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What is This?
Implicit Exchanges in Family Caregiving for Frail Elders in Taiwan

Hui-Chuan Hsu
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In this study, the authors use in-depth interviews with inductive analysis to develop a conceptual framework for exploring social exchanges and their implicit calculations for caregivers in Taiwan. They interviewed 12 caregivers, based on theory-based sampling and maximum variation. They found some components of implicit exchanges of the caregivers, and drew a framework to describe it. At the beginning of care, motivations were mostly from obligation accompanied by reciprocity or repaying motives. In the process of caregiving, some unique, implicit cultural implicit exchanges were found, such as karma, a demonstrative behavior to investment, equitable share of responsibility, and the pressure or rewards from public opinion. These implicit exchanges might be intermediary factors in helping caregivers cope with their burden or even in influencing their continuation of care. The findings are implicated to help family caregivers continue their care and not damage their quality of care.

Keywords: caregivers; Chinese culture; social exchange; reciprocity; Taiwan; filial piety; public opinion; karma (Yin-Guo)

Family caregiving researchers have long explored the motivation of caregivers for the frail elderly (Guberman, Maheu, & Maillé, 1992; Gubrium, 1988). The obligation, or filial piety, is an important reason for the children or the younger generation to take care of the frail elderly in the Asian culture (Litwin, 1994; Sung, 1990; Yamamoto & Wallhagen, 1997; Yeh, 1995). Under the wave of “aging in place,” the Western countries with aging populations might benefit from the experience of supporting the elderly at home in the Asian culture. However, the Asian culture in Taiwan is no longer able to maintain traditional family caregiving because of competing family duties, an increased burden of caregiving, and the modern system of social welfare. When facing the heavy burden of caregiving and competing care needs, does the relatively weaker force of social obligation still keep caregiving going? Are there some other explanations for the motivation and psychological process in caregiving that should be considered?

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Taiwan, in keeping with other modern societies, has experienced dramatic and rapid social change. Chinese culture in Taiwan is fused with Western culture in many ways, including family caregiving. In this article, we hope to illuminate how Chinese caregivers in Taiwan, who are surrounded by both modernization and traditional values, think about their family caregiving. The results will contribute some knowledge to family and gerontology research.

In the perspectives of analysis, social exchange theory is one popular perspective for explaining the relationships between the elderly and their caregivers (Carruth, 1996; Lee, Parish, & Willis, 1994; Shi, 1993; Walker & Allen, 1991; Wu, Li, & Chang, 1997). Some researchers have explored how the social exchange relationship influences both positive and negative outcomes for the caregiver or the elder receiver (McCulloch, 1990; Mutran & Reitzes, 1984; Walker, Martin, & Jones, 1992). However, only a few studies have focused how the inner exchange develops in the caregiving process (Neufeld & Harrison, 1998). Our focus in this particular study is the social exchange in the caregiving process, from the motivation of care to the feeling about care. We also explore specific characteristics of Chinese culture in family caregiving.

**BACKGROUND**

**Family Caregiving in Taiwan**

Centuries ago, Chinese ancestors migrated from Mainland China to Taiwan, bringing Chinese culture with them and rooting it in Taiwan. Filial piety is a virtue and obligation to the Chinese people, and the most basic standard of filial piety is to satisfy one’s parents' daily needs and support them in their old age. In the past, adult children would be considered to have violated tradition and be condemned by society if they let their parents live alone, supporting only their living expenses or even leaving their parents to manage their daily living independently.

Traditional Chinese society is a patrilineal society. Sons are expected to live with their parents and to provide financial support. Unmarried daughters have less financial responsibility toward their parents, but they often perform the caregiving tasks. Married daughters are not considered members of their family of origin; they are the daughters-in-law of their husbands’ families. Daughters-in-law are expected to take care of parents-in-law and do all the household tasks. They are expected to be the first-priority caregivers. If offspring are not available, then the spouse will take the main responsibility of caregiving.

After 1960, Taiwan experienced dramatic and rapid economic growth, and Western culture was progressively and comprehensively integrated into Taiwanese society. The decrease in the proportion of stem families and extended families has changed living arrangements (Wen, Chang, Chang, & Chu, 1989). Family resources and family values continue to change. At the same time, because of the aging population, the problem of elder care in Taiwan has been significant. The percentage of the elderly in the population has exceeded 7% since 1993, and it exceeded 8.6% by 2000. Nowadays, the family is still the main source (more than 90%) of elder care in Taiwan (Wu & Lin, 1999), but the delivery of family care is changing. The human resources in the family are declining. Female participation in the workforce has
increased, and caregivers must weigh the competing needs of family caregiving. Meanwhile, the willingness to perform family care is also changing. Living with parents, supplying funds for living, and taking care of their daily needs are the traditional virtues for Chinese children. However, it is no longer common for married sons to live with their parents. Over time, social changes have meant that people no longer believe as strongly as they did previously that living with parents is the best arrangement for married children and their parents (Hsu, Lew-Ting, & Wu, 2002). Therefore, people in Taiwan might face a clash between the expectation of traditional values and their ability and willingness to care. Many caregivers might be reluctant to care for their frail elders, though they still perform caregiving. The dilemma might influence the quality and the continuation of family care. Accordingly, how caregivers regard family care under current social conditions needs to be investigated.

Social Exchange, Indebtedness, and Inequity Theory

Gouldner (1960) introduced the concept of “reciprocity,” using it to explain the beginning of social interaction and the reciprocal norm in the society. The concept of reciprocity is the basis of social exchange. According to social exchange theory, human behavior is rational (Emerson, 1976; Homans, 1961; Thibaut & Kelley, 1959). A person’s behavior is based on the calculation of rewards and costs, and he or she acts to minimize the costs or to maximize the rewards. People also compare the action alternatives and choose a higher reward alternative, the reward of the event being determined according to the principles of satiation, value adaptation, and diminishing marginal utility.

Many researchers have found that social exchange explains the care behavior directed toward elderly receivers (Carruth, 1996; Neufeld & Harrison, 1998; Walker & Allen, 1991). Social exchange theory has also been examined in Chinese caregivers. Emotional, instrumental, or material exchanges were found between the caregivers and the receivers (Shi, 1993; Wu, Li, et al., 1997). However, these are not the only contexts of family exchanges. There are instances of Chinese family caregiving where the social exchanges cannot be explained thoroughly. In our observation, Chinese parents believe that caring for their own parents is a demonstration for children of the virtue of filial piety. This motivation of care does not bring emotional, instrumental, or material rewards for the caregivers. Furthermore, sometimes, caregivers do not ensure that they will receive rewards for their caregiving, nor do they even expect any rewards from family caregiving, even if they do not have to repay the elders.

Some derivative theories from the social exchange theory are also helpful in the explanation of caregiving processes, such as the theories of indebtedness (Green, Greenberg, & Willis, 1980) and inequity (Adams, 1965). In the theory of indebtedness, socialization makes people feel indebted when others give them something or help them. People will explain the giving behavior, decide the degree of indebtedness, and do something reciprocal to reduce their feeling of indebtedness. This kind of returning or reducing indebtedness behavior is a form of social exchange. Based on the indebtedness theory, people might take care of their frail elders because they want to reduce the indebted feeling. In the inequity theory, people expect the exchange based on their attributes or inputs. If the inputs of others were less, or the
effectiveness of what people received was not as much as they had expected, they will have a feeling of imbalance and sense “unfairness” or “inequity.” They might then reduce their input, transform their recognition of output, or leave the exchange relationship. Based on the assumptions of the inequity theory, caregivers will take care of the elders to achieve “equity,” and they might give up family caregiving if they sense unfairness in the caregiving process. These relevant perspectives would help researchers to analyze and explore more deeply and thoroughly the exchanges in family caregiving.

The purpose of this study was to explore social exchanges in family caregiving for Chinese caregivers in Taiwan. We wanted to identify the initial motivation and feeling in the caregiving process, especially the social exchange calculation of the caregiver to the recipient elder. We used qualitative, in-depth interviews to explore the psychological process of being a caregiver. We believe that the social exchange theory should be modified when applied to research related to Chinese family caregiving and that the Chinese culture can enrich the context of social exchange theory in instances of family caregiving.

METHOD

Data Collection and Samples

The samples were drawn from a previous longitudinal study “The Elderly’s Long-Term Care Survey,” for which we had screened disabled elders and their family caregivers in four communities in Taipei. First, we selected the primary family caregivers of the disabled elders screened in 1996, and then the sampling was done based on theory-based sampling and maximum variation (Crabtree & Miller, 1992). We selected the caregivers with different age, kinship patterns, and motivations to family care in 1996, and also considered elders (care recipients) with different degrees of disability. The participant selection was also guided by ongoing analysis. For example, we found a relationship between the urbanization of the community and the perception of caregiving. Thus, we interviewed rural and urban caregivers. We conducted interviews until results converged and matured. In all, 12 caregivers were interviewed in this study, including 3 wives, 2 husbands, 3 daughters, 2 sons, and 2 daughters-in-law to the elder. With respect to education level, 2 participants were illiterate, 2 had elementary school, 5 primary high school, and 3 high school. Caregiving durations ranged from 1 to 7 years, except for 1 participant, who had provided care for more than 10 years. The frail elders had between one and five difficulty items in activities of daily living. Six of the elders had died by the time the caregiver was interviewed, 5 had long-term admissions to the hospital, and 3 had hired attendants to help with care at home. One had used a nursing home.

Every participant was asked if he or she wished to receive the interview via telephone contact and signed an informed consent before the interview. All of the participants were verbally articulate. The interviews were audiotaped with written notes.

The researcher and another interviewer conducted the interviews. Both interviewers had extensive experience in the previous longitudinal survey. Using the confirmation and realization of the background information and some sympathetic
questions, we established a relationship with the participants. The interview guide consisted of several open questions: confirmation of the disability history of the elder; the decision about the manner of care; the family care provided by the primary caregiver and other family members; and the relationship between the caregiver, the elderly person, and other family members. The interviewers also asked the caregiver’s feelings about family care, the social exchange between the caregiver and the elder or other family members, the continuation of care, and the consideration of care alternatives. Interviews were 1 to 2 hours in length.

After each interview, the researcher discussed each case with the other interviewer. It was helpful in exploring the meaning in the interview to code analysis by peer discussion. The interview memos, recorded tape, and the information from the previous survey were used to establish the case profile. The recorded tapes, memos, and other data in the case profile were transcribed to text for further analysis.

Analysis

Inductive analysis and constant comparison were combined in data analysis (Patton, 2001). First, we elucidated key phrases or terms of the data, and created the codes. In the process of coding and categorizing, constant comparison was used to compare cases within the interviews, as well as compared to past social exchange theory literature. We found that sensitizing the concept of social exchange was helpful in explaining family caregiving in this sample. We continued the constant comparison during the process of coding and categorizing, and finally reached a conceptual framework.

Major categories and concepts were developed originally in Chinese and then translated into English. We kept in close communication with another local researcher who was fluent in English, Mandarin Chinese, and Taiwanese, and knowledgeable about topics in this field to ensure that the cultural concepts were translated accurately and appropriately.

We used specific techniques to improve trustworthiness or credibility (Lincoln & Guba, 1985; Patton, 2001). We used in this study prolongation of time and the establishment of a relationship, two interviewers (triangulation of interviewer), peer discussion, and comparing the data to the previous 1996 survey questionnaire data (triangulation of methodology).

FINDINGS

We found inner or implicit social exchange in the caregiving of each kind of kinship. Caregivers talked about their obligation to care. However, there was social exchange or some kind of calculation in mind. We describe several social exchange patterns of family caregiving in the results: reciprocity for spouse caregivers, filial piety and repayment of raised benevolence (kindness while the person was being raised by his or her parents), accumulating wellness or reducing debts (karma), investment in the future, equity of responsibility share, and public opinion in cost avoidance and reward reinforcement. Finally, we propose a framework of the implicit exchanges in the process of family caregiving for Taiwan caregivers.
Reciprocity for Spouse Caregivers

For spouse caregivers, it was natural to take the responsibility for care, especially when the health concerns of the frail partner were such that he or she could be cared for at home. They were much more willing to care for their spouse because of their strong affection. However, affection was not the only explanation. Older couples believed that marriage involves reciprocity and mutual support throughout their entire life, so caring for each other when elderly and sick was important. They condemned the practice of abandoning an ill spouse.

For example, a husband caregiver said, “In the old saying, to marry a husband or a wife, a good beginning can do no better than a good ending. The young men are not the same as we were before. They easily get married and divorced.” He told a story about his friend. This friend had had a good marriage when he and his wife were young, but when his wife was sick, he hired a paid caregiver, and he did nothing else. He remarried after her death.

His wife was nice to him, but who knows the husband is cruel. That’s wrong. Marriage should last no matter if you get sick or not. If you have a sick couple, you should help each other. It doesn’t matter that we marry or not if we are always healthy, but people may get ill one day. When I was sick before, my wife and son took care of me very much. [That is why I care for my wife.] In a word, it is better for us all to be reciprocal.

Filial Piety and Repayment of Raised Benevolence

Children often said that caring for parents was “a matter of course,” “a universal truth.” When probed further, the children caregivers talked about the parents’ devotion in raising them. Children did not think that the caregiving was equal to filial piety. They agreed to be filial, but filial piety did not involve only taking care of frail parents. It was also important to be considerate and benevolent. Some children caregivers believed that not to care for their parents showed that they were not filial enough. Others believed that nowadays, children might have difficulty in caring for their parents and should not be blamed should they not be able to provide the highest traditional standard of care. However, they agreed that they should repay the benevolence of being raised by their parents. Caregiving is a form of repayment. The interesting thing is that children begin to “calculate” the way to repay parents. An example of a time-spent calculation by a daughter caregiver is illustrated in the following quote. She believed that caring for her father for some years (thus reducing her opportunity for marriage) was a means of repaying him, because, before her father was disabled, she had not given him any material or money support.

I don’t care very much about marriage right now. I have the opportunity to care for my dad, and I talked to him that caring for him was my honor to repay him because I’m able to do it. I’m unashamed. He raised me for thirty years, and I have just repaid him for three or four years. I can even give him five years, right?

I’m voluntarily to take care of my dad. Dad is the only one. He raised me. I’m just being daughterly. . . . The money we children earned all belongs to us. We didn’t give it to them [parents] before. So I think when my dad’s sick we should reciprocate him.
Karma (Yin-Guo):
Accumulating Blessing or Reducing Debt

Chinese people sometimes explain relationships or unavoidable events by karma. In Chinese, it is termed *yin-guo* (cause and effect). The karma concept came from Buddhism and was simplified in the Chinese folk belief. It is a causation theory, meaning that a person inevitably reaps what he or she sows. Sometimes the effect (*guo*) does not happen immediately; it can be repaid even across lives. If a person does not repay debts or does something bad to others, his or her soul will carry the debts, resulting in a bad, unlucky, hard, or unhappy future life. People believe if they have to pay much to someone but do not receive back equivalent rewards, the reason must be that they owed the person in their previous life. The only way to prevent a hard future life is to repay the debts. To do good deeds to others or to face a hard life is to pay one’s own debts from a past life or to invest in wellness in the next. If a person has done good deeds to others or had repaid debts, then others will owe him or her some debts that need to be repaid, or else he or she will be rewarded by a good, fortunate, peaceful, and happy life, which is that person’s rewarded blessing (in Chinese terms, *fu-pao*). In brief, because of yin-guo in Chinese belief, people are encouraged to do good deeds.

For Chinese caregivers, heavy family caregiving is often believed to be a kind of effect (to repay the caregiver’s debt to the receiver) or a kind of cause (to accumulate blessings thereafter). For those who believed in the yin-guo, it was a way of coping with the caregiving burden. Perhaps caring for the frail elderly is a hard, painful, lifelong job. Only the belief of repaying the debts could convince the caregiver, alleviate the burden of caregiving, or give him or her peace of mind. A wife caregiver talked about the yin-guo in the following examples.

If I didn’t owe him at all, how can I care for him like this? . . . We have been eating together [we are a couple in this life]. I have tried my best. Whether I owe him or not [in my previous life], I will care for him as much as I can.

She agreed that if she cared for her husband, she would receive wellness in the next life. But she didn’t think of that when she was caring for him. She believed it was a kind of reduction of debt.

I don’t know in which previous lives I had owed all these debts, but I have to pay back willingly anyway.

Another wife caregiver also mentioned that to provide care was to repay her debts.

Reducing debts? Yes, I reduce my debt, and he reduces his. He, lying there, doesn’t make any speaking debt. . . . This is the yin-guo from a previous life. We are owing each other. Either I owed him in a previous life or he had been nice to me in this life. I’d better pay him back as much as I can now. I don’t want this in my next life.

Some caregivers expressed that whether children were filial is another kind of yin-guo, which might explain whether the children take care of parents. Although caring for parents was a natural thing, what if children do not care of their parents? It could only be attributed to the parents’ yin-guo.
Now how many children support their parents? Some do. I cannot deny all of them. It is something like yin-guo. If I owed him, he treated me bad. If he owed me, then he treated me nice. Everyone is different.

A wife caregiver’s son was mentally retarded. The other son did not care for them at all.

I don’t blame or sigh. I’ll tell you. This is the chain of yin-guo. If I owe him, then he will not be filial to me. It means I have to return the debts. We should return our debts willingly and should not accumulate the debts any more. A lady next door has told me that karma is quite heavy. If you steal a piece of newspaper in a previous life, you have to pay back seven piece goods in this life. So we should not complain about anything. Try to return it at our best.

Investment: The Demonstration Effect

There is an old Chinese saying: “Raising sons is insurance against the insecurity of old age.” This means that the parents will educate the children to be filial and care for them when they are elderly. It is similar to “preference shaping” or “the demonstration effect” (Stark, 1995). The researcher asked the participants whether they believed in the demonstration effect. However, the participants did not show their expectations of their children in the future. Rather, they supposed that if they did not take care of their parents, their children would not take care of them in the future either. That is another form of repayment.

For example, a daughter-in-law caregiver did not believe her child would take care of her one day. “I will go to a nursing home. What I need is money. I will save my money from now.” Although her son had mentioned that he would take care of her and hoped that she might calm her fears, she did not expect (or somewhat feared to expect) to be cared for at all. She wondered what would happen: “Parents who are bedridden for a long time do not have filial sons.” Another example was a caregiver’s brother who seldom came home to see his parents. Now, the brother’s son did not care for him at all as well. The caregiver said, “If you treat your father like this, you will be treated by your son in the same way some day.”

Equity of Responsibility Sharing

Usually there are no benevolence-raising relationships between the daughters-in-law and the parents-in-law. However, the daughters-in-law often carry the main responsibility of care because of the demands of Chinese tradition. For a daughter-in-law caregiver, caring for the parents-in-law came from a “should-be” motivation. There might not be much freedom to choose. A daughter-in-law should not calculate too much under the cultural norm. One daughter-in-law said that the son and the daughter-in-law should be the first choice in taking care of the parents, especially the oldest son and his wife. She said this kind of tradition was not bad. Although she had had to adjust her life at the beginning, now she and the mother-in-law could accommodate each other.

I’m the wife of the oldest son. I have no alternatives. That’s what I have to do, right? … Everybody thinks this is what it should be. They think the daughter-in-law should take care of the mother-in-law. Because I’m the one in the family, I have
Although the daughter-in-law might carry the caregiving responsibility because of traditional norms or at the request of the family, there are factors that influence the continuation of care. First, when there are no other available caregivers, the daughter-in-law has to be the caregiver. If there are other family members, but no one else shares the caring responsibility, then the daughter-in-law caregiver feels it is unfair and complains. Especially when there are also other daughters-in-law living with the elders, the oldest son and daughter-in-law do not carry more caring responsibility, or the caregiving influences her job, the daughter-in-law caregiver is more likely to feel unsatisfied in her role as a caregiver. If she feels the situation is unfair, she will not continue to provide direct care.

I think we three children should share the responsibility! . . . It’s not convenient for us. How can they let everything depend on us? We need to earn money too. How can they drop everything on us? It’s impossible to transfer the caregiving job to my junior sister-in-law [the daughter of the elder]. Everybody is her [the elder’s] child, why does she have to do it alone? The capable person should do more.

My oldest brother [the oldest son of the elder] said he was afraid to care. He said he will help the mother with taking a bath, but he would not clean stool or urine. He’ll feel sick. My oldest sister-in-law [the daughter-in-law of the elder] has to work. She comes home at night and seldom comes downstairs [to care for mother] . . . my junior sister-in-law and I take more responsibility.

I think the sons should help care. It is too heavy for only one caregiver. We have so many people in our family, why am I the only caregiver? I think it is better to share the caregiving responsibility averagely.

Cost Avoidance and Reward Reinforcement: Pressure From Public Opinion

Another consideration for daughters-in-law to care for the frail parents-in-law is public opinion. In Chinese culture, daughters-in-law should take the main responsibility of caring for their parents-in-law. If they do not, their relatives and the public will condemn them. In this study, daughter-in-law caregivers expressed the pressure of public opinion. They might provide care to avoid the cost of public censure. They might also be satisfied with the appreciation shown by neighbors and relatives for their caregiving, which would reinforce their continuation of care.

A daughter-in-law caregiver told of another daughter-in-law in the neighborhood, who was sending her parents-in-law to a nursing home and who had many critics in the neighborhood. “She is working. She has her difficulties. She is not like us [having a storefront with house]. We can see the elder any time. But everyone here gossips.” The caregiver was one of the model daughters-in-law in the neighborhood. The elder heard about it and talked to her: “No wonder you’re so famous. We are a traditional community. People watch and talk about it. Sending her out [to the institution] is out of the question.” She felt embarrassed and talked about the appreciation from her aunt. “She said if her son gets married, he will be lucky if he married a girl one tenth as good as me.”

Possibly, social appreciation or criticism was not the initial motivation for family care. Nevertheless, it might be a buffer or intermediate variable that influences
the feeling about and continuation of care. The caregivers who cared about public opinion might also care about ethics and social norms. Public opinion could strengthen their responsibility and obligation to care for their family members.

For example, a son caregiver and his brother were highly appreciated in the neighborhood for caring for their parents. They were recommended as the filial example in the neighborhood. In the past, the son caregiver had been in trouble with the law and gave the neighbors headaches. Fortunately, he met good friends, and he spent 10 years changing the way people viewed him. In the beginning, people did not believe him, but eventually, his relatives realized that he had become better than others. The son caregiver was very satisfied that his efforts, especially the filial behavior and caregiving, were seen and accepted.

The Framework of Implicit Exchange in the Caregiving Process

Based on the above findings, we drew a framework of implicit exchange in family caregiving (Figure 1). In the beginning, individuals take care of the elders because of their obligation role, such as being a wife, a son, or a daughter-in-law. For the primary group of the elder (spouse, son, or daughter), they recalled the past relationship between themselves and their frail elders. However, obligation is not the only reason that the caregivers provide care. They also want to reciprocate or to repay the goodness that the elder had given them, which might be emotional, material, or instrumental. Both the obligation and the reciprocity are the motivations to care.

However, family caregiving is a difficult job. Caregivers are not always happy and willing. What if they cannot endure the hard work? What makes them continue to provide care? Some calculations of social exchange occur. Caregivers tried to explain why they had to perform caregiving. This was especially true for the Chinese daughter-in-law caregivers. One explanation is the belief in karma (yingguo), for example, “because I owed him in my last life, so I have to return to him this life. That’s why I have to care for him so hard.” The second explanation is an investment behavior: the demonstration effect. People should care for their parents, or else their children will not care for them when they are elderly and disabled. It can be seen as either a cost the caregiver wants to avoid or an investment for the future.

Another explanation caregivers gave for continuing in their caregiving role is public opinion. They do not want to be criticized by the relatives, neighbors, or the public, so they cannot send the elder to an institution. They might also be appreciated and much approved of by their relatives and neighbors. Their hard work is meaningful and rewarding. Public opinion is a cost-to-avoid or a reward-to-reinforce factor. Usually, these caregivers feel comfortable being a caregiver, find their situation tolerable, and are willing to continue in this role.

If the caregivers could not find the rewards or transform their recognition for their caregiving, then they compared their input to others in the family. If other family members could, but do not, care for the elder, caregivers might feel the situation is unfair and unequal, and become more calculative, asking others to share the care responsibility. They might even calculate their own input and opportunity cost of being caregivers. They might quit or find other alternatives to caregiving.
DISCUSSION

The finding in this study offers a framework for viewing the original and derivative psychological processes of being a caregiver. Using the perspective of inner calculation of social exchanges of the caregiver, we have explored the obligation accompanied by some reciprocation as the original caregiving motivations. Furthermore, we have explored the derivative implicit exchanges that make the caregivers tolerate or accept their caregiving role, or the unfair exchange relationship that makes them feel the arrangement is inequitable. Some derivative exchanges are specific to Chinese culture, such as karma, the demonstration effect, and the pressure of public opinion on the kinship role.

In this discussion, we first compare the social exchanges in our findings to those in other studies and discuss the different exchanges of family caregiving in the kinship roles. Second, we discuss the generalized reciprocity of family caregiving, especially the generalized reciprocity of the daughter-in-law and her emphasized feeling of inequity, and the demonstration effect generalized to the children. Third, the specific phenomena in Chinese culture, that is, karma, public opinion, and the inheritance exchange, are examined. We also discuss the triangulation of the data. Finally, we discuss the study’s limitations and implications for practice and research.

Kinship Roles and the Exchanges

The implicit calculations for the different roles of caregivers are not the same. For spouse, son, or daughter caregivers, obligation is accompanied by the reciprocation
or the repayment motivation. These individuals have long social exchange relationships with their frail elders. This is consistent with other research findings, including the affective, instrumental, or material exchanges (Carruth, 1996; Lee et al., 1994; Shi, 1993; Walker & Allen, 1991; Wu, Li, et al., 1997). It is similar to the on (social debt) in Japanese culture, which describes the social exchange relationships (Yamamoto & Wallhagen, 1997).

The daughter-in-law caregiver is another case. Daughters-in-law are expected to be the main and first-priority caregivers in traditional Asian society (Chao & Roth, 2000; Choi, 1993; Harris & Long, 1993; Hsieh, 1989; Keith, 1992; Yamamoto & Wallhagen, 1997). They are also the last family members to know and build up a social exchange relationship with the elder. Compared to the other blood relatives, daughters-in-law are more distant but carry more responsibility: They are obligated to care but without the reciprocal motivation. Therefore, derivative exchanges are more emphasized for daughter-in-law caregivers. They might be more sensitive to public opinion, and they pay more attention to the equity in the caregiving among family members.

Generalized Reciprocity

Some researchers have found the “generalized reciprocity” of the daughter-in-law or male caregivers (Globerman, 1996; Neufeld & Harris on, 1998; Yamamoto & Wallhagen, 1997). In the social exchange theory, generalized exchange means that there are at least three actors and an indirect and univocal exchange in the reciprocity (Ekeh, 1974). In family caregiving, generalized reciprocity means that to care for the elder is to repay someone else, in an indirect way. In Globerman’s and Yamamoto’s research, daughters-in-law care for the elder to share the suffering of the husband or to help manage the relationship between their husband and the elder. In this study, we found the daughter-in-law caregivers mentioned that their husbands are appreciated for their efforts and that they are sharing their husband’s caregiving burden. However, the main responsibility is still attributed to them. They do not think that it is for their husbands. Rather, they calculate the responsibility shared by the other daughters-in-law, and they emphasize the “inequity.” This shows that the daughter-in-law might bear the caregiving burden because of the traditional obligation role, but they also use this requirement and apply it to other members in the family.

Neufeld and Harrison (1998) also discussed generalized reciprocity, the altruistic value of contributing to a larger good or a value that the male caregiver wants to communicate to his children. The “demonstration” in our study is similar to this kind of generalized reciprocity. The demonstration in caregiving is an investment in rewards that will come in the future and will be repaid by someone other than the elder.

Chinese Cultural Phenomenon:
Karma and Public Opinion

Karma and the importance of public opinion are distinctive phenomena of the Chinese culture. In family caregiving, karma was mentioned often in the Taiwan female caregivers’ experiences (Lai & Lu, 1998). They considered the caregiving to be fate.
and, therefore, impossible to change. In fact, the psychological experience or the motivations of care to obtain peace of mind have also been found by other researchers (Chao & Roth, 2000; Guberman et al., 1992; Yamamoto & Wallhagen, 1997). However, many Chinese caregivers explained the reason for care by karma. In this study, we also found that karma or yin-guo appears in some of the caregivers’ psychological processes. We believe that karma is a self-consolation or coping method for caregivers to accept the caregiver role. It is similar to the “changing the inputs and outcome in their recognition” of Adams’ inequity theory (1965). By changing the recognition of caregiving, caregivers found a rationale or reasons to keep on caregiving, given their unavoidable obligation or the relentless burden of care.

Public opinion is another cost-to-avoid or reward-to-reinforce factor to care. It is also seen in the relevant study in Japan (Yamamoto & Wallhagen, 1997). The traditional Chinese cultural norm is collectivism, and social norms and public opinion guide people’s behavior. The public appreciates virtue and condemns crime or even deviant behaviors such as old customs. Nevertheless, modern Taiwanese society is different from the traditional one. People living in the modern city do not care for each other as much as the traditional community does. The pressure from public opinion works only in the traditional community, and it could be less important in the future. This implies that the strength of public opinion will not be as strong as it was previously. In this scenario, the caregivers’ rewards from the public or the cost that they have to avoid diminish. According to the framework in this study, if the caregivers do not develop some other social exchange relationships with the elder or in their own mind, caregivers might be unsatisfied with caring, decrease their quality of care, or even discontinue their caregiving work.

The researchers in this study tried to talk about the exchange relationship between inheritance and family caregiving (e.g., whether the caregiver would receive a larger inheritance or more real estate or money from the elders than other family members did) but did not obtain in-depth answers from the participants. Most offspring participants said that the elders did not have much money for them, and some talked about the family property’s having been divided before the elder’s disability. The inner meaning could be that the care responsibility was not related to the inheritance or that the caregiver did not want to talk about this topic. In Chinese culture, the subject of inheritance should not be discussed in public, especially when the elders are still alive. It might appear that the children hope the elder will die soon and that they will make a profit, which would be impossible to admit, even if were true. We also found that the small “inequity” feeling appeared if the hard-working caregiver did not receive from the elder more property than other family members who did not fulfill their obligated caring responsibility.

**Triangulation of Methodology**

By triangulation with the data from the parent quantitative study, we compared caregivers’ initial decisions concerning care, whether “to repay” or “it’s a duty that they have to care or there is no other caregiver,” to their derivative description of repaying or the belief in karma and their willingness to care for the elders (Table 1). The 12 participants all agreed that they cared for the elder because they were family members. Four participants did not initially believe in care as repayment of the elder but later changed and agreed to repay. These four participants also had high
willingness to care for the elder in the future. Those who had low willingness to care did not derive the “repay” motivation or the belief in karma. The triangulation result supports our conceptual framework of implicit exchanges of family caregivers. It shows that the active (repayment) and passive (derived explanation of karma) motivations help Chinese caregivers to continue their care.

Limitations

The findings of this study are limited to the characteristics of family caregivers. Few of our participants had the experience of using institutions, and most were not well educated. The findings implied that they held folk beliefs and traditional values, and so they were affected by the pressure of public opinion and were willing to supply family caregiving. Therefore, the representative nature of the samples was limited.

In addition, some of the care receivers (elders) had already died. The feeling and the recognition of those caregivers might have changed. Furthermore, because some participants were no longer acting as caregivers, we could not report the outcome of their continuation of care. Moreover, most interviews were held at the elder’s house because the caregivers needed to take care of the elders. Sometimes, the elder or other family members arrived when the interview was in progress. Some caregivers stopped their complaints to avoid offending their relatives. This might interfere with the reliability of the participants’ reports. In addition, one or two participants did not agree to be recorded on tape, so their records were taken from the researchers’ notes.

Implications

The findings show that the implicit exchanges in the caregiver’s mind are not clear or observable in his or her behavior. Caregivers might be forced to care or perform
their caregiving work with effort. In fact, the implicit exchanges might influence the coping strategy and the mental health of the caregivers, the quality of care, and even the continuation of care. The findings are helpful to improve the intervention of long-term care workers. If the implicit exchanges are explored at each stage of caregiving, the long-term care workers can help the family caregivers to continue their care and will not damage their quality of care. Perhaps knowing the implicit exchanges of caregivers will help them, in time, to accept appropriate long-term care services.

Social exchange patterns are various and unique to each culture. The exchange framework of family caregiving resulting from this study can help researchers develop measures and further hypotheses for the verification in the studies related to the Chinese culture. Different social exchange patterns and their relationship to the quality of care might be developed in further research.

REFERENCES


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