

# The Blessings and the Curses of Filial Piety on Dignity at the End of Life: Lived Experience of Hong Kong Chinese Adult Children Caregivers

CECILIA L. W. CHAN, ANDY H. Y. HO, and PAMELA P. Y. LEUNG

*Department of Social Work & Social Administration, University of Hong Kong;  
Centre on Behavioral Health, University of Hong Kong, Hong Kong*

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HARVEY M. CHOCHINOV

*Manitoba Palliative Care Research Unit, University of Manitoba, Manitoba, Canada*

ROBERT A. NEIMEYER

*Department of Psychology, University of Memphis, Tennessee, USA*

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SAMANTHA M. C. PANG

*School of Nursing, Hong Kong Polytechnic University, Hong Kong*

DORIS M. W. TSE

*Department of Medicine & Geriatrics & ICU, Caritas Medical Centre, Hong Kong*

*This study critically examines the evolving nature of filial piety and the role that it plays in the contemporary experience of “living and dying with dignity” among Hong Kong Chinese families facing the end of life. Meaning-oriented interviews were conducted with a purposive sample of 15 adult-children caregivers, ages 30 to 62, to elicit their narratives and stories in caring for a dying elderly parent. Qualitative content analysis reveals that although traditional filial beliefs provided motivation for family caregiving, the regrets of unfulfilled filial responsibilities create emotional distance*

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Address correspondence to Andy H. Y. Ho, Centre on Behavioral Health, The University of Hong Kong, 2/F, The HKJC Building for Interdisciplinary Research, 5 Sassoon Road, Pokfulam, Hong Kong. E-mail: andyho@hku.hk

*between parents and adult children, which acts as a cultural barrier for reconciliation and contentment at life's final margin. These findings underscore the importance of intergenerational dynamics and interactions in the transformation of filial attitudes and behaviors, highlighting the importance of reciprocal relationships (versus authority relationship), mutual support (versus complete obedience), compassionate duty (versus obligatory duty), emotional connection (versus task fulfillment), and appreciation and forgiveness (versus guilt and shame) in the promotion of dignity at the end of life. Policy and clinical implications are discussed.*

**KEYWORDS** *Chinese, filial piety, dignity, family caregiving, end of life*

## INTRODUCTION

Hong Kong is facing a rapidly aging population. The proportion of elders ages 65 and above has surged nearly 30% over the past 20 years, from 690,600 in 1998 to 893,200 in 2009 (Census and Statistics Department, Hong Kong SAR Government, 2009). This trend will not only persist but will grow at an accelerated rate as the number of elderly persons is projected to reach 2.48 million by 2039, accounting for 28% of the total population. One of the main contributors to such a dramatic aging phenomenon is Hong Kong's elevated life expectancy, which stood at 84.97 years for female and 79.32 years for male in 2011, ranking fourth in the world (United Nations, Department of Economics and Social Affairs, 2010). Unfortunately, the fact that people are living longer does not reflect better physical or psychological well-being at old age. According to the Department of Health, Hong Kong (2011), Hong Kong's elderly dependency ratio will increase exponentially from roughly 180 to 450 in the coming 30 years, owing to the increasing prevalence of chronic terminal illnesses with extended dying trajectories (Hong Kong College of Physicians, 2008). These alarming figures pose immense pressure on an already strained health care system struggling with financial sustainability in the provision of elderly care services, and especially, long-term care and end-of-life care (Yeung & Chan, 2006).

Under the context of sustainable development, one of the most confounding challenges of health care providers today is to optimize quality of life and promote death with dignity for the ever-increasing numbers of older terminally ill patients. To cope with soaring demand and to improve quality of service, the Hong Kong government has based its elderly policy on the Confucian culture of filial piety, which requires adult children to take care of their aging parents (e.g., Liu & Kendig, 2000; Chan & Pang,

2007). Moreover, the government has repeatedly stressed the importance of enabling elders to remain in the community and maintain a normal social life for as long as possible, emphasizing that living at home is vital to their well-being (Elderly Commission, 2000). In effect, the promotion of “filial responsibility” combined with the principles of “aging in place” has become the impetus that drives the coordination of elderly services in Hong Kong. Such policy agenda essentially places family, and especially adult children, at the forefront of caregiving for older terminally ill patients. However, a number of studies have indicated a declining adherence to filial beliefs and commitments among younger generations (e.g., Ikels, 2004; Chen, Bond, & Tang, 2007), of which may reflect vast dissonance between government policies that are based upon traditional values and the contemporary social reality of family practices.

## LITERATURE REVIEW

### Ethics of Traditional Filial Piety

Although family has always been the pillar of elderly care in many Chinese and East Asian societies, it would be impossible to understand the aspirations and challenges of family caregiving without an appreciation of the cultural ethics of filial piety. Filial piety is one of the most profound values that organize family relationships and social structures across all Confucian heritage cultures. The virtue of filial piety defines the duties and obligations between parents and children for the maintenance of hierarchy within the family system (Sung, 1998), facilitates intergenerational interactions (Yeh, 2003), and serves as the foundation of human dignity and social cohesion (Zhang, 2000). According to Lee and Mjelde-Mossey (2004), filial piety is a way of life where the collective comes before the individual, where elders are to be cared for not only through the mere act of caregiving, but also through respecting, honoring, and obeying. Thus, authority, power, transmission of knowledge and values, as well as the continuation of the family lineage all together form the spirits of filial piety (Chow, 1996). Filial attitudes include minimizing parents’ worries, repaying parents’ sacrifices, treating parents with respectful propriety, and staying close to serve parents (Ho, 1996). Filial behaviors are expressed through clear prescribed roles and duties that necessitate the complete obedience of children to their parents and parents-in-law, as well as the demonstrations of deep respect and nonresistance to elders that are passed on from generation to generation (e.g., Koyano & Okamura, 1996; Hwang, 1999). Demands of filial obligations range from material to emotional requirements, such as support, memorializing, attendance, deference, respect, and love, and their structures are often generalized to apply to authority relationships beyond the family (Yeh & Bedford, 2003).

Filial Piety and Family Caregiving	105	
Empirical literature has examined the role that filial piety plays in the motivation for family caregiving as well as its effects on the well-being of family caregivers. Numerous researchers have identified respect, desire to preserve family harmony, love and affection toward parents, and a desire to repay parents for their physical and financial sacrifice as the core motives for adult children to care for their elderly parents at the end of life (e.g., Kao & Travis, 2005; Leichtentritt, Schwartz, & Rettig, 2004). However, these admirable intentions do not always reflect desirable caregiving outcomes among family caregivers. While some investigators have reported that filial piety is negatively associated with caregiving burden (e.g., Lai, 2007; Khaliaila & Litwin, 2011), others have reported that filial piety does not protect against perceived burden of care and depression (e.g., Youn, Knight, Jeong, & Benton, 1999; Lai, 2009). One study even reported that a greater sense of filial piety was associated with higher levels of depressive symptoms (Raveis, Karus, & Siegel, 1998). Moreover, a number of researchers have pointed out that male gender (e.g., Shulz & Sherwood, 2008; Eters, Goodall, & Harrison, 2008), greater mastery in caregiving (e.g., Martire, Schulz, Wrosch, & Newsom, 2003; Cheung & Kwan, 2009), as well as larger family support networks (e.g., Lee & Sung, 1998; Finley, Roberts, & Banahan, 1998) are all conducive to caregivers' sense of filial piety, which in turn mitigate their sense of caregiving burden and depression. Although informative, these empirical works are quantitative in nature and have not explored in-depth how filial piety is experienced and undertaken by Chinese families of today.	110	
	115	
		Q3
	120	Q4
	125	
	Q5	Q6
Social Change and Its impact on Filial Practice		
While it is generally believed that modernization has led to the decay of filial piety as expressed by instrumental support for and affective bonding with parents (e.g., Silverstein, Bengtson & Litwak, 2003; Wang, 2004), others have suggested that filial piety has remained resilient in Asia as intergenerational exchanges of monetary and other forms of aid have been adapted (e.g., Croll, 2006; Cheung & Kwan, 2009). This phenomenon is seemingly apparent in Hong Kong as financial subsistence has become a primary expression of filial obligation. According to recent statistics, nearly 7% of Hong Kong ailing elders ages 65 and above are living in nursing homes and financially supported by their children (Social Welfare Department, 2012), a figure greater than most other developed countries, which lies roughly in the range of 1% to 5% (Chui et al., 2009). Such a high institutionalization rate can be attributed to a number of obvious factors such as time invested in work and employment, the reduction in family size (which led to limited practical abilities to shoulder care responsibilities), the decline in intergenerational co-residence, as well as the spatial limitations of Hong Kong resident flats.	130	
	135	Q7
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What is less known, however, is how adult children who are incapable of providing home care to their ailing parents cope with their sense of loss and powerlessness against a society that heavily values family responsibility; vice versa, little is known about the mechanisms that empower those who are capable to care for their parents at home in spite of various resource and practical limitations. Further still, there is a dearth of research that investigates the effects of intergenerational dynamics on filial attitudes and behaviors, as well as how such interactions affect the experience of dignity at the end of life. 150

Clearly, there is an imperative need to examine the contemporary culture of family caregiving while comparing and contrasting the traditional and evolving concepts of filial piety so as to ensure that individual and family dignities are preserved at life's most vulnerable moments (Chen, 2011; Ho & Chan, 2011). This study aims to fill this knowledge gap by examining the role that filial piety plays in end-of-life caregiving among a purposive sample of Chinese adult-children caregivers, with the goal of suggesting ways to enhance clinical practice and community support with this population. 155 160

## METHODS

### Sample

This study draws from qualitative research on the lived experience of Chinese terminal cancer patients (and their families) receiving palliative care services in Hong Kong conducted between late 2009 and early 2011 (Ho & Chan, 2010). Ethics approval was obtained through the Institutional Review Board of the authors' university. The sampling frame comprised of family caregivers of terminally ill patients enrolled in the outpatient palliative care program of a major public hospital. Inclusion criteria required caregivers to be adult children of an elderly parent diagnosed with stage IV cancer, with a life expectancy of no more than six months, and living in the community either at home or at a nursing home. The head home care nurse of the palliative care unit was briefed on the study and was asked to identify potential participants. She was also asked to consider for inclusion only those caregivers who were cognitively intact, were able to talk freely about their experience, and were capable of providing consent. Based on this purposive sampling frame, 15 adult-children caregivers were identified. 165 170 175

### Procedures

An introductory letter and information sheet about the study were provided to each selected participant through the home care nurse, and followed up by a telephone call by one of three highly trained interviewers to ascertain participation. All 15 identified caregivers agreed to participate in the 180

study. Interviews were conducted either at the home of the caregiver or in a quiet room at the hospital. Upon granting informed consent, caregivers were invited to engage in a meaning-oriented interview that focused on eliciting the stories and narratives of their caregiving experiences, through which the processes of introspection and articulation served to generate renewed meanings that illuminate the concept of dignity at the end of life (Leung & Chan, 2006), in keeping with a meaning reconstruction approach to loss and transition (Neimeyer, 2001; Neimeyer & Sands, 2011). Specifically, participants were asked to recall the significant events leading up to the cancer diagnosis, the immediate aftermath, the eventual caregiving processes, as well as their reflections on how individual and family dignity could be achieved and maintained throughout their caregiving experiences. Each interview took approximately 60 to 90 minutes to complete.

### Data Analysis

All interviews were digitally recorded, transcribed verbatim, and entered into NVivo software. To identify the core processes and meaning of filial piety and dignity that are grounded in the social world of the participants, qualitative content analysis based on the grounded theory approach was adopted where hypotheses of experiences were reflectively modified in the light of progressive observations (Strauss & Corbin, 1990). The process of exploring narratives involves several steps of coding and data reduction. Initially, multiple readings and open coding were conducted on all complete interview transcripts by three researchers; written memos on filial attitudes and behaviors on dignity were created, while codes were created to reflect the central characteristics of different narrative patterns. Second, axial coding was conducted to develop and refine possible categories of filial attitudes and behaviors, while text files containing illustrative and descriptive quotes supplementing the emergent themes were also created. Finally, three researchers independently reviewed and defined the emergent themes and presented to one another for confirmation; once consensus was reached, operational definitions were created. To address issues of rigor and trustworthiness, interviews were carried out by the three researchers who also agreed on the coding framework where codes and themes were discussed and constantly compared with potential deviant cases during regular meetings.

## FINDINGS

Transcripts of completed interviews were obtained from 3 male adult-children caregivers and 12 female adult-children caregivers whose mean age was 50.6 years, with a range of 30 to 62. Two male caregivers were below

the age of 40 and 2 female caregivers were above the age of 60. All male caregivers were either an eldest son or the only son of their dying parents, eight female caregivers were the eldest daughter, and the remaining four were either a second daughter or a goddaughter. In terms of the relationship between patient and caregivers, there were 10 pairs of mother and daughter, 2 pairs of father and son, 1 pair of mother and son, and 1 pair of father and daughter. Eight caregivers provided intensive day-to-day care to their ailing parents at home, while seven caregivers relied on institutional care and provided financial and social support to their parents. Moreover, while all caregivers had attained secondary education, the eight caregivers who rendered home care were not employed and considered caregiving as their full-time job, while the remaining seven caregivers who relied on institutional care to support their parents had full-time employment. Characteristics of the 15 adult-children caregivers are shown in Table 1.

In all of the narratives, participants expressed their subjective experiences of caregiving in relation to their filial attitudes and behaviors and how these interactions helped to preserve dignity in the face of morality. Based on our analysis, five contemporary themes of filial piety for the promotion of dignity at the end of life have emerged. They include

1. reciprocal relationships,
2. mutual support,
3. compassionate duty,
4. emotional connections, and
5. appreciation and forgiveness.

Each of these themes will be considered in turn and supported by illustrative quotations from participants.

### Filial Piety as Reciprocal Relationships 250

In contrary to the notion of authority relationships in the traditional sense of filial piety where children are to conform to their parents' wishes without resistance (Chow, 1996; Sung, 1998), all adult-children caregivers expressed the importance of reciprocal relationships in the care and support of their dying parents. Andrew, a 30-year-old caregiver who provided home care for his 64-year-old father, described the need of reciprocity:

I feel that it is my duty to look after him [father] . . . we talked about me taking a long leave of absence from work to care for him at home, and together worked out a plan to support the family financially . . . He was very appreciative and grateful, and I believe we grew stronger as a family because of that.

**TABLE 1** Characteristics of Adult-Children Caregivers

Name	Age	Gender	Education/Employment	Age of Parent	Relationship with Parent	Type of Care Provided
1) Andrew	30	Male	College/FT Caregiver	64	Father-Son (only son)	Home Care
2) Ming	38	Male	High School/FT Caregiver	68	Father-Son (eldest son)	Home Care
3) Penny	42	Female	High School/FT Caregiver	68	Mother-Daughter (eldest daughter)	Home Care
4) Yuki	44	Female	High School/FT Caregiver	82	Mother-Daughter (god daughter)	Home Care
5) Suzy	45	Female	College/FT Caregiver	61	Mother-Daughter (eldest daughter)	Home Care
6) Ling	58	Female	High School/FT Caregiver	85	Mother-Daughter (eldest daughter)	Home Care
7) Bonnie	59	Female	High School/FT Caregiver	78	Mother-Daughter (eldest daughter)	Home Care
8) Sammy	60	Female	High School/FT Caregiver	78	Mother-Daughter (eldest daughter)	Home Care
9) Janet	40	Female	College/FT Caregiver	83	Mother-Daughter (2nd daughter)	Home Care
10) Lee	50	Female	High School/FT Employed	81	Father-Daughter (2nd daughter)	Institutional Care
11) Ping	57	Male	High School/FT Employed	82	Mother-Son (eldest son)	Institutional Care
12) Kary	58	Female	High School/FT Employed	84	Mother-Daughter (eldest daughter)	Institutional Care
13) Karen	58	Female	High School/FT Employed	82	Mother-Daughter (eldest daughter)	Institutional Care
14) Mary	58	Female	High School/FT Employed	84	Father-Daughter (eldest daughter)	Institutional Care
15) Susan	62	Female	High School/FT Employed	92	Mother-Daughter (eldest daughter)	Institutional Care

*Note.* Names have been changed to protect confidentiality.

Being able to discuss and share needs and concerns between parents and adult children in end-of-life caregiving was of paramount importance for sustaining filial conviction and behaviors. Janet, a 40-year-old daughter who supported her 83-year-old ailing mother through institutional care, said, 265

It is very important for me to talk to my mother openly about my difficulties with the care of my own family, and that I would not be able to take care of her at home. I had a great deal of regret because I knew that she didn't want to live in a nursing home, but she [mother] told me that it was fine and I was already doing the best that I could . . . . I felt somewhat relieved knowing that she understood my situation and that I wasn't abandoning her . . . . 270

Many participants shared this aspiration. Susan, a 62-year-old daughter of her 92-year-old nursing-home-dwelling mother, said,

I no longer have the strengths to care for her [mother] at home after she got sick . . . . We talked candidly about other care options and together came to the decisions that choosing a nursing home close by my apartment where I can visit her regularly would be the best . . . . I am gratified that we can share our views as equal adults. 275

The importance of open dialogue between parents and adult children that leads to greater understanding and respect cannot be overstated, as reciprocal relationships now characterize the contemporary experience of filial piety and dignity at the end of life. 280

### Filial Piety as Mutual Support

Apart from reciprocity and understanding, mutual support among parents, adult children, and the larger family was another important theme of filial piety identified in the current study that overshadowed the traditional notion of complete obedience (Koyano & Okamura, 1996; Hwang, 1999). Penny, a 43-year-old daughter who provided home care for her 68-year-old mother, spoke of the significance of a mutually supportive relationship in end-of-life caregiving: 290

It is not easy to take care of my mother at home . . . . But she does respect my concerns and we compromise on a lot of issues related to daily activities . . . . She even helps with some simple chores around the house . . . . I think mutual support and open communication is crucial to keep me moving forward as a caregiver. 295

Despite being terminally ill, some elderly patients who were cared for at home were able to offer help and support to their family carers, which has

contributed to the sense of autonomy and dignity at the end of life. Suzy, a 44-year-old daughter who took care of her 61-year-old mother at home, talked about the mutual support she received: 300 Q9

Even though she is ill, my mother still spends quality time with my two daughters, looking after them while I am out doing errands . . . . This really helps me a lot, and I think in a way, this also made her feel happier and more dignified too. 305

Equally important was the ability to garner support from other family members. Bonnie, a 59-year-old daughter who took care of her 78-year-old mother at home, said,

I don't know what I will do without my husband and my two sons . . . . Despite the fact that I left them behind in Canada to come back alone to care for my mother, they are very supportive. They even helped me planned my flights . . . they call my mother and me every day to check up on us . . . . They are truly my source of strength. 310

Ping, a 57-year-old son who supported his 82-year-old mother through institutional care, shared the same sentiments: 315

Having the support of my brother and his wife is so important, our two families take turns to go see her [mother] every day so she won't feel lonely or abandoned.

While the majority of caregivers were eldest sons and daughters, it is obvious that the weight of filial responsibilities did not fall on them alone but the entire family, where the elderly patients may also play a supporting role. This further underscores the importance of mutual support in the contemporary experience of filial piety and dignity in the final chapters of life. 320

### Filial Piety as Compassionate Duty

While most literature on filial piety has contended that caring of elderly parents is an obligatory duty (Kao & Travis, 2005), most participants in this study believed that the traditional idea of repaying parents' sacrifices is not enough to sustain filial caregiving. Ming, a 38-year-old son who looked after his 68-year-old father at home, said, 325

Caring for my father during his final days is the most meaningful thing I have ever done in my life. I am not doing this because I feel like owing him for the things that he has done for me, but rather, as a true token of my love and appreciation . . . . Yes, it is my duty to care for him as a son; however, it is not because I am obliged to, but because I want to. 330

In fact, many participants perceived that caregiving would become an immeasurable burden based on obligation alone. Lee, a 50-year-old daughter who relied on institutional care in the support of her 81-year-old father, expressed, 335

Caring for your aging parent can become a great burden if you see it only as a way of repaying debts, and not from the heart . . . . Although I cannot care for him [father] at home, I visit him every day . . . to let him know that I will always be here for him. 340

Q10

According to some participants, in order to sustain filial caregiving and to preserve dignity at the end of life, adult children must understand the pain and suffering of their parents so as to care for them wholeheartedly with love and compassion. Ling, a 58-year-old daughter who provided home care for her 85-year-old mother, said, 345

Being by her [mother] side and caring for her ever since she got sick has taught me a lot about human suffering . . . it truly saddens me to see her having to go through all the painful treatments because of her cancer . . . . I do whatever I can to make her feel better. 350

Mary, a 58-year-old daughter of her 84-year-old nursing-home-dwelling father, shared the same feelings:

To see my father's pain and being so lonely living in the nursing home is heart-breaking . . . . That is why no matter how busy I am I will always make time to see him every day. This is the least that I can do as a daughter. 355

In the contemporary experience of filial piety and dignity, caregiving is no longer a mere obligation but a duty of compassion and love.

Filial Piety as Emotional Connection 360

Despite the transformation in filial attitudes, the act of caregiving among most participants is still heavily based on the physical and the practical (Yang et al., 1989; Ho, 1989). Lee, a 50-year-old daughter who supported her 81-year-old father through institutional care, said, 365

It seems that every time that I see him [father], all I do is to bring him soup, help her clean his room and put things in order. And all we ever talk about are issues related to his illness . . . . This all seems so surface and superficial. 365

Q11

It is apparent that the notion of task fulfillment in the traditional sense of filial piety has persisted, as most adult children fail to connect with their parents on an emotional level despite their need for spiritual bonding. Sammy, a 44-year-old daughter who took care of her 78-year-old mother at home, expressed that, 370

Although I have done the best that I could in caring for my mother, I still somehow feel as if I haven't done enough or that something is missing . . . . I want to be able to talk to her more and let her know how much I love her, but I don't know how. 375

Kary, a 58-year-old daughter who relied on institutional care to support her 84-year-old mother, spoke of her desire for an emotional connection:

I want to connect with her [mother] on a deeper level . . . . But I don't know what to say or how to connect with her . . . . Every time that I visit her there are a lot of silent moments . . . . It feels like I have not fulfilled my duty as caring and loving daughter. 380

The inability to spiritually bond with their dying parents has caused great sorrows and regrets for most adult-children caregivers, underlining the vital significance of emotional connection in the contemporary experience of filial piety and dignity at the end of life. 385

### Filial Piety as Appreciation and Forgiveness

As the ethics of filial piety is founded upon a culture that warrants self-evaluation and social comparison of one's virtues and moral conduct (Zhang, 2000), caregivers who lacked the capacity and resources to provide home care for their ailing parents expressed great shame and immense guilt. Karen, a 58-year-old daughter who relied on institutional care to support her 82-year-old mother, stressed, 390

Sometimes I feel like a failure and a horrible daughter for sending my mother to the nursing home . . . . But I am so restricted in terms of time, money and space . . . . I really want to let her know how sorry I am and how terrible I feel. 395

Such thoughts of dishonor and disgrace can be consuming for many, as Janet, Mary, and others all shared the same desire to ask for forgiveness and achieve reconciliation from their nursing-home-dwelling parents. Janet said, 400

I really hope my mother understands my difficulty and can forgive me for sending her to the nursing home. I am doing the best that I could in terms of financial support, but I know it is not good enough.

Apart from forgiveness, there was also an intrinsic yearning to express appreciation among all participants. Yuki, a 44-year-old daughter who took care of her 82-year-old mother at home, said, 405

I really want to thank my mother for all the things that she has done for me . . . . I want to talk to her about old times . . . . But I am not used to saying these things with her. All I can do is to try my best to care for her and make her feel comfortable. 410

Andrew said,

My father has been my role model all my life and he has taught me so many things . . . . I want to tell him that I love him, but saying these things out loud are difficult, worst yet, it almost seems like I am saying goodbye before the end. 415 Q13

The inability to not share love and gratitude due to the barriers of expression and the taboo surrounding discussing death in the Chinese culture further barred parents and adult children from bonding spiritually at life's most precious moments. Such travesty would inevitably compound on the feeling of loss and grief, highlighting an imperative need for a clinical tool that facilitates open dialogue and emotional connection, one that fosters the expression of appreciation and forgiveness, so as to enhance the experience of filial piety and dignity at the end of life. 420 Q14

### Summary of Findings 425

In essence, while all caregivers expressed that the traditional value of filial piety was the major motivator for family caregiving, their perceptions of filial piety were vastly different from its traditional connotations that emphasize *authority relationship* and *complete obedience*. Conversely, intergenerational dynamics and interactions that foster *reciprocal relationships* and *mutual support* were perceived as the new norm that strengthened their filial convictions. Moreover, most caregivers did not perceive their caregiving behaviors as mere *obligatory duty* but *compassionate duty*, where caregiving is not simply a form of repayment for parental debt, but rather, an innate desire to love and care for their dying parents at the end of life. Despite such transformation in filial attitudes, the act of caregiving itself was still heavily focused on the tradition of *task fulfillments* that emphasize physical and practical support, which deprived caregivers and patients the opportunity for greater *emotional connections* that lead to spiritual bonding. Such detachment between the physical and the emotional aspects of caregiving created a strong sense of unfulfilled filial responsibilities; this was especially true for those caregivers who relied on institutional care in supporting their parents. 430 435 440

Such regrets and discontent led to the overwhelming feelings of *guilt and shame*, as most caregivers had voiced the need to express *appreciation and forgiveness* with their dying parents during the final chapters of life. 445

## DISCUSSION

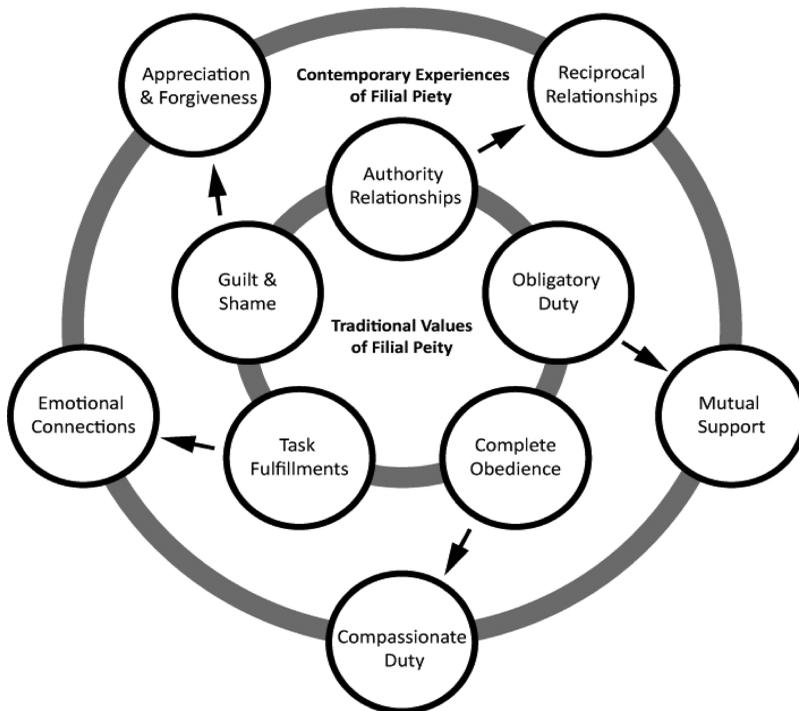
Under the rubric of a rapidly aging population and increasing demands for high-quality elderly services, most governments around the world have urged families to take up greater filial responsibility in the care of older dying people while advocating for greater community involvement (Watt, 2001). In this article we critically examined the concepts of filial piety in end-of-life family caregiving, while contrasting traditional filial attitudes and behaviors with contemporary experiences. Through analyzing Chinese adult-children's narratives and stories in caring for their terminally ill parents, we have identified five new themes of filial piety as well as the relevant intergenerational dynamics and interactions that help to preserve individual and family dignities at the end of life. 450  
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### Changing Attitudes and Practices of Filial Piety

Specifically, our findings show that the Confucian ethics of filial piety still serve as the primary driving force that motivates family caregiving in the contemporary context. However, the traditional notions of authority relationships and complete obedience that underscore filial behaviors have evolved. Replacing these are more equalitarian attitudes that emphasize reciprocal relationships and mutual support. Such transformations in filial beliefs give prominence to intergenerational dynamics and open interactions that foster empathic understanding between adult-children caregivers and parent patients. No longer are elderly parents standing still on the receiving end of care, but are playing significant roles in the decision-making processes on family caregiving, working jointly with their adult children to come up with the best care options within the limitations of time and resources. Similarly, adult children are no longer maintaining their silence to remain completely obedient, but are sharing their concerns and difficulties with their elderly parents as well as the extended family, to develop the best course of action in the provision of family end-of-life care. These reciprocal dialogues between and within generations create the indispensable mutual support that bolsters filial behaviors and preserves dignity at the end of life. 460  
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Our findings also show that the traditional view of family elderly care as an obligatory duty or as a way of repaying parental debt is no longer enough to sustain filial responsibilities, but could, counterintuitively, create caregiver burden. Instead, the contemporary experience of filial caregiving is based on the notion of compassion, where a true understanding of the 480

pain and suffering of mortality can ignite and fuel adult children’s innate calling to care for their parents with love and unquestionable devotion. Such egalitarian transformation in filial attitudes once again highlights the importance of open communication of needs and concerns between patients and caregivers. However, despite these changes in attitudes, the act of filial caregiving is still heavily focused on the physical and the pragmatic. As a result, adult children who relied on institutional care experienced great shame and regrets due to the very fact that they could not offer more physical and practical care to their ailing parents. Such traditional emphasis on task fulfilments inevitably undermines the need for emotional connections at the end of life. Moreover, the lack of emotional bonding is further hampered with the inability to express appreciation and forgiveness, denying families the opportunity to achieve catharsis and reconciliation in life’s most vulnerable moments. Essentially, the contemporary experiences of filial piety in end-of-life family caregiving has evolved and can be summarized as reciprocal relationships, mutual respect, compassionate duty, emotional connections, and appreciation and forgiveness. These themes and their contrasting traditional conception of filial piety in relation to dignity at the end of life are illustrated in Figure 1.



**FIGURE 1** Evolving model of filial piety and dignity in end-of-life caregiving.

## Implications for Palliative Social Work

It is evident that the virtue of filial piety poses both strengths and challenges to family caregiving at the end of life, and findings from this study carry important implications for palliative social work. In terms of policy relevance, while it is in the government's interest to bolster filial responsibility in the care of dying elderly so as to contain health care expenditures, it is clear that simple advocacy of filial values is vastly insufficient. In order to balance dignity, family integrity, and social sustainability in end-of-life care, families must be empowered to become more competent in the care of ailing elders through greater home care and support and social assistance. In Hong Kong specifically, although the government has over the past decade expanded on home- and community-based services to families facing terminal illness, the number of full-time home care nurses are few and far between to adequately cater to the surging population of terminally ill elders. Furthermore, the types of services rendered by home care nurses are mainly pain control and symptoms management, where psychological and spiritual support to strengthen families' emotional capacities for end-of-life caregiving is greatly lacking (Ho & Chan, 2011). Hence, apart from expanding home care services, the government must further develop the profession of social work in primary palliative care programs. There is also an urgent need to strengthen multidisciplinary collaboration between and within hospitals and social service agencies so that older dying patients and their families can access the entire spectrum of end-of-life care while residing in the community. Expanding the provisions of home care services beyond office hours, involving social workers in home care programs, networking with non-governmental organizations, and training of carers in elderly homes and community centers are all valuable strategies to facilitate living and dying in place (Hong Kong College of Physicians, 2008). Such policy initiatives are in line with the fact that adult children who expect high filial responsibility in caring for their dying parents urge for more government support (Ward, 2001).

In terms of clinical implications, it is apparent that the shames and regrets of unfulfilled filial responsibilities, coupled with the inability to garner emotional connections between parents and adult children, act as a cultural barrier for reconciliation and experience of dignity at life's final margin. More specifically, while all respondents in this study longed for more meaningful dialogue to express appreciation and forgiveness, their responses tended to focus exclusively on physical care. Thus, in order to help patients and caregivers minimize suffering and to achieve a sense of hope and meaning as death draws near, there is a vital need for a guided, family-focused, dignity-enhancing intervention in Chinese end-of-life care. One established example of dignity-enhancing intervention is the empirical-based Dignity Therapy (Chochinov et al., 2005, 2011). Employing a narrative

approach and containing elements similar to life review and reminiscence, it enables patients to find meaning and reconciliation through examining specific past experiences and achievements so as to bolster their sense of meaning, purpose, and dignity in life. Although Dignity Therapy is based on a Western individualistic paradigm that focuses solely on the patient, one can make use of its intervention components while shifting its intervention focus toward the family rather than the patient alone. The emphasis is to facilitate meaningful dialogue between patients and caregivers that enhances filial piety, reconciliation, continuing bond, and transcendence. The ultimate goal is to address the specific needs of Chinese families who are not strong in the articulation of emotions and intimacy. Given the scarcity of cultural-specific family-based dignity intervention in the Chinese context, these clinical implications should provide clear directions for future research.

## CONCLUSION

This study adds to the body of knowledge on palliative social work by critically examining the concepts of filial piety and dignity at the end of life in a Chinese context. Despite their qualitative nature, the findings shed new light on the experience of family caregiving from the perspectives of adult-children caregivers, and carry important policy and clinical implications. In essence, the notion of filial piety has evolved in the contemporary context and now emphasizes reciprocal relationships, mutual support, and compassionate duty. However, the longstanding filial caregiving practice of task fulfillment has persisted, where the inability to provide practical and pragmatic care to parents at the end of life has caused shame and guilt among adult-children caregivers. Moreover, caregivers' sense of powerlessness to emotionally connect with their ailing parents has resulted in much regret and sorrow. These findings pinpoint the imperative for greater government assistance in home care support, as well as the critical need for a family-driven dignity-enhancing intervention in palliative social work.

Population aging is a global phenomenon, and caring for elderly parents is a critical issue that concerns not only Chinese societies but every country around the world. Furthermore, the tendency of government reducing expenditures on elderly care while advocating for more family and community care has not only been observed in Hong Kong, but in many Western nations as well. Although this study focused solely on Chinese carers, there are obvious commonalities in the experiences of end-of-life family caregiving across different cultures. As the manifestations of filial piety become increasingly universal through reciprocity, compassion, and emotional connection, the implication for policy and practice derived from this research can guide palliative services and support for all families facing

mortality, which serve to ensure the preservation of dignity at life's final chapter regardless of race and ethnicity. 585

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