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### Article

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## RESEARCH ARTICLE

# Exploration of meaning, motivation, and preparedness to care amongst the one-child policy generation in China

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## Abstract

**Objectives:** In China there is a cultural expectation (Xiao, 孝-filial piety) that offspring should provide care for their parents. However, the sustainability of this is threatened by the impact of the One-Child Policy (OCP) (1979–2015), which has resulted in a diminution in numbers of children available to care, rapid urbanisation and increase in the number of women in employment. In this context, the objective was to explore the motivations, meaning, and preparedness for future caregiving of offspring affected by the OCP.

**Design and Methods:** We adopted a constructivist position using a hermeneutic phenomenology approach and interviewed eight current and prospective caregivers aged 20–35 years about future caregiving responsibilities. Data were obtained through in-depth interviews, analysed using reflective Thematic Analysis.

**Results and conclusion(s):** Three prominent themes: (i) Caregiving beliefs, (ii) Caregiving conditions and (iii) Contextual factors were identified under an overarching theme “Competing pressures-meanings, motivation and preparedness”. Despite the inherent stress, participants envisaged providing or organising care in the future to fulfil Xiao, and most viewed long-term care settings as unviable. Ultimately, the findings suggested that the actual performance of caregiving would not always measure up to ideal expectations, resulting in ‘filial discrepancy’ that is, a gap between societal expectations for caregiving to older relatives and actual caregiving performance. This could adversely impact the caregivers and quality of care provided. The findings highlighted the urgent need to develop culturally attuned services, including education and training for family caregivers, health and social care professionals.

## KEYWORDS

care quality, caregiving, family caregivers, filial discrepancy, filial piety, older relatives, service design

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### Key points

- As the ageing population continues to increase in China with significant rises projected by 2050, numbers of older people living with adverse health conditions is increasing and the changes in demography pose a risk to society.
- We argued that pressures to fulfil Xiao (Filial piety-cultural obligations) in the current Chinese context may have implications for caregivers' sense of identity and self-confidence.
- Reciprocity based on altruism served as a crucial motivator for family caregivers and sensitive interventions within formal services should be informed directly by family caregivers.

## 1 | BACKGROUND

China has a collectivist culture driven by interdependent self-construal, that is, where "one's sense of self is grounded in ones' social relationships, and the most meaningful aspects of oneself are those that emerge in relation to others".<sup>1</sup> As such, Xiao (孝-filial piety) requires offspring to provide care for parents, underpins socialisation<sup>2</sup> and embodies the social and ethical underpinnings for a stable society. Xiao embodies ideal expectations that offspring should fulfil to meet parents' needs in domains such as providing care, showing respect, greeting, ascertaining their happiness, being obedient and providing financial support.<sup>3</sup> The fulfilment of Xiao is a primary virtue in Confucianism and plays a crucial role within Chinese family identity. The gap between expectation and performance is referred to as filial discrepancy.<sup>4</sup>

As the ageing population continues to increase in China with significant rises projected by 2050,<sup>5</sup> the numbers of older people living with adverse health conditions is increasing<sup>6,7</sup> and the changes in demography pose a risk to society. Due to socio-cultural and demographic transitions such as the four grandparents -two parents - one-child family structure resulting from the One-Child Policy (OCP) and rapid urbanisation,<sup>8</sup> a unique situation is unfolding. The OCP (1979–2015) has resulted in diminution of the family network and offspring often must move far away from parents to find work. Given the economic demands on the younger generation, older relatives seem unwilling to pressurise offspring to provide care,<sup>9</sup> so as not to "overburden" family.<sup>10</sup> However, despite the suggested evolution of attitudes regarding Xiao in modern China,<sup>11</sup> family caregivers (offspring) still consider it their duty and responsibility to prioritise parents' needs resulting in stressors.<sup>12</sup> Bearing in mind the context of interdependent self-construal, stressors can proliferate. Considering this, the demographic transitions coupled with expectations of filial piety have therefore resulted in a unique generation of future caregivers culturally motivated to deny personal needs to fulfil Xiao.<sup>13</sup> In response to these challenges, the Chinese government has been developing policies to promote ageing well (e.g., the National 13th Five Year Plan). However, a recent scoping review found that a lack of cohesion between government parastatals and top-down approaches impeded policy implementation and impact.<sup>14</sup> Therefore, many caregivers are not in receipt of sufficient support and are exposed to stressful situations.<sup>12</sup> This situation makes it vital that we give close attention to future caregivers. The pressures to fulfil Xiao

in the current Chinese context<sup>4</sup> may have implications for caregivers' sense of identity and self-confidence. This would influence the caregiving process and have implications for sustaining family caregiving for current and prospective caregivers affected by OCP. Therefore, the objective of this study was to explore motivations, meanings associated with caregiving, and preparedness for providing care for older relatives.

## 2 | DESIGN AND METHODS

We adopted a constructivist position with the view of listening to individuals' narratives of the phenomenon of interest, offering us the opportunity to make sense of their world.<sup>15,16</sup> We considered qualitative methodology the most suitable approach for capturing participants' experiences<sup>17</sup> and carried out semi-structured in-depth interviews, offering participants flexibility to take the conversation in their direction of choice within the general scope of the research questions<sup>16,18</sup> (See Table 1 for interview guide).

### 2.1 | Ethics

We obtained Institutional Review Board approval from China Medical University, Shenyang, on 27/03/20. Further approval was granted at the University of Bradford on 06/04/20 (E800). Issues of risks and confidentiality were discussed with all participants, who were also reminded they could withdraw at any time. All provided written informed consent.

### 2.2 | Participants and procedure

L.Y. sent out information sheets via a professional network to solicit individuals keen to participate. We then sampled purposively, approaching those who were the only-child because of the OCP, age 20 and above, and identified as Han (the ethnic group mostly affected by the OCP). Eight participants took part (Table 2). Data collection was conducted on Zoom by O.B. between November and December 2020. L.Y. translated as participants mostly spoke Mandarin. Participants chose whether to engage from home or China Medical University, Shenyang. They were given an opportunity to ask questions before the

TABLE 1 Interview guide.

1. What do you value about filial piety Xiao?
2. Would you expect other relatives to support you in potential future caring responsibilities?  
How prepared do you feel about providing care? For example, personal hygiene care, providing emotional support, helping them with housework, the caring role in general?
3. Are there any care-related tasks you would be unwilling to do?  
What - do you think of them and what are your future plans?
4. Do you know of any statutory and non-statutory support services in China for older adults?  
Do you imagine you might ever arrange for your older relative to use any of these services?

TABLE 2 Participants' characteristics.

Participant pseudonym	Age (years)	Gender	Highest level of education/qualification	Province	Situating participants
Geyue	23	Female	MSc	Liao Ning	<b>Geyue</b> is an only child currently studying abroad. She's not visited China since December 2019. She described herself not to be a caregiver but have relatives who are caregivers for older relatives.
Elaine	35	Female	Msc	Liao Ning	<b>Elaine</b> is an only child, a qualified healthcare professional and academic. Only recently had a first-hand experience of providing care for her father with a liver condition all by herself as her mother could not be present due to the pandemic crisis. Her mother also lives with a health condition.
Zijian	24	Male	Bsc	Liao Ning	<b>Zijian</b> is an only child. A university student, living at home with father who is living with high blood pressure.
Jie	20	Female	Bsc	Liao Ning	<b>Jie</b> is an only child. Potential international student but currently residing in China due to Covid-19 pandemic.
Yun	30	Male	Bsc	Liao Ning	<b>Yun</b> is an only child. He is a professional working within a transport sector, supporting his mother care for his 57 years old father, diagnosed with stroke recently.
Zhirui	22	Female	Bsc	Liao Ning	<b>Zhirui</b> is an only child and a student healthcare professional, living at home with parents and a relatively healthy grandmother.
Yingyi	35	Male	Diploma	Zhejiang	<b>Yingyi</b> is an only child, a retail worker, who lives away from his parents. His 60 years old mother looks after her father.
Feng	23	Male	Bsc	Liao Ning	<b>Feng</b> is an only child. Who works in education and lives with parents. He supports his mother to take care of his grandparent.

interviews. Interviews lasted on average 1 h 30 min, were audio-recorded and transcribed verbatim. O.B. had previous experience interviewing participants and analysing qualitative data. L.Y. and O.B. held discussions before and after interviews to aid reflexivity. Although several participants had witnessed parents' caregiving or supported a parent to provide care, only one had direct experience as a primary caregiver. Participants received £20 in gifts for their time. To ensure confidentiality, pseudo-names have been assigned to participants.

## 2.3 | Data analysis

Verbatim transcripts were analysed manually, using six stages of reflexive thematic analysis. We employed inductive, descriptive, and interpretative orientations. Descriptive analysis focussed on participants' explicitly stated understandings, whereas interpretive analysis,

drew on underlying or implicit meanings.<sup>19</sup> We integrated researchers' co-produced meanings into key concepts, that is, themes.<sup>20</sup> Central to this, our reflexive interpretative process was iterative and dynamic.<sup>21</sup> (See supplementary material and Table 1, for further detail).

## 2.4 | Quality assurance

### 2.4.1 | Reflexivity

We used the subjective experiences of the researchers as a resource, anchoring our social constructivist foundations.<sup>21</sup> Hence, the analysis involved an interpretative approach.<sup>21</sup> We reflected at every stage during team discussions, endeavouring to reach consensus regarding the themes that grounded participants' narratives.<sup>22</sup> O.B., C.Q., L.B.,

and J.O. coded three transcripts independently to allow initial comparison of assumptions. The first author then developed an initial thematic map which was reviewed by the research team. Discussions resulted in some themes being merged and the thematic map being refined. Hence, the developed thematic map incorporates both the participants' narratives and researchers' interpretations. Reflexive thematic analysis emphasises the researchers' lived experiences as an asset. O.B. has a mental health nursing background and related to the essentials of a collectivist society through his Nigerian upbringing. J. O. and C.Q. brought perspectives as clinical-academic psychologists and applied dementia researchers. L.B. brought a healthcare service design and delivery perspective. L.Y. is Chinese and brought cultural perspectives and clinical-academic (nursing) expertise.

## 2.5 | Findings

Three themes were captured under the overarching theme, 'Competing pressures-motivation, meanings, and preparedness'. 'Caregiving beliefs', 'Caregiving conditions' and 'Contextual factors' interacted dynamically, reflecting participants' experiences and expectations. The themes highlighted that motivation for caregiving was driven by the cultural beliefs embedded within the social environment, which served as an anchor for family caregiving. The anchor provided participants with strong determination to provide care in the future despite anticipated challenges. However, the societal transitions in China would aggravate demands placed on them, impacting their ability to fulfil expectations, which could lead to neglect of their own personal needs. Themes and sub-themes are described in Figure 1, supported by direct quotes from interviews.<sup>23</sup>

## 2.6 | Theme 1: Caregiving beliefs

This theme reflects beliefs within the cultural environment, showing that participants want to support parents but often meet unexpected

circumstances that contribute to an evolution in how Xiao is interpreted or enacted. Morality attributed to fulfilling Xiao largely motivates offspring to provide care and to keep with traditional expectations, yet due to inevitable socio-demographic changes, older and younger generations alike must adjust to adaptations in filial behaviour.

## 2.7 | Cultural context

Participants revealed deeply held beliefs regarding fulfilment of Xiao; a value that present opportunities to reciprocate support from parents. Challenges were also associated with commitment to Xiao beliefs, which, when compounded by a sense of independence, was leading to evolution of Xiao, with some participants re-interpreting cultural obligations to achieve cognitive consonance.

### 2.7.1 | Reciprocity and being filial (Xiao)- "It is a rule, to take care of my father"

Reciprocating the love and support received from their parents was expressed by some participants as an ideal opportunity. Elaine shared that *"Just because he is my father, I should try to help him [...]. When I was a child, he gave me a lot of love, so I should reward him"*. Hence, the value of Xiao appeared to influence most participants' motivation for providing care. Irrespective of life events or circumstances, participants were determined to honour parents. Male participants, especially, highlighted their determination to provide care as it is unheard of to abandon parents. For example, Zijian shared:

That is the understanding of Xiào in my mind nowadays. It is a rule, to take care of my father [...] The only thing that could stop me from this is when he's gone, or I wouldn't abandon him. It is not reasonable.

(Zijian)

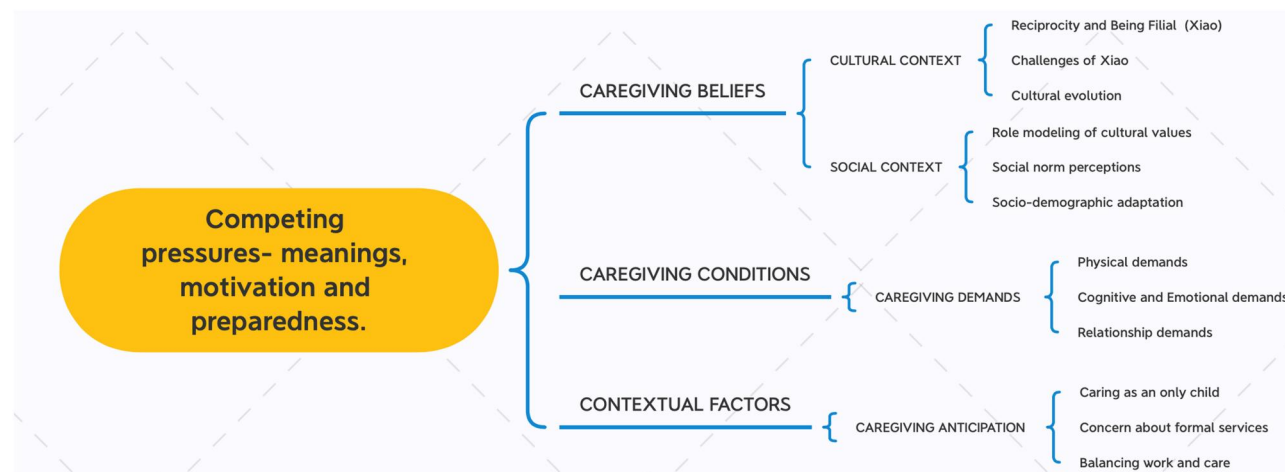


FIGURE 1 Overarching theme, themes, and subthemes.

## 2.7.2 | Challenges of Xiao- “May lose some good opportunities”

Positive meanings were attributed to fulfilling Xiao. However, despite this, **Yingyi's** statement, “You know, Xiào, I should follow my parents' wishes or follow my parents' order or rules”, shows that according to Xiao, offspring are expected to be subservient to parents' needs. He remarked that “maybe the young generation may lose some good opportunities”. Whilst some might be able to follow parents' wishes and appraise caregiving situations positively, **Yingyi and Geyue** suggested that others might have to endure unreasonable relationships and bear demands that would be very difficult to rationalise:

[...] So, for example, if the parents are really bad and they didn't really care for a child from a very early age, but the child is still expected to take care of them when they are old. This is one thing that really confused me  
(Geyue)

Unconditionally respecting the wishes of older relatives could also become a source of stress for future caregivers. In relation to this, **Yingyi** shared his mother's experiences:

My grandpa just chased the nursing assistants away and he kind of critiqued nursing assistants without any reason. [...] So, my mum just felt a little bit frustrated, and she didn't understand why my grandpa did that because everything seemed fine [...] So, I think at that moment, my mum was really stressed [...]  
(Yingyi)

## 2.7.3 | Cultural evolution - “I don't have to agree”

Traditional filial expectations were sometimes sacrificed due to geographical separation. **Elaine** explained how, “For the older generation, reunion means living together, living in the same city”. However, offspring will have to meet parents' physiological needs “a different way”, perhaps through financial support. Thus, even though the older generation typically co-reside with offspring, **Elaine** shared that the younger generation were re-interpreting the meaning of Xiao to suit their circumstances:

[...], but in my generation currently, reunion means we can use a different way, even though they are not in the same city, but they can still feel [...] get the feeling of reunion by using the different technology.  
(Elaine)

**Elaine's** perception indicated that the younger generation are beginning to have a sense of independence, which **Yun** likened to the attitudes of Western children. “They are just like the Western children, when they become 15 or to 18 years old, they live outside the house

without their parents”. The belief that “they are no longer reliant on their parents as usual”, was expressed with a sense of disappointment. **Yun** corroborated **Elaine's** perception by saying “They have to work, they have to make their own opportunities for themselves, so they do not have that much contact with their parents”. **Jie** explicitly expressed a desire for autonomy by not always obliging parents:

[...] but now, I have the freedom and the right to make my decision, and I don't have to agree with all the things that they've said.  
(Jie)

Some participants felt that the younger generation is not as committed to Xiao as the older generation. Such examples were that of **Elaine**, who stated, “Xiào in my generation is broader than the older generation”. **Elaine** cited her generation as taking a holistic approach compared to their parent's pragmatic approach. She explains that the younger generation are “thinking about Xiào as a way to provide care or pay more attention to all physiological, psychological and sociological aspects”.

## 2.8 | Social context

Participants revealed that caregiving attitudes were shaped by socialisation, with role-modelling and the social norm of caring being women's work strongly influencing caregiving beliefs. However, the changed social context provoked by the move to big cities was leading to adaption of beliefs to accommodate physical separation.

### 2.8.1 | Role modelling of cultural values - “almost in every person's opinion”

The ability of Xiao to ingrain moral values in participants was highly esteemed by all. **Yun** shared, “When I was a boy, I was affected with Confucianism in China, so as far as I understand, being Xiào to parents is a part of moral things”. **Yun's** perception that Xiao is “a cultural thing, almost in every person's opinion”, showed that societal perception is deeply influenced by cultural beliefs and used to assess the morality of a person:

[...] they think that the children should be good to their parents, so I think I just want to be filial to my parents.  
(Yun)

Witnessing the way their parents enacted these social norms enabled most participants to anticipate becoming caregivers. “My mum always took good care of the grandma. So, this is really good model from my mum to me. I just feel it's a natural thing” **Elaine**. However, in an exceptional case, **Jie's** example showed role modelling was influential in offspring's future caregiving decisions but could lead to a different conclusion:

I must choose one, so I have no hesitations because when they have their parents and me at the same time, they always choose me first. Yes, so I would choose my child first as well.

(Jie)

## 2.8.2 | Social norm perceptions- "Women should do a lot of things for the family"

Some participants perceived the caregiving role to be for relatives with no other commitments. **Geyue** commented that "[...] *My mother is a housewife, so she has a lot of free time [...] she doesn't have to give up her career or anything like that*". Yet not being employed did not reduce the stressors as she concluded that "*her life is definitely disturbed*". Participants continued to highlight the default role of women to undertake most caregiving. "*My mum is a typical mum*", said **Yingyi**, "*that means that usually in the family in traditional China, women usually take care of the whole family*". His example revealed the mandatory nature of traditional gender roles, irrespective of personal circumstances:

Women should do a lot of things for the family, even though she has to take care of my grandparents [...]

(Yingyi)

## 2.8.3 | Socio-demographic adaption- "In a separating stage"

The outlook exemplified by **Geyue** and **Yingyi**'s comments demonstrated awareness about how caring responsibilities could leave family caregivers, especially female, with little time to attend to personal needs. Despite this awareness, being an only-child navigating prominent cultural expectations arising from society is contributing to younger generations creating a new normal, which would inevitably affect offspring's ability to provide hands-on care to their parents:

[...] Especially in my city, [...] it's really a small town, and younger people tend to move out when they have graduated... and most of them really move out to the big cities, so a lot of them don't have the condition to move their parents to the big city as well, so they're kind of in a separating stage and that's kind of like a normality for a lot of young people in China, and that's not really the traditional value of a family, but people get used to that.

(Geyue)

Overall, this theme reflects how the cultural embeddedness of belief in the virtue of Xiao underpinned the requirement to

undertake caregiving. Findings suggest our participants were socialised to expect and accept their roles as future caregivers. Given the prominence of Xiao as the "rule of society", most accepted the idea of future care responsibility without challenging perceived norms, suggesting that they might undermine the psychological implications of evolving perceptions, by underestimating the guilt they may feel if they deviate from the traditional interpretation of Xiao.

## 2.9 | Theme 2: Caregiving conditions

This theme captures demand of balancing work, life, positive and negative aspects of care. Family-oriented cultural values dictate caregiving behaviour and as such, offspring must bear the physical, cognitive and emotional as well as relationship demands of attempting to provide adequate care.

### 2.10 | Caregiving demands

Participants revealed nuanced discourse regarding fulfilling the physical, emotional and cognitive, as well as relationship demands associated with caregiving. Managing such responsibilities could lead to both positive and negative outcomes. Where they created distress and unmanageable situations, it left caregivers in a dilemma, especially given the societal expectation that family members should shoulder caregiving responsibilities.

#### 2.10.1 | Physical demands- "I just feel lack of energy"

**Geyue** had several relatives providing personal care and expressed that "*You couldn't really have a life when you have another person's life just relying on you*". This was referencing her witnessed experiences of the significant time and energy involved in caring. Participants with caregiving responsibilities had to adjust aspects of their life and expressed the need for external support. Balancing work and care was physically strenuous for **Yun** and adversely affected his work performance; "*when I go to work, I just feel lack of energy*". Hence, having professional support, was beneficial for a few participants. For instance, when **Elaine**'s father was in hospital, she felt she "*can't do everything well*". So, having some support provided assurance that her father received a good quality of care:

[...] in the hospital, we had a male nurse assistant to help me. In fact, he helped me, and he also gave my father more professional caring.

(Elaine)

Participants associated various "burdens" with caregiving. For **Yun**, the physical burden was unmanageable. "*I must carry him from the first floor to the floor which I lived*". This led to changes to their

living arrangements to address his father's physical limitations. So, he explained, *"this is not very convenient, so my father moved to a building with an elevator"*.

### 2.10.2 | Cognitive and emotional demands- "he gets angry without any reason"

**Yun** also emphasised the mental exhaustion his mother experienced from juggling work and caring for his grandfather while sleep deprived. Relating to this, he explained that *"My father woke up six to seven times per night, so every time my father woke up, my mother has to be interrupted for that"*. **Yun** felt a loss because of changes in the relationship he had with his father. Concerning this change, he said *"So, I feel the family affection is becoming less and I just feel very tired and just feel very down"*. Feeling downcast, his emotional strain could be felt as he reminisced about life before his father's condition:

We usually chat with each other, talk about anything about the life and my dad also cooks for me, he will make me some delicious food but now he cannot chat with me, and he cannot cook the dinner for me any longer.

(Yun)

His experience was not uncommon, as **Geyue**, who had several relatives providing care, also referenced their experience caring for her grandfather who could not *"respond well to strangers"*, as *"a lot of adjustment and a hard time"*. These examples, show some ways that caregiving responsibilities might constitute continuous or chronic stressors for offspring. Given the societal expectation that comes with Xiao, offspring are most likely going to appraise such difficult situations positively, leading them to become empathetic towards parents. **Yingyi** gave an apt example of his mother routinely suppressing her emotions to continue fulfilling her caregiving role irrespective of the father's anger:

My grandpa can have some bad words, so he gets angry without any reason and maybe sometimes he is not reasonable but even though he says something like that, even though she complains, she still takes good care of my grandparents.

(Yingyi)

### 2.10.3 | Relationship demands - "taking care of elders is a great work, also a demanding process"

The challenges of balancing caregiving with work did not affect most participants' unconditional positive regard towards older relatives. **Feng** stated, *"I think taking care of elders is a great work, also a demanding process. [...] when I rest and have the days off from my work, I will cook for the elders"*. Aiming to create a sense of purpose and

harmony between generations, he articulated how caring for older relatives provided opportunities to bond as a family. *"So, they love the food I make and so I try to do what I can do, and I cook for them and sometimes I just go outside with them to have a walk or have something fun together"*. In situations where older relatives were independent, it was still important to maintain the relationship between generations. Reflecting on cohabiting with her healthy grandmother, **Zhirui** described ways they accommodated to each other's routines:

[...] because living together, we try to adjust [...] we will turn down the volume of the TV in case this distracts her from going to bed and in the morning when she gets up [...] she doesn't make any noise because she knows we are all sleeping at that time.

(Zhirui)

**Yun** made several declarations concerning the extent of his efforts, specifically, *"No matter the pressure on time, I will spend much more time"* and *"if I don't have that money, I will lend some money from other people"*. He continued, pledging his irreversible commitment to providing care:

I think there is no going back after I made the decision that I wanted to help my father to recover from the sickness.

(Yun)

In addition to prioritising and nurturing family relationships, most participants spoke about finances as a potential stressor if they were to turn to external support. **Yingyi** considered that paying more for a carer would *"be a little bit stressful for the family"*. However, he did not feel secure paying less. *"if we pay a little lower salary, then the nursing assistant might not be satisfied with the salary"*. Despite hiring a nursing assistant, **Yingyi** still felt that family members should be the primary caregivers:

Also, I think even though we hire the nursing assistant but it's still, you know, in the helping position, not as the major helper. Major help should be from the family members

(Yingyi)

Overall, this theme showed that where participants had support, professional or otherwise, or their older relatives were relatively healthy or independent, they could enjoy positive experiences associated with caregiving. Conversely, combining work and strenuous caregiving responsibilities led to experienced or witnessed physical and psychological consequences. Nevertheless, the demands associated with caregiving were not a deterrent as most participants held the traditional view of family members as primary caregivers. Ultimately, being filial to parents could result in financial and time pressures.

## 2.11 | Theme 3: Contextual factors

The theme captured contextual factors regarding caregiving anticipation in the form of barriers and facilitators. Individual circumstances impacted subsequent interpretation of quality of formal services and had implications for stressors and coping strategies.

## 2.12 | Caregiving anticipation

Participants anticipated that caring as an only child in a context of concern about the quality of formal services, would leave them struggling to balance work and care, with most anticipating their self-sacrifice could lead to emotional consequences.

### 2.12.1 | Caring as an only child - "Looking for someone to share care"

Participants had already started to anticipate their future caregiving role and its implications. Comparing her circumstances to her peers, **Geyue** recognised that she would likely become a caregiver sooner and alone:

My friends' parents had them when they were in their 20s and would not need to really worry about this problem until they are in their 50s, at least, but my parents had me when they are nearly 40, and I'm the only child, so I have to consider this problem probably in my 30s.

(Geyue)

Due to participants having no siblings to share care responsibilities, the majority spoke about the possibility of external help. **Yun** felt confident about getting much needed support from close friends, stating *"they are very loyal friends that can help me in a very practical way"*. Other participants contemplated various avenues to find support, for example, **Zhirui**, *"So first I will look for the person from the cousins and relatives, for example, my uncles or maybe my aunts because they are already retired so I think they have time to take care of my parents"*. However, **Geyue** would struggle to share future care responsibilities due to distant relationships with extended relatives; *"I don't even remember their names (cousins), we're not really that close"*, as would **Zijian**, who shared the same anxieties. He explains, *"No one would assist my family because the relationship between my father and his sisters is not that close. We can only depend on ourselves"*.

### 2.12.2 | Concern about formal services- "I know I will worry"

**Geyue** had low faith in the quality of Government services. *"China is a very large country and if the government decided to provide any medical*

*care for the entire nation, it's not going to be good"*. **Jie's** doubts were similar, in that she worried about the psychological safety of older relatives in a nursing home, mentioning that *"people there provide help that's unfair to every people. They are easy to be angry with old people"*. Therefore, participants saw risks associated with using formal care services. **Elaine's** statement captured the nuanced meaning of these risks: *"putting parents into the nursing home is kind of not Xiào, it's not good for the child, so the child is not that Xiào. That's not a Xiào performance"*. Considering this alongside **Zhirui's** perspective, *"I think I will be very exhausted but that's the reality because for the elders, they usually will get sick"*, the difficulty of balancing work and care seemed normalised within the cultural environment. Specifically, because the negation of cultural values when organising care for older relatives could result in being perceived as an immoral person *"almost in every person's opinion"* **Yun**. Despite social pressures due to demands associated with caregiving, most participants viewed paid care as inevitable. Therefore, **Zhirui** anticipated choosing a pragmatic path despite the anxiety associated with not being the primary caregiver: *"I know I will worry about my parents in the daytime, and I will think about how they are, but I have to work"*. Nevertheless, participants like **Geyue** expressed a lack of trust in others providing care, saying *"I wouldn't trust anyone else to care for my parents"*. She said that *"personalised care is really like an essentiality for me"*. As such, **Zijian** shared, *"I would not go to a nursing home or a long-term care facility because it's like a prison in there"*. In this excerpt, he viewed formal long-term residential services as unsuitable, indicating a preference for domiciliary care, stating that *"my father will live with me [...] he would like this. He told me many times that he wants to go to another city"*.

### 2.12.3 | Balancing work and care- "I must do these things"

While contemplating ways to relieve the difficulties of balancing work and care, **Feng** imagined that technology would help to support hands-on-care provision. *"I can have this kind of machine in my home, so if my mum needs a cup of water or my mum needs to go to the toilet [...]"*. He also reflected concerns shared by other participants, including his mother's safety, *"I hope the robot can be monitored remotely, so I can see my mum from the robot's eyes"*, and how the physical relief from caregiving can *"help balance"* work and being a caregiver:

Also, I can control the robot if it's needed, so the robot only needs the battery, so they will not be exhausted, and they can work very well. That's kind of one way for me I think about; maybe it can help me balance my work and my caring responsibilities

(Feng)

Uncertainty coloured participants' narratives as the majority desired to provide hands-on care but also admitted that circumstances would not be favourable. Although, uncertain about the

potential future needs of her parents, **Elaine** also prioritised proximity to parents. The excerpt below showed that she was open to taking drastic measures to fulfil her responsibilities:

We are going to move to the same place or at least the same city. After that, I need to see their condition, their need for me. Do they need me to quit my job? Yes, sure. Do they need me to hire an outsider help? Yes, probably that kind of things

(Elaine)

Despite the anticipated lack of adequate support for future caregivers, **Elaine** spoke of the character-building experience of caring for her father. Her father travelled to her to be cared for when he fell ill and because of the pandemic, no one could assist her. Speaking about her unanticipated caregiving responsibilities, she said:

[...] I grew up, you know, I can do so many things for my father that I never thought I could do. At this moment, I must do these things, and I found that I am capable and have a lot of potential to do all the things myself, so I feel mature and grown

(Elaine)

While building emotional resilience was perceived to be beneficial by **Elaine**, similar circumstances could prove very stressful for others. Most participants anticipated a sense of loss or frustration if the desire to fulfil Xiao required them to leave their jobs. **Yingyi** expressed that *"if the situation really needed me to quit the job, I will quit the job, even though I feel lost"*. **Feng** equally recognised the potentially severe implications of such a predicament, adding that he *"may feel a little bit sad about losing job. If I have quit my job and taking care of my parents, so because no salary, no income"*. In relation to the effect caregiving stressors have on emotional stability, **Yun's** significant life decisions were seen as connected to his father's well-being, the pressure of this leading to seeking psychological and spiritual input to help manage family expectations:

I think his inner hope is that, he thinks I should have a whole family. He wants to see my children, [...] so that hope will also help him to recover. So, I think I want to get more support from the spiritual support or mental support

(Yun)

This theme reflects expectations that could increase pressures on participants' circumstances under their socio-cultural environment, especially if they are not well prepared and simultaneously employed. However, there are clear indications that most participants were highly determined to meet parents' needs, even at their own expense.

### 3 | DISCUSSION

The objective was to explore the motivations, associated meanings and how prepared the generation of offspring (young adults) affected by the OCP were for caregiving from their own perspectives. This study is the first we know to specifically adopt an interpretative orientation to examine these constructs within the context of filial expectations placed on family caregivers by their socio-cultural environment (Ideal self) plus the stressors and coping responses (Actual self). "Competing pressures-meanings, motivation and preparedness" meant each participant in this current study, indicated the significance of supporting their parents as society expects of "a good person" (filial expectations-Ideal self) and would most likely aim to enact this (filial performance- Ought self), but could lead to imbalances in responsibility prioritisation resulting in filial discrepancy (Actual self). Given that traditional filial piety beliefs are still held by some individuals, including those born after 1978,<sup>24</sup> this current study showed that individuals in China have both independent and interdependent self-construal as the responsibility to care for older relatives was normalised by emulating parents' 'role modelling', intertwined with the cultural expectation of Xiao, which was imbibed through socialisation. Also, as culture evolves, offspring could accept or reject caregiving as part of their life trajectory, which would be a source of stress.

Due to older people's longevity, diminution of family networks, rapid urbanisation and cultural expectations in mainland China, the caregiving role of offspring affected by the OCP will be more challenging than previous generations. Therefore, making sense of cultural expectations, caregivers tend to operate by balancing various personal choices to sustain good communication and relationship while remaining subservient to parents regardless of the quality of their relationship.<sup>2</sup> Generally, this current study's findings showed a caregiving paradox. Future caregivers (Offspring) have strong positive meanings attached to the fulfilment of Xiao as all participants positively highlighted parents' earlier sacrifices, positing caregiving as 'the right thing to do'. As such, this altruistic world view has bred the value of reciprocity for generations. Hence, participants can be linked with a 'reciprocal mode', that is, intending to accommodate caregiving activities extensively out of a strong desire to repay parents' past sacrifices. Considering this, reciprocity based on altruism served as a crucial motivator for family caregivers. This finding aligns with experiences of caregivers of people with dementia.<sup>25</sup> However, as shown in this current study, willingly reciprocating caregiving according to the traditional understanding of Xiao can put caregivers under pressure. If unsupported, caregivers cannot cope with caregiving demands and filial discrepancy may manifest due to incongruences between beliefs (ideal) and performances (actual).

Older people, including older caregiving spouses, do not want to burden offspring,<sup>10</sup> consequently, younger generations are not put under caregiving pressure and are less resilient than society expects.<sup>26</sup> Also, current caregivers tend to minimise their needs which might explain why younger generations remain unprepared for the caregiving role.<sup>12</sup> As such, findings from this current study showed

that irrespective of the intention to relieve offspring of pressures, the culture of Xiao remains influential, and offspring expect themselves to repay past sacrifices. Also, reciprocity for offspring affected by the OCP could require living frugally, sacrificing professional ambition, or ultimately leaving jobs. Given that “mental representation of caregiving and attachment are important dimensions to consider when adult children feel unprepared and worried about needing to care for their ageing parents”,<sup>27</sup> findings from this current study showed that filial discrepancy could further manifest as poignant tensions resulting into inter-generational conflict, as some participants might decline caregiving to make life manageable. Therefore, the interplay between the perception of demands associated with caregiving and strong motivations to reciprocate care provided by their parents in early life, especially as only-children, could be a precursor for acute stressors, which could further develop into chronic stressors over time.<sup>28</sup>

Coping strategies potentially aimed at mitigating future caregiving demands reflect the socio-cultural environment.<sup>29</sup> Within the context of this current study, it would be especially challenging for future caregivers affected by the OCP to mitigate stressors that come with addressing filial discrepancies. Demands of Xiao place high societal expectation on caregivers to draw on the principles of ‘Ren(忍)’ that is, coping through enduring hardship and injustice in order to sustain family harmony.<sup>30</sup> This would discourage seeking for professional support and as shown in this current study, the subjective aspirations of Xiao inform coping responses and with inadequate support, there is propensity to cope by suppressing emotions, which is detrimental to mental health.<sup>31,32</sup> For example, individuals might meet caregiving responsibilities but suppress emotions, making caregiving activities unfulfilling, stripping good intentions of their meaning could be a precursor for ill-being. In support of this assertion, the financial circumstance of families, time expended on providing care, and incongruence between care demands and individual capabilities could be sources of stress.<sup>12</sup> Yet, caregivers have limited access to professional support in the community for reasons ranging from safety concerns around home visits to services limited by time pressures on care professionals.<sup>33</sup> Such issues would impact how future caregivers perceive, fulfil, and cope with their role. In the past, the role may have gone to those with more time to spare. The acute issue is that only-children will need to work and so will have to find paid carers. Therefore, intensive demands might leave individuals overwhelmed, causing them to fall behind with other responsibilities, possibly threatening their sense of self, despite the meaning associated with their caregiving role.<sup>30</sup>

In China about 45% of existing nursing home beds are unused.<sup>34</sup> Echoing findings from this current study, a recent study showed that nursing homes are considered unethical, making community services such as day-care centres more appealing.<sup>30</sup> Although nursing homes are a reasonable option,<sup>35</sup> many participants in this current study expressed reluctance to use them as some considered the choice immoral and majority deemed the quality of formal care services as poor. Therefore, in the absence of

adequate formal services, despite series of governmental policies with the intentions to promote ageing well,<sup>14,34</sup> caregivers are often left to fend for themselves.<sup>36</sup> Since the perception of congruence for caregivers within a collectivist society is based on societal influences, findings from this current study suggests that the interpretation of caregivers pursuing or accepting unconventional solutions as unfilial, therefore, immoral is embedded in society's perception. Formal service providers need to respond to increasing pressures on younger generations and in the context of service design, it is therefore crucial that training is provided, and content should address needs holistically that is, physical, and mental health needs. This will promote relationship-centred care and ultimately enhance discourse around value-based resource allocation.<sup>34</sup> Sensitive interventions that are informed directly by caregivers would have a positive impact as most participants would like to see ‘homely’ nursing home environments providing flexible visiting times, nurses' coordinate care, encourage home/community visit for older relatives away from nursing homes, special statutory holidays for only children to care for parents, and psychological support. Also, increasing the numbers of General Practitioners and improving training to highlight how filial discrepancy could manifest for family caregivers would give the necessary resources and confidence needed to address caregivers' unmet needs, highlight the need for multidisciplinary working and create an enabling environment for family caregivers.<sup>37,38</sup> For caregivers' needs to be consistently and holistically met, service providers' assessments must acknowledge Xiao's influence on family caregivers' choices and prioritise their concerns. This would help address low nursing home uptakes and reduce existing health inequalities, in turn, reinforcing autonomy, competence, kinship<sup>39</sup> and “cultural construct of solidarity in caregiving choices”.<sup>40</sup>

### 3.1 | Strengths and limitations

The initial plan was for O.B. to travel to China to collect data but he could not because of the COVID-19 pandemic. Being directly involved in the recruitment process could have helped build trust, recruit more participants especially those from low socio-economic backgrounds, which might have led to collection of richer data. Irrespective of this, L.Y., was able to liaise effectively with participants, data collected was rich and provided basis for knowledge created and conclusions made.<sup>41</sup> In addition, L.Y., critically reviewed the final manuscript to ensure that cultural nuances were not lost. While Qualitative studies do not aim to provide generalisable findings as the sample size is small, it is important to acknowledge that participants were all well-educated. Given the intensity with which participants in this current study spoken about the socio-cultural implications for the caregiving process, it is important to stress that the relative reality of (future) caregivers is suggestive about wider applicability. As such, this study offers insights into the potential prevalence of the phenomenon of family caregiving within collectivist societies.

## 4 | CONCLUSIONS AND IMPLICATIONS

The normative values of Xiao suggest that the mental representation of cultural beliefs is held strongly by participants, enabling participants to appraise the caregiving process, despite its challenges, positively. However, there could be an overlap between collectivism and individualism in modern China with adverse implications for self-identity and role identity. Our findings help contextualise how the discrepancy between filial expectations and filial performance might manifest in future family caregivers, especially when motivation and meanings associated with Xiao (Belief) are inhibited by limited personal resources and structural barriers. To support future caregivers with filial responsibilities, more attention must be given to preparedness. Practitioners and service commissioners need to be sensitive to potential difficulties in integrating the dominant traditional understanding of Xiao, with the experience of being an only-child and future investment must take their concerns seriously. Addressing filial discrepancy would have positive implications for achieving the global ambition to promote an inclusive society and improve the quality of life of older people living with long term conditions and their caregivers.<sup>42</sup>

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## DATA AVAILABILITY STATEMENT

The data that supports the findings of this study are available in the supplementary material of this article.

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## SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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