How do you feel about yourself as you age?</td>
</tr>
</tbody>
</table>
| 2. What do you think are the positive aspects of old age?  
  "What are the positive aspects of ageing for you and your family?"  
  Prompt: What do you look forward to in old age? |
| 3. What do you think are the negative aspects?  
  "What are the negative aspects of ageing for you and your family?"  
  Prompt: What do you see as challenges of old age? |

<table>
<thead>
<tr>
<th>B. Perceptions of ageing well</th>
</tr>
</thead>
</table>
| 4. What do you think it means to age well?  
  Prompt: What factors do you think would have an impact for you to age successfully? |
| 5. What would make you satisfied in old age? |
| For migrants: |
| 6. How would ageing in Australia be different to that of your country of origin? |
| 7. Would the meanings of ageing well be different to that of your country of origin? |
| 8. Which country do you think you would age in and which would you prefer to age in?  
  Prompt: Do you think migration will have an impact on your ageing process/experience? |

<table>
<thead>
<tr>
<th>C. For participants who were associated in some way with the AACC Aged Homes</th>
</tr>
</thead>
</table>
| 9. What are your opinions regarding the AACC Aged homes?  
  Prompt: What are the positive and negative aspects of the AACC Aged Homes? |
| 10. What do you think contributed to the lack of response?  
  Prompt: Why it was not successful in its first attempt? |
| 11. What does an aged care facility need to be successful in the future? Why?  
  Prompt: Would people be more accepting of it in the future? Why? |
12. Would you consider living in a facility tailored to your cultural needs in the future? 
   Prompt: How would you like such a facility managed? (eg. bilingual staff, food etc)
   Prompt: What would you consider to be a good/suitable aged care facility?

13. What do you think are the factors that Chinese people take into account if they were to consider moving into an aged care facility?
   Prompt: How is that different to the general Anglo-Australian population?

D. Future plans

14. Have you made any plans for the future?
   Prompt: Would you consider moving into an aged care facility?

15. Would family relationships affect your future care preferences?
   Prompt: And how do/will they play a role in your future plans (eg family discussions)?

16. What sort of support do you think you will seek from your children in the future, if any at all?
   Prompt: Emotional support (advice), financial support, practical support?
   Prompt: How do you feel about seeking support from your children in later life?

17. What is the most desirable future care for you in the event if you could no longer look after yourself?
9.4 Appendix D: Consent Form (Study 2)
CONSENT FORM FOR PEOPLE WHO ARE SUBJECTS IN A RESEARCH PROJECT

1. I, ………………………………………………………………………………… (please print name) consent to take part in the research project entitled: Cultural Factors Related to Healthy Ageing

2. I acknowledge that I have read the attached Information Sheet entitled: Ageing well, Filial Obligations and Expectations

3. I have had the project, so far as it affects me, fully explained to my satisfaction by the research worker. My consent is given freely.

4. Although I understand that the purpose of this research project is to improve the quality of medical care, it has also been explained that my involvement may not be of any benefit to me.

5. I have been given the opportunity to have a member of my family or a friend present while the project was explained to me.

6. I have been informed that, while information gained during the study may be published, I will not be identified and my personal results will not be divulged.

7. I understand that I am free to withdraw from the project at any time and that this will not affect medical advice in the management of my health, now or in the future.

8. I am aware that I should retain a copy of this Consent Form, when completed, and the attached Information Sheet.

(Please tick)

10. □ I give consent to be contacted by Joanne Tan (investigator) to be invited for future study and to participate.

□ I do not give consent to be contacted for future study.

…………………………………………………………………………………………………………………………

(signature) (date)

WITNESS

I have described to ……………………………………………………… (name of participant) the nature of the procedures to be carried out. In my opinion she/he understood the explanation.

Name: Joanne Tan (Investigator)

………………………………………………………………………………………………………………………………

(signature and date)
9.5 Appendix E: Information Sheet (Study 2)
Ageing well, Filial Obligations and Expectations

Information Sheet

My name is Joanne Tan and I am a PhD student conducting this research at the University of Adelaide, School of Psychology. This study entitled *Ageing well, Filial Obligations and Expectations* is the second part of my overall thesis which aims to look at *Cultural Factors Related to Healthy Ageing*.

**The Study**

This cross-cultural study intends to compare attitudes and perceptions of Chinese immigrants living in Australia and Anglo-Australians over the age of 55 on:

- What it means to age well
- Filial expectations of your own children
- Filial obligations towards your own parents

The current study hopes to contribute to the broader knowledge of the issues and demands for future care of an ageing population in a way that acknowledges the different value orientations of cultural groups is an imperative for research, service delivery and policy development.

**Your Involvement**

Those *over the age of 55* who are either *Chinese-Australians* or *Anglo-Australians* are invited to take part.

*Chinese-Australians* are those who consider themselves to be Chinese. Their country of origin, for example, can include China, Malaysia, Singapore, and Hong Kong etc. This will include people born in Asia to one or both Chinese parents, who migrated to Australia and those born in Australia to at least one Chinese parent.

*Anglo-Australians* are those who consider themselves to be Caucasians. Their country of origin, for example, can include England, Ireland, America, Canada, and Scotland etc. This will include people either born overseas to one or both Western parents, who migrated to Australia and those born in Australia to at least one Western parent, or have lived in Australia most of their lives.

**Future involvement:** Please indicate if you are willing to take part in the follow-up study.

*Please turn over...*
All you have to do is...

1. Please indicate your language preference. The questionnaires are available in Chinese or in English.

2. Please keep this Information Sheet for your record.

3. Please complete a set of questionnaires about your thoughts and opinions on ageing well, obligations and expectations. The questionnaires and demographics will take approximately 40 minutes to complete. Chinese-Australians will complete an additional scale (the SL-Asia scale). Please complete questionnaires independently.

4. Using the yellow coloured enclosed reply-paid envelope, please mail the completed questionnaires and demographics back to the researcher.

5. If you would like to be contacted for the follow-up study, please complete the Consent Form for Future Study and send it back using the attached reply paid envelope. By sending it in separately ensures anonymity and confidentiality of your questionnaires.

Participation in this study is completely voluntary and you have the right to withdraw at any time. The questionnaires are anonymous and confidential. We do not identify individual participants by name as a number will be assigned instead.

More information

If you have any queries regarding the study or if you would like to obtain a copy of the results after the completion of the study, please do not hesitate to contact:

Ms Joanne Tan (PhD candidate)
Mobile: +61403 836 873 (at any time)
Telephone: +61 8 8303 5693 (office hours)
Fax: +61 8 8303 3770
Email joanne.tan@adelaide.edu.au

The study is carried out under the supervisions of:

Dr Lynn Ward
University of Adelaide
School of Psychology
Telephone: +61 8 8303 3182
Fax: +61 8 8303 3770
Email: lynn.ward@adelaide.edu.au

Dr Tahereh Ziaian
University of South Australia
School of Nursing and Midwifery
Telephone: + 61 8 8302 1114
Fax: + 61 8 8302 1806
Email: Tahereh.Ziaian@unisa.edu.au
School of Psychology Ethics Subcommittee

If you wish to speak to someone who is not directly involved with the study, please contact:

Dr Paul Delfabbro
Acting Convenor of the School of Psychology Ethics Subcommittee
University of Adelaide
Telephone: +61 8 8303 5744
Fax +61 8 8303 3770
Email: psyphdel@complex.psych.adelaide.edu.au

This study has been approved by the School of Psychology Ethics Subcommittee, University of Adelaide.

Thank you for your participation!