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**CARE OF AGING PARENTS: THE EXPERIENCES
OF MIDDLE-AGED FILIPINO WOMEN**

by

Carmen B. Toledo Galang, MSN, RN

**A dissertation presented to the
FACULTY OF THE PHILIP Y. HAHN SCHOOL OF NURSING
UNIVERSITY OF SAN DIEGO**

**In partial fulfillment of the
requirements for the degree
DOCTOR OF NURSING SCIENCE**

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ABSTRACT

The purpose of this study was to examine and analyze parent care as experienced by middle-aged Filipino women, particularly those who have resided in the United States for over 20 years. There is little information known about this topic; therefore, a grounded theory study design was utilized.

Open-ended, semi-structured interviews of 29 Filipino women were conducted in English and/or Tagalog, and at times a combination of both languages. Data were transcribed verbatim from the audio-recorded interviews and analyzed using a constant comparative method of analytic induction. Field notes were kept and patterns of observation were analyzed according to their significance.

Data from the study revealed five interrelated categories: Giving Back, Taking Action, Sacrificing Self, Balancing, and Searching Out. *Giving Back* is the causal condition for self commitment in order to provide care. It forms the foundations and reasons for caring behavior. *Taking Action* is the context within which the implementation of giving back is conducted. It demonstrates how family members manage to care for aging parents. *Sacrificing Self* encompasses the meaning of a caring behavior. Sentiments such as affection, understanding, and respect emerged as prevalent themes to define care; and that providing care to an aging parent is to sacrifice oneself despite all tribulations. *Balancing* represents the action/interaction strategies in response to Sacrificing Self. *Searching Out* is

the consequence of Sacrificing Self. It is reflective of the adult children's perceptions and vision of their own aging.

The interrelationships of these categories has led to the identification of Sacrificing Self. Sacrificing Self details the process of understanding the caregiver in the context of the Filipino culture. It incorporates the conditions, contexts, strategies, and consequences of the adult children's caring behavior.

In the process of caring, two contextual dimensions evolved: caring for partially dependent parent (PDP), and caring for totally dependent parent (TDP). These dimensions are characterized by different sets of patterns and behaviors related to care of aging parents. In addition, strengths and difficulties of caregiving were identified.

The findings of this study have implications for nursing practice, nursing education, nursing research, and policy legislations. The major implication is the need for culturally sensitive formal support systems in order to provide respite care opportunities for Filipino women who are caring for the aging parents in the United States.

DEDICATION

With love and respect, this dissertation is dedicated to my father, the late Simplicio T. Toledo. He died in 1988 at the age of 81. While he was confined in the hospital for three months, my husband, mother, sisters, brothers, sisters-in-law, brothers-in-law, and grandchildren provided him with emotional support and comfort. We carefully orchestrated our activities so we could take turns caring for him. As the only nurse in the family, I served as the primary caregiver under the watchful supervision of my mother, Nena.

My father would be pleased to know that I have achieved what most Filipino parents want for their children. That is, the pursuit for a higher education. His light continues to influence my life.

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To Carmen Warner, I thank you for crossing out my dangling modifiers, correcting my grammar, and providing me with editorial comments. To USD Copley library staff: Juliet Pastor, Bill Hall, and Darrell Collins, thank you for your assistance during the early phase of my literature search.

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CHAPTER I

THE PROBLEM

Research has shown that adult children, particularly daughters, tend to manifest a behavioral response in three distinctive roles; as a wife, a mother, and a daughter. Adult children, who are confronted with these oftentimes conflicting roles, are emotionally and physically challenged with the demands expected of them. Brody (1990) describes these adult children as “women in the middle.” Usually in their middle-age years and in the middle of three or four generation families, the adult children are enmeshed in the midst of fulfilling these conflicting roles (Zal, 1992).

As compared to the roles of a wife and a mother, the role of a daughter, particularly in the care of the aging parent, has received the most attention in the medical, behavioral, and social sciences. The majority of studies report that daughters who assume the position of primary caregiver (Birkel & Jones, 1989; Coward & Dwyer, 1990; Horowitz, 1985; Montgomery & Kamo, 1989; Spitze & Logan, 1990), are more adversely affected by their role as caregivers than are sons (Snyder & Keefe, 1985; Tennstedt, Cafferata, & Sullivan, 1992; Young & Kahana, 1989).

Concerns associated with caregiving functions such as financial, emotional, mental, and health problems (Brody, 1990; George & Gwyther, 1986; Jones & Vetter, 1984; Poulshock & Deimling, 1984), are being discussed both in scientific journals and in the popular press. These concerns have also reached the policy arena

and the attention of health policy makers (Fine, Stohner, & Uehlein, 1993; Funfaro & Josephson, 1993).

Because parental caregiving is usually associated with heavier care responsibilities, caregivers who are employed may opt to quit their jobs in order to properly care for their elderly parents (Brody, 1990). However, those caregivers who continue to be employed are subject to a variety of work disruptions (Brody & Schoonover, 1987). Thus, conflicts in decision-making, related to parent care and work expectations, are certain to occur.

The Family Caregiver

Data have shown that 80% of children who care for parents were daughters and 20% were sons (Montgomery & Kamo, 1989). Some authors contend that the predominance of daughters in parental caregiving can be attributed to both the gender role difference and the natural inclination of daughters to care for their parents (Finley, 1989; Lee, 1992). According to Chodorow (1978), the mother is the early caregiver and the primary source of identification for all children. A daughter identifies with her mother, while a son identifies with his father. Throughout life, however, the daughters are more likely than sons to maintain certain portions of their primary relationships with their mother (Chodorow, 1978; Cohler & Grunebaum, 1981).

Gilligan (1982) posits that young men are socialized to be autonomous and competitive. They are conditioned to a justice-focused reality. The young women, on the other hand, are socialized to adapt their behavior according to the care-focused morality. They learn to value and to define their self-concepts in the context of their

relationships or connectedness with others. While these influences are said to predestine women into caregiving roles, other authors contend that the willingness to render parental care is related to both the affection and the notion of obligation (Berman, 1987; Walker, Pratt, Shin, & Jones, 1989). The care provided by the daughter in the home setting (Jones & Vetter, 1984; Lee, 1985; Mancini, 1989) is an alternative to a more costly institutionalized form of care. Besides cost-effectiveness, the assistance provided through this informal system of care offers three advantages: a personalized approach to care, an immediate attention to the needs of the elderly, and a continuity of family help patterns.

Although the elderly benefit from care provided in the home, the caregiving situation may be stressful for both the daughter and the parent (Fischer, 1985; Seccombe, 1987). Interpersonal conflict within the family household is possible. In addition, for fear of being criticized, caregivers tend not to discuss any problematic situations related to parental care (Mardsen, 1992).

On the other hand, elderly parents may also develop low self-esteem as they are forced to recognize their dependency and their inability to reciprocate the care provided them (Cicerelli, 1990; Lewis, 1990). A shift in role patterns, in which the children assume parental responsibilities in providing care, and the elderly parents assume a dependent status in receiving care, can create stresses for both parties (Steinmetz, 1990).

The multidimensional issues related to caregiving situations increase the caregiver's risk for negative health consequences, particularly if both caregiver and care recipient share a residence (Deimling, Bass, Townsend, & Noelker, 1989).

Caregivers who are unable to cope with the overwhelming problems of providing care for their parents often resort to the formal nursing home system of care (Snyder & Keefe, 1985; Zarit, Reever, & Peterson, 1988). Although only 6% of the elderly receive this type of care (U.S. Bureau of the Census, 1992b), the institutionalization of these individuals is perceived to decrease the burden of responsibility falling on family caregivers, specifically the middle-aged daughter.

However, some caregivers continue to experience emotional strains even after their parents are admitted to nursing homes; adult children perceive themselves to be excluded from care-related decisions (Johnson, 1990). Bowers (1987) contends that health care professionals often do not consider the contributions of caregivers to be important. Thus, no matter what type of caregiving arrangement has been made, the stress associated with parental care is inevitable.

Parental Caregiving Among Filipinos

From infancy, the average Filipino child is taught that parents are representatives of God on earth (Mallari, 1954); therefore, the child is expected to demonstrate respect, love, and reverence. Parental love and honor are manifested particularly in time of illness and even more so following death (Paguio, 1991).

As children consider it a sacred obligation to care for parents in their old age (Paguio, 1991), nursing home placement is not considered a culturally viable alternative to care provided for the elderly at home (Roces & Roces, 1985). Nursing homes are viewed as ill-equipped in providing the emotional needs of the elderly (Nandi, 1980). Beyond physical care and attention, love, respect, and a sense of personal dignity are perceived as important elements in caring for parents.

The Filipino children are expected to be the resources who are able to provide the necessary physical and emotional supports (Blust & Scheidt, 1988; Go, 1989). In addition, grandchildren and other extended family members are expected to participate in elderly care, particularly if everyone lives under the same roof (Almirol, 1982; Manio & Hall, 1987; Stern, 1985a). Interdependence among family members along with filial responsibility are obligations of all children (Bulatao, 1968; Hunt et al., 1963).

When influenced by a culture that does not value interdependence, however, the intergenerational value transmission may be weakened and both life ways and practices may undergo transformation, a process that Herkovitz (1958) refers to as acculturation. These cultural changes may be influenced by demands imposed by survival in the new country. Changes may occur in varying degrees and in the process, many adaptational problems might be encountered.

Philippine-born adult children, who have resided in the United States for many years, may be subjected to modification of their traditional cultural practices. Likewise, siblings of the Philippine-born adult children who are born in the United States, are exposed to specific cultural practices other than what their parents had taught them. Knowledge of the Filipino traditional cultural practices is based on a daily routine encounter within home and community gatherings (Almirol, 1982).

With limited knowledge of the traditional cultural value, cooperation in caregiving from the grandchildren may not be realized. Thus, the expectations of the elderly to be respected, revered, and cared for by family members are compromised. These

expectations can lead to frustrations and may create stressful situations within the home.

Parental caregiving practices among Filipinos in the United States need to be examined. Exploring the feelings of the adult children may provide insights into the meaning of parent-care.

Purpose of the Study

Filipino women in the United States may discover parental caregiving in the home setting to be more of a challenge and a sacrifice, than an obligation and a responsibility. They may find it difficult to conform with the traditional expectations of their parents regarding elderly care (Almirol, 1982; Go, 1989; Pido, 1982). In the lives of middle-aged Filipino women, competing demands such as labor-force participation, household chores, and ethnic community affairs may preclude them from performing this expected role of parental care.

With a new pattern of living in a contemporary society, the traditional Philippine value of elderly care may be eroded. This value, deeply rooted in the concept of obligation, needs to be clarified. In addition, the stressful effects of caregiving and its consequences on the lives of the Filipino middle-aged children need to be addressed. The purpose of this study was to examine and analyze parent care as experienced by Filipino middle-aged women, particularly those who have resided in the United States for over 20 years. The goal was to generate data and to develop a substantive theory based on the perceptions, beliefs, values, and feelings regarding parent care among Filipinos.

Research Questions

This study attempted to identify answers to the following questions: (a) what is the perception of the Filipino middle-aged women regarding parent care in the home setting? (b) how are these adult children constructing their lives in fulfilling their various roles? (c) what influences does the host culture have on the traditional inter-generational relationships and interactions? and (d) how do Filipino middle-aged women perceive their own aging in the United States?

Definition of Terms

Acculturation

Acculturation as defined by Lesser (1931) refers to a means by which a specific cultural aspect is adjusted to fit a culture (cited in Herkovitz, 1958).

Anglo

Anglo refers to a United States Caucasian inhabitant of non-Latin extraction (Gove, 1986).

Culture

Culture is the learned and transmitted knowledge relating to the values, beliefs, rules of behavior, and life-style practices that guides a designated group in its thought and actions with respect to patterned ways (Leininger, 1978).

Dependent Elderly

Dependent elderly refers to parents, age 65 years of age or older, with conditions that limit their ability to perform the activities of daily living. These conditions

may include any of the following: (a) physical and cognitive impairment; (b) chronic disorders; (c) blindness; and (d) poor eyesight associated with old age. Dependent also refers to those elderly parents who need assistance with medication preparation and administration.

Middle-Aged Filipino Women

For the purpose of this study, middle-aged Filipino women were born and lived the first 20 years of their lives in the Philippines. They are between 45 and 64 years of age. Most developmental theorists consider this period as middle-age (Erickson, 1974; Levinson, 1978). For this study, middle-aged Filipino women will be used interchangeably with adult children.

Caregiving

Caregiving is often referred to as assistance with the activities of daily living (Bowers, 1987; Horowitz, 1985).

Significance of the Study

The 1990 U.S. census identified 31.1 million elderly, age 65 or older, representing 12.5% of the total population. Of this elderly group, 1.5% or 454,458 elderly are Asians. It is projected that by the year 2030, one out of five individuals will be elderly (U.S. Bureau of the Census, 1992a).

Asians, age 65 or older, account for 12% of the total Asian population (U.S. Bureau of the Census, 1992a). Among Asians, the Filipinos are the second largest group with a population of 1,419,711. The Filipinos are the fastest growing Asian

population in the United States and by the year 2000, they are projected to be the largest Asian group in the country.

Of the total number of Filipino immigrants in 1990, 7% are 65 years old and older (U.S. Immigration and Naturalization Service [INS], 1991). Women between 45 and 64 years of age, represent 27% percent of the 733, 941 Filipino population in California (U.S. Bureau of the Census, 1992a).

Based on the Philippine traditional values and practices, children are expected to care for their elderly parents. With limited extended family resources available to help with caregiving responsibilities, demands on the lives of middle-aged Filipino women are unquestionable.

As a valued traditional element in the Philippine culture, elderly care in the home setting needs to be supported. The continued provision of this informal support depends on the ability of the caregiver to provide the assistance needed by the elderly.

Since health care professionals serve clients regardless of age, sex, and cultural orientation, an understanding of the clients' cultural values, beliefs, and practices is essential for the provision of culturally congruent care (Leininger, 1978). This sensitive approach to care delivery, in turn, can influence satisfying outcomes for both the caregiver and the care recipient.

Likewise, the knowledge of cultural variations is meaningful in developing sound and effective health programs. While various public programs such as day care centers for older people and support groups for caregivers are available, the appropriateness of these programs in serving the culturally different groups has yet to be determined. The development of programs that are culturally sensitive should be cost

effective and more congruent with the needs of the caregiver and the care recipient; thus, enhancing the lives of all people. Nurses are in the position to make this happen as they are visible in the health care arena. Nurses can provide accurate information about caregiving problems because of their contact with family caregivers and care recipients, both in hospital institutions and the communities they serve.

The information on caregiving practices in the Filipino family is missing. To support Filipinos in their traditional practice of elderly care at home, and to support the adult children who are expected to provide that care, significant research in this area is necessary.

Despite an extensive search, the literature did not reveal a single study specific to this topic. Therefore, this study aimed to explore the phenomenon of family caregiving patterns and practices from the perspective of Filipino adult children.

Although this study was exploratory in nature, it could lead to additional ideas for future research. The information derived from this study will make a significant contribution to the caregiving literature.

Assumptions

While respect and obligation are universal axioms, there is no law that mandates individuals to follow these concepts. However, in a society where children assume a subordinate role, these principles are strictly adhered to. Obligation is a form of commitment that one is bound to do; a condition or a feeling of being indebted, ethically, socially, or legally; and a duty that one is challenged to perform (Gove, 1986). For example, the provision of care by the children when parents can no longer

manage in their old age is an obligation expected of all Filipino children (Agoncillo & Alfonso, 1968; Hollnsteiner, 1973).

Obligatory responsibility in the context of reciprocity is considered a behavioral norm in the Philippine culture (Almirol, 1982). It is linked with the Filipino trait of respect, particularly, respect for elders (Agoncillo & Alfonso, 1968; Andres, 1981; Javillonar, 1979). When used in this context, both respect and obligation embody an important structure of reciprocal understanding, a system of paying back in the form of either service or nonmonetary goods (Duff & Arthur, 1973; Hollnsteiner, 1973; Kaut, 1961). The services performed are based on debt of gratitude or *utang-na-loob* for the earlier care provided by the parent to a child.

The first assumption of this study is that while parental caregiving is a system of paying back for the earlier care received from the parent, the caregiving services may create a premature end to the caregiver because of the negative consequences associated with this process. The utilization of the nursing home is often not given consideration in elder care, as caregiving responsibility is assumed by family members, usually the daughter.

In the Filipino family, the *utang-na-loob* of the child to a parent becomes immeasurable and endless. The responsibility of fulfilling the caregiver role within the family can preclude the adult child in caring for self. Likewise, it may affect the stability of the entire family. These consequences then lead to a second assumption that the adult child's transition to her own old age may be difficult. The length of time in the adult child caregiving role may interfere with her own aging process. Thus, the caregiver's own later years are compromised.

CHAPTER II

REVIEW OF THE LITERATURE

Parental caregiving, a traditional practice among Filipinos, is considered a part of their life cycle (Mallari, 1954). All activities surrounding life, from conception to death, are a family affair. As a mundane practice among this group, parental caregiving is not perceived as a problem and has not been given enough attention to reach the scientific world of researchers.

In general, research studies on caregiving are quite extensive. However, data have been drawn predominantly from Anglo populations (Baillie, Norbeck, & Barnes, 1988; Bowers, 1987; Coward & Dwyer, 1990; George & Gwyther, 1986; Jones & Vetter, 1984; King, 1993; Snyder & Keefe, 1985; Stoller, Forster, & Duniho, 1992). Despite this vast accumulation of caregiving studies, there is very little information that exists regarding caregivers from different ethnic or cultural backgrounds.

Since only minimal information exists related to parental caregiving among Asians, and in particular, among Filipinos, the Philippine history, various cultural influences in its people, family relationships, role socialization, and migration patterns to the United States are examined in order to provide a foundation for this study.

The literature review is divided into two sections. Section one, the analysis of literature on caregiving practices in the United States, includes the dimensional impact of caregiving on caregivers: physical, psychological/emotional, social, and financial.

Section two examines the literature on Filipino caregiving and ethno historical background of the Philippine people, the land, the people, traditional family systems, cultural values, role socialization, and the description of a traditional Filipino woman. Section two concludes with the description of Filipino immigration to the United States.

Dimensional Impact of Caregiving

Several studies have been conducted to discover ways of strengthening the informal system of parental caregiving at home. Some studies are directed to determine how the various caregiving situations are affecting the lives of caregivers, others are focused on elderly parents as the recipient of care (Branch & Jette, 1983; Brubaker, Gorman, & Hiestand, 1990).

Families who care for elderly parents in a variety of settings and contexts, experience a variety of negative effects associated with caregiving. While these effects are sometimes referred to as caregiving burdens (George & Gwyther, 1986; Poulshock & Deimling, 1984; Zarit, Todd, & Zarit, 1986), other times they are referred to as caregiving strain (Brody, 1981; Cantor, 1983; Snyder & Keefe, 1985; Stoller, 1983). However, several authors describe the effects of caregiving as stresses (Steinmetz, 1990; Wright, Clipp, & George, 1993).

The inconsistent use of these terms and the lack of its clear definition is confusing to the novice researcher. Although, it is noted that earlier studies have used the word strain and burden, the most recent studies have addressed these caregiving effects as stress. Braithwaite (1992) suggested that a critical analysis of

the term burden is needed and that the term be used in order to make it scientifically sound and politically relevant to public policy.

As a multidimensional concept, the effects of caregiving will be referred to as stress in this study. Overall, the review of literature suggests there are four major dimensions of stress associated with parental caregiving practices: physical, emotional or psychological, social, and financial. The degree to which these stresses are experienced is based on other factors, such as personal and situational characteristics, and the resources available to the caregiver.

The clustering of these stresses is primarily influenced by the various types of living arrangements (Jones & Vetter, 1984; Poulshock & Deimling, 1984; Snyder & Keefe, 1985). Soldo and Myllyluoma's (1983) study identified three caregiving arrangements: elderly couples living alone, elderly couples living with one or more relatives and nonrelatives, and unmarried elderly living with one or more relatives. Soldo and Myllyluoma reported that caregivers who reside with the elderly are most likely to use psychotropic drugs, and in fact they report the highest levels of stress symptoms. These caregivers also possess the lowest levels of visits by other family members. The presence of another unimpaired adult has the potential to both reduce the direct responsibilities of the primary caregiver and to offset the competing demands of children, employment, or caring for other household members.

Physical Dimension

Poulshock and Deimling's (1984) research on 614 families revealed that the burden on the part of caregivers is related to the elder's specific impairment, the caregiver's perception of the burden, and the changes in objective conditions within

the family. From this study, one-third of the caregivers report that personal care associated with the elder's physical and mental impairment is difficult and physically exhausting. The elder's cognitive incapacity and impairment in the activities of daily living produce the caregiver's strongest perceived burdens.

Problems ranging from back strain, hypertension, depression and mental exhaustion are also noted to be present among the 117 primary caregivers according to a study by Snyder and Keefe (1985). This study suggests that as the functional abilities of the elderly declined over time, the home situations become increasingly more stressful. Caregiving-related stress is also reflected in reports of physical health problems by almost 20% of the caregivers in this study. A statistically significant relationship is noted between the level of disability of the care recipient and the presence of health problems in the caregiver. A few other studies have documented the physical health consequences of caregiving. An earlier study of Stoller (1983) demonstrated a greater variation in the patterns of assistance provided by both daughters and sons. The magnitude of differences between sons and daughters is highlighted in domestic tasks, particularly food preparation. Daughters assume other domestic responsibilities consistent with the women's role such as house cleaning, personal care, shopping, laundry, etc. This study also found that sons who are employed significantly decreased the amount of assistance provided by them. However, the hour of assistance provided by daughters remained the same. Although, the impact of these caregiving activities was not explored in relation to consequences of physical health, one can suggest that physical energy may be depleted when faced with the increased demands of caregiving.

Coward and Dwyer's (1990) study identified the patterns of parent care, based on three sibling network compositions: only-child, single-gender, and mixed-gender. The separation of caregivers according to these network categories provided clarity in understanding the complex association between gender and patterns of parent care. Coward and Dwyer stated that without such separation, one might be left with the impression that caregiving daughters experience more stress than caregiving sons. Their study of 683 adult children caregivers revealed that when the sample was separated by network type, sons and daughters from only-child and single-gender networks reported a similar number of hours per day spent in parent-care and experienced comparable level of stress and burden. There is no statistically significant gender differences in the consequences of parent care resulting from these two caregiving network patterns. In contrast, daughters from mixed-gender networks reported significantly higher levels of stress and burden and more hours per day spent caregiving than sons.

Psychological/Emotional Dimension

In a study of 87 family caregivers, Baillie et al. (1988) note that caregivers who are caring for a mentally impaired elder, who have been providing care for an extended time, and who experience low social support are at high risk for either psychological distress or depression. This finding is consistent with the longitudinal study of Robinson and Thurnher's (1979) research on the adult children's experience as caregiver. The researchers note an increase in stress and conflict in both generations as the demands of the elderly parents increase. This study also highlights the

effect of stress and the importance of social support on the caregiver's psychological well-being.

However, Jones and Vetter (1984) stated that when caregivers live with the dependent elderly at home, whatever their relationship, they have to bear the burden of care on their own with little support from services or other relatives. George and Gwyther's (1986) research on 510 family caregivers also reflect that caregivers who reside with patients are more likely to use psychotropic drugs, report the highest levels of stress symptoms, and report the lowest levels of affect and life satisfaction. The caregiver's decreased well-being in the areas of mental health, social participation, and financial resources was found to be related to the living arrangement of the caregiver. Thus, co-residence has contributed to negative health consequences for the caregiver.

On the other hand, Bowers' (1987) study suggests that differing types of living arrangements and nonphysical aspects of caregiving experienced by the family caregivers are equally stress producing. This caregiving research involved 33 adult children and 27 parents. Only 8 parents lived with their children who were caregivers, 16 lived alone, and 3 lived in retirement centers. The general assumption of Bowers was based on previous studies that noted, for caregiving to occur, living together was necessary and the amount of stress was usually associated with the extent of the caregiving tasks. However, Bowers discovered that other types of living arrangements and nonphysical aspects of caregiving experienced by the family caregivers are equally stress producing.

Study findings revealed the following five conceptually distinct but empirically overlapping categories of caregiving: hands-on care, anticipatory, preventive, supervisory, and protective activities. Only hands-on care behavior is considered as traditionally defined caregiving. The other four categories are not observable behaviors. According to Bowers (1987), health care professionals may fail to recognize the categories of family involvement in the care of older parents.

These four categories are: (a) anticipatory caregiving, which is usually observed in parent-offspring pairs who are not living together, but whose offspring's behaviors or decisions are based on anticipated needs of a parent; (b) preventive caregiving, which includes activities carried out by offspring for the purpose of preventing illness, injury, complications, and physical and mental deterioration; (c) supervisory caregiving, which is an active and direct involvement of the offspring and is likely to be recognized by the parent and others as actual caregiving activity; and (d) protective caregiving, which is experienced by most caregivers as the most difficult type of care, the purpose of which is to protect the parent from consequences of mental deterioration. These consequences are perceived by caregivers as threats to the parent's self-image rather than to his/her physical well-being. The caregiver attempts to protect the failing elderly parent from the awareness of these consequences. This protective measure could also contribute to the stress level of the caregiver.

King (1993) conducted a phenomenological research study relating the experiences of midlife daughters who were caregivers for aging parents. The parents lived in a separate dwelling from those of their daughters. The seven participants for this study were all employed, married, and had children. Analysis of the experience

revealed a number of themes. These themes were integrated into a developmental framework called the continuum of care (COC). The researcher discovered that during caregiving experiences, caregivers might be at any of the following points along the continuum: outer-centered point, inner-center point, and ethic-of-care point. The outer-centered point is characterized by knowing mother's needs, responding to these needs, and deferring to mother's needs. The inner-centered point, on the other hand, is characterized by the following three subthemes: recognizing the caregiver's fantasy, grieving, and identifying caregiver's needs. The final point along the COC is ethic-of-care point. This is characterized by either the transition phase, the acting on needs, or the inner conflict generated by specific action on needs.

As the daughters enter the transition phase between the outer-centered and inner-centered points along the COC, they become aware of their covert inner-conflict with their mothers. King emphasized that this conflict may stem from one of the following sources: inability to accept the caregiving role, perception that the daughters are getting out of their relationship with their mother, and a perception that their values are different from their mother's. From these conflicting issues, daughters can experience a variety of emotions such as feeling angry, annoyed, confused, defensive, frustrated, sad, exhausted, guilty, uptight, and upset. At this point, a daughter breaks the cycle of sacrificing her own needs to the needs of her mother and begins progressing along the COC to the inner-centered point. While at the inner-centered point, the daughter's primary concern is to attend to her own needs and subordinating the needs of her mother.

While in the transition phase between the inner-centered and the ethic-of-care points, the daughter continues to meet the mother's needs, but also realizes that she has her own life to live and that the mother's problems belong to her mother. At this point the daughter is able to make caregiving decisions, set realistic limits on her caregiving activities, accept responsibly for the outcomes of her care decisions, be sensitive to situations that may pose threats to her own needs, and deal rationally with the guilt that accompanies her caring decision.

King (1993) clarified that in order to establish a healthy caregiving relationship with the mother, each daughter caregiver must complete her progression along the points of continuum. A daughter may get stuck along the COC if she is unable to identify and overcome constraints to her further development. She may revert to her old ways and regress along the COC.

Social Dimension

Restriction of social activities in the lives of caregivers is a significant theme noted throughout the caregiving articles. In Snyder and Keefe's (1985) study, caregivers described lifestyle changes in terms of loss of time for oneself, loss of interest in all activities, and loss of friends. The caregivers in this study claim that not much help was received from either their family or their friends. Caregivers believe that regular respite care on a routine basis is needed. Such a break from the caregiving routines will allow them to plan for their own activities.

Similar findings were noted in the study conducted by George and Gwyther (1986). These findings revealed that caregivers who share a residence with the care recipient have the lowest level of visits from other family members and friends,

therefore, less time is devoted to relaxation. Horowitz's (1985) study of 131 adult children also revealed that the adult children's leisure activities as well as their future plans have been negatively affected by caregiving routines. These findings are consistent with other studies that address the issue of gender and caregiving stress (Brody, 1981; Cantor, 1983).

Financial Dimension

Income is an important factor on the economic well-being of all peoples. Having an adequate income is significant in providing help in two directions, child to parent and parent to child. The cost of caring is calculated not only in financial terms but also in personal time devoted to rendering caregiving services. Correspondingly, if the caregiver and the elderly parent are both in a lower socioeconomic status, caregiving may have negative consequences.

Cantor (1983) reported that caregivers who have low monetary income suffer a financial strain. In a national survey conducted by Stone, Cafferata, and Sangle (1987), 37% of caregivers have incomes below the poverty level and report low health status. However, Stommel, Given, and Given (1990) suggested that income is not a significant predictor of the caregiver's health, but that the expenditures for providing care are a more accurate prediction. When caregiving requires more assistance than is available by family members, a formal system of care can be utilized. Services such as homehealth, social services, transportation, and mental health programs can be expensive if purchased privately. In addition, many publicly funded programs have eligibility requirements that exclude many of the elderly (Richardson, 1990). In some cases, family members assist with the health care-related expenses of

their elderly parents. In an earlier study, Brody (1981) reported that 80% of the care of aging family members is paid by middle-aged children who have a financial obligation to their own children.

Although caregiving practices are well researched and documented, their impact on the health of the caregiver has not been unchallenged. Wright et al. (1993) conducted an exhaustive review of caregiving literature in order to examine the etiology of caregiver's emotional and physical health. Their review of literature was organized to answer three questions: (a) Which caregivers are at greatest risk for emotional and physical health problems? (b) What aspects of caregiving have negative health consequences? (c) What factors reduce negative health consequences?

Female caregivers, especially wives, daughters, daughters-in-law, including caregivers who occupy shared residence and low-income providers, were found to be at greatest risk for both emotional and physical health problems. Interestingly, the level of impairment, type of illness, and length of caregiving were found weakly correlated with negative health consequences, but disruptive behaviors of care recipients had negative impacts. Stable social support and high income levels were noted to be related to better physical health in caregivers. Finally, instrumental, problem-solving coping strategies used by husband caregivers had positive impacts on reducing physical health consequences, as opposed to emotion-focused coping used by caregiver wives.

Wright et al. (1993) contended that ill health among caregivers was complex in etiology and made more complex by the caregiver's poor health status before assuming the caregiving role. A few longitudinal studies precluded accurate assessment of

longterm caregiving effects. They suggested that more studies are needed to compare all caregiving experiences relevant to the recipients' different types of illnesses or disabilities. They recommended further studies to include a comparison of commonalities as well as differences in stressors and health consequences. One of the weaknesses with this review, however, was that they missed an opportunity to explore and refine our understanding of how racial, ethnic, cultural values, and traditions affect the health of family caregivers who are culturally different.

The Filipino Caregiving: Review of Related Literature

The traditional practice among Filipinos of maintaining the elderly in the home setting is generally attributed to their strong family value orientation (Bulatao, 1968; Paquio, 1991). Parental caregiving is an expectation and a form of insurance during old age (Blust & Scheidt, 1988; Manio & Hall, 1987). Despite the importance of this family value, only a few studies are noted in the caregiving literature. Therefore, some related topics are presented.

Goodman (1990) conducted an in-depth interview of three Asian American female caregivers directly involved in the care of a relative with dementia: an immigrant Chinese daughter; an immigrant Chinese wife; and an American-born Japanese daughter-in-law. The study is an analysis of the women's caregiving experiences and is not intended to represent the caregiving differences in Asian cultures. The study reveals that interpersonal reciprocity is a strongly expressed motive for caregiving. This reciprocity reflects an underlying assumption that parents are to be repaid for their help and guidance. This is a cultural value commonly found among Asians. Family centrality and balance of multiple obligations were common themes expressed

by Asian caregivers in this research. Family relationships are described as both supportive and interrelated.

Blust and Scheidt (1988) conducted a study in the Philippines on perceptions of filial responsibility among mother-daughter pairs. Forty elderly mothers and their primary caregiver daughters participated in this research. Findings of the study reveal that daughters possess significantly higher expectations for providing specific aspects of care than their mothers expected of them. These aspects of care include: personal care; financial and material aid; warmth and affection toward their mothers. Since the majority of the parents are dependent upon their children for existence, researchers suggest that the parent's low expectations of the children may be an indirect form of aid to their children. Eleven of the 18 parents have no more than a first-grade education and report their children as their only source of income. Provision of financial assistance to one's parent may be a reflection of fulfilling the obligation or paying back the *utang na-loob* for bringing the daughter into this world. Blust and Scheidt stated that it may not be necessary for aged parents to express the high expectations of support from their children. Parents assume that children are aware of their filial responsibilities. In their study, findings illustrate the traditional value of respect within the family unit.

Using a grounded theory methodology, Go (1989) examined and analyzed aging as perceived by older widowed Filipino women who reside with adult children in the United States. This study addressed the overall adjustment of 14 elderly individuals in relationship to their families, the new environment, and their levels of wellness. Since their arrival in this country, these elderly Filipino women had relinquished their

roles as head of the family. The study also found that mother-daughter relationships are characterized by mutual respect and reciprocity. The mothers have a strong sense of obligation to assist their daughters. Daughters, on the other hand, acknowledge the skills of their parents regarding household management and child care. The support provided to adult children by their parents is seen in the context of both the children's needs and the ability of parents to provide assistance in meeting these needs. Such support is a reflection of the traditional role of the mother as a nurturer, and is suggestive of the individual sacrifice for the collective good of the family.

Since this study was limited to those parents who were able to help and were not incapacitated, the question arises whether the adult child will be able to reciprocate and fulfill the role of the caregiver when assistance is needed. Therefore, although the mutual exchange between mother and daughter may have economic and psychological benefits, the exchange has the potential of affecting the quality of family relationships during the later years of the parent's life.

Gelfand (1989) contended that when the elderly parent is transplanted into another culture and the adult child is also faced with the demands of survival in the new country, the traditional roles in the old country may no longer be appropriate. An increased technology, a trend toward smaller families, and an increased labor-force participation may account for this change. Therefore, the role of the adult child in caring for an aging parent may be compromised.

Summary

An extensive literature review indicates that daughters who are primary caregivers experience various negative effects of caregiving such as physical,

psychological/emotional, social, and financial. The review of the literature also reveals three major themes. First, the care of parents is a family responsibility. Second, women, particularly daughters, are responsible to provide such care. Third, middle-aged daughters have many conflicting roles within the family unit. Besides employment in the labor work force, middle-aged daughters are enmeshed in the intergenerational caregiving responsibilities.

There is a need to explore the perception of adult children regarding their various roles, particularly, the daughter's role in caring for an elderly parent in the home setting. As a family caregiver with multiple demands in life, one's own health may be compromised to the detriment of the entire family. Qualitative research methods of inquiry can provide rich descriptions of the caregiver's thoughts and feelings regarding these roles. The specific meanings of their behavior can provide qualitative attributes by which phenomenon can be identified, analyzed, and integrated into research theory.

Ethno History of the Philippine People

The Land

The Philippines consists of 7,100 islands with a total land area of 300,000 kilometers, and is about the size of the state of Arizona (Pido, 1992). Approximately 800 of these islands are currently inhabited and many are still unexplored and untouched. Volcanic peaks rise steeply from the coast of many of the islands. Rivers and streams abound. There are two neighbors in close proximity to the Philippines. To the west, across the South China Sea is Indochina and to the east, across the Pacific Ocean is the island of Guam, a territory of the United States (Pido, 1992). The tropical

climate and average temperature of 70 °F provide the Philippines with fertile agricultural lands.

Most of the Filipino people are clustered in the three major islands, namely Luzon, Visayas, and Mindanao (Pido, 1992; Schirmer & Shalom, 1987). Metro Manila in Luzon is the seat of the government and the heart of the country's business, economic, social, and cultural activity. The Philippines is also divided into provinces, municipalities, and barrios. The development of towns and cities has diverted many people to urban living. However, the vast majority of Filipinos still live in the barrio (Roces & Roces, 1985). According to Pido (1992), 60% of the population live in rural areas and 40% live in urban areas.

The World Fact Book (Central Intelligence Agency, 1992) has listed the Philippines with 72 provinces, 61 chartered cities and a population of more than 67 million. Metro Manila leads the country in industrialization, bureaucratic institutions, commercial establishments, mass media, universities, hotels, museums, and others (Roces & Roces, 1985).

The People

There were over 64 million Filipinos in 1992 (*The Far East and Australia Statistical Survey*, 1995). The Philippine people continue to grow with a birthrate and death rate of 28 and 7 per 1,000, respectively. This growth may be both a reflection of the strong family value among Filipinos and the impact of Catholicism. The Philippines is the only Catholic nation in Asia. More than 84% of the people are Roman Catholics. The rest are Protestants, Aglipayans, Iglesia ni Kristo, Muslims, and pagans (Abeleda, 1992).

Historians claim that the Philippine people, although predominantly of Indonesian-Malayan ancestry, are an eclectic blend of various racial strains. These racial strains are produced by the intermingling of foreign blood such as Chinese, Spanish, American, Indian, and Malayan (Asperilla, 1986; Pido, 1992), but values, customs, and traditions of the Filipinos have evolved into a distinct culture.

Cultural influences are reflected on the differences among Filipinos in terms of foods, customs, traditions, and modes of dress, and the various dialects and languages that are spoken. There are 87 different dialects. The eight major dialects include: Tagalog, Ilocano, Pampango, Pangasinan, Bicolano, Waray Hiligaynor, and Sugboanon. Tagalog is the most common native language, but English is widely used throughout the country (Abeleda, 1992).

Despite the significant variations in cultural patterns among Filipinos, the Philippine people reveal more similarities than differences. Strong affinities are evident throughout the family and kinship structures, their religious beliefs and practices, and their economic and political organization (Blust & Scheidt, 1988). Both in times of joy and sorrows, every individual is tightly bound to one's neighbor through economic cooperation and mutual cooperation.

Traditional Family Systems: Rights and Obligations

The Filipino family, being the most important primary institution, is made up of two units. The basic unit consists of the mother, the father, and the children. The second unit includes relatives of the mother and the father whose link is strengthened

by the birth of a child. These extended family networks along with other blood relatives become family members (Almirol, 1982).

An additional source of members is the “compadrazgo” system, in which trusted friends and allies can be recruited to serve as godparents to the children (Hart, 1977; Ishisaka & Takagi, 1982). This system plays an important role in the family network of rights and obligations. Godparents are viewed both as surrogate parents and as active participants in the socialization and education of the child (Almirol, 1982; Hart, 1977).

These kinships and family systems are the basic elements of the Philippine social structure. Authority, rights, obligations, and modes of interaction in a society are well-defined (Landa-Jocano, 1972). Each member of the kin group holds a significant and specific role with one’s individual rights and obligations. However, these rights and obligations diminish as genealogical distance increases.

Almirol (1982) points out that family obligations and rights are experienced in various ways. For example, extended family members are obliged to provide assistance for the various rites of passage. Although this reciprocal assistance may be extended to all consanguinal kin, obligatory expectations are extended to second cousins only.

Interdependency, loyalty, and reciprocal aid are strongest among members of the nuclear family. Because the family structure is patriarchal, parents exercise use of power over their children (De Gracia, 1979; Manio & Hall, 1987). Thus, children are obliged to serve parents during their old age.

Family members are to be consulted in decision-making that may involve risk in the family integrity, because the downfall of one family member may become the downfall of all members. The role and status of the family are reflected in both age and experience. Grandparents are afforded the highest status and often serve in the role of a counselor (Roces & Roces, 1985).

Cultural Values

Respect and deference to elders. The ideal cultural element of filial piety, influenced by the Chinese, has made interactions among parents, children, and other relatives a matter of ethics and honor (Asperilla, 1986). Adult children are expected to show unending gratefulness for earlier help and guidance provided by parents. This help includes nurturance, provision of education, and for giving life itself (Agoncillo & Alfonso, 1968; Hollnsteiner, 1973). Parental obligation to rear children is reinforced by the children's responsibility to respect and obey their parents, and to take care of them in their old age (Almirol, 1982).

Landa-Jocano (1972) characterized respect as deferential behaviors or unquestioning compliance. In any interaction, sensitivity to one's feelings is always taken into consideration. The use of euphemisms, courteous words, and endearing terms is integrated into this mode of interaction. Specific endearing terms of address are used according to the status or position of the person. Such terms include: *nanay* or *inay* for mom, *tatay* or *itay* for dad, *ate* for sis, and *Kuya* for brother (Almirol, 1982; Mallari, 1954). Depending on the region of originality, these tagalog terms may change.

Preservation of self-esteem. Sensitivity to a personal affront is guarded by the concept of *hiya* or deep shame (Hollnsteiner, 1973). If *utang-na-loob* or debt of gratitude is not acknowledged, an individual will feel *hiya*, thus losing one's self-esteem. These two interrelated concepts are of Chinese influence. The Chinese culture is dominated by the teachings of Confucius that encourages individuals to pursue love, righteousness, decorum, and wisdom (Chang, 1991).

Utang-na-loob. Kaut (1961) pointed out that debt of gratitude or *utang-na-loob* is the key concept for the analysis of interpersonal relations. Debt of gratitude serves as an assurance that parents will receive respect, honor, and an important role in family affairs. Hollnsteiner (1973) described this concept as a system of reciprocal obligations based on unsolicited gifts, and on service rather than goods. It is within the basic family unit that *utang-na-loob* exhibits its greatest strength and deepest obligation.

Hiya. Bulatao (1968) described *hiya* or shame as a kind of anxiety, and a fear of being exposed. It is a universal social sanction, which can create a deep emotional imbalance if one fails to live up to the standards of society (Roces & Roces, 1985). For example, not being able to reciprocate for past or present favors received can bring *hiya*. If the elderly parent is sent to a nursing home when family members are able to provide care at home, the intergenerational loyalty will be in question. Thus, failure to reciprocate or to return *utang-na-loob* brings deep shame or *hiya* to the entire family. However, the intensity of *hiya* may vary according to the degree of kinship and societal knowledge.

Walang utang-na-loob. Enriquez (1986) defined this concept as one who lacks adeptness in reciprocating by way of gratitude. *Walang utang-na-loob* is most often understood and verbally externalized when a family member does not repay the deepest gratitude (Paquio, 1991). When the expectations of parents to be cared for during their later years is not fulfilled, then the most revered value of respect and debt of gratitude is violated. The family member will be labeled as *walang utang-na-loob* and *walang hiya*.

Role Socialization

In the traditional Filipino family, the mother assumes supervision of the children as well as administration of the household. The husband is expected only to be a breadwinner and maintain a role outside the home. This is consistent with the traditional expectations for females in most societies. Child rearing is assigned to females and becomes central to the female role. Females are expected to be passive, nurturant, and dependent while males are perceived to be aggressive, competitive, and independent (Eisler, 1988).

Although, the Filipino husband is considered as the master of the house and makes the final decision regarding any family-related problem, the decision is almost always based on the suggestions of the wife (Mallari, 1954). The wife's influence is evident not only in decision matters, but also in the management of the home and the rearing of the children.

Filipino mothers have multiple roles, similar to the roles of mothers in other societies. The role of a mother to her infant serves as a foundation of basic personality development. The infant enters the world as a naive creature, concerned only with

physical needs. Through the growing process and constant interactions with the environment, a unique self emerges.

In the Filipino structure, care of infants is characterized by indulgence and constant attention (Hunt et al., 1963). The child is carried, handled, and touched a great deal. Because of a large extended family within the household, the child is pampered by family members. However, under such conditions, the Filipino child is not able to explore his/her environment. In other cultures, this stage of development is needed for the child to develop autonomy and independence (Erickson, 1974).

Childhood socialization during this period includes daily interaction with the elderly, the adults, and other young members within the family. Traditional games are generally unisex. Toys are usually obtained within the confine of one's environment such as live lizards, bees, turtles, etc. These creatures are used in racing games.

Upon reaching puberty, usually after circumcision, boys extend family ties with other male companions of the same age group. Circumcision is commonly performed by a lay male doctor. Young women are counselled by their mothers on personal hygiene, feminine behavior and modesty, usually after menstruation begins (Roces & Roces, 1985).

The most important aspect of the child's socialization in early life is obedience. It is considered a law within the household that children be unquestioning and undemanding (Mallari, 1954). These are the expectations that parents and older people have concerning the behavior of children. The child's primary allegiance

belongs to the family (Andres, 1981). Based on this upbringing, children possess a status subordinate to adults and are expected to yield to authority.

The Philippine values that emphasize respect for elders, obedience, loyalty, kinship obligations, and stability are an integral part of this socialization process. This strong feeling for family is a result of the Chinese influence and may be manifested by either the old-fashioned patterns imposed by the family patriarch or the equally authoritative matriarch (De Gracia, 1979).

The Filipino Woman

As the Filipino woman goes through life processes, various roles and responsibilities are assumed including being a: daughter, sister, wife, mother, cousin, aunt, daughter in-law, sister in-law, mother in-law, friend, mistress, professional, employer, employee, and others. The traditional characteristics of a Filipino woman, namely being shy, sweet, reserved, submissive, and selfless suggest that the responsibilities accompanying these roles shall be endured. Roces and Roces (1992) contend that the Filipino cultural norms favor these attributes of a woman. Despite this portrayal of a passive and conservative woman, beneath it all lies a powerful and most influential member of the family.

The high regards of a Filipino woman are credited to sustain the conservative character of the Filipino family (Hunt et al., 1963). Women who are assertive are perceived as a threat to family unity. However, according to some Filipino-American women, the traditional concept of Filipina womanhood is outmoded and irrelevant in today's society (De Los Reyes, 1994). Many contemporary Filipino women have more choices and opportunities than those experienced by Filipino women in the past

(Andres, 1985). Contemporary women are better educated, more articulate, and experience a greater representation in the area of employment (Oades, 1991; Pido, 1992). Despite all these changes, the Filipino woman of today still maintains the responsibility for the traditional role as a homemaker, a family caregiver, and a liaison between family and community (De Los Reyes, 1994).

In performing the various roles expected of the Filipino woman, an ongoing balance is maintained to establish the smooth interpersonal relationships or *pakikisama*. Lynch (1984) defines *pakikisama* as getting along with others to avoid outward signs of conflict. Established early in life and supported into adulthood, *pakikisama* is an important Filipino cultural trait that is crucial to supporting the quality of life (Leininger, 1994). Although one can derive strength from the extended family relationships, one's well being may also be negatively affected if smooth interpersonal relationships are not maintained.

Patterns of Filipino Immigration to the United States

The immigration of the Filipinos to the U.S. has been categorized into three groups or waves (Oades, 1991; Pido, 1992). Although these groups are said to have created a heterogeneous composition of Filipinos in the U.S., the addition of the latest group is yet to be recognized. Included in the latest group are the elderly Filipinos. They were petitioned by their U.S. citizen Philippine-born children (Go, 1989; Oades, 1991; Pido, 1992) in order to qualify for a permanent residence status. While immigration of parents from all nationalities have increased to 10% in one year period, immigration of the Filipino parents have increased to 19% in the same period (INS, 1991).

This section addresses the patterns of Filipino immigration to the United States. The Philippines, as the second leading source of immigrants in 1990, brought many changes not only in the composition of Filipinos, but in the dynamics and diversity of the people in the U.S. as well. To understand the Filipino people is to have a knowledge of their immigration history.

The First Wave Immigrants

Documentation regarding the first Filipinos in the United States is sparse. Historians claim that some Filipinos who worked on the Spanish ships and were used in the Manila galleon trade between the Philippines and the Spanish colonies of Mexico, entered the U.S. when the ships docked in Louisiana (Espina, 1988; Mangiafico, 1988). Espina's research study (1988) suggests that Filipino seamen lived along the Louisiana coast as early as the 1700s. Since these Filipinos "jumped ship" in Mexico to escape the brutality of the Spaniards, there was very little, if any, documentation concerning this group.

The Immigration and Naturalization Service (1991) record indicates that the earliest documentation of the Filipino movement of Filipinos to the U.S. was during the early 1931s. Only 528 Filipinos are recorded to have entered the U.S. between 1931 and 1940. Before 1931, the Philippine people are recorded to be insular travelers. Some came voluntarily; others came as students under a U.S. government grant. This latter group is expected to return to the Philippine government after the completion of their studies (Scharlin & Villanueva, 1992). However, some students stayed to avail themselves of further opportunities for self-improvement.

The first major wave of Filipinos were those who came voluntarily between 1904 and 1934 (Mangiafico, 1988; Pido, 1988). They were recruited as laborers to work on Hawaiian plantations and in California fields. Originating primarily from the rural areas of the Philippines, these laborers had limited education and spoke only in their respective dialects. The select few Filipinos belonging to this group were recruited to work in the fisheries and canneries of Washington and Alaska.

These Filipinos, mostly unmarried, were structurally and psychologically alienated from other groups because of the nature of their employment. They faced life with many uncertainties and found cohesiveness and comfort in the company of each other (Oades, 1991; Scharlin & Villanueva, 1992).

The Second Wave Immigrants

This group was recruited by the U.S. government to serve in the navy after the end of the World War II. As a condition for serving, these Filipinos assumed the position of mess steward, regardless of their educational background (Oades, 1991). There were few openings for this position annually. Filipinos who wanted to escape the barrio poverty and the rural life competed for this new challenge. At the conclusion of the war, these enlisted men were granted American citizenship. After four years of service, most Filipino sailors returned to the Philippines to become married.

During the late 1950s, there was an influx of many Filipinos under the Exchange Visitor Program. This program allows an alien to enter the U.S. temporarily to participate in a program approved by the Secretary of State for the purpose of teaching, instructing, studying, or received training, (INS, 1991). Many professionals

from the Philippines, such as nurses, physicians, nutritionists, pharmacists, etc. have taken advantage of this program.

The Third Wave Immigrants

Following the amendment of the Immigration and Naturalization Act of 1965 abolishing the national origin quota system, many immigrants were allowed to enter the U.S. The need in the U.S. for skilled professionals, along with the desire of the Filipinos to have better economic security, resulted in many Filipinos leaving their country. This group consisted of professionals and highly skilled immigrants including physicians, nurses, lawyers, accountants, medical technologists, teachers, and dentists. The majority of the third wave immigrants came from upper and middle-class families. Compared to the first and second group, members of the third wave group were competitive, aggressive, and determined to achieve more than their parents (Oades, 1991; Pido, 1992). Many of these Filipinos were successful in acquiring jobs consistent with their training and education.

The Latest Group

Relatives of the third wave immigrants have changed the composition of the Filipinos in the U.S. The latest group may be described as widely diverse with respect to age, sex, and educational attainment. Sixty percent of Filipino immigrants recorded in 1990 were females, and most were over 30 years of age (INS, 1991). The higher rate of female immigration may be due to the large number of nurses with work permits and number of elderly parents petitioned by their U.S. citizen children.

The combination of the second group, third group, and the most latest immigrants constitute the present composition of the Filipinos in the U.S. A few remaining immigrants from the first group, known as “old timers” are concentrated in Northern California and other parts of the country (Scharlin & Villanueva, 1992).

In summary, Filipino immigrants in the U.S. came from varied backgrounds. Earlier immigrants were male laborers of rural origin and with limited education. In contrast, immigrants from the early 1960s until 1972 have been professionals and mostly female nurses (Pido, 1992). Anderson (1983) noted one-third of all Filipino physicians were females, and that one in eight of the non-U.S born medical graduates were Filipinos. These female third-wave immigrants changed the sex ratio of Filipinos in the United States. The continuous influx of female immigrants was noted by Gardner, Robey, and Smith (1985). They reported that the total female Filipino immigrants in 1980, ages 30-34, was the highest at 7% as compared to males, at 4% of the same age-group. The latest immigrants, a distinctive contrast with the agricultural workers, navy men, and professionals, are the relatives of the third wave immigrants or the professionals. Many recent arrivals consist of skilled workers, professionals, school-age children, and elderly parents.

The age structure differences, the educational background, the experiences, the ethnolinguistic characteristics, and the acculturation levels of these Filipinos present a challenge to many health care professionals. Comprehensive information concerning their cultural values, beliefs, behaviors, and practices is needed. How health care professionals deal with any ethnic group will have a major implications for the quality of life in the United States. Leininger (1991) posits that an understanding of how

each cultural group sees, experiences, and understands care within each culture is needed in order to provide culturally congruent care.

CHAPTER III

METHODOLOGY

Qualitative research with grounded theory methodology in the symbolic interactionist framework (Blumer, 1969; Chenitz & Swanson, 1986; Glaser & Strauss, 1967; Strauss & Corbin, 1990) provided the basis for this study. These methods were chosen in an effort to capture the experience of Filipino middle-aged women in caring for their aging parents, without utilizing preconceived categories into which the information is expected to fit. In addition, the grounded theory approach facilitates the discovery of basic social psychological processes that lead to the theoretical formulation of the reality under study. Grounded theory is a systematic approach in deriving theories regarding human behavior and the social world. Thus, the theory is grounded in the data (Chenitz & Swanson, 1986; Stern, 1985b).

Methods

Grounded Theory

Grounded theory is a qualitative research method that uses a systematic set of techniques and procedures of analysis to discover a theory based on any substantive data of human experience (Glaser, 1978; Glaser & Strauss, 1967). The data are not established on a set of numbers, but on tightly-related themes of the participant's responses, the emerging concepts, and the relationships among these concepts.

Grounded theory methodology is useful in areas where very little research has been conducted.

Grounded theory also provides a means for studying the social realities of any given situation. While the procedures are designed to provide the analytic process, precision and rigor, the creativity of the researcher is significant in designing theoretical formulations (Strauss & Corbin, 1990).

Symbolic Interactionism

As described by Chenitz and Swanson (1986), symbolic interactionism is concerned with the study of the inner or the experiential aspects of human behavior and focuses on the meaning of the events or reality, and the ways in which people act in relation to the significance or meaning of these events. Blumer (1969) sees a human society as a group of people engaged in living. Such living is a process of ongoing activity in which human beings act toward things on the basis of what the meanings of these things have for them. Since the meaning of a thing or an event arises from the social interaction that a human being has with others, human beings handle and modify the meaning of this event through an interpretative process. This process brings about changes in behavior that have established meaning within the group.

Blumer (1969) contends that the symbolic meaning of the event is transmitted through both verbal and nonverbal interactions. Through interview and observation, symbolic interactionism offers an excellent strategy for understanding the behaviors of the Filipino people and the dynamics in their empirical world, as they provide care for elderly parents. The focus on interaction in the grounded theory approach is to

study and understand the patterns and explanations for the participant's behaviors as they occur in the natural environment (Strauss & Corbin, 1990).

Participant Inclusion Criteria

The study was originally intended to interview 25 Filipino middle-aged women caring for their partially dependent, chronically ill parents. However, during the interviews and concurrent preliminary analysis of the data, developing categories related to care of totally dependent parents revealed that intergenerational interaction patterns and helping relationships changed. More participants were added until the developing categories were dense and saturated.

A total of 31 participants were interviewed. However, two interviews were not included in the final analysis because participants have not been living in the U.S. for over 20 years. The adult child caregiver participants met the following criteria: (a) were between 45-64 years of age; (b) had immigrated to the U.S. before the 1970s, and had spent at least 20 years of their lives in the Philippines; (c) have American-born children or other members of the extended family in the same household; and (d) maintained full time or part-time employment.

Protection of Participants

An application for permission to conduct this study was submitted to the committee on Protection of Human Subjects of the University of San Diego. When the application was approved (see Appendix A for Approval and Revision of Approved Protocol from the Committee on the Protection of Human Subjects), the chairperson of the Council of the Pilipino American Organizations was contacted by

telephone to discuss the proposed research study. This study was conducted according to the University of San Diego guidelines for the protection of human subjects.

Entree

A letter was written to the Council of the Pilipino American Organizations (COPAO) chairperson (see Appendix B), requesting permission to post flyers about the study. After permission was granted (see Appendix C), the researcher attended the association's monthly meeting and explained the study in detail. At the conclusion of the meeting, several copies of the flyers were distributed and two copies were posted on the bulletin board (see Appendix D). After a month, the researcher called the office to ensure that the posters were still on the bulletin board. Even after two months, no response was obtained from the flyers posted at the COPAO building.

The researcher contacted the directors at Senior Citizen Centers located in north and south San Diego to identify seniors who lived with their children. Through this approach, potential participants for the study would be solicited. Through the invitation of the president and the social worker of each Senior Citizen Group, the researcher attended two weekly socials at each Senior Citizen Center. The purpose of the study was announced. Those seniors living with their children who responded to the announcement met with the researcher to receive more information about the study. However, children of these seniors did not qualify because residency and dependency needs requirement inclusion criteria were not met. The researcher was also referred to their friends who because of ailments were no longer coming to the center. Only two participants were recruited through this strategy.

Since this researcher was a longtime resident of San Diego and had many contacts, social acquaintances provided names of middle-aged Filipino women who had parents living with them. The first participant, an active community leader, recommended the researcher to friends from her prayer group. This strategy provided the basis for a snowball sample. In addition, personal contact with the social workers at Senior Citizen Centers and the Samahan Health Center resulted in obtaining a pool of participants needed for the study.

Setting

Participants were contacted by telephone and interview appointments were arranged. Each interview was conducted at a time convenient for the participant. The interview was held in the home where both the participant and the elderly parent resided. In order to maintain privacy and confidentiality, the interview was conducted in a room separate from the parent. On the first interview, the parent joined the conversation between the participant and the researcher at the completion of the 1 1/2 hour taped interview. During four interviews, parents of the participants were not in the house; one was visiting another offspring, and three had doctors' appointments.

Interviews

Before each interview took place, the researcher explained the need for a signed consent form (see Appendix E). Each participant was reassured of the anonymity and confidentiality of the information. In addition, the participant was informed that she had the option not to answer any questions with which she was uncomfortable.

The first participant was contacted by telephone during which the purpose of the study was explained and the date for the interview was scheduled. Then, the researcher called the next participant that was recommended by the first participant, introduced herself formally, and discussed the purpose of the interview. The process of setting-up appointments for the succeeding interviews remained the same. The researcher telephoned each participant the night prior to each scheduled interview to confirm the appointment. Since most participants worked outside the home during the day, late evening or weekend appointments were scheduled.

A total of 31 middle-aged Filipino women were interviewed using the interview guide (see Appendix F). All interviews were conducted in the participants' homes. Each participant was asked their language of preference for the interview. All of them requested a combination of Tagalog and English (Taglish). For those comfortable with the English language, the researcher started the interview in English and concluded with the Taglish interview. For others, the researcher started in Taglish.

All interviews, which lasted between 1 1/2 to 2 hours each, were audio-taped. The use of the audio-tape allowed for a continuous flow of ideas between the researcher and the participant. Except for writing a few words that needed further clarification, the need for extensive note taking was eliminated.

Each interview began and ended with a short period of socialization. Topics discussed during these periods are varied; department store sales, schedule of regional association social dances, deaths of family acquaintances, politics, home improvements, etc. The researcher felt that in order to get the participant's full cooperation, it was important not to present a business-like attitude. In addition, socializing and

establishing smooth interpersonal relationships are part of the Filipino traditional values and must be observed.

In five separate interviews, the participants cried. The researcher remained silent until participants gained their composure. The researcher shared similar experiences and empathized with these participants. The use of empathy through personal identification with the participant was important in establishing helping relationships. The researcher believed that by understanding, acknowledging, and accepting the participant's feelings, the participant would freely express her innermost feelings.

At the conclusion of the taped interview, each participant was asked if there were any questions she might have. At the completion of each participant's interview, the researcher met with the elderly parent. On six occasions, both parents were present. The researcher generally explored the parents' feelings about life in the U.S. These conversations were not taped, but patterns of interaction and observation of verbal and nonverbal behaviors were taken into account.

Data Collection

Data were gathered through structured demographic questions (see Appendix G), semi-structured interviews using open-ended questions (see Appendix F), and participant observation. Items on the interview guide were used to elicit information regarding cultural values, traditions, parental caregiving practices both in the Philippines and the U. S., a typical day's routine, perception of one's own aging years, parent/grandchildren interactions and communication patterns.

Although the themes and patterns from responses of the participants caring for partially dependent parents were found to be similar by the 15th interview, the researcher encountered different emerging themes when analyzing responses from three participants caring for their totally dependent parents. The parents of all participants were partially dependent for care when appointment for the interview was made. However, two parents had unstable health conditions and hospitalizations were needed. Upon returning home from the hospital, parents became totally dependent upon for care. This unplanned event provided a significant theoretical clue to follow. At this point, the researcher decided to interview additional participants caring for totally dependent parents in order to identify what was happening in the participant's life as the primary caregiver. Interviews continued until the data were saturated and dense.

Data Recording

During and after the interview process, verbal and nonverbal behaviors were noted. Observations of the home environment were written as field notes. The recording of these observations was useful when writing both operational notes and theoretical notes. Strauss and Corbin (1990) describe theoretical notes as the conceptual analysis of the written records, derived from several observation notes, thereby providing directions to the researcher for comparisons or potential follow-up interviews. Data collection was continued until no new information had emerged.

The information obtained from the audio-taped was transcribed by the researcher word for word. Words and phrases stated in Tagalog were translated into English.

This was a long and tedious process that required 8-10 hours for every 1 1/2 to 2 hour interview.

Data Analysis

A total of 29 interviews were analyzed. These include data from 17 participants caring for partially dependent parents and 12 participants caring for totally dependent parents. Before completing the transcriptions, the researcher listened to the taped interviews in order to code, compare, and identify similar patterns and incidents. Memos of both theoretical and operational notes were kept. These memos provided a way of capturing ideas and testing these ideas through data collection.

In grounded theory, data collection, coding, and analysis are a simultaneous process from the beginning of a study to its conclusion. The constant comparative method (Glaser & Strauss, 1967; Hutchinson, 1986; Stern, 1985b; Strauss & Corbin, 1990) was used in analyzing contents from both the typed transcript and the field notes. Each line, phrase, sentence, and paragraph from the transcribed interviews and field notes was read many times and reviewed for similarities, differences, general patterns, and codes. Codes represented experiences, values, meanings, feelings, and perceptions/views. Categories of patterns were delineated and constructs identified. The categories and constructs were further analyzed according to dimensions, context, cause, structure, consequences, and the relatedness of categories.

During the process of coding and comparing categories, ideas generated during the process were put in memos. Memos, sorting, and sampling were conducted until saturation occurred and established categories and theoretical relationships were

tightly fit and interrelated. When the researcher achieved closure, tentative hypotheses were made.

Coding

Coding data means labeling the data to note what is occurring (Stern, 1985b). In this study, three levels of coding were used (Hutchinson, 1986). Level I coding included the use of the participant's own words, called in vivo or substantive codes. This is sometimes called open coding. Level II coding was used to move the data to a more abstract level. Codes at this level are called categories. Intense analysis of each category, according to dimensions of conditions, strategies, and consequences was executed through axial coding in order to uncover the relationships between and among categories. The third level of coding involved developing theoretical constructs. These constructs add theoretical meaning and scope to the substantive theory (Glaser, 1978).

Discovering the Categories

As each interview transcript was analyzed, data corresponding to the codes were written on the right margin of the transcript. This process was completed for all the interviews.

The codes from the transcripts were extracted and listed in a separate notebook. This enabled the researcher to organize and eliminate codes that were redundant. There were at least 100 codes. After careful examination and comparison of each code, similar themes were subsumed and coded leaving a total of 62 codes.

As coded data were compared and sorted, categories began to take form. Incidents applicable to each category were compared by rereading previous data. Sixteen categories developed, but with further analysis, these were subsumed to form five categories. Reducing categories aided in the tentative formulation of interrelating concepts between and among categories. The collapsing of similar categories provided a more developed and dense category.

The linkages between the categories encompassed moving the categories from a lower to a higher level of abstraction. Strauss and Corbin (1990) suggested that the use of this strategy aids in the formulation and testing of the hypotheses. Upon further analysis of the categories and their interrelationships, a substantive theory emerged that explained “the experience of the Filipino women in caring for aging parents.”

Data Validation

Reliability and validity cannot be addressed in the same fashion in a qualitative study as in a quantitative approach. Lincoln and Guba (1985) contend that the following four components of rigor or trustworthiness of the data are used in qualitative method: (a) credibility or the truth of the research; (b) transferability or generalizability; (c) dependability; and (d) confirmability.

Credibility. Credibility is described as the degree of confidence in the truth of one’s findings. A qualitative study is credible if it represents the actual life experiences of the people being studied. Credibility is the acceptance of the participant’s statements and the description of the events as his or her own reality and perspective

(Lincoln & Guba, 1985). In this study, credibility was established by utilizing open-ended questions and verifying whether the researcher heard the participant's responses correctly. This latter aspect is a part of the criteria the qualitative researchers term as "member checking." In addition, nonverbal behaviors and family interaction were observed before, during, and after the interview. Such observation provided a mechanism to uncover some incongruency in participants responses.

Transferability. Transferability or generalizability may be problematic in a qualitative method. However, triangulating from multiple sources of data can enhance the generalizability of the study. These data obtained from different sources can support, elaborate, or illuminate the research in question (Lincoln & Guba, 1985). This study used several methods of data collection such as individual interviews, structured demographic questionnaires, literature review, and observation of verbal and nonverbal behaviors.

Glaser and Strauss (1967) believe that the greater the range and the variation that is obtained through theoretical sampling, the more probable the data are generalizable. In addition, the findings of the study are transferable when they fit into similar contexts and situations.

Dependability. Guba (1981) advocates using two techniques of inquiry to establish dependability: (a) overlap methods or multiple-operations, a process by which the weakness of one method is compensated by another method; and (b) use of an external auditor to review the processes whereby data are collected, such as the

actual interview notes, and other forms of documentation used in the process of inquiry.

In this study, members of the dissertation committee acted as the external auditors and guided the researcher with feedback on the first five transcripts of the taped interviews. Interviews, demographic questionnaires, participant observations, and field notes were submitted to the dissertation committee. The collection of these data served as the overlapping method of operations.

Confirmability. Confirmability captures the traditional concept of objectivity. In order to ascertain that the findings are grounded in the data, an audit trail technique can be utilized. Guba (1981) suggests triangulation and the keeping of reflexive journals for confirmability audit purposes. Written interview notes, transcribed audio-taped interview notes, and theoretical and methodological notes were kept for confirmability.

Confirmability was established through detailed review and critique of the collected data by both the chair of the dissertation committee, and by periodic conferences regarding the developing categories with the committee and other qualitative researchers. Confirmability audit through the critique method could certify that the existing data were in support of every interpretation and that the interpretations made had been in ways consistent with available data.

Focus group. The focus group interview is a qualitative research method of gathering information in a nonthreatening group environment (Nyamathi & Shuler, 1990). It is a way of gaining insight into complex behaviors wherein participants

discuss their concerns in a spontaneous and candid manner. According to McDaniel and Bach (1994), the focus group interview may be used in qualitative research when the group sharing information is important in answering research questions.

In this study, the researcher held a focus group interview to validate results of the findings. The focus group was composed of five adult children who participated in this study. These participants claimed that intergenerational conflict was more burdensome than the actual caregiving activities. Participants stated that grandparents/grandchildren adjustment to one another is a matter of time. The comments made by the participants were further corroborated by their support of each other during the discussion. By eliciting the participant's interpretations of what had been found, the validity of the study was enhanced.

To summarize, several methods were used to establish trustworthiness in this inquiry. These methods included the following: (a) credibility through member checking or asking the participants to validate the findings; (b) transferability through triangulating multiple sources of data; (c) dependability through the use of the dissertation committee as external auditors; and (d) availability of several techniques of inquiry such as interviews, demographic questionnaires, participant observations, confirmability through audit of data collection and documents related to analytical strategies, detailed review, and critique of the data. The focus group interview was used to enhance the validity of the study and to share the study findings.

Limitations

The limitations of this study are those of any qualitative research. The sample was selected as each Filipino middle-aged woman caregiver became available and consented to be interviewed.

This research sought to describe the experience in caring for aging parents while engaged in multiple roles as a wife, a mother, a daughter, and a member of the workforce. Therefore, the findings of this study are limited to those adult children who belong to the above criteria.

Some participants in this study were known to the researcher. These women could have withheld information for fear that other Filipinos may gain access. In addition, the researcher's previous experiences in caring for older people might have influenced the conduct of data collection. Since the researcher is a middle-aged Filipino woman, preconceived cultural assumptions might have interfered with the objective analyses and interpretation of the data.

Another limitation of this study was the homogenous type of occupation of the husbands. Of the 29 participants, 22 claimed that their husband had worked for the U.S. Navy while two are still on active duty. Thus, the absence of these husbands while on sea duty might have influenced the caregiving experiences presented by the participants.

CHAPTER IV

FINDINGS

The study findings were based on the interview with 29 Filipino women. This chapter has two sections: the demographic information and the analysis of interview responses.

The demographic section consists of descriptions of the participants, the age and family structure, the educational level and employment, and the parents' health problems and their dependency needs. Section two includes the analysis of interview data and description of the grounded theory generated by this study. Section two concludes with discussion of the differences in caring for a PDP and a TDP. The demographic characteristics precede a discussion of the various themes and patterns arising from the responses of the adult children.

Demographic Information

The Participants

There were 31 Filipino women between the age of 45 and 64 who shared their experiences about caring for the elderly parents. Initially, the number of participants interviewed was proposed to be either at least 25 Filipino women who were caring for partially dependent parent(s), or to interview until the data became dense and saturated regardless of the number of participants. However, because of acute

episodes of chronic illness, there were a few parents whose caring needs changed from partial dependency to total dependency. Participants caring for these parents were not disqualified for this study since the appointment for the interview had already been scheduled.

Upon concurrent data analysis and theoretical sampling, additional groups of participants were added. Ten more participants who were caring for totally dependent parents were included. Data collection continued until a substantive and conceptual framework developed. A total of 29 interviews were analyzed. Two middle-aged Filipino women who consented to be interviewed did not meet one criterion for this study. They have not lived in the U.S. for more than 20 years. Thus, their interview data were not analyzed.

Age and Family Structure

There were 24 participants who belonged to the 45-54 age group and five participants who were included in the 55-64 age group. The youngest participant was 45 years of age; the oldest was 62 years old (see Appendix H).

Of the 29 participants, 16 were born and raised in the barrio; 13 were raised in the city. Twenty participants immigrated to the U.S. between 1960-1979; nine arrived between 1970-1979. Twenty-six were Catholics; three were Protestants.

Twenty-eight participants were married; one claimed that she was divorced a year before the scheduled interview. This participant stated that she was married for 27 years. A majority of the women, 22 in number had been married between 20-29 years; 6 were married for between 1 to 19 years; only one was married for over 40 years (see Appendix H). Twenty participants were married in the Philippines and

nine were married in the U.S. Twenty-four of these Filipino women were married to “sailors.” Only five were married to nonsailors; their occupations included the following: an engineer, a physician, a hospital technician, a social service eligibility worker, and a data entry clerk (see Appendix I).

The number of children per household ranged from one to six, with 19 women having three to four children. Of the total 94 children, 54 belonged to the 20 to 39 age group, and 39 belonged to the 1 to 19 age group. Only one child belonged to the 40 and above age group. All these children were born in the U.S. (see Appendix H).

The number of people per household ranged from four to eight, with an average of six persons. The number of years the participants and their parents have lived together ranged from 1 to 27 years. This included sharing the same household while they were still living in the Philippines.

Twelve participants had both parents in their households. Of these, six fathers had died, one had residual paralysis from a stroke, one was sent home to the Philippines to be cared for by other relatives, and four had chronic illnesses.

Educational Level and Employment

The level of education of the participants was as follows: 20 were college graduates, 6 completed high school through the third year of college, and 3 belonged to the high school graduates and below group. Although the majority were college graduates, only eight had jobs applying the educational preparation earned in the Philippines. Two participants licensed to practice dentistry in the Philippines were working as dental assistants. All others were employed as clerks, sales agents, assembly workers, and other service workers (see Appendix H).

Parents' Health Problems and Their Dependency Needs

The number of years that the parents of the participants have lived in the U.S. ranged from 1 to 27. Likewise, the number of years the parents have needed assistance ranged from 1 to 27 years. The majority of the parents or 20 have needed assistance for between 1 to 9 years.

Hypertension was identified as the number one problem among elderly mothers. This was followed by arthritis, heart disease, diabetes, stroke, duodenal ulcers, osteoporosis, anemia, gout, lymphoma, cancer, and ulcerated wounds. Of the 12 participants who had both parents living in the households, 6 of the fathers had died. Of the remaining six, one had a stroke with residual paralysis, one was sent home to the Philippines to be cared for by other relatives, and four were still active but afflicted with chronic illnesses such as hypertension, arthritis, heart disease, diabetes, cardiovascular accident (stroke), and cancer.

The most common assistance provided by the participants to their parents who are partially dependent on care was providing transportation to go to the physician and senior citizen centers, picking-up prescriptions, interpreting, assisting with medications such as eye drops medications and topical skin medications, reminding and monitoring prescribed medications.

The assistance provided by participants who cared for their totally dependent parents included: meal preparation, assistance with personal hygiene, assistance in position changes while in bed, assistance in walking, supervising exercise program, taking blood pressures, giving medications both orally and through gastrostomy tube, blood sugar testing, connecting with outside community resources, and interpreting.

Of the 29 elderly mothers, 6 did not have any schooling, 8 had an elementary school education, 6 had completed high school, and 9 had received college education. The participants also provided the researcher with the educational information concerning those fathers, both living and dead. Of the 29 fathers, 7 had received a college education, 6 had completed elementary schooling, and 16 had finished high school.

Although 16 (both mothers and fathers) had received a college level education, all participants except for one stated that their parents needed one-way interpretation because of various linguistic/ethnic accents (see Appendix J).

The Five Major Categories and Their Properties

The various patterns of responses presented by the Filipino middle-aged women regarding their experience caring for aging parents revealed several themes. These themes were analyzed and moved into higher level of abstraction leading to the emergence of five distinct but interrelated categories including: Giving Back, Taking Action, Sacrificing Self, Balancing, and Searching Out. Each category presents various subcategories and has multiple properties.

The salient components of each category and the theoretical interrelationship among categories provide an understanding of the experience of the Filipino women while caring for aging parents. Strauss and Corbin (1990) state that the relating of categories to the core category is done by establishing paradigmatic relationships of the conditions, context, strategies, and consequences of a phenomenon. In this study, Giving Back, Taking Action, Balancing, and Searching Out were identified as conditions, context, strategies, and consequences, respectively. Sacrificing Self emerged as

the basic social process (BSP) and explains the ongoing movement in the lives of the Filipino adult children while engaged in parental caring. Glaser (1978) describes BSPs as theoretical reflections of the patterned, systematic uniform flows of social life that people go through. The integrative diagram (see Figure 1) illustrates the grounded data categories.

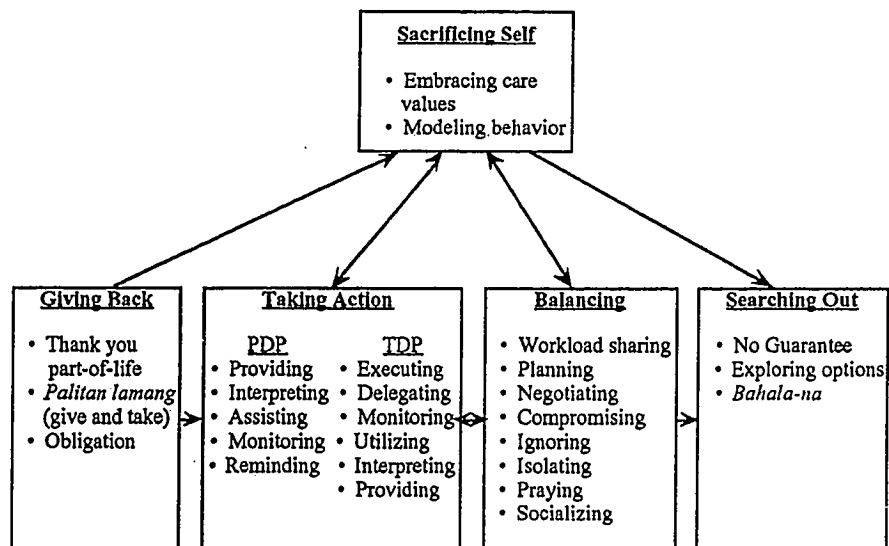
The following section begins with a description of the five identified categories. Each category is described in terms of its properties and illustrated by selected data bits. Sacrificing Self, the grounded theory generated by this study, is presented along with its properties.

Sacrificing Self

When adult children were asked the definition of care and the meaning of their caring behavior, sentiments such as affection, understanding, and respect emerged as prevalent themes from their responses. Providing care to an aging parent is to sacrifice oneself despite all tribulations. Many adult children consider patience and an uncomplaining attitude as important characteristics in mother-daughter relationships.

The burdens associated with caregiving along with their other responsibilities as a mother and a father, and a workforce member had to be tolerated and endured. As the basic social process, the sacrificing self category encompasses two important interrelated concepts: embracing care value and modeling behavior.

Embracing care values. This subcategory of sacrificing self is shown by the following examples:



PDP - Partially dependent parent
 TDP - Totally dependent parent

Figure 1. Sacrificing self in caring for Filipino aging parents: Conditions, contexts, strategies, and consequences.

When our parents are old and need help, we have to help them. They have done a lot to raise the family and to keep the family together. So, for all these, we pay them back with respect. We keep quiet even if we think we are right. We are never to talk back.

If someone has done something good to you, you have to do something good also in return. This, coupled with love is the reason why we should care.

Care is loving a person, willing to do whatever it takes. Care means feelings and thoughtfulness in action and not only in words.

Care means a lot when you are caring for your family member. You cannot become upset. You have to be patient.

Care of parents means meeting their physical and emotional needs and making allowances because they are elderly.

While the majority embraced these values, a few adult children claimed that occasional direct confrontation with parents is unavoidable. Although this behavior is culturally unacceptable, some adult children believe that they have to verbalize their feelings. A 47-year-old narrated her experience when she was accused by her mother as being blunt, direct and disrespectful:

I told my mother, here in the United States, you have to be direct. In the Philippines, if you want something, you cannot say it because you are *nahihya* (feeling shame). Here, if you want something, you have to say it. At the same time, if you don't want something, say it too. It does not mean that you are disrespectful if you express your feelings.

Another 47-year-old adult child made this following statement:

My mother thinks my children are hard-headed. She gets angry with me because she does not think I know how to discipline my children. My mother does not understand that when these kids go to school, they are encouraged to speak up and to say what they have in mind. My mother thinks that when my children reason out, she is not being respected. It's very different here, unlike in the Philippines, children have no voice.

Adult children were born in the Philippines and had spent the first 20 years of their lives in the country before migrating to the U.S. Now in their middle-age years,

they have learned to assert their rights when needed. This behavior has frequently caused some strains in mother-daughter relationships and has produced feelings of guilt and frustration within the daughter's part.

The adult children's newly learned behavior of being assertive including the assertiveness of the grandchildren born in the U.S. is taken by elderly parents as disrespectful. Respect has to be shown to anyone older regardless of affiliation. Children are expected to obey their parents, grandparents, older relatives and family acquaintances. Disobedience and disrespect are perceived as an expression of ingratitude (Blust & Scheidt, 1988; Manio & Hall, 1987). Therefore, in embracing the Filipino traditional values and practices in elderly care, children have to encounter many trying times and sacrifices in their lives. 5

Modeling behavior. This theme emerged as another subcategory of sacrificing self. Twenty-two adult children have expressed that it is unknown whether their own children would be able to care for them during their declining years. However, they believe that the early socialization of the children to a caregiving role can be established through setting examples. Thus, the caregiver's own children will emulate their actions, will be able to follow through, and provide care in their old age. Self sacrificing behavior is illustrated by the following statements:

Now that my children are seeing my sacrifices, now that they see me taking care of my mother, they said that they will care for me too.

I cared for my father before he died. Now, I am caring for my mother. Hopefully, they will follow what I am doing.

The way I am setting an example to my son, the way I am caring for my mother, I hope that he will follow through. But we never know; he was born here, he will probably place us in a nursing home.

A 45-year-old woman who cared for her father, and now is caring for a totally dependent mother expressed her feelings:

I only hope that whatever my children have seen around this house, and how we care for our parents will serve as a reminder to also care for us when we are old.

Using a Filipino adage, a participant eloquently described her feelings:

Kung ano and itinanim mo, iyon ang aanihin mo (whatever seed you planted, you would harvest the fruit of that seed). In other words, *Kung masama ang pakita mo sa iyong magulang, masama rin ang ipakikita sa iyo ng iyong anak* (if you have not treated your parents right, your own children would not treat you right either).

In the sacrificing self category, adult children incorporate traditional care values through example by modeling behavior to their own children and fulfilling the *utang-na-loob* to parents. In the process, however, varying degrees of difficulties and constraints are experienced.

Giving Back

The category of giving back is conceptualized as the causal condition for self-commitment in order to provide care. Giving back forms the foundation and reasons for the caregiving behavior. The giving back category evolved when adult children were asked to discuss the traditional values related to elderly care. Participants indicated that the elderly are the most important element in the Filipino family structure. Children are indebted to their parents for the nurturing, caring, and unconditional love received in their upbringing.

From the responses of the adult children, several clusters of themes have emerged to form the following subcategories: thank you part-of-life, *palitan lamang* (give and take), and obligation.

Thank you part-of-life. Participants placed great emphasis on personal indebtedness for being born, raised, and given the opportunity to achieve self-actualization. Many participants have stated that their parents made sacrifices in life to provide them with the higher education that they did not achieve. Although education is highly valued in the Filipino culture (Asperilla, 1986; Roces & Roces, 1985; Welch 1987), the majority of parents in this study have less than a high school diploma. Thus, caring for aging parents is the children's way of saying "thank you" for the financial support provided by the parents to get them through college. As two participants poignantly described:

Our parents are the most important part of our lives. They brought us up in this world and it's time that we pay them back.

She fed us, took care of us, and did everything for us. She only had a 5th grade education, but she was able to support us. Now, we want to show her that it's our turn to care for her.

Palitan lamang (give and take). This theme points to the direction of helping relationships during the life-cycle. Parents devoted most of their adult lives to bearing and caring for children. They continued to provide various kinds of support such as babysitting for grandchildren and doing household chores (Go, 1989; Welch, 1987). However, with the passage of time, when parents are no longer able to care for themselves, the adult children are expected to provide for them. The parents then become the recipients of support. These behavioral patterns and reciprocal exchange

are indicators of the mutual expectations of each generation. Thus, caring for parents is seen as a normative attribute of adulthood and a continuation of life-long affinity.

Three different participants eloquently described their feelings as follows:

Caring for parents is just like paying back or *palitan lamang*. The time will come and you will be needing the same kind of help.

Our parents took care of us when we were young. You care for them (parents) because they cared for you.

They brought us up in this world, and now, it's our turn to care for them.

Obligation. As parental needs increased, obligation to parents became more salient. A family obligation is usually expressed not in a monetary value, but payment in form of services. In the Filipino family, obligation to one's parent is an expectation especially during old age (Go, 1989). A Filipino child is forever grateful to one's parents for bringing him/her into this world. Thus, a child's debt of gratitude provides reassurance to her/his parents that they will be cared for during their later years. Likewise, this system of reciprocal obligation ensures family solidarity and preserves the family image throughout the community.

One participant used a Filipino adage in describing responsibility and obligation toward one's parents. She said:

Kung hindi ka titingin sa iyong pinangalingan, hindi ka makarating sa iyong paroroonan (one who does not look back from where she/he came from, may not reach the place of her/his destination).

This Filipino adage was linked to the following statements from four participants:

We owe our parents for bringing us up in this world. So, we have to pay them back. We feel obligated.

I am caring for mother because I owe my parents for bringing me up in this world. They took care of me and sent me to school. I would not have attained a college education and I probably would not know how to deal with people if not for my parents.

Being the only child, it's my duty to provide for my mother, to care for her needs and to help her. You care because it's your turn to fulfill that obligation. You go out of your way to fulfill their needs. Our parents brought us up in this world and it's time that we pay them back.

The above examples are social, ethical, and moral expressions of caring and concern for parents. The orientation toward interdependency, respect, and deference to elderly parents are inculcated in the minds of Filipino children from childhood; for the success or failure of one member impacts everyone in the family (Andes, 1981). These traditional Filipino values serve as cues to the adult child when committing self to the concept of giving back. Thank you part-of-life, *palitan lamang* (give and take), and obligation are themes which emerged to explain the reasons for the adult child's taking actions to care.

Taking Action

The taking action category is the context within which the implementation of the giving back is conducted. It demonstrates how family members manage to care for aging parents.

Although caregiving is a traditional woman's role, every member of the family, regardless of gender, is expected to provide assistance in various forms when a parent becomes incapacitated due to illness. "Stay healthy" is the initial advice parents receive from their adult children upon arrival in the U.S. As one adult child stated:

To get sick in this country is not only expensive, but also inconvenient to family members who are working outside the home. In the Philippines, you can ask

your doctor to come to your house. Here you have to make an appointment and take a day off.

Managing the parent's health condition becomes an important responsibility of the adult child toward the parent. Chronic diseases associated with old age were described by the adult children to the researcher when explaining the parent's health problems. The four most common diagnoses mentioned included: hypertension, arthritis, heart disease, and diabetes (see Appendix J).

Managing parents during acute episodes of chronic illnesses are events that precipitated the giving back. In the act of caring, two contextual dimensions are encountered: caring for PDP and caring for TDP. Each caring dimension has specific properties and conditions requiring differentiation.

In the beginning, while caring for a PDP, the amount of assistance provided is minimal. As the parent's health condition deteriorates, she/he becomes more and more dependent. Consequently, the amount of assistance needed grows significantly. The change in the parent's condition leads to conflicting demands on the adult child. However, despite these competing demands, a parent is expected to receive care, and an adult child is expected to provide such care.

Caring for partially dependent parents. Caring for PDP consists of activities required to maintain or improve the health condition of the aging parent. This includes taking the parents to physicians, reminding them to take medications, taking them to the senior citizen center/day care center, picking-up prescriptions, conducting simple procedures such as blood pressure monitoring, giving eye medications,

applying medications to skin, supervising exercise programs, and committing to daily visits when hospitalized.

Analysis of the adult children's responses in caring for PDPs revealed several clusters of themes. These were coded and similar codes were subsumed leading into the formation of the following subcategories: providing comfort, providing transportation, interpreting, assisting, monitoring, and reminding.

Providing comfort. Although some participants had relatives in other parts of the country as well as within the state, most parents chose to live with the daughter who had lived in the U.S. the longest. These daughters were settled and more familiar with the ways of life in the adopted country.

Upon the initial arrival of the Filipino parent from the Philippines, a grandchild usually gave up her/his bedroom to accommodate the grandparent. Giving up a room to accommodate elderly parents is observed particularly among families with different sex/age group siblings. Therefore, providing a comfortable place where parents can rest and sleep undisturbed was the initial step in caring for Filipino parents in the U.S. A 45-year-old woman with two daughters and a son related her experience:

My boy is 13 years old now. He wanted a room of his own and I have only three bedrooms in this house. So, our two children sleep with us. My parents occupy the third room.

Another 45-year-old woman with four teen age girls described the difficulty of giving-up a bedroom for the parent:

When my mother arrived in this country, my daughter gave-up her room. Now she kept asking me when mother is going home. My daughter confronted my mother and asked her directly when she is going home. Mother went to her room and cried. What can I do, I only have four bedrooms in this house.

Providing transportation. In this study, none of the elder parents drive nor own a car. When a parent sees a doctor, the primary caregiver arranges for the appointment to coincide with her day off or makes alternative arrangements with other family members. When available, older grandchildren often provide transportation assistance. During the acute episodes of illness involving their parents, the majority of the adult children called in sick from work to provide the necessary transportation and care. In this study, all parents are totally dependent on their children for transportation, except for a 51-year-old participant who described her 70 year-old mother as trying to be independent:

My mother likes to take the cab whenever we are not available to take her to the doctor. She tries to be independent and she makes me feel guilty. She even took the cab home when she had an outpatient surgery done on her foot.

Interpreting. Although some parents understand English, few are able to speak the language. When parents are in contact with nondialect/tagalog speaking individuals, such as physicians, nurses, and others, the adult child assumes the role of an interpreter. The adult child also serves as an interpreter for her own children who neither understand nor speak the tagalog language. This is an example of the interpreting subcategory. A 48-year-old nurse provided the following example:

My children have problems communicating with my mother. She has been here for many years and yet she still does not know how to speak or understand English. I'll give you an example. My oldest daughter was so furious because she had called several times with the same message, until she ran out of coins. She said: "Grandma, this is Lisa. Is my dad home?" Then Grandma answered: "No, Lisa is not here" and hung up the phone. My children kept this matter to themselves, but finally had the nerve to tell me.

Assisting. On occasions when parents are temporarily incapacitated due to episodal nature of illness, assistance is provided by any member of the family, particularly the adult children. A 51-year-old described her experience with her father who was hospitalized because of a bleeding gastric ulcer:

My father was admitted at the hospital and he received 4 units of blood. We were scared. We thought we would lose him. But he was okay after he received the blood. When he went home from the hospital, I helped him with checking his bowel movement for blood because he has a poor eyesight. My mother has poor eyesights too.

Monitoring. The adult children provide on and off monitoring for their parent's health condition. In this study, five nurse participants related that they took their parents' blood pressure specifically when parents complained of headaches. They also checked the medication bottles whether or not parents were taking the medications as prescribed.

A 56-year-old participant stated that before she left home for work, she made sure her mother was okay. While away, she would ask one of the children to check the grandmother.

Reminding. The adult children's most frequent response to the question, "what kind of medications does your parent take?" was "pills for hypertension." This response was usually followed by: "but he/she needs to be reminded." This answer is suggestive of a failing memory or a reluctance to take the medication because there are no symptoms. A sample of elderly parents who were interviewed for this study confirmed the above responses. A 56-year-old participant described her mother's behavior about taking medications:

I remind my mother to take her medications. When she feels bad she takes it, when she feels good, she does not take it. I remind her, but sometimes she does not listen to me.

A 49-year old participant who had both parents living in her household said:

Both my father and mother have hypertension. They take medications for that. We regularly take them to the doctor for their check-up. We pick-up their prescriptions, remind them to take those pills, but they always forget. They need to be reminded.

A 54-year-old participant's observation of her parent's behavior included:

My sisters and brothers take turns taking both mother and father for their doctor's appointment. We pick up their prescriptions. But they need to be reminded to take their medications. They always forget.

Assisting. During acute episodes of the parent's illness, more assistance was provided to aging parents. This included: personal hygiene, medication administration, meal preparation, and daily visits if hospitalized. The duration of this caregiving situation remains temporary ranging from one day to one month, or until the parent returns to a usual state of functioning. Visual functioning and the mobility status of parents are the two most common conditions where assistance was provided.

A 47-year-old narrated her experience:

My mother had recent eye surgery. I have been giving her eye drops. I have instructed her to do it herself, but she refused. Right now, I have to take her to the doctor because she feels there is a hair stuck inside that eye.

A contrasting experience was narrated by a 51-year-old daughter:

My mother is very independent. Like for example, when she had a minor surgery done, she would not ask for help even if she had difficulty walking. It makes me feel guilty. I think my mother wants to have a little control because she was used to being in control. She wants to do everything around this house. I think she wants to feel needed, too.

Based on these examples, the intensity and duration of assistance provided by the adult children depended on the motivation of both parents to take responsibility for their own caring actions.

Caring for totally dependent parents. When the condition of parents change from PDP to TDP, a different set of patterns and behaviors are observed. Caring for TDP entails mobilization of family members, friends, and utilization of outside community resources. The amount of caregiving activities during this phase is of varying degrees and complexities. Parents are no longer able to provide self care. They become totally dependent for assistance in the activities of daily living. These activities include providing meals, personal hygiene, medication administration, changing positions while in bed, assistance with ambulation, performing procedures such as urine and blood sugar testing, tube feeding, foley catheter care, wound care, monitoring intravenous fluids, and colostomy care. These different caring actions are grouped, coded, and classified to form the following subcategories: executing orders, delegating tasks, monitoring, connecting, utilizing outside resources, interpreting, and providing.

Executing. When the parent is released from the hospital, treatment regimens or post discharge follow-up care and instructions are given. Examples of post discharge instructions include blood pressure monitoring, blood sugar testing, diet, medication instruction, tube feeding, foley catheter care, and physical therapy exercises. For example:

My mother needs a lot of help since she came back from the hospital. She has medications for her heart, diabetes and hypertension. I check her blood sugar

twice a day. Although she administers her own insulin and takes her own medications, I have to prepare everything for her everyday. My husband as well as my youngest daughter know how to test for blood sugar.

Delegating. The execution of caring activities is determined by the availability of the family members. Delegating is imperative when family members are all working and/or attending school. A clear distribution of activities is spelled out by the adult daughter who assumes the primary caregiver role. Examples below illustrate these functions:

My daughter takes mother to her doctor's appointment. My son would pick up mom's prescription from the pharmacy, and my daughter would give the medications to mother.

After mother was discharged from the hospital, she had to go to many different doctors for follow-up care. Since my husband's work schedule is more flexible than mine, he usually ends up taking mother to her appointments.

My 13-year-old daughter takes information from the visiting nurses. She writes down all the instructions like doing range of motion exercises. She learned how to suction his throat, give medications through the tube, change his position, and change his urine bag. My youngest son reports to me if the feeding machine is making noise. All the family members have learned how to help.

Adult children who have both parents in the household, one totally dependent and one partially dependent, do not rely on the partially dependent parent to assist in caregiving. However, the partially dependent parent watches and ensures that everything is okay. Adult children usually call home from work at least twice a day to check on their statuses.

Monitoring. Adult children claimed that when they were at work, a phone call was usually made to check their parent(s) at home. "Checking to make sure she is okay" and "just in case she needs help" are conceptualized as a "peace-of-mind"

monitoring function. The following statements reflected the peace of mind monitoring:

The first thing I do, as soon as I come from work is to check on my mother. I check whether she is okay.

Before I go to bed, I go to her room to check. I just want to make sure everything is okay.

When my mother is hospitalized, I make sure I visit her in the hospital every day. I do this before I go to work in the afternoon. My sister visits her in the evening after she comes home from work. We make sure someone is always available, just in case

On my lunch break, I come home from work to make sure everything is okay. I change his position, and give his medications, then I go back to work.

A 62-year-old social worker described her experience caring for her 87-year-old mother:

I go home during my lunch break to warm her food and check whether she is taking her medications. Just to check whether everything is okay. It's a good thing, I live only a few miles from my work place. When mother was admitted at the hospital, I would go directly from work to visit her. I stay there until she goes to bed.

Some adult children who have both parents in their household encounter different experiences when one parent is hospitalized. A 51-year-old adult child described her feelings:

Caring for my father was so difficult. When he was in the hospital, I had to go there every day. My mother would wait for me here and as soon as I come home from work, we go to visit him in the hospital. We stay there until late, just to make sure everything is okay. It was hurting to watch him go down [crying].

Another participant who is 45 years old expressed her feelings about her father's hospitalization and subsequent nursing home placement:

When my father was discharged from the hospital to a nursing home, we decided that we better care for him at home. It was extremely difficult for all of

us when he was in the hospital, and then in the nursing home. First of all, my mother wanted to see him everyday. So, instead of me going directly to nursing home from work, I had to go home and pick-up my mother. It's much more convenient for father to be here, in this house.

This peace-of-mind monitoring function characterizes the sacrifices encountered by the adult children in caring for both parents, particularly in situations when one parent is afflicted with acute episodes of chronic illness and when the boundaries of care expand and become more complex.

Utilizing outside resources. Knowledge of available resources is important when caring for a TDP. Utilization of part-time hired help or homemaker services provide a few hours of respite for the family. Everyone in the family is occupied with his/her own activities such as employment and school. In this study, part-time homemakers are hired by a few adult-children to watch a TDP when other family members are not available. The hired homemaker, usually a Filipino lady, not only watches the elderly individual but also does some cooking. In four cases, caregivers claimed that their older children were hired during the summer break from school as homemakers through a County program. These grandchildren assumed part of the caregiving services. A 53-year-old registered dental assistant reiterated this arrangement:

When my mother was released from the hospital following her hip surgery, my 24-year-old son put my mom's bed in his room so he could watch her during the night. He would wake up to give her water and take her to the bathroom. He practically took care of my mom's needs including preparing her meals.

A 45-year-old adult caring for a bedridden father, partially dependent mother and grandmother, and three teenage children described her daily routine and the use of a hired homemaker:

. . . by 11:00 a.m., someone comes in to help and watch father. Before I go to work, I removed the meat from the freezer so the homemaker can cook lunch for my mother and grandmother. She stays until 3:00 p.m. My children come home from school by that time and they take over.

Another adult child reported the use of outside resources after her 87-year-old mother was discharged from the hospital:

Now she is requiring much more care. Although she can move around slowly with a walker, she needs a lot of help. She has a sore in her left foot. I give her medications and prepare her meals. There is a homehealth aide who comes to help with her baths. The nurse comes three times a week to clean her wound.

Although, most families in this study are familiar with the available community resources, the sharing of responsibilities is a common pattern observed in providing help to a totally dependent parent. The influence of traditional cultural practices has been perceived as influencing the continuity of interdependency among family members. On occasion, intermittent in-home support services for few hours a day, are provided to allow respite time for the primary caregiver. The in-home support services are culturally sensitive to the needs of the elderly by allowing some extended members of the family, including friends and acquaintances, to assume the homemaker role. Likewise, visiting nurses who are Filipinos are requested by the adult children to provide homehealth services after hospitalization. The presence of these individuals willing to assist in caregiving activities provides a sense of family continuity while adult children are at work. In addition, parents are able to express their feelings in a language that can be understood.

Interpreting. When parents are hospitalized, the adult child or any other member of the family who is comfortable with the English language acts as an interpreter.

In this study, adult children acted as interpreters. Grandchildren acted as a one-way interpreter. The grandchildren understood the Tagalog language but did not have the ability to translate back into Tagalog. Therefore, in most cases, the adult children and their husbands interpreted for the elderly individuals. An example cited by the 62-year-old social worker was as follows:

I had a challenging experience when my mom was hospitalized. Not only I had to interpret for her while she was there, but I also had to interpret almost every day after she was discharged from the hospital. She had too many doctor's appointments. My mother cannot understand English well. That's why she is happy when they have Filipino nurses around.

Another individual related her experience:

My mom speaks Tagalog. My children speak English. My husband and I always make ourselves available if mother needs to go to the doctor. We do not depend on our children. They are new in their jobs. They cannot be call in sick to take their grandmother. Besides they cannot interpret for her.

The ability of the adult children to communicate in two languages, both Tagalog and English has an important value in the lives of the parents who are not willing to learn the dominant language. Nine elderly mothers in this study have a college education and speak English. However, except for one elderly parent, adult children related that they interpreted for their parents regardless of the level of parents' awareness or severity of the condition. Three adult children stated that they sometimes take their parents to Filipino doctors. Interpretation was still frequently needed because of dialect differences.

Providing. Adult children continue to provide transportation, time, effort, and other personal necessities for their parents. Few adult children caring for totally dependent parents expressed their concerns regarding their parents' financial affair.

Statements made by few adult children indicated that they had allowed their parents to do whatever they wanted to do with their money. The following comments reflected this theme:

I only have one mother. I want to help her the best way I can. I want her to be happy and I am always truthful with her. My mom has her own money and when she asks me to buy her something, I always give her change and receipts.

Before the mother of a 52-year-old nurse became totally dependent for care, the adult daughter was concerned about what her mother was doing with her social security money. Although the adult daughter had been providing care for many years ever since her mother arrived in this country, the mother had not been sharing with her own personal expenses. The adult daughter confronted her mother and the following conversation ensued:

When I asked my mother what she was doing with her money, she said, "I am saving it so you have money for my funeral expenses."

Another adult daughter claimed that her mother would not even give money or gifts to her grandchildren. She advised her mother to show a little thoughtfulness and affection to win the grandchildren's affection. Thus, gift giving symbolizes affection and closeness. The following statement was made by the adult child to her mother:

If you don't win my children's affection, who is going to help you when you can no longer do things for yourself. I am your only daughter. Your nieces and nephews are all in the Philippines. They won't be able to help you.

Although parents receive social supplemental income (SSI), the adult children continue to provide for most of their parents' needs except for buying medications. These medications are sometimes paid for using Medi-Cal stickers. A 48-year-old daughter shared her feelings about her mother:

My mother receives some money from Social Security. She does not share anything, even \$10.00 a month. She does not even give her grandchildren gas money when they take her to the day care center. But she would send things to my brother's children in the Philippines. So, when it comes to money, my children and my husband have some ill feelings because she does not share. Before she was eligible to receive SSI benefit, we used to give her \$50.00 a month.

Providing for the parents' needs appears to be an unending process. Three adult children verbalized that despite the financial assistance received by their parents, the money was not spent on the elderly's immediate or personal needs. They had sent money to members of the family who were left in the Philippines. Two adult children noted that their parents had started saving when they confronted them with the subject of funeral expenses.

Although adult children and their husbands had a regular source of income, the data indicated there are concerns that money can play a motivating role in influencing the grandchildren's behaviors. It also appeared from the data that the adult children perceived their parents to have unfair practices.

The taking action category is the context within which action/interaction is taking place. It is both dimensional and multivariate. Various themes and patterns are classified as subcategories with different actions/interactions and specific properties. The multiple demands associated with caring for an aging parent necessitates great endurance and sacrifices.

Balancing

The emotional and physical difficulties associated with caregiving are balanced by the use of the family and social support system. The balancing category represents the action/interaction strategies in response to sacrificing self.

Interdependence among family members is a cultural helping pattern in the Filipino family. During the caring process, the participants' family members share their energy, time, food, money, and concern toward their parents. In this study, workload sharing is observed as the most prevalent theme in maintaining balance in the adult child's life. Other dominant themes include praying, planning, negotiating, compromising, ignoring, isolating, and socializing. These salient themes became the foundation of the balancing category.

Workload sharing. Counting on a family member to help lessens the demands on the primary caregiver. A 51-year-old college graduate, mother of three children who are in their late teens, expressed her experience caring for both mother and father:

This is a terrible time in my life. I took care of my father before he died. Now I am taking care of my mother who cannot get along with my children. One of my children recently gave birth. She is unwed, you know. I feel everything is falling on me. I am glad that my husband is now retired and is helping me physically and emotionally. He does almost everything in this house. But the most important thing is that he gets along well with my mother.

A 53-year-old caring for a mother who has left-sided paralysis illustrated the workload sharing concept:

I have a younger sister who is a nurse. She works in the afternoon shift. Before she goes to work, she comes and visits mom. She also takes mother to the doctor if I am not available. We always take turns.

Another example:

My mom's appointment with the doctor is based upon my sister and my days off. My sister and I take turns. Even our work schedule, we make sure someone is here all the time.

Planning. The majority of adult children in this study have other responsibilities besides caring for their own parent(s). Setting priorities becomes an essential part of everyday living necessary to meet other competing demands. For example, planning for a long-term vacation requires at least a year of preparation in order to provide ample time for other family members to prepare and assume some of the caregiving responsibilities.

The following statements were strategies used by the participants in maintaining balance:

We have to request my sister from New York at least one year ahead of time, if my husband and I want to go on a vacation. She has a family of her own and needs time to prepare too.

Once a month, my husband and I go to Las Vegas. Just to give ourselves some break.

Negotiating. When both husband and wife are employed during the day, the type of meals served on the table is frequently negotiated with young children. When one elderly parent is still able to help out in the kitchen, simple dishes such as *sinigang* (seasoned fish or pork broth), and *paksiw* (pickled fish) are prepared. However, young children born in this country are not used to the Filipino dishes. They prefer fast food items such as fried chicken, pizzas, and spaghetti. A 46-year-old, mother of four, described her typical day as follows:

In the morning, everyone is busy getting ready for work and school. Breakfast is simple, just cereals for children. When I come home from work, we just warm up our food. Sometimes we go out and buy food to go. My parents eat whatever leftovers we have. Usually on weekends, we cook a lot and save it for the entire week.

A 49-year-old, mother of six working on the night shift, shared her strategy of negotiating with her children:

My children know that when I was not working, I used to prepare hot breakfast for them. Now, they have to settle for cereals. My children especially my youngest boy questions me how long I would be working nights. I explained that when I ask for a change to work on a day shift, then, I would not have any job at all. So, they understand. So since I started working nights, I have cold cereals for them. When I come home from work and before I go to bed, I would leave out food from the freezer. My mother will sometimes cook, but most of the time, it's me. My children don't like her cooking, not unless it's lumpia or pancit. Besides, she also watches my sick father.

Compromising work. In situations where the parent's health conditions become unstable or acute, the elderly parents take precedence over work. Except for the adult child and her husband who are both self-employed as insurance brokers, all adult children are quick to point out that they resort to call in sick from work and take emergency leave whenever a problem with the parent occurs. The example below illustrates this concept:

When my father was in the hospital, I oftentimes call in sick. But with their regular appointment with the doctor, I schedule it on my days off.

Ignoring. Filipino children are taught to be respectful, to obey and to listen to their elders. With these inherent values, the majority of the adult children verbalized that they have to be patient and understand when there are differences and inter-personal conflicts among family members. However, the children born and raised in the U.S. are taught to be assertive and speak their minds. Thus, the three generation family unit with conflicting values produces more strain in their relationships. Adult children acknowledge the differences and do not react negatively to conflicting situations. A 51-year-old medical technologist stated:

I do silent treatment a lot to my mother whenever she criticizes me about my children. I go to my room and isolate myself. She does the same, too. After awhile, we are okay.

Ignoring unpleasant behaviors that lead to conflict is a strategy utilized to maintain balance. The cooling-off period provides adult children with renewed spirit and strength, and restores their unbalanced emotional state.

Isolating self. Some adult children find solitude in a room, a way of redirecting their energies to themselves. Meditation, prayers, watching TV, and just being alone for few minutes of the waking hours provide feeling of relief. A 45-year old caring for an 81-year-old totally dependent diabetic mother, an emotionally disturbed son, and two other younger daughters described her feelings:

I pray to God to give me strength to get through each day. I meditate before I go to bed. Sometimes, I spend my day relaxing and watching TV, alone, in the garage.

Praying. Religion is a strong cultural value in the Filipino family. One's belief in God enhances blessings and good fortunes in life. In this study, 26 adult children were Catholics and 3 were Protestants. All Catholic participants have an altar-like setting with the displays of religious images, religious icons, rosaries, and candles. These altars are located in the living room. Some of these altars are decorated with life-size patron saints and Santo Nino. A few have gardens decorated with statues of Mary Lourdes, Lady of Fatima, and Virgin Mary encased in a grotto-like setting.

A majority of the Catholic participants belong to a prayer group. Members of the prayer group meet once a month in their houses with each member taking turns to

host the prayer session. A 50-year-old participant caring for a 90-year-old mother described how she found consolation and peace talking with the Virgin Mary:

When I go to work, my office mates ask how I manage everything around this house. I tell them that before I go to bed, I meditate, and pray to God to give me enough strength. And God really gives me the strength. I could feel it. When I go home from work, I still could tend to my garden. While there, I pray to the Virgin Mary and talk with her. It really helps to talk with the Virgin Mary.

A 56-year-old Protestant nurse with three children shared her experience about caring for her brother, who was flown from the Philippines to receive medical treatment in the U.S. This same participant had just cared for her father before he died. Both parents were living with her family at the time of the father's death. She says:

I took care of my father before he died, but I also took care of my brother for five months before he died too. He was only 57 years old and died of cancer. He came to this country to have chemotherapy. My husband was his doctor. We did everything for him. When he was in remission, my husband and I went to Israel to have peace of mind and to pray for my brother's recovery. We prayed for him and for God to heal him.

The above scenario reflects a strong belief in God and His power to cure and to decrease suffering. Although, the participant's husband is a physician and the participant is a nurse, their religious beliefs are used to gain God's favor in curing the ailing family member.

Socializing. Social gatherings provide opportunities for friends and relatives to discuss various topics ranging from department store sale items to husbands and wives of acquaintances that are dying, friends who are divorcing, and those who are remarrying. Some participants saw socializing as a source of conflict while other participants viewed it as a means of relieving some frustrations in life. The common form of socializing activities described by the participants included: attending the

regional association dinner dance, attending community activities, playing mahjong, playing cards, going to bingo games, attending family and friends parties such as birthdays, weddings, baptisms, wedding anniversaries, wedding showers, baby showers, picnics, shopping, etc. An interesting illustration is provided in the following examples:

I go out with friends. We play cards. Once a month my husband and I go to Reno.

My husband and I go out, just the two of us. We go shopping and eat out. Sometimes we go to Las Vegas.

We have family gatherings all the time. We invite our friends and other relatives and townmates. This helps my mother to see her townmates.

My husband and I attend our regional meeting every month and we socialize with our friends. Then we have our dinner dance once a year.

Friends are the extension of the family. Socializing with friends and other family members facilitates closeness and support in time of need. Although some of the adult children may have experienced relief from the daily routine by socializing on weekends, some have also expressed a feeling of being overextended with many commitments.

Searching Out

The consequence of sacrificing self in caring for aging parents is searching out. The searching out category is reflective of the adult children's preparation and vision of own aging. This category evolved from the responses to the questions "do you anticipate that you will be cared for in the home setting during your later years?; describe how you see your children caring for you as you age?" Recognizing the inevitabilities of aging as a fact of life, these questions focused on the perception of

the adult children during their later years. The pattern of their responses focused on preparation for old age. This salient theme was labelled as searching out category. It has three subcategories: no guarantee, exploring options, and *bahala-na* (leave it to God).

No guarantee. The majority of the participants feel ambivalent about their old age. They hope that their children will care for them, and yet, they also recognize the hardship it will create and do not wish to burden their children. Most of the adult children have stated that by setting examples or modeling the caring behavior, the children may follow through and care for them. However, they perceived that the role modeling behavior is not a guarantee or assurance that they will be taken cared of. A no-guarantee represents future uncertainty, feelings of ambivalence, and alternate plans for self and husband during the remaining years of life. Seven participants have indicated that they wish to return to the Philippines to get better care and utilization of extended family resources. Below are two quotations that describe the feelings of two adult children about aging:

I don't expect my children to care for me. But the way my children are exposed to what I am doing for my mother and what my sister have done for our father, my children may care for us. I just hope that by setting this example, my children will follow through, but there's no guarantee.

I believe my oldest daughter will care for me and my husband. If I am going to be a burden to them because of their own family, I will understand the situation.

Exploring options. The availability of the community resources as an alternative means of care during one's later years in life does not preclude a majority of the adult children from seeking other options. With slight uncertainty, only three participants

are resigned to nursing home placement when the time comes. Although, these participants have fear about nursing homes, they also have expressed knowledge of the facility licensing regulations and compliance. These participants have been employed in the health care institutions for many years.

In contrast with the adult children's parents socioeconomic background, the participants have a long history of work employment. They are part of a two-income salary household, thus, being more financially secure than their elder parents who came to this country. The participants perceived that the dependency on their children during old age is less than the dependency of their parents on them. For many participants, early preparation and exploring various options provides a way for a smooth transition to old age.

The exploring options category reflects many negative feelings about nursing home placements, loss of traditional values, taking "the last trip" to the Philippines, and ambivalence towards long distance relationships with their own grandchildren.

The following statements reflected this subcategory of exploring options.

I think my children will put us in a nursing home. They will have their own family to take care of.

My son told me that he wouldn't put me in the nursing home. But I told him, "don't worry, I don't mind being there. I will socialize with other people. I will be okay."

I used to think that we will spend the rest of our lives here in the U.S. But when you think of it who is going to care for you here. My husband says that we are going back home to the Philippines.

Bahala-na. Unsure where they will be spending their old age, 15 participants entrusted their future in the hand of God. The *bahala-na* attitude is the belief that

humankind should accept unquestioningly whatever life brings and trust God to solve and work out all problems in his divine guidance. This fatalistic attitude towards life grows out of the belief that God controls the universe through His supernatural power. The following examples illustrated this concept:

I have a daughter and a son. I don't know if my daughter will care for me. My son said he would. We really don't know. We leave everything to God and He will decide what is best for us.

We don't expect our children to care for us when we are old. It will be very difficult. Having experienced it myself, I don't want my children to experience the same thing. They won't be able to cope. We will worry where we end after they are all finished college.

I don't expect any one of my children to care for me when I am old. I won't obligate my kids to help me out financially or whatever. I don't want them to waste their lives on me. I don't want them to go through what I am going through right now. It's no fun. I'll see what happens to me.

Searching out is conceptualized as the consequence of sacrificing self in caring for aging parents. It represents the adult children's perception of their own aging care as brought about by past experiences during care provision. The degree of stress and strain encountered during the process of caring has been endured to give back the *utang-na-loob* that a child owes her parent. In so doing, a grounded theory of sacrificing self has evolved.

Caring Dimensions: Knowing the Difficulties and Strengths

This section discusses the caring dimensions and the adult children's behavioral responses to various conditions related to the care of aging parents. When the parent condition changed from a partially dependent to a totally dependent situation, different patterns of responses were elicited from the adult children.

The emerging themes that related to cross-cultural intergenerational relations and the nature of the “on and off” sea-faring husbands are reflective of the emotional costs of caregiving encountered by the adult children who were caring for PDPs. On the other hand, lack of enough time and personal resources, including other competing demands from other roles such as a parent, a wife, and a member of the workforce are factors that characterized the lives of adult children who were caring for TDPs.

Unlike other studies on caregiving that indicate enormous strain are encountered when caring for impaired elderly (Brody, 1985; George & Gwyther, 1986; Snyder & Keefe, 1985, Steinmetz, 1990; Wright et al., 1993; Zarit et al., 1986), this study revealed that an enormous amount of strain was experienced by the adult children when caring for parents who were partially dependent on care. The emotional effect produced by caring actions is manifested through several factors. These included: duration of the elderly parent’s residency in the U.S., ages of the adult children, children, occupation of the husbands, and employment of the adult child.

Twenty-two husbands in this study had worked for the U.S. Navy, and two are presently on active duty. The absence of these sea-faring husbands for periods up to 6 months at a time was found to be disruptive in the lives of the adult children. Multiple roles and responsibilities were assumed by the adult child when the husband was not present to share the workloads.

Adult children with teenage children had expressed that there was a great deal of conflict between their own children and their partially dependent parents. They felt that they are caught in the middle of conflict. In the process of mediating between

their parents and their own children, the participants expressed frustration and loss of control. This theme of generation gap became more evident as more adult children were interviewed. Although some participants in this study presently have grown children, they shared their own experience during the period when their children were still teenagers.

A marked contrast in the upbringing of children in the U.S. versus the Philippines was observed and criticized by the elderly parents. Direct communication styles and assertiveness of the young children were perceived as disrespectful. Respect and deference shown for elders, parents, and older relatives are important values in the Filipino culture. Elderly parents possess more experience, knowledge, and wisdom; thus they expect to be respected for these qualities.

Interpersonal relationships within the family are partly determined by the respect given to one another, particularly, toward the older members. Respect is essential to the smooth functioning of the Filipino family. It is a widely held belief that contradicting and disobeying parents may bring adversities in life (Blust, 1987). Therefore, respect, a dominant cultural value in the Filipino culture, must be observed in order to counteract any unforeseen calamities in life.

Cross-Cultural Intergenerational Relations

Since all adult children in this study are employed, during their working hours the younger children are left under the supervision of their grandparents. The young children are resentful of the policing activities of grandparents while their parents are at work. When the parent returns home, the grandparent would give detailed reports of the grandchildren's activities. These activities were described as annoying and

they displeased the grandparent. These activities included: entertaining friends in the bedroom, bringing many friends home after school and providing them with snacks, talking on the phone, playing loud music, watching TV, and ignoring the elder's concerns.

Elderly parents were highly critical of their children's child-rearing practices, which were considered very lenient in comparison to their own strict upbringing. The adult children felt that their parents are no longer in control, and that they should be allowed to raise their children the way they think best in today's nontraditional environment. The following quotes exemplify this theme:

My mom could not understand my children's behavior and the way I am raising my children. Whenever my children come home from school with some friends, she is always watching and she tells me everything that's happening.

When my children are watching TV, my mother would ask them to leave because she wants to lay down in the couch where my children are sitting. I told my kids to just be nice to her because we can no longer change her ways and behaviors. All her life, she felt superior and had control over the children. My children do not understand my parents at all.

My mother always criticizes my children especially when she sees my daughter entertaining friends in her room, even if my daughter's friends are all girls.

My mother criticizes the way my children behave and the way they dress. She blames me of being too permissive; she said, this is not the way to bring up children.

My mother thinks that my children are hard headed. She gets angry with me because I don't know how to discipline my children. Mother does not know that kids in this country are encouraged to speak up. My mother thinks my children are always talking back and not responding to me on my first call.

My children would come to me and talk about their grandmother. If I take the side of my children, my mother gets upset with me. When I take the side of my mother, then my children get upset.

The traditional practices and behaviors of the elderly parents were often criticized by their grandchildren. It was considered a source of conflict between the two generations. Adult children mediating the conflict between elderly parent and their grandchildren had experienced being caught in the middle; thus, these situations became bothersome and stressful.

In addition, communication style differences were also perceived to be another source of stress. Children born in the U.S. are encouraged to express themselves and make decisions based on facts. In contrast, children born in the Philippines are not to argue, talk back, or disobey their elders, and are only to make decisions after consulting with family members. These differences and patterns of communication are considered as a source of cultural conflict between grandparents and grandchildren.

Although, some grandparents spoke English, the medium of communication was either Tagalog or the adult child's regional dialect. Grandchildren who were born and raised in the U.S. spoke only English. There are some grandchildren, however, who understand Tagalog but do not speak the language. The inability to communicate tends to limit interactions between the grandparents and grandchildren and often leads to misunderstandings. As stated by this 54-year-old Filipino woman:

My oldest son does not listen to my mother. My mother wants to give advice all the time. They have problems with communication. He does not talk to her now.

There are some grandparents who neither understand nor speak English. One participant whose mother and both parents-in-law were in the same household expressed her opinion about conflict between grandparents and grandchildren. This participant believed that grandparents who have the ability to communicate with their

grandchildren tend to have more interaction, and therefore, more verbal exchange and more conflict:

My children have less conflict with my parent-in-law because they do not speak and understand the English language. They have less interaction with them. Unlike my mother, she argues and reprimands my children all the time. This really causes a lot of problems.

Some participants stated that their parents are not thoughtful. The grandparents would send gifts to relatives in the Philippines, but do not consider giving little gifts or small amounts of money to the grandchildren they live with. Participants viewed such gestures as symbols of love and affection. Several participants described their observations:

My children are not close to my mother. My mother has never shown that she cares about my children. She does not even give anything to my children even on their birthdays. She receives some money from social security but she does not share it. But she sends money to my relatives back home. I don't understand.

My mother does not know how to win her grandchildren's affection. She does not even give the children some money, even small amounts for their birthdays and special occasions.

Unlike other studies on caregiving, this study revealed a great deal of information on intergenerational conflict. The parent/grandchildren interaction, their communication style, the parent/adult children rearing differences, and the controlling behavior of parents toward the adult children represent the intergenerational conflicts as they relate to elderly care.

The Sea-Faring Husband

When husbands were on sea duty, the adult child assumed the role of both the father and the mother. The long months of the husband's absence was agonizing and

demanding on the lives of the participants who were married to sailors. During this period, the participants' children were mostly young and in need of considerable care and attention. Many school activities competed for the adult child's time. The experience of an adult child caregiver is described below:

I tried to do my best. Sometimes I feel like a yo-yo. Like when my daughter had oral surgery, at the same time, I had to take my mother to the hospital. My sister was working, my two oldest daughters were also working and they could not help. There was no one to help. My husband was on sea duty. It was very, very hard.

When on shore duty, Filipino men shared their wives' burden of caregiving by doing some household chores. Although most husbands assumed the more traditional jobs such as gardening, vacuuming, minor repairs in the house, transporting, and running errands, some husbands assumed the nontraditional role like cooking, housecleaning, and doing laundry.

The help received from their husbands when they returned from sea duty was perceived as "making up for the time lost." Adult children claimed that their husbands acted as a buffer and neutralized some intergenerational conflict in the family. They expressed great relief when their husband was around. The emotional support as well as the assistance in household chores provided a positive effect on the lives of these participants. The example below illustrated the experience of a 45-year-old participant who is married to a Caucasian man on active duty with the U.S. navy:

Now my husband is on shore duty, my situation is somewhat better. We schedule our work, so there's always someone here. He helps clean the house. He understands what I am going through. He is very good to me and my mother. He tells jokes even though my mother does not understand. He tries to make her happy.

The reestablishment of a more normal family unit, when the husband was available to share the wife's workload was considered crucial in coping with the difficulties associated with caring for the elderly. This situation has helped the participants to cope with their stressful caregiving activities.

Caring Demands and Family Support

As caring for parents became more complex, different patterns of responses were elicited from the adult children. Likewise, different behaviors were observed from other family members, particularly, the grandchildren. From the adult children's responses, when the dependency needs of the parents increased, there was a corresponding increase in helping relationships and a decrease in conflict between the elderly parent and grandchildren. Grandchildren served as a back-up assistance and they provided direct care services while parents were at work. On weekends, older grandchildren watched and cared for their grandparents to provide respite for their parents.

Adult children contend that in times of crisis, extended family networks and family social circles are mobilized to provide support and solace to the family. Since the family is considered as the most important institution in the Filipino society, one's loyalty and responsibility becomes of primary concern. There is interdependence among family members and members of the extended family. The degree to which the members of the family system are involved is dependent on their accessibility and availability. However, the geographic distance does not preclude any family member from helping a parent, a sister, or a brother who are in need. Three participants caring for TDPs and who have relatives in other parts of the U.S. showed their

concern by relocating near the elderly parent. The family and social support helping patterns included workload sharing, socializing, and praying. Three participants described their experience:

When my father suffered stroke, and my husband was on sea, my friends helped me to get my sister in the Philippines to come and help me. We asked the help of our congressman to expedite the immigration process. My sister arrived and helped out, but our father died after a few months.

My husband was at sea duty at the time my father had a stroke and my mother had an open heart surgery. Everything happened at the same time. I have a brother and a sister in other states. They decided to transfer here and help out. My brother and his family moved out from Florida to be closer to our parents. My sister bought a house next door.

I asked my aunt from Oxnard to come down and help us. She is my mom's only sister. Her daughter understands my needs.

The willingness of family members to help and their actual participation in the care of the elderly parent were evaluated for conceptual meanings and importance. In this study, every element of Filipino cultural values and practices were observed. Activities related to the socio-cultural functioning of the family have provided understanding of the situation. Thus, connecting with family members for support characterizes the behavioral patterns when caring for totally dependent elderly parents.

Another pattern of response related to maintaining connection and relationships is the help and support provided to adult children by their family social circle. Adult children in this study belonged to either a regional club and/or a religious group, as illustrated by the following remarks:

Our prayer group comes once a month. The priest comes every Sunday and gives mother communion.

My daughter plays the piano for members of the church choir. She plays religious songs such as "forgiveness" and other songs about forgiving.

A 61-year-old participant who is caring for her aphasic mother stated:

Our town association members come and visit my mother at least once a month. They talk in our own dialect and pray. Even though my mom could not respond, I know she is happy.

In many ways, the above scenario depicts interdependence among family members and loyalty and support among friends. These connecting strands of support are perceived by the researcher as the intervening conditions that facilitated the caring action. Strauss and Corbin (1990) define intervening conditions as conditions that have significance on action/interactional strategies.

When there are changes in a parent's condition, from PDP to TDP, a corresponding behavioral change is observed among family members. Adult children have expressed more focused caring actions and have elicited the cooperation of grandchildren in caregiving activities.

When the elderly parent has become totally dependent for care, there is a care demand overload. Thus, cooperation and sharing of workload are not only encouraged but are expected among family members. A surprisingly low level of intergenerational conflict was expressed by the adult children when caring for a totally dependent parent. At this point, the elderly parent has decreased energy for interaction, thus causing limited reactions from grandchildren. Some grandchildren have become important sources of emotional support for their mother and often served as backup assistance. It is interesting to note that in reacting to the physical and cognitive changes of the grandparents, the grandchildren modified their actions. Caring assistance has been provided by grandchildren of both sexes. In analyzing the situations, the following questions came to mind: Could the early orientation on caregiving

role among grandsons change the helping patterns and composition of primary caregiver in the Filipino family? Are the grandchildren's helping behaviors an expression of repentance for their inappropriate actions while grandparents were still partially dependent on care?

CHAPTER V

DISCUSSION OF FINDINGS

This study has examined the experiences of middle-aged Filipino women who cared for their aging parents. The study focused on caregiving and its impact on caregiver's health and substantive area of preventive care. Data from the study revealed five interrelated categories: Giving Back, Taking Action, Sacrificing Self, Balancing, and Searching Out.

The concept of giving back was identified as a motivating factor in caregiving. It formed the foundation and reasons for self-commitment to care. The notion of Giving Back encompassed three subcategories: Thank you part-of-life, *palitan lamang* (give and take) and obligation. These themes are similar to those posited by Blust (1987) which described caring for parents as reciprocal obligation and paying back for earlier care received from parents. The thank you part-of-life could be linked to the norm of reciprocity. Berman (1987) states that when unsolicited services are performed, the receiver is grateful and reciprocates when the receiver is in need of help. Rogers (1973) notes that "obligation to parents is always present, but is made more salient by a combination of increased parental need and increased offspring ability."

Taking action, the context within which the implementation of giving back is conducted, illustrates how family members care for aging parents. This concept of taking action is parallel to what Bowers (1987) described as instrumental caregiving; a

type of care that aims to maintain the physical integrity and health status of the parents. Taking action includes the provision of care to partially dependent parents (PDP) as well as totally dependent parents (TDP). The amount of caring action provided varied in response to the parent's level of needs. The taking action category includes the impact of caregiving on adult children caregiver's lives as well as on family relationships. In the care of a PDP, the caregivers experienced increased cross-generational conflicts between grandparents and grandchildren while increased instrumental care was noted in the care of a TDP. These findings are supported by many studies which documented the emotional, physical, social, and financial difficulties associated with caregiving (Baillie et al., 1988; Cantor, 1983; Horowitz, 1985; Mui, 1990; Poulshock & Deimling, 1984; Zarit et al., 1986).

Sacrificing Self has two properties: embracing care values and modeling behavior. Recognition of *utang-na-loob* and provision of caregiving services to parents despite many adverse consequences is to sacrifice oneself. Blust and Scheidt (1988) suggest that primary caregivers who are providing care and support to their mothers and would eventually be elderly parents themselves might hold similar expectations from their own children. This is reflective of the modeling behavior, a property of Sacrificing Self. Such behavior is necessary for the maintenance of family continuity and helping relationships (Shanas, 1968).

Balancing represents the action/interaction strategies in response to sacrificing self. Interventions to reduce caregiving stress are related to the use of informal and formal support system. Daughters who are providing care within a shared household are more likely to experience an adverse effect of caregiving (Brody, 1981; Horowitz,

1985; Stoller, 1983). In this study, adult children have utilized various strategies to balance their lives. Besides utilizing formal and informal services, other strategies such as workload sharing, planning, negotiating, compromising, ignoring, isolating, praying, and socializing were employed. However, buffering effects of these strategies on caregiving and other competing roles need to be evaluated.

Unlike similar studies on parent care that identified employed women who had other competing demands and had sacrificed their leisure activities in order to take on the additional burden (Brody & Schoonover, 1986; Horowitz, 1985), this study revealed that Filipino adult children were able to take on additional burdens without sacrificing their leisure hours. On the contrary, family connectedness and other social acquaintances afforded mutual assistance and socialization.

However, the unfulfilled traditional expectations of the elderly parents from the adult child can have a negative impact on both. For example, the attempt of Filipino women to exercise their newly learned assertiveness skills and the straight forward communication styles of the younger grandchildren have led to the disappointment of the aging parents who had immigrated late in their lives to the U.S. The parents perceived assertive behavior as disrespectful. Such confusing messages are stressful to both parents and adult children. Concerns about not hurting the parents and denying the fact that conflict exists, are equally burdensome and emotionally draining. Management of the consequences of caregiving entails some understanding of the causal conditions leading to sacrificing self and anticipating the course of action to be taken.

Searching Out is conceptualized as the consequence of sacrificing self. The searching out category is reflective of the adult children's preparation and vision of own aging. It signifies change and reconstruction of the traditional pattern of parent care among Filipinos.

The Grounded Theory of Sacrificing Self

Sacrificing Self, the core category, emerged as the basic social process (BSP). Strauss (1987) states that a core category must relate to many other categories and must reoccur frequently in the data (see Figure 1). BSPs are one type of core category, but not all core variable are BSPs. In this study, the category of Sacrificing Self was found tightly interrelated with four other categories: Giving Back, Taking Action, Balancing, and Searching Out.

As a basic social process, Sacrificing Self is both multifaceted and complex. It integrates the meaning of self in relation to carrying out Filipino values that are meaningful to others and with whom one identifies. The connection between self and others is bridged by the Filipino traditional values. Reciprocal obligations, *palitan lamang* (give and take), care meanings, and respect for older persons characterize the dynamics of interpersonal relationships among Filipinos (Blust & Scheidt, 1988; Ishisaka & Takagi, 1982; Manio & Hall, 1987). It is important to maintain the balance among these three elements in order not to risk being censured either by one's own family or other community members. One who lacks adeptness in reciprocating is labeled as *walang utang-na-loob* (Enriquez, 1986; Paguio, 1991). Thus, self, others, and cultural values are intertwined. Self in this context is seen as an object and a part of a larger social process (Strauss, 1956).

Another dimensional property of Sacrificing Self is the ability of the Filipino women to take responsibility in performing other roles in addition to caring for aging parents. Because of the Filipino concept of *hiya* (Bulatao, 1968; Hollnsteiner, 1973), adult children may deny their ability to cope with caregiving demands. Those adult children who have greater respect for their elderly parents are less inclined to admit the burdens of caregiving (Wright et al., 1993). In addition, families who have stronger filial obligations may feel that they should do everything regardless of caregiving demands. Many strategies utilized in order to carry on caregiving demands and other role demands might have lessened the impact of caregiving on adult children's psychological and emotional well-being. Strategies such as praying, socializing, and workload sharing are part of the middle-aged Filipino women's lives while caring for aging parents.

The consequence of Sacrificing Self is searching out. The experiences gained by the Filipino women in this study allowed them to examine their forthcoming aging years. It seems that these adult children not only acted as caregivers, but they reacted to the caregiving situation as well. The adult children perceived that there is no guarantee they will be cared for by their own children, thus seeking alternative measures of care is imminent. In Mead's view (Mead, 1969), each person's perspective is a unique combination of intersections in relation to a specific past and future. The traditional method of being cared for in the home setting was perceived by some Filipino women as an imposition. Thus, planning for nursing home placement is considered appropriate. Therefore, using the past and the present experience can determine the choice of one's future.

As a process, Sacrificing Self connotes change. Recognizing the physical, psychological/emotional, financial, and health consequences of caregiving, change is inevitable. According to Mead (1969), the self is constantly changing in response to problematic situations.

In summary, the grounded theory of Sacrificing Self explains how the middle-aged Filipino women manage, develop strategies, and plan for their old age while gaining caregiving experiences. Sacrificing Self allowed for maximization of self-development by accepting responsibility for one's own aging. The potentiality for change to a nontraditional manner of parent care can be seen as a response to environmental changes experienced by these middle-aged Filipino women. Because of socio-economic changes and employment status of Filipinos in the U.S., different patterns of parent care can be expected.

CHAPTER VI

IMPLICATIONS

The purpose of this study was to explore the experiences of the middle-aged Filipino women who were caring for aging parents. The study has generated knowledge necessary to guide patient care practices among Filipino families.

For the Filipino middle-aged women, parent-care experience provided continuity of the traditional cultural norms as well as an introspection relating to their aging care. There is “no guarantee” or assurance on the part of the adult children regarding their own aging care. Therefore, adult children have taken into consideration alternative modes of care for their later years. Recognizing what they have encountered during the process of caring for aging parents, these Filipino women do not want their children to encounter the same experience.

By exploring various options, adult children indicated their willingness to take responsibility for the direction of their own aging care. These actions are suggestive of caregivers’ continuous self-development and growth. Of primary interest, however, is that this study presents a number of important implications for health policy and legislation, nursing practice, nursing education, and research.

Health Policy and Legislation

It is important to recognize that among the Filipino families, there is a social trend toward smaller families. With fewer personal resources available, caregiving activities in the home setting may be difficult. Adult children believe that their children have their own family to care for. Limited family support networks can lead to work overload and imposition. Thus, culturally sensitive formal services should be sought if available. Long-term care policies and programs are needed to support both caregivers of different racial groups, and caregivers who provide the bulk of care to elderly parents in the community.

Nursing Practice

This study should heighten the understanding of the health care provider who takes care of Filipino women who are caring for their aging parents. Only through understanding their experiences as caregivers, can health care providers begin to address specific needs.

Nurses are involved with the care of sick individuals. They are in the position to determine if the family caregiver of a sick aging person is undergoing a considerable amount of caregiving stress.

When caring for a PDP, the nurse can determine whether caregiving activities are complicated by the presence of intergenerational conflict and by other competing demands. Likewise, when caring for a TDP, the nurse can identify the area of care service provision that may require intervening measures.

It is to be recognized that in sacrificing self, the caregiver is embracing the traditional care values and modeling the caring behavior for her children, but fulfillment of these role expectations can be detrimental to one's health.

Nurses and other health care providers need to be cognizant of both the adult children's needs and the Filipino traditional values of giving back *utang-na-loob*, respect, and obligation to one's parents. There is a possibility of *hiya* (losing face) when one admits the difficulties encountered in caring for an aging parent. Direct confrontation must be avoided. Referrals to appropriate community agencies must be encouraged to provide respite to the family.

Understanding the complexities of caring for aging parents in the context of the Filipino culture is central to understanding the assistance and support needed by the Filipino family. The nurse caring for the elderly Filipinos can identify caregivers who may be needing assistance. Identifying the source of burden can facilitate the development of interventions. Thus, the potential ill effects of caregiving to a caregiver's health may be avoided or minimized.

The nurse and other providers of formal services must be trained to identify, understand, and appreciate the special needs of both PDP and TDP caregivers. Support groups outside of the family may be needed. Referrals and utilization of culturally sensitive adult day care services and respite care opportunities must be encouraged.

Nursing Education

Nurses need to develop an understanding of the cultural variations that exist in today's society. Knowledge of specific interventions can be enhanced by reading

scientific research materials, based on the study of groups from various ethnic backgrounds. In order to impact nursing education, the following two suggestions are recommended:

1. Nurses should be educated on the importance of understanding the variations in cultural practices and beliefs in addition to the impact of these variations on health and illness.
2. Student nurses should be assigned to care for families who have a different cultural background from their own. Exposure to other cultures will increase the nurses' understanding and appreciation of cultural diversity and will enhance the provision of culturally sensitive care to all clients.

Research

One of the purposes of this research study is to generate questions and hypotheses for future research. This study was exploratory in nature because literature was not found describing the Filipino adult children's experience in relation to the care of aging parents. The findings of the study have generated the following important topics for consideration in future studies:

1. Caring for a partially dependent parent is more stressful than caring for a totally dependent parent.
2. The guilt and frustration among siblings who do not live with aging parents and siblings who are the primary caregivers, living with aging parents.
3. The relationship of the increased religiosity to the coping ability of the caregiver.
4. The effect of caregiving on caregivers' who have chronic illnesses.

5. The comparison of caregiving practices in the U.S. to those in the Philippines and its relationship to caregiver stress.
6. The negative side effects of intergenerational conflict and its effect on the daughter's helping behavior.
7. The effect of race, ethnicity, and culture on referral patterns of informal and formal services.

The evidence gathered during this research revealed that the Filipino adult children sacrificed to fulfill the expectations of their various roles. The grounded theory of sacrificing self is useful in understanding the impact of caregiving on Filipino middle-aged women assuming caregiving as well as other personal and social responsibilities. Adult children and family members adjusted their lives to encompass the increased caring demands of the dependent parent. Balancing strategies to eliminate the demand overload became part of their daily lives.

As nurses continue to interact with the growing numbers of Filipino families, there is a need for an in-depth knowledge of the beliefs, values, and practices of this particular group. Sacrificing self, in the context of the Filipino caregiving practices, symbolizes tribute, commitment, stress as well as satisfaction, triumph in adversity, and great satisfaction in enduring family relationships.

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APPENDICES

APPENDIX B

**LETTER TO COUNCIL OF THE PILIPINO AMERICAN
ORGANIZATION IN SAN DIEGO**

May 17, 1994

Ferdie Balagtas
Chairman of the Board
Council of the Pilipino American Organization in San Diego
1615 East Plaza Blvd.
National City, California 91950

Dear Mr. Balagtas,

I am a doctoral candidate at University of San Diego and I am conducting a research study on Filipino women. My research topic addresses the "Cultural Influences on Parental Caregiving: A Study of Filipino Middle-Aged Women."

Interviews will be conducted using Philippine-born women between the ages of 45-64 who are presently caring for partially dependent elderly parents with chronic illness.

I am seeking participants for my study. In order to explain my project more fully, I will be glad to speak with your group.

Enclosed you will find a copy of my flyer regarding this study. With your permission, I would like to post some flyers on bulletin boards and other visible areas throughout your facility.

My home phone number is 287-3047. Please do not hesitate to call if you have further questions regarding this study.

Thank you for your kind consideration.

Sincerely,

Carmen Galang
7728 Hillandale Drive
San Diego, California 92120
619-2873047

APPENDIX C

**LETTER FROM COUNCIL OF THE PILIPINO AMERICAN
ORGANIZATION IN SAN DIEGO**



COUNCIL OF FILIPINO-AMERICAN ORGANIZATIONS OF SAN DIEGO COUNTY, INC.

COMMUNITY DEVELOPMENT THROUGH SELF-RELIANCE*

EXECUTIVE COUNCIL

May 18, 1994

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FERDI BALAGTAS

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Secretary
ZENY CACERES

Office Volunteer
RICARDA MAGBUTAY

OFFICE ADDRESS:
1615 East Plaza Boulevard
National City, CA 91950
Phone # (619) 474-1361

Dear Mrs. Galang,

I received your letter of May 17th regarding your proposed research study on Filipino middle-aged women in San Diego.

As chairperson of the council and on behalf of the community you may come to COPAO office and post your announcement fliers anytime, from 10 AM to 5 PM on weekdays and on Saturdays from 12 to 5PM.

I am looking forward to the results of your study. I am confident that it will benefit our Filipino community not only in San Diego, but throughout the United States. The Filipino population has grown tremendously over the years and a study such as yours is needed.

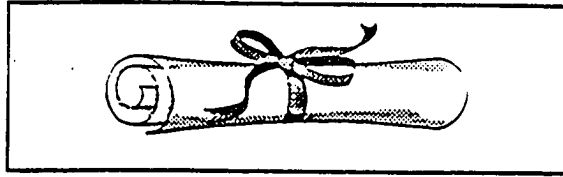
Good luck and best regards.

Ferdie Balagtás, Chairperson
Council of Filipino-American Org.

APPENDIX D

ANNOUNCEMENT FLYER

PLEASE HELP



I AM A DOCTORAL CANDIDATE AT THE UNIVERSITY OF SAN DIEGO.
I WILL BE CONDUCTING A STUDY ON FILIPINO MIDDLE-AGED WOMEN.

I AM LOOKING FOR VOLUNTEERS BETWEEN THE AGES OF 45-64
WHO ARE CARING FOR PARTIALLY DEPENDENT ELDERLY PARENTS
WITH CHRONIC ILLNESS.

THESE VOLUNTEERS MUST MEET THE FOLLOWING CONDITIONS:

- Have immigrated in the U.S. before or during 1970s
- Have children born and raised in this country
- Have a full time job

IF YOU ARE WILLING TO PARTICIPATE OR KNOW OF SOMEONE WHO
MEETS THE ABOVE CRITERIA, PLEASE CALL ME AT 287-3047

Carmen Toledo-Galang



APPENDIX E

CONSENT FORM

Carmen Galang, a doctoral student at the University of San Diego, is conducting a research study on Filipino women who are taking care of an elderly parent in the home setting. I acknowledge that I have been selected to participate in this study. This study will require me to complete a demographic questionnaire and to participate in a taped interview.

I understand that there may be no direct benefits to me by participating in this study.

I understand that approximately 1 1/2 to 2 hours of my time will be required for the interview. During the interview, questions will be asked regarding my experiences in providing care to my parent(s). The interview will be audio-taped. To maintain my anonymity and confidentiality of the interview, the tapes will be coded, kept in a secured place and will be erased once the study is completed.

I understand the information may be published, but my name and identity will not be disclosed. The data will be reported in such a manner to protect my anonymity.

I have been given the opportunity to ask whatever questions I found necessary. All questions have been answered to my satisfaction. If any additional questions arise, I am free to contact Carmen Galang at 619-2873047.

Signature of Participant

Date

Signature of Researcher

Date

Signature of Witness

APPENDIX F

INTERVIEW GUIDE

INTERVIEW GUIDE

These questions serve only as a guide. the exact words and order of the questions are not considered permanent and may be altered during the process of data collection.

1. Have you lived with your parent(s) most of your life? Tell . me about it.
2. What are the difficulties and challenges of caring for your parents in the United States?
Compare caregiving practices in the Philippines and caregiving practices in the U.S.
3. Name some of the traditional Filipino values related to elderly care. Explain.
What are some of the cultural changes related to this issue?
4. Can you tell me about your experience living with your grandparents while you were in the Philippine? Describe this experience.
5. Describe your caregiving role.
6. How do you schedule your daily activities? Does scheduling your activities help you maintain balance in your life? Explain.
7. Do you anticipate that you will be cared for in the home setting during your later years? Explain.
8. Describe how you see your children caring for you as you age.
9. Care has different meanings to people; what does care mean to you?
10. How do your own children help with caregiving activities? If unable to speak the language, how do they communicate with their grandparents?
11. Describe your parents/children interactions.

APPENDIX G

DEMOGRAPHIC INFORMATION

DEMOGRAPHIC INFORMATION

Please complete the questionnaire by checking or filling in the blanks.

1. What is your age as of your last birthday?_____
2. Birthplace:
Name of Barrio_____City_____Province_____
Year of arrival in U.S._____
3. Marital Status:married_____ single_____ divorce_____
separated_____
4. How many years have you been married?_____
Where:Philippines_____ U.S._____ Others (specify)_____
5. Number of children_____ Ages_____
6. Your occupation_____
7. Your highest level of education_____
8. Your husband's occupation_____
Was your husband in the U.S. Armed Forces_____
If yes, what branch_____
9. Religious Preference: Catholic_____ Protestant_____
Others (specify)_____
10. Number of people in your households_____
11. Number of years parent(s) have been living with you_____
12. Number of years parent(s) have been living in the U.S._____
13. Number of years your parent(s) have been needing
assistance_____

APPENDIX H

DEMOGRAPHIC CHARACTERISTICS

SUMMARY OF MAJOR DEMOGRAPHIC CHARACTERISTICS

Characteristic	Total
Age group	
45-54	24
55-65	5
Birthplace	
Barrio	16
City	13
Year of arrival in the U.S.	
1960-1969	20
1970-1979	9
Religious preference	
Catholic	26
Protestant	3
Marital status	
Married	28
Divorced	1
Place of marriage	
Philippines	20
U.S.	9
Number of years married	
1-19	6
20-39	22
40 and above	1
Number of children	
1-2	7
3-4	19
5-6	3

Characteristic	Total
Ages of children	
1-19	39
20-39	54
40 and above	1
Number of people in household	
4-5	15
6-7	12
8 and above	2
Education	
High school and below	3
High school through 3rd year college	6
College graduate and above	20
Occupation	
Managerial/professional	8
Administrative support	6
Service/sales/assembly operator	15

APPENDIX I

INFORMATION ON HUSBAND'S OCCUPATION

INFORMATION ON HUSBAND'S OCCUPATION

Occupation	Total
Retired Service Personnel (U.S. Navy)	9
Retired U.S. Navy and current employment*	13
Active Service Personnel (U.S. Navy)	2
Physician	1
Data Entry	1
Engineer	1
Federal Employee	1
Hospital Technician	1
*Current employment	
Civil Service	1
Federal Employee	2
Sales	2
Other Services	8

APPENDIX J

INFORMATION ABOUT PARENTS

INFORMATION ABOUT PARENTS

Characteristic	Mother	Father
Education		
No schooling	6	0
Elementary	8	6
High school	6	16
High school and above	9	7
Health problems*		
Hypertension	23	4
Arthritis	12	4
Heart disease	11	1
Diabetes	6	1
Stroke	6	3
Duodenal ulcer	4	0
Osteoporosis	1	0
Anemia	1	0
Gout	1	0
Lymphoma	1	0
Cancer	0	1
Ulcerated wound	1	0
	Total	
Number of years parent(s) living in the U.S.		
1-9	7	
10-19	13	
20-27	2	
Number of years parent(s) needing assistance		
1-9	20	
10-19	8	
10-27	1	

*Father information is based on six living.

APPENDIX K

FILIPINO VERSUS PILIPINO

FILIPINO VERSUS PILIPINO

Many non-Filipinos have a difficult time figuring out on what to use to describe the people of the Philippines. The use of both terms, Filipino and Pilipino is confusing. Pilipino as defined by English (1986) as a noun word that *refers to any citizen of the Philippine Republic* (cited in Flores, 1994). The word Pilipino is synonymous with Filipino. The word Pilipino beginning with P is Tagalog, and the word with F is Spanish. When writing in English, many writers use the term Filipino.

Pilipino is also an adjective used to modify a noun. For example, Philippine custom (*Ugaling Pilipino*), Philippine language (*Wikang Pilipino*). According to Flores (1994), Filipino culture, Filipino society, the Filipino family are synonymous with Philippine culture, Philippine society, or the Philippine family. When one is referring to the people of the Philippines, the correct term to use is Filipinos, Filipina if a female, and Filipino if a male. However, in this study, the researcher has chosen to use the term Filipino women.