Effect of Filial Piety and Intimacy on Caregiving Stress among Chinese Adult Married Children Living with Parents

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Abstract

This study investigated how filial piety and intimacy were applied to family caregiving stress. Data were obtained from a survey of 295 family caregivers in Xuan Ceogb and Chi Zhou, a city in An Hui Province of China from January to February 2014. The majority of caregiving was being provided for one’s own parents 78.3%, which was twice the rate of caregiving for a spouse’s parents. On responsibility, ‘caregiving by sharing with brothers/sisters equally’ was most common at 52.9%, followed by main caregiver at 27.5% and sole caregiver at 19.7%. Of living with elderly parents, 40.3% of caregivers did and 59.7% did not. The mean score for filial piety was 3.28 points, intimacy was 4.12 points, and caregiving stress was 2.19 points on a 5-point Likert scale. Of caregivers living with parents, filial piety increased caregiving stress but intimacy reduced stress for sole caregivers. Only caregivers not living with parents could reduce caregiving stress with intimacy.

Keywords: Caregiving Stress, Chinese Adult Children, Component, Filial Piety, Intimacy, Living with Parents

1. Introduction

The population in China is aging faster than in developed countries due to the reduced birth rate and increased average life expectancy, in part from the birth control policy that began in the 1970s. The number of persons aged 65 years and over in China was 200 million people in 2014, and is expected to rise to 300 to 400 million by 2041 and 430 million by 2053. Approximately 9 economically active persons (15–64 years old) supported one elderly person in 2002, and it is expected that 5 persons will support one elderly person in 2019, so the demand and burden of caregiving and social security will increase. The family has been central to the social organization of Chinese societies. However, studies have shown that caring for elderly parents is associated with caregiver stress. Because of family caregiving for old parents lasts for years and reasonably serves as the effects of caregiving stress. Filial piety, a prominent Confucian principle, is a traditional caregiving value in China that emphasises honor and devotion to one's parents. This family-centered cultural construct implies that adult children have a responsibility to sacrifice individual physical, financial, and social interests for the benefit of parents or other family members. This attitude may manifest as showing concern for parents’ health, providing housing and financial support to parents, and respecting parental authority. Bidirectional in nature, filial piety prescribes cultural and social norms that dictate how children and parents should treat each other. In exchange for the love and respect of children, parents are expected to provide financial assistance, childcare, and lessons and wisdom gleaned from life experience. It is considered the first of all virtues in Chinese society and has psychological implications for the formation of Chinese social relations.

Filial piety showed promise in finding stress among caregivers of Chinese heritage, providing social support and a way to cope. The hypothesis that cultural values would operate through cognitive appraisals of caregiving as less burdensome had conceptual appeal, and has

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been a staple of discussion of group differences in caregiver stress for years. In Canada, filial piety served as a protective function to reduce the negative effects of stressors and to enhance the positive effect of appraisal factors on caregiving burden of Canadian-Chinese. Caregivers’ belief in Chinese beliefs was associated with lower levels of distress, fewer depressive symptoms, greater self-efficacy, and more positive caregiving experiences.

Chinese caregivers reported a cultural expectation that the first-born son and his wife are primary caregivers for aging parents, regardless of infirmity. In China, filial care is viewed as devotion and dedication to parents and often positively contributes to the well-being of the elderly. However, with rapidly development of industrialization, urbanization and ‘Westernisation’ in recent decades, the social foundation for filial piety has been greatly undermined in Chinese society. It is argued that filial piety continues to be a prevailing belief and is a well-regarded value within the Chinese culture, even in nontraditional societies.

Social conditions are changing and have come to redefine children's obligations to their parents. Therefore, a higher level of filial piety would predict a more positive appraisal of the caregiving situation by caregivers, though it does not mean that caregivers do not feel burdened. In considering a variable to reduce the caregiving stress on a different level, filial piety consciousness is necessary. This study focused on the intimacy between adult children and their parents. If the filial piety consciousness is a typical Chinese value concerning parents, intimacy reflects the quality of a child’s relationship with parents. Intimacy is a concept used as the subjective tie in an existing relative relation, with special feelings or a special sense of sharing and sense of mutual cooperation with parents. It means the sharing of feelings and thoughts, a feeling of connection, and the ability to form openly supportive and harmonious relationships with others. Factors of family and caregiving are intertwined, with level of intimacy being a determining motive of deciding caregiving responsibility and providing care. Love was the top reason given by children of all ages in caring for parents, suggesting that a greater parent-child attachment resulted in deeper emotional caregiving and providing care. Love was the top reason given by children of all ages in caring for parents, suggesting that a greater parent-child attachment resulted in deeper emotional caregiving and providing care.

Intimacy between children and elderly parents can be a deciding factor in caregiving or caregiving responsibility, and contributed to reducing the burden felt by caregivers. Reported that the quality of relationship between caregivers and elderly parents can lower the burden and psychological stress of children. In the study on the family caregivers in China by, a lower burden was felt if intimacy was high. Caregivers and elderly parents living together 24 hours a day inevitably contributes to caregiving stress.

Competing social values and circumstances, such as geographical distance, competing roles and responsibilities, and increasingly demanding employment expectations, are examples of challenges that Chinese family caregivers may face when fulfilling filial obligations. This study investigated how filial piety and intimacy applied to family caregiving stress to address two major subjects: 1) current level of filial piety, intimacy and caregiving stress; 2) effects of filial piety and intimacy on caregiving stress according to status of living with parents.

2. Methodology

2.1 Procedures

Data were obtained from a survey of family caregivers in Xuan Cebg and Chi Zhou, a City in An Hui Province of China, based on gender and caregivers living with or without elderly parents. A total of 295 of 315 questionnaires from January to February 2014 were used, after excluding those with incomplete data.

2.2 Material

‘Caregiving stress’ was measured using Zarit’s Burden Interview, with 22 items rated on a 5-point Likert scale. Items were scored from 1 to 5, with a higher score indicative of greater caregiving stress. Cronbach’s alpha for this study was 0.92. ‘Filial piety’ was measured using. It was translated English by, 13-item, 5-point Likert scale, with a higher score indicative of higher filial piety. ‘Intimacy’ was measured using a single item, ‘How is your relationship with your parents?’ with a 5-point Likert scale (1 = very poor to 5 = excellent).

Socio-economic characteristics of the elderly were measured by gender, age and academic background. Caregiving characteristics were measured by primary caregiving parent (1 = my parents, 2 = spouse’s parents, 3 = none), responsibility of caregiving (1 = entirely, 2 = mainly, 3 = shared, 4 = none), and status of living with parents. ‘Living with parents’ used single item of ‘Do you live with your parents?’ with an answer of “Yes” or “No”.

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2.3 Statistical Analysis
Descriptive statistics were used to analyse participants’ socio-demographic characteristics. A t-test was performed to examine differences in caregiving stress, filial piety and intimacy according to whether caregivers were living with parents. Pearson’s correlation tests were employed to examine the strength of multicollinearity between levels of caregiving stress, filial piety and intimacy. Finally, multiple regression was used to evaluate the effect of filial piety and intimacy on caregiving stress. Statistical analyses were performed using a Statistical Package for the Social Sciences (SPSS/WIN 21.0, Company, City/Country) and P<0.05 was considered to indicate statistical significance.

2.4 Socio-demographic and Caregiving Characteristics
Of the 295 participants, 56.5% were women and 43.5% were men with a mean age of 40.97 years (SD = 7.546 years). Nearly all respondents were currently married (95.9%) and had a high school or university education (86.4%). Of all, 75.6% lived in a big city, 51.7% considered themselves religious, and 41.2% were unemployed or full-time housewives. The mean subjective economic level was 3.06 points.

3. Results
3.1 Caregiving Characteristics
The majority of caregiving was being provided for one’s own parents at 78.3%, which was twice the rate of caregiving for a spouse’s parents. On responsibility, ‘caregiving by sharing with brothers/sisters equally’ was most common at 52.9%, followed by providing majority of caregiving at 27.5% and sole responsibility for caregiving at 19.7%. On living with elderly parents, 40.3% of caregivers lived with parents and 59.7% did not (Table 1).

Table 1. Characteristics of participants

<table>
<thead>
<tr>
<th>Caregiving Characteristics</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary caregiving parent (n = 295)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My parents</td>
<td>231</td>
<td>78.3</td>
</tr>
<tr>
<td>Spouse’s parents</td>
<td>64</td>
<td>21.7</td>
</tr>
<tr>
<td>Caregiving responsibility (n = 295)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sole caregiver</td>
<td>58</td>
<td>19.7</td>
</tr>
<tr>
<td>Main caregiver</td>
<td>81</td>
<td>27.5</td>
</tr>
<tr>
<td>Shared with brother/sister equally</td>
<td>156</td>
<td>52.9</td>
</tr>
<tr>
<td>Living with their parents (n = 295)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Live together</td>
<td>119</td>
<td>40.3</td>
</tr>
<tr>
<td>Not living together</td>
<td>176</td>
<td>59.7</td>
</tr>
</tbody>
</table>

3.2 Level of Filial Piety, Intimacy and Caregiving Stress
Descriptive statistics for caregiving stress, filial piety and intimacy are shown in Table 2. The mean score for filial piety was 3.28 points (SD = 0.467), intimacy was high at 4.12 points (SD = 0.664), and caregiving stress was low at 2.19 points (SD = 0.590).

3.3 Effects of Filial Piety and Intimacy on Caregiving Stress among those Living with Parents
Prior to multiple regression analysis, bivariate analysis was performed on selected control variables, and Pearson’s correlation analysis was conducted to confirm multicollinearity (data not shown). Caregiving stress was the dependent variable in this study. Table 3 presents the results of multiple regression analysis, determining the factors associated with caregiving stress according to whether children were living with parents.

Education level, primary caregiving parents, and caregiving responsibility were treated as dummy variables before regression analysis was performed.

For caregivers living with parents, seven variables presented in Table 3 explained 13.9% of variances in caregiving stress. The effects on caregiving stress on caregiving responsibility, filial piety and intimacy were significantly associated with levels of caregiving stress. For sole care-
givers, filial piety increased caregiving stress and greater intimacy reduced stress.

For caregivers not living with parents, seven variables explained 14.4% of variances in caregiving stress. Only the effects of intimacy on caregiving stress were significantly associated with levels of caregiving stress. Intimacy reduced caregiving stress (Table 3).

4. Discussion

This study investigated how filial piety and intimacy were applied to family caregiving stress, and addressed two major subjects: 1) the current level of filial piety, intimacy and caregiving stress; 2) effect of filial piety and intimacy on caregiving stress according to status of living with parents. Data were obtained from a survey of family caregivers in Xuan Cebg and Chi Zhou, a city in An Hui Province of China, based on gender and caregivers living with or without elderly parents. A total of 295 of 315 questionnaires from January to February 2014 were used, after excluding those with incomplete data.

The mean score for filial piety was above the midpoint at 3.28 points, and lower than 3.93 points of Korean women with filial piety consciousness reported by29. Chinese caregivers scored intimacy at 4.12 points, which was higher than 3.53 points reported by30. Caregiving stress at 2.19 points was similar to the result of 2.14 points from30.

For caregivers living with parents, sole responsibility for caregiving and higher filial piety resulted in higher caregiving stress, and higher intimacy reduced stress. For caregivers not living with parents, higher intimacy reduced caregiving stress.

This outcome is open to two interpretations. First, in the case of caregivers living with elderly parents, a higher caregiving responsibility and a higher filial piety resulted in more caregiving stress. Filial piety is not only an ideology, but also a set of social practices that continues to be an influential factor on the reality of adults and their families31. Within the context of Chinese culture, providing care to older adults is an obligation and a highly regarded traditional practice and belief32. It is a family-centered cultural construction in which children are expected to sacrifice their own interests physically, financially, and socially for the benefit of their parents or family as a responsibility33. In the opinion of33, this can be interpreted that filial piety means caregiving responsibility, and the level of caregiving responsibility and filial piety increase caregiving stress. Further, the filial piety is affection for parents and the self-sacrifice and devotion, which may be viewed as an unsuitable concept for adult married children in modern China. Based on results of this study, filial piety can be interpreted as social pressure to provide caregiving rather than individual choice based on an emotional relationship. Changing circumstances in family structure, living environment, housing, employment, and economy are factors that do not allow traditional filial piety to be nurtured2,34. A higher filial piety was correlated with greater caregiving stress, which

### Table 3. Effects of filial piety and intimacy on caregiving stress

<table>
<thead>
<tr>
<th></th>
<th>Live Together</th>
<th>Non-Living</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>β</td>
<td>t</td>
<td>B</td>
</tr>
<tr>
<td>(Constant)</td>
<td>2.263</td>
<td>3.755**</td>
<td>3.614</td>
<td>7.317***</td>
</tr>
<tr>
<td><strong>Control Variable</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>.009</td>
<td>.136</td>
<td>1.447</td>
<td>-.001</td>
</tr>
<tr>
<td>Education</td>
<td>.010</td>
<td>.008</td>
<td>.083</td>
<td>.113</td>
</tr>
<tr>
<td>Subjective Economic level</td>
<td>-.143</td>
<td>-.123</td>
<td>-1.308</td>
<td>-.138</td>
</tr>
<tr>
<td><strong>Caregiving Characteristics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Caregiving Parents</td>
<td>-.182</td>
<td>-.121</td>
<td>-1.340</td>
<td>-.050</td>
</tr>
<tr>
<td>Caregiving Responsibility</td>
<td>.277</td>
<td>.221</td>
<td>2.415</td>
<td>.014</td>
</tr>
<tr>
<td>Filial Piety</td>
<td>.244</td>
<td>.203</td>
<td>2.123</td>
<td>.070</td>
</tr>
<tr>
<td>Intimacy</td>
<td>-.179</td>
<td>-.199</td>
<td>-2.103</td>
<td>-.296</td>
</tr>
</tbody>
</table>

*p<.05, **p<.01, ***p<.001

* Dummy var.: Education (1 = high school), Primary caregiving parents (1 = my parents), Caregiving responsibility (1 = entirely).
may be caused by a caregiver realizing that he/she cannot reduce the burden due to filial duty, contributing to increased caregiving stress. Our results contrast previous research\(^6,9,35\) that found filial piety has a protecting role in caregiving stress\(^6,9,35\). In this study, overall caregiving stress was low at 2.18 points. However, high filial piety implies that emphasis on cultural values may have a negative effect on lowering caregiver stress.

Second, in contrast with filial piety increasing caregiver stress of those living with elderly parents, the level of intimacy between adult married children and elderly parents may be a protective factor in reducing caregiver stress regardless of cohabitation status. In short, a higher affective intimacy with elderly parents correlated with less caregiving stress, as reported in previous research\(^1,23,24\) emphasising intimacy or attachment for caregiving. This supports a study that found intimacy provided a higher caregiving motivation than caregiving obligation\(^16\).

For caregivers living with elderly parents, the level of caregiving responsibility and filial piety acted as factors that increased caregiving stress. However, results of this study show that greater intimacy can lower caregiving stress regardless of cohabitation status. As attachment is connected to caregiving and in the life process\(^35\), a program to improve parent-child relationships and intimacy is needed for adolescent children and middle-aged parents before caregiving becomes an issue.

5. References

37. Cicirelli VG. Attachment and obligation as daughters’ motives for caregiving behavior and subsequent effect on subjective burden. Psychol Aging. 1993; 8(2):144.