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ONLY CHILD'S LIVED EXPERIENCES OF TAKING CARE OF AGEING PARENTS IN MAINLAND CHINA

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Only Child's Lived Experiences of Taking Care of Ageing Parents in Mainland China

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A thesis submitted in partial fulfillment of the requirements for the degree of Master of Philosophy

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Certificate of Originality

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Zhang Yu

Abstract

Background: The one-child policy was a family planning policy implemented in China in the period 1979 to 2015. It forced every married couple to have no more than one child. Today, the first Only Child generation has reached an age when their parents are transitioning from young parents to older parenthood. How the Only Child understands parental caregiving in the complicated social and familial context has now become a major concern for Chinese society. However, studies about how an Only Child actually justifies the meanings and values of parental caregiving, especially facing the competing demands of parental caregiving and personal life, have remained limited. Therefore, a nuanced understanding of the adult Only Child's parental caregiving experiences in China has become important.

Purpose: The aim of this study is to explore Chinese Only Child's lived experience of taking care of their ageing parents.

Methods: Giorgi's (2009) descriptive phenomenology approach was used. Participants living in Guangzhou, China, were recruited using purposive sampling. Data collected through unstructured interviews were analysed using the following Giorgi and Giorgi's (2003) four phases: 1) reading the interview transcripts to make sense of the whole picture, 2) determining the meaning units, 3) transforming the units of meaning into phenomenological sensitive descriptions, and 4) theorising to determine the structure. Bracketing was in place throughout the research process. The trustworthiness of the study was

ensured by using strategies satisfying general, systematic, critical, and methodical criteria.

Findings: Fifteen individuals (six women and nine men) aged between 24 and 35 years participated in the study. The care receiving parents of these individuals were aged around 60 years. For an adult child, parental caregiving was characterised as "safeguarding self and parents from the challenging future perceived by parents' ageing", along three sub-themes: 1) moral awareness of parental caregiving as a way of being, 2) perceived gap between a satisfying life and the reality of life, and 3) knowledge of how to live a satisfying life as an Only Child. These sub-themes capture the essential structure of the concept of safeguarding from the Only Child's perspective.

Discussion: The essence of parental caregiving shows that the Only Child makes sense of what is the right thing to do from considerations on the family level, in terms of what is the best arrangement for the whole family. Furthermore, being an Only Child plays an important role in the Only Child's knowledge of parental caregiving. This facilitates the awareness of the Only Child of his or her obligations and the need to take good care of one's parents.

Implications: The findings provide an empathetic understanding of the Only Child's experience of parental care giving. The implications for social services and polices include the need to coordinate formal and informal care in taking care of older people in one-child families and the use of Watson's caring theory to develop strategies to enhance holistic care for Only Child as well as for his or

her parents. The implications for research include a call for longitudinal follow-up studies to further explore the changes in the Only Child's perceptions as their parents become ever more dependent.

Conclusion: This study provides insights into the essence of parental caregiving from the Only Child's perspective. It offers a more in-depth understanding of the phenomenon of parental caregiving and helps to narrow gaps in knowledge related to the phenomenon of parental caregiving in one-child families.

Publications and Conference Presentations

Publications

Zhang, Y., Mak, Y.W., & Lai, C.K.Y. A Literature Review on Family Caregiver for Elderly People. (In manuscript)

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I thank my husband and my parents. They have been unconditional in their support to me.

I thank my friends. They have always been there for me.

Preface

On a summer day several years ago, my husband and I got up at five in the morning to take my grandma to the hospital for preoperative examinations for a cataract surgery. Usually, my mom and my aunt were the ones who accompanied her to doctor's appointments. On that day, because my aunt was too busy to apply for a leave, my mom sought help from me. My husband drove us to the hospital, as it was hard to get a taxi in the rush hours of Guangzhou. We had to arrive at the hospital at 7:30, because my husband did not take leave and had to be at his office on time. Usually, the clinic at the hospital opens at eight in the morning. When we arrived, my mom had already been there for half an hour. She was in the queue for an examination, and there were more than 20 people in front of her. Once my grandma and I arrived, my mom left to join a line for another examination. I stayed with my grandma to wait for the examination. When the first examination was over, we met my mom at the location of the next examination, and my mom left to queue up for yet another examination. Finally, around 11:30, all six examinations were completed. All three of us were very tired. My mom asked me to leave for work and she stayed back to accompany my grandma for the surgery in the afternoon. At that time, I could not help wondering, how can I take care of my parents when they are at the 'oldest old' stage like my grandma. My grandma was functionally healthy and did not have any chronic disease. Still, she needed three children to take care of her. My uncle lived with my grandma and provided daily living support while my mom and my aunt helped my grandma on all other issues. If my parents were to lose their

functional health at that time, the situation would have been even worse for me. My interest in studying parental caregiving in Only Child began at that moment.

As I embarked on a journey of a phenomenology inquiry, I knew that I had to become aware of my prior understanding of parental caregiving. I had to be clear about what my personal experiences as an 'only' child of ageing parents were, and what my scientific understandings were as a student with training in social sciences and health sciences.

I always felt ambivalent towards my parents. They loved me and were always devoted to raising me. I was poor in health when I was between five and eleven years old. My parents took me to see doctors far away from home after work and sometimes in the evening. I still have a clear memory of the night when my mom and I missed the last bus at night. To save money, my mom did not take the taxi. Instead, she put me on her shoulder and walked two bus stops to home as I was sleeping on her back. My mom was very skinny and weighed around 40 kilos. Later, when I was in grade three in high school, my mom took up a very stressful job to have a better financial situation in support of my further education. At work, she had a very busy schedule with daily deadlines. Once, she missed the deadline, everything she had done before would become meaningless. At the same time, she had to communicate with people with violent records as. She felt extremely tired at work. Now she is no longer willing to take that kind of job, no matter how much she is paid. I feel very grateful for my parents' love and devotion.

However, my parents, especially my mom, always had specific requirements and high expectations from me on every aspect of life, even though they gave me the freedom in making life decisions. I felt tired and scared about

the requirements and expectations. Even now, I do the cleaning every time my mom visits me in my own apartment. Otherwise, my mom would criticize me for hours.

With the feelings of ambivalence, I knew that I have to be the one to take care of my parents. Before embarking on this study, I only paid attention to the instrumental side. When my mom broke her arm and when my dad had burns in his arm, I helped them in daily living and gave them advice. Since I was studying in Hong Kong at that time, I only provided care when I was at home. Further, my parents consider only me as their caregiver. When my mom was hospitalized for acute gastroenteritis, she did not tell anybody, because my dad was on a business trip and I was in Hong Kong. Later, I asked my mom why she did not seek help from my husband. My mom told me that she did not want to bother others and she would only feel comfortable seeking help from me in that situation.

When I was working on this study, my understanding of parental caregiving kept changing. From my participants' interviews, I developed an understanding of what good care is, to parents. I became aware that I had to understand what their expectations and preferences are. I have to take care of them in a holistic way to make them happy. In the earlier days, I did not understand why my mom shared the photo she took with me all the time and sought my comments. When I was home, my mom shared her photos and discussed them one by one with me. I had to stay awake till two or three in the morning, studying my mom's photos. Usually, I had to think carefully about at least 1500 photos each time. Now, through this study, I know that if my mom is interested in photography and eager to pursue her hobby, I have to support her as she always did for me. Hence, now, I read National Geography every month,

mark photos, which I think would inspire my mom, and share them with her. When my mom feels frustrated about her slow improvement in photography, I talk to her and give her advice on how to move to a higher artistic level. Although I still feel tired sometimes, I am happy to help my mom. As for my dad, now I pay much more attention on the emotional side of his life. My dad has spent much of his income in taking care of his family members in his hometown for years. In the past, I did not have special feelings about that. Now, I help my dad about the things my relatives need and talk about their situation with my dad, to show my support to my dad so that my dad does not feel lonely and being not understood about taking care of our relatives.

I have fair pre-understanding about parental caregiving from an academic perspective. While I was growing up in Mainland China, I was trained during my high school and undergraduate study to have a conflict perspective when I look at the world. When I investigate the relationship between two or more groups of people, including parents and children, I have a tendency to explore the possible conflicts between the groups.

Further, as a student with training in sociology, I have been influenced by interactionism and functionalism since undergraduate study. I have a tendency to explore the interaction patterns among people. Therefore, when I was working on the data analysis, I always tended to focus on the interaction patterns between Only Child and his or herparents. When I look at an issue, I always think about its functions is in our society. In related to parental caregiving, I am very sensitive to family system theories and exchange theories.

Since I participated in industry policy analysis research projects when I worked in the Guangzhou Academic of Social Sciences, I gained knowledge in

economics. I got used to think about the cost and effect of an action. I gained knowledge in parental caregiving from my literature review on family caregiving to older people. From that, I developed an understanding of family members including adult children, and experiences in providing care for older people. In addition, since I have observed older people in various settings like nursing homes, old age homes, community centers and hospitals, I understand older people's needs and problems. I make my own judgment on how well an older person is being taken care of by his or herfamily members.

During the research process, I have tried again and again to bracket my pre-understandings. I keep writing reflection journals and discuss with my supervisors. Bracketing is hard. The only thing I can do is keep doing it again and again and discussing with my supervisors time and time, from the very beginning to the present.

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Chapter 1 Introduction

In this chapter, I describe and discuss the context of my study and explain the rationale behind it. First, I consider conceptualizations of parental caregiving and define parental caregiving from the relational perspective, based on system theory, intergenerational models, and exchange theory. Then, I provide descriptions of formal and informal care models, and the reality of both in mainland China. Third, I appraise adult children's parental caregiving experiences, including their motivations, influences, and concerns, in order to set forth the problem discussed in this study. Next, to explain the context of my research, I review the background to China's one-child policy, including its history and impacts. Fifth, I discuss filial piety, which is at the centre of traditional Chinese values related to parental caregiving, and how it is influenced both by Western culture and by the implementation of China's one-child policy. Sixth, I appraise the characteristics and parental caregiving realities of one-child families. Finally, I focus on adults born under the one-child policy and the importance of understanding their specific experiences and the meaning embedded in being a caregiver to their parents.

1.1 Parental caregiving

1.1.1 The concept of caregiving

In Chinese literature, the word for 'caregiving' (*zhaogu*, 照顾) is defined by the efforts a caregiver devotes to various associated activities. Thus, caregiving in this sense encompasses activities such as paying attention to

another person (*chui*, 垂), keeping them in mind (*nian*, 念), feeling concern for them (*guan*, 关), and looking after them (*gu*, 顾) (Li & Zhang, 2010). In other research, the more specific concept of 'intergenerational caregiving' has been demarcated as comprising anticipatory, preventative, supervisory, instrumental, and protective care activities (Bowers, 1987).

Older people usually require caring support in relation to their physical, psychological, financial, and social needs (Hooyman & Kiyak, 2011). Physical care involves supporting essential activities and requirements of daily living such as helping with personal hygiene, meal preparation, housekeeping, and making medical appointments (Chen, 2009). Psychological care refers to companionship, enabling feelings of respect and trust, moral support, and reducing or preventing loneliness, fear, and isolation (Chen, 2009; Cramm et al., 2013). From the financial viewpoint, care includes financial assistance and material support for paying bills, medical expenses, and accommodation (Chen, 2009). Finally, care from the social viewpoint seeks to help older people to stay in contact with others and to participate in social activities (Cramm et al., 2013).

1.1.2 The concept of parental caregiving

Caregiving characteristically occurs within a relational context (Pearlin et al., 1981). Accordingly, in this section, the concept of parental caregiving is discussed from the relational perspective, using system theory, intergenerational models, and exchange theory – approaches that are commonly used to understand the concept of caregiving in the relational context. 'System theory' is used to analyze caregiving from the standpoint that family members are

connected through the family system (Keith, 1995; Nichols & Schwartz, 2004). 'Intergenerational models' are employed to understand caregiving through the framework of children and parents' interpersonal relationships (Bengtson, Mabry, & Silverstein, 2002; Bengtson & Roberts, 1991). 'Exchange theory' provides specific insights by considering the parent–child dyad and the exchanges between parents and children (Wang, 2008). Each approach is discussed in further detail in the sections that follow.

System theory Under the assumptions of system theory, caregiving to family members is motivated by one's intention to maintain the dynamic balance of the family (Nichols & Schwartz, 2004). Keith (1995) has proposed three types of parental caregiving systems in the family, incorporating 'primary caregiver', 'partnership', and 'team' arrangements. The primary caregiver configuration refers to a situation in which one person shoulders all or most of the caregiving duties; in a partnership approach, two children share the authority and responsibility equally in regard to care provision and decision making, while any other siblings have a limited role in the parental caregiving; and the team structure refers to adult children who perceive themselves as being organized in a planned and integrated way. A family's choice of caregiving system is primarily affected by its size and gender composition (Keith, 1995). Children with siblings in India have been found to demonstrate passive resistance with respect to accepting or denying parental caregiving responsibility (Dhar, 2012). Moreover, Lorca and Ponce (2015) provide supportive evidence from a quantitative study conducted among Latin American and Caribbean families that showed that, the more siblings children had, the less likely they would be to contribute in parental caregiving. Conversely, in situations in which there is only one child, he or she

seemingly has no choice but to shoulder the parental caregiver role (Gui & Koropeckyj-Cox, 2016).

Intergenerational models Pearlin et al. (1981) suggest that an emotional component and commitment to the relationship are the basis for caregiving. Other studies have shown that children's support of their older parents is influenced by their appraisal of their intergenerational relationship with their parents, in terms of 1) the frequency of interaction with their parents, and types of common activities; 2) the types and degree of positive sentiment from the children to the parents, and how much these sentiments are reciprocated; 3) how well family members agree on values, attitudes, and beliefs; 4) the amount of helping and exchanges of resource between the children and their parents; 5) the strength of the children's sense of filial obligation; and 6) the opportunities for interaction between the children and their parents (Bengtson & Roberts, 1991; Pyke & Bengtson, 1996).

Children's appraisal of their intergenerational relationship with parents can be understood from three perspectives: solidarity, conflict, and ambivalence (Bengtson, Mabry, & Silverstein, 2002; Bengtson & Roberts, 1991; Luscher & Pillemer, 1998). 'Solidarity' refers to perceptions of agreement, attachment, and harmony; 'conflict' refers to disagreement and distance; and 'ambivalence' incorporates both cohesion and conflict (Bengtson, Mabry, & Silverstein, 2002).

Exchange theory Caregiving is a complex exchange of help instead of a unidirectional provision of help from a family member to his or her elders (Jervis, Boland, & Fickenscher, 2010). Thus, support in the adult children–older parents dyad flows in both upward and downward directions (Zarit & Eggebeen, 2002). Adult children's involvement in parental caregiving can be motivated by their

intention to pay their parents back (Lopez Hartmann et al., 2016; Sheehan & Donorfio, 1999), while their participation in such an exchange with their parents may be affected by their sense of family obligation and their parents' investment in the exchange (Gans & Silverstein, 2006; Martire, Stephens, & Townsend, 2000).

Wang (2008) notices that the exchange pattern in Chinese society is somewhat different to that observed in the Western societies. As in the West, adult children in China are obligated to pay back their parents, when the latter become older and eventually lose their independence. In addition, though, in Chinese society, there are also exchanges between adult children and their parents during the period when both parties are independent. Older parents provide support – mainly childcare assistance – to their adult children, ostensibly in exchange for better care from these adult children in their later stages of life (Wang, 2008). In other words, adult children and their parents in Chinese society tend to be more interdependent throughout their lives than their Western counterparts.

Further, based on the levels of interdependence of the instrumental and financial aspects of life, Wang (2008) identifies three intergenerational exchange patterns within the Chinese population: 1) the highly interdependent intergenerational relationship, 2) the loosely interdependent intergenerational relationship, and 3) the independent intergenerational relationship. The highly interdependent pattern is the dominant one seen in the country's rural areas, and refers to a situation in which there are intensive exchanges of financial, instrumental, and emotional support between adult children and their parents. In a loosely interdependent intergenerational relationship, there is instrumental

support provided by adult children to older parents when the latter lose their functional health. This pattern mainly occurs in families residing in urban areas. Finally, the independent intergenerational relationship refers to situations in which there are only emotional exchanges between adult children and parents, a pattern that is beginning to be seen in urban areas. Relative levels of social service development are the main influence on the occurrences of these three exchange patterns: when social services for older people are absent, highly interdependent intergenerational relationships predominate, while, if social services for older people are well developed, independent intergenerational relationships become the prevailing arrangement (Wang, 2008).

In summary, according to system theory, exchange theory, and intergenerational models, the roots of parental caregiving are to be found in the parent–child relationship, and are influenced by the participation of siblings, the quality of relationships with one's parents, and the exchange history and patterns between adult children and their older parents. Thus, essentially, the core of parental caregiving is the parent–child relationship. For this study, parental caregiving is defined as a child taking care of his or her parent. This definition provides an understanding of the parent–child care dyad from the family connection and intergenerational relationship perspectives.

1.2 Forms of care

1.2.1 Caregiving models

Older people may receive care from informal resources (e.g., family members, relatives, friends, and neighbours) as well as formal sources (e.g., health care professionals and public or private care services) (Pinquart &

Sörensen, 2002). There are two common models that describe the relationship between informal and formal care (Bai, 2018). First, Cantor (1991) suggests a hierarchical compensatory model to explain older people's preferences regarding care providers depending on their closeness. Elderly people prefer to receive care from family members with whom they are most close, such as a spouse and adult children, rather than other relatives and friends. Care offered by formal providers is least favoured (Cantor, 1979; Spitze & Ward, 2000). Second, Litwak (1985) offers a task-specific model to explain the relationship between informal and formal care. He proposes that different types of caregivers are suitable for providing different aspects of care, subject to the requirements of technical knowledge. Therefore, informal and formal care should coexist and go hand in hand with each other. For example, administering medications is best achieved by formal caregivers, while it can be more appropriate for personalized grooming to be provided by informal caregivers.

1.2.2 The reality of caregiving to older people in mainland China

In mainland China, the government has implemented a 'developing an elder care system' policy to ensure that formal long-term care is provided to help older people live in the community (China National Committee on Ageing, 2006). Community health care services and residential institutions have been established to help older people prevent, manage, and rehabilitate health problems (Lou & Ci, 2014; Zhou & Walker, 2016). However, both the central services and community health care services are still underdeveloped, and are not able to fulfil older people's needs (Lou & Ci, 2014; Xu et al., 2016; Zhou & Walker, 2016). In respect of informal care, spouses, children, and children-in-law

are the three major caregiving groups for older people (China Research Centre on Ageing, 2011b), and the majority of older people in mainland China relies on informal care (Hu, 2018).

1.3 Adult children's experience of parental caregiving

1.3.1 Motivation for parental caregiving

Caregiving as managing parents' health problems and needs

Managing parents' health problems and needs often the primary purpose of children's caregiving (Allen & Walker, 1992; Merz, Schuengel, & Schulze, 2009). Children have also reported that avoiding institutionalization is their motivation for parental caregiving. These children believe that their parents are able to have a better life when they are taken care of by their children rather than by some external institution (Lewis, Curtis, & Lundy, 1995).

Parents' functional health problems motivate children's participation in parental caregiving (Guo, Chi, & Silverstein, 2016; Karantzas, Evans, & Foddy, 2010). Children tend to support parents suffering from a serious ailment such as advanced cancer and hence will worry about caregiving (Mazanec et al., 2011). When their parents face poor functional health conditions, many children report a greater sense of obligation and are more willing to provide care (Ghazi-Tabatabaei & Karimi, 2011; Guo, Chi, & Silverstein, 2016; Karantzas, Evans, & Foddy, 2010).

Similarly, their parents' psychological needs and problems inspire children's parental caregiving (Allen & Walker, 1992; Gui & Koropeckyj-Cox, 2016). Many children understand that their parents' autonomy needs to be maintained and fostered. These children view their parents as individual beings

who need independence and growth, as a young child might, and so adopt strategies with which to maintain their parents' independence and foster their development. Further, they understand that, for their care-receiving parents, care provided by their children is an important aspect in their lives as it creates a socially acceptable image for them. Accordingly, the children work hard to avoid any kind of improper behaviour towards their parents (Allen & Walker, 1992). For example, an Only Child of Chinese immigrants living in Canada will worry about his or her parents' feelings of loneliness caused by their absence, and will maintain frequent contact with their parents through instant messaging, telephone, video chatting, and text messaging (Gui & Koropeckyj-Cox, 2016).

Many adult children support their parents financially when they have unmet financial needs (Ghazi-Tabatabaei & Karimi, 2011; Guo, 2007; Kobayashi, 2000; Shi, 2011; Szinovacz & Davey, 2012). More specifically, when the parent of an Only Child has difficulty in paying domestic helpers and medical expenses, the child often provides financial support even though he or she may feel stressed about it (Guo, 2007).

Children participate in parental caregiving according to their family situation and the needs of their ailing parents (Guo, Chi, & Silverstein, 2016; Harris & Long, 1999). When parents are able to receive personal care from their spouse or from professional care providers, children will provide emotional support or assist in the care parents receive from others (Harris & Long, 1999). Guo, Chi, and Silverstein (2016), in their quantitative study conducted through reference to a Chinese population, note that, in situations in which parents cannot receive care from others, there is a corresponding increase in their children's parental caregiving participation (Guo, Chi, & Silverstein, 2016).

Caregiving motivated by parent-child relationship First, for many adult children, parental caregiving is motivated by their obligation connected to being that parent's child (Donorfio & Kellett, 2006; Ganong, Coleman, & Rothrauff, 2009; Gans, Silverstein, & Lowenstien, 2009). In particular, filial responsibility is at the core of daughters' assimilation into becoming a parental caregiver. They consider taking care of their parents as in the nature of being a daughter, an inference implicit in the unspoken values that make family different from other social groups (Donorfio & Kellett, 2006). Further, children who have a history of providing care to family members report a greater sense of family obligation to provide care than those without a family caregiving history (Ganong, Coleman, & Rothrauff, 2009).

Children's understanding of filial obligation is influenced by the social and cultural context they are living in. Culture here refers to 'a fuzzy set of basic assumptions and values, orientations to life, beliefs, policies, procedures, and behavioural conventions that are shared by a group of people, and that influence each member's behaviour and his or her interpretations of the "meaning" of other people's behaviour' (Spencer-Oatey, 2008, p. 3). Confucian cultural values place specific social expectations in relation to adult children who live in societies that feature Confucian culture (Gui & Koropeckyj-Cox, 2016; Harris & Long, 1999; Holroyd, 2001). Children born in China who are an Only Child, are sensitive to the meanings of filial piety, which is an important component of Confucian philosophy. He or she considers it to be a virtue, a positive model for parental caregiving, and it is for the sake of filial piety that they plan to take care of their parents in the future (Gui & Koropeckyj-Cox, 2016). Similarly, in Japan, many sons make sense of their parental caregiver role in terms of their place (e.g.,

being an elder son) in the family structure and their obligation to their parents according to the principle of filial piety (Harris & Long, 1999). Further, many children in Hong Kong care about their moral reputation with respect to fulfilling cultural expectations, and will establish and uphold their reputations through providing family care to their parents (Holroyd, 2001).

However, recent changes in children's interpretations of filial piety have been noted in several studies examining Confucian heritage cultures (Chan et al., 2012; Holroyd, 2001). For example, Hong Kong Chinese daughters' perceptions of filial piety are increasingly different from the traditional concept, which emphasizes authority and obedience. Rather, they emphasize mutual support and love with parents, and see filial piety as a reciprocal relationship with caregiving to dying parents and caregiving as a duty arising from compassion and love (Chan et al., 2012). Some Hong Kong Chinese children are influenced by the public–social message stressing the condition of having parental relationships while emphasizing the value of 'self-interest'. Their participation in parental caregiving depends on their perceptions of being indebted to their parents as well as their affection for them, rather than the requirement of filial piety (Holroyd, 2001).

Second, an emotional bond with parents is usually one of the reasons children begin and continue their parental caregiver roles, as the intergenerational solidarity model proposes (Dhar, 2012; Gui & Koropeckyj-Cox, 2016; Harris & Long, 1999; Liu, 2008; Mazanec et al., 2011). Children providing care from a distance to parents with advanced cancer often stress the importance of staying connected with their ailing parents (Mazanec et al., 2011). Children with the strongest emotional attachment to their parents usually take on caregiver

roles in India; because of the emotional connection, they find it difficult to give up on parental caregiving from the financial perspective, even though they get stressed about it (Dhar, 2012). Chinese Only Child's emotional closeness with his or her parents encourages him/her to remain close with his or her parents and motivates contributions in parental caregiving (Gui & Koropeckyj-Cox, 2016; Liu, 2008). Children with stronger emotional ties with their parents and those with more frequent contact with them are less likely to be independent from their parents (Gans, Silverstein, and Lowenstien, 2009). Further, some children express their emotional closeness towards their parents through physical proximity, in terms of caregiving (Harris & Long, 1999).

Love of one's parents as a motivation is emphasized by many children (Collins, 2004; Lewis, Curtis, & Lundy, 1995). Specifically, for example, children from America report that their affection towards their parents motivates them to take on their parental caregiver roles (Lewis, Curtis, & Lundy, 1995). In another case study, an African American daughter considers caregiving to her parents with Alzheimer's disease as an act of love. She reports that love helps her to resist and overcome barriers, and to stay close by and tolerate and accept parental caregiving (Collins, 2004). Other children are motivated by their moral commitment, which is sometimes combined with a deep sense of love towards their parents, and their gratitude and love motivates them to take on the parental caregiver roles (Harris & Long, 1999). Relatedly, Rubinstein (1989) found that children provide care to the living parent in order to maintain a connection with the dead parent, who would have done the same for the living parent.

Third, many adult children are motivated by their exchange relationship with their parents (Harris & Long, 1999; Sheehan & Donorfio, 1999), and intend

to pay their parents back for their support and sacrifice in the past, like raising them (Harris & Long, 1999; Lopez Hartmann et al., 2016; Sheehan & Donorfio, 1999). Notably, adult children are more likely to pay their parents back if they've received childcare support from their parents. In an experimental study investigating adult attitudes towards different scenarios, most adults reported believing that, if they received childcare support from their parents, they should help their parents more, because there was a greater obligation to pay their parents back (Ganong et al., 2009). Further, the more support adult children receive from their parents, the more they give back. For instance, when older mothers have provided more emotional and instrumental support to their children than the fathers, then these mothers received more instrumental, emotional, and financial help from their adult children than the fathers (Ganong et al., 2009). In addition, children's feelings of reciprocity are positively related to their willingness to tolerate future burdens of caregiving. They report better tolerance of emotional burden when they have benefited in the support exchanges with their parents, and feel that they have benefited from an intergenerational support relationship with their parents (Schwarz et al., 2010).

1.3.2 Impacts of parental caregiving on adult children

Positive impact Adult children can gain personal growth and well-being through parental caregiving (Donorfio & Kellett, 2006; Lan, 2002; Lopez Hartmann et al., 2016; Merz et al., 2009; Petrowski & Stein, 2016). Many children feel happy for being able to do something useful for their parents through parental caregiving, have patience, feel stronger, and become more compassionate and open-minded by playing the parental caregiver role (Donorfio

& Kellett, 2006; Lopez Hartmann et al., 2016). Further, many children share that they have greater appreciation for happy moments, learn helpful ways to cope with stress, have greater empathy for others, feel inspired to be independent and develop a career in some social service profession, and break down the stigma associated with mental illness (Petrowski & Stein, 2016). Moreover, many caregiving children report gaining inner personal satisfaction as well as a kind of eternal satisfaction by serving God through parental caregiving (Dhar, 2012). Quantitatively, children who offer more advice, show more interest in their parents, and provide emotional support report higher levels of well-being in terms of psychological health and life satisfaction (Merz et al., 2009; Merz, Schuengel, & Schulze, 2009).

Better family relations are reported by parental care-giving children (Habermann, Hines, & Davis, 2013; Harris & Long, 1999; Roff et al., 2007; Sheehan & Donorfio, 1999), who say that they have received appreciation from their parents and feel grateful for that. In return, they appreciate the opportunity of living with and providing care for their parents (Habermann et al., 2013). Some children report increased tolerance and acceptance in the parent–child relationship, either overlooking or discounting past conflicts with their parents, adapting to the strain in their present relationship, and feeling more comfortable with the new parent–child relationship, as well as a more intense awareness of the limited length of life (Sheehan & Donorfio, 1999). Also, many children report that they have greater contact and cooperate with their sibling better than before through proving care to their parents (Roff et al., 2007).

Negative impacts Some studies have identified relationship problems with siblings, spouses, and peers caused by parental caregiving (Harris & Long, 1999;

Roff et al., 2007). Siblings' differing opinions on nursing home placements and receiving financial support from parents are identified as some of the reasons behind the conflicts among siblings (Roff et al., 2007). In addition, many children report a sense of social isolation as a parental caregiver, because the significance of their caregiver role is not understood by their peers (Harris & Long, 1999).

Role conflicts have been found to be a negative impact of parental caregiving (Bastawrous et al., 2015; Dhar, 2012; Harris & Long, 1999; Lewis et al., 1995). Many daughters, for example, report that, because of the time and effort put into parental caregiving, they find it difficult to perform the roles of a partner and a mother as well. Their relationships with their partners and children, especially with children of school-going age and teenagers, had become worse (Bastawrous et al., 2015). Further, many children report that the caregiving role has affected their participation in other valuable activities, including employment, and leisure pursuits (Bastawrous et al, 2015; Harris & Long, 1999). Also, many children who are living with their ageing parents express difficulties in getting away from the caregiver duty psychologically and physically because of attending to other activities (Lewis et al., 1995). Moreover, the parental caregiver role and other roles in life take up most of their time, so they develop physical and mental fatigue (Dhar, 2012).

Adult children also report financial problems brought about by parental caregiving (Dhar, 2012; Paillard-Borg & Stromberg, 2014; Wakabayashi & Donato, 2006). The more actively they participate in parental caregiving, the more likely they are to be in a financially deficient condition, such as being in

poverty, receiving public assistance, or being in the Medicaid program (Wakabayashi & Donato, 2006).

Emotional pressures, like stress, caused by parental caregiving has been noted in previous studies (Collins, 2004; Harris & Long, 1999; Mazanec et al., 2011). Many children who are long-distance parental caregivers report feelings of guilt, helplessness, sadness, and stress because they are not able to provide the care that can ensure a high quality of life for their parents (Collins, 2004; Mazanec et al., 2011). Only Child from mainland China worries about the economic cost of parental caregiving when parents become more dependent, feel concerned all the time as the sole parental caregiver, especially regarding his or her parents' health and safety, feels stressed about parents' declining health, and anxious about their capacity to shoulder parental caregiving and other responsibilities of life at the same time (Guo, 2007).

Many children have reported that providing personal care to ageing parents has damaged their self-image and capacity for personhood (Holroyd, 2001; Mazanec et al., 2011). When children face and care for parents' ageing and changing bodies, many of them develop feelings of anger and revulsion, and question their own self-identity (Holroyd, 2001). In another study, children providing long-distance care to their parents with advanced cancer thought that being far away could be better for them because they would not have to deal directly with the suffering that their parents go through (Mazanec et al., 2011).

Many children struggle with uncertainty while providing care to their parents with cancer, with most reporting uncertainties about the cancer prognosis, disease trajectory, and the timing of visits to their parents, especially after treatment. They also frequently expressed that they wanted more information

about the disease and the treatment; they want to know what their parents' experiences were and what resources and support for themselves and their parents were available (Mazanec et al., 2011).

Feelings of emotional burden caused by concerns about the future are found among the Only Child population too. In one study, they were noted as feeling anxious about their future parental caregiving plans and concerned about their parents' problems with language and acculturation, Canada's tightened immigration policies, and getting access to health and long-term care services (Gui & Koropeckyj-Cox, 2016).

Adult children's negative experiences are often influenced by context and their own personality characteristics. For example, their parents' functional health is negatively related to children's level of caregiving burden (Karantzas et al., 2010; Lai, 2007). Equally, the amount and kind of help available from others can lower children's level of caregiving burden (Lopez Hartmann et al., 2016). Children in better financial situations report a lower level of caregiving burden and stress (Lai, 2007; Liu, Guo, & Bern-Klug, 2013). Gender has also been noticed to be a factor: among Chinese children providing care to their old parents, many daughters reported a higher level of anxiety about performance than the sons (Liu & Bern-Klug, 2016). Also, being an Only Child is noted as a factor: among Chinese children taking care of parents who have suffered a stroke, Only Child reports a higher level of anxiety than children with siblings (Feng et al., 2016). In addition, previous studies offer inconsistent results regarding the effect of children's level of filial obligation on their caregiver burden. Chinese children, who report a higher level of filial piety, report a lower level of caregiving burden

(Lai, 2007), while, among Australians, the higher the sense of filial obligation that they feel, the greater is the caregiver burden reported (Karantzas et al., 2010).

1.3.3 Concerns in relation to parental caregiving

Many caregiving children are concerned about themselves while taking care of their parents, and exercise self-protection during periods of parental caregiving (Dhar, 2012; Harris & Long, 1999; Lopez Hartmann et al., 2016). Some children highlight the importance of finding a good balance between parental caregiving and other responsibilities (Lopez Hartmann et al., 2016; Vreugdenhil, 2014). Others are generally aware that parental caregiving is a big responsibility and so try to avoid it or resort to denial in terms of their parental caregiver role, particularly when the family has more than one child (Dhar, 2012). In addition, some children set limits for themselves, whereby, upon reaching a point when they are unable to continue with parental caregiving, they expect help from siblings (Harris & Long, 1999). Further, relationship prioritization has been noted to be a strategy children use to preserve their own lives; though they do not put parental caregiving responsibilities behind their own family, they will give priority to their partners and children (Sheehan & Donorfio, 1999).

Many children share caregiving with others, including siblings, spouses, and professional care providers, to help in some of the more sensitive areas of care (e.g., personal hygiene), with a view to protecting normal parent–child relationships (Lewis, Curtis, & Lundy, 1995; Lopez Hartmann et al., 2016; Paillard-Borg & Stromberg, 2014). Conversely, some children consider support from others as both a positive and a negative agent in their caregiving experiences. They feel positive when receiving help from friends and family

members, but feel negative when male family members consider caregiving as a role for women and refuse to provide help (Lewis, Curtis, & Lundy, 1995).

1.4 China's one-child policy and its impacts

Because of the rapid growth in population after the foundation of People's Republic of China, in 1978, family planning became the fifty-third article of the Constitution of People's Republic of China. The one-child policy, established in 1979, stipulated that every couple give birth to only one child and emphasized the need for controlling population growth. Later, in 1982, it became a basic state policy, which progressively influenced everyone in mainland China. The policy was in place for more than 30 years, from 1980 to 2015 (The State Council, 2015).

By the 1990s, a one-child family had become the norm for families in urban China (Feng, Poston, & Wang, 2014), and, by 2010, there were around 145 million one-child families in mainland China (Wang, 2013). Moreover, by 2015, the fertility rate in China was found to have reduced to 1.2% since the policy was established (National Bureau of Statistics of the People's Republic of China, 2016).

The one-child policy severely exacerbated the problem of the ageing population in China. By 2017, around 158 million people were aged 65 or above, accounting for 11.4% of the total population (National Bureau of Statistics of the People's Republic of China, 2018). In the same year, the dependency ratio for people aged 65 or over stood at 14.3 per 100 working individuals (China Industry Information, 2016), and it is anticipated that the dependency ratio for

people aged 65 or over will be 39.5 per 100 working individuals by 2050 (Chen, 2006).

As an Only Child grows up and his or her parents begin to enter older age, '4–2–1' and '4–2–2' family structure designations can be seen to apply, in which the '4' denotes the four parents of the Only Child, the '2' refers to the members of the couple, and the '1' or '2' to the number of children of the couples. Meanwhile, because giving birth later is being encouraged, the start of the third generation of the family is usually postponed. In consequence, the mean age of the first generation has tended to increase. Compared to children with siblings or those in the older generation, the second generation of the '4–2–1' families (the Only Child couples) is spending more time and energy in fulfilling the caregiving responsibilities for the entire family. In short, they have become the caregivers for both their children as well as their parents (Chen, 2012).

The increased number of empty-nest families has been noted to be a change in the family's caregiving context brought about by the implementation of the one-child policy (Feng, 2009; Tan, 2002). By 2009, around 35% to 40% of parents of Only Child born between 1976 and 1989 lived in an empty-nest family (Feng, 2009). Higher education, career development, and marriage are the common reasons an Only Child leaves his or her parents' home. On average, one-child parents begin to live in an empty-nest family at around 48 years old, and will live in this type of family structure for 23 years or so (Feng, 2009).

1.5 The traditional Chinese values and influences in the modern Chinese society

1.5.1 Filial piety

The idea of parental caregiving in the Chinese society is rooted in the ideals of Confucianism, which are themselves valued highly in most East Asian societies. This cultural context emphasize that individuals should possess a sense of harmony, interdependence, and concern for others. It prioritizes family over personal interests (Sun, 2008). Filial piety is at the core of Confucianism (Shek & Lai, 2000), and refers to a 'specific, complex syndrome or a set of cognitive, affection, intentions, and behaviour concerning being good or nice to one's parents' (Yang, 1997, p. 252). Thus, filial piety defines children's role in respect of the wider family. For example, in the context of the present study, the parent–child relationship is a vertical one, and children should serve their parents (Yeh et al., 2013). Also, children have a reciprocal role in the family. They should take care of their parents when they get older as a repayment for the kindness their parents had shown (e.g., raising them when they were young) (Lu & Li, 2008). Moreover, the roles of sons and daughters subscribing to filial piety are different. Sons, especially the eldest ones, are expected to shoulder the parental caregiver role till the end of their parents' lives, while daughters are not expected to provide care to their parents when they get married, at which point they are no longer considered to be members of the family (Watson, 2004).

The concept of filial piety provides guidance on children's attitude to their parents and the scope of their parental caregiving activities. A child's attitude towards their parents should be respectful (*xiao*, 孝) and obedient (*shun*, 顺) – the two fundamental concepts of filial piety; also, children should stay

close to their parents in order to be able to provide caregiving (Lu & Li, 2008). Five attributes of filial piety are considered to serve as guidelines regarding the proper scope of parental caregiving: being respectful, presenting happiness, being worried, experiencing grief while mourning, and being reverent when making offerings (Feng, 2011). Thus, filial piety defines children's responsibility regarding parental caregiving and emphasizes the welfare of the family. Adult children's commitment to the well-being and protection of their parents and the family is at the core of parental caregiving in traditional Chinese culture.

1.5.2 Influences of Western culture

Nowadays, traditional Chinese values are challenged by Western values, which promote individualism and gender equality. In particular, Western culture, which is framed by industrial society, values individualism instead of collectivism, while the latter is emphasized by traditional Chinese culture. With the influence of Western culture in contemporary China, the younger generations similarly care more about their own preferences and interests too (Yan, 2003). Families' living arrangements have been influenced by Western culture as well, with the younger generations tending to live in the nuclear family when they get married, instead of living together with their parents, which was the traditional living arrangement in Chinese society. The percentage of 'empty-nest' parents has been increasing rapidly in the past decade (Feng, Poston, & Wang, 2014).

Influenced by Western values that promote gender equality, Chinese families are valuing daughters more and treating them equally with sons. In this context, daughters have more opportunities to receive higher education and develop their career, and then become more financially capable of providing care

to their parents. Further, with better social status and financial capacity, married daughters increasingly have more freedom in their husband's family, which leads to more time and energy being available to take care of their own parents (Childs et al., 2011; Shi, 2009; Yan, 2003).

1.5.3 Implementation of the one-child policy

The implementation of one-child policy has weakened the patrilineal norms in Chinese culture (Deutsch, 2006; Feng, Poston, & Wang, 2014). One-child families tend to be child centred rather than focused on older parents, as is advocated by filial piety (Deutsch, 2006; Feng, Poston, & Wang, 2014). Compared to children with siblings, Only Child in mainland China receive more financial support from their parents (Song & Huang, 2011). Also, the only child is allowed to talk back to his or her parents (Wu, 1996).

The one-child policy also promotes gender equality in such families (Deutsch, 2006; Feng, Poston, & Wang, 2014). Chinese society is noted for having a preference for sons, and sons typically receive more attention and support from their parents than daughters (Greenhalgh, 1993). However, with parents aware that they have only one child to depend on for affective ties and future care, daughters are now valued as much as sons (Deutsch, 2006). The child-centred nature of a one-child family is equally observed in families with a daughter as well as those with a son (Chow & Zhao, 1996). Also, the purchases parents make for their children are 'gender blind' in one-child families (Davis & Sensenbrenner, 2000).

1.6 Parental caregiving in one-child families in mainland China

1.6.1 Only Child parents' emerging needs and problems

Today, the first generation of Only Child parents is entering the transitional stage of older age (China Research Centre on Ageing, 2011a). A large proportion of this generation of Only Child parents suffers from chronic medical conditions, but still demonstrates independence in terms of the functional aspects of their lives (Miu, Xue, & Chen, 2010). The older the Only Child parents are, the greater the levels of anxiety about ageing they report (Wang & Zhang, 2008). Moreover, around 62% of Only Child parents need emotional support while 19.1% express feelings of loneliness (Miu, Xue, & Chen, 2010). Only Child parents living in an empty-nest family may need emotional support during the first 15 years in order to cope with the change of living arrangements (Feng, 2009). Further, because these parents were born and grew up in a period of social revolution, they had limited educational opportunities. Also, because of living through these revolution reforms, some of them lost their jobs in the later stages of their careers and did not receive pensions. Therefore, it is likely that such parents are not financially able to support themselves at the older stages of their lives (Zhao, 2006). Many Only Child parents who are in a poor financial situation have reported higher degrees of anxiety about ageing (Wang & Zhang, 2008).

Only Child parents may not be receiving as much physical, psychological, and financial support from their children as the older generations have been (Feng, 2006). At the same time, some of these parents are themselves caregivers for their own parents or in-laws (Zhao, 2006). In other words, they constitute the

‘sandwich’ generation, who simultaneously provide care to their children as well as their parents.

1.6.2 Only Child’s attitude towards and capacity to provide parental care

The first generation of Only Child was born between 1976 and 1990, and are aged between 28 and 42. People in this age range are usually in the beginning stages of their career development and at the start of romantic relationships with significant others. Also, some of them are in the early stages of parenthood (Elder, 1999; MacMillan & Copher, 2005). Simultaneously, the Only Child has begun to play the caregiver role for his or her parents, instead of being the care recipient (Li, Zhang, & Zhu, 2005).

Current literature has concerns about Only Child’s willingness to take care of their parents. Many one-child families have been noted to be child centred, and daughters and sons can receive equal amounts of attention and support from their parents (Short et al., 2001; Tsui & Rich, 2002). Compared to children with siblings, an Only Child generally receives more support in terms of education and daily living from their parents (Chow & Zhao, 1996; Davis & Sensenbrenner, 2000). As sole recipients of their parents’ love and support, only children – dubbed the ‘little emperors’ by the public media – are now being described as the ‘most self-centred’ generation (Crowell & Hsieh, 1995, p. 50). Also, an Only Child will typically prioritize taking care of his or her own children over parental caregiving (Tu, 2016). Further, an Only Child’s capacity to provide the care parents need is limited, and Only Child finds it stressful physically, emotionally, and financially to be the sole parental caregiver (Guo, 2007). Only Child also reports conflicts between parental caregiving and his or

her own development, and he or her potentially must find compromises between their personal lives and parental caregiving (Gui & Koropeckyj-Cox, 2016).

1.7 Summary

Parental caregiving encompasses relational, contextual, and ethical considerations for adult children. They are motivated by their parent–child relationship, contextual situations, and moral obligations, including social cultural expectations, family situations, their relationship with their parents, and their parents' situations. Further, adult children have reported both positive and negative experiences of parental caregiving. Their parents' functional health status, the availability of help from others, and the adult child's gender all influence adult children's negative experiences of parental caregiving. Moreover, adult children are increasingly expecting to preserve their own lives while providing care to their parents. In other words, adult children's participation in and understanding and experiences of parental caregiving are also influenced by their everyday lives, especially their age, gender, family structure, roles in life, cultural background, and their parents' health status.

Because the one-child policy had been in place in mainland China for more than 30 years, the only-child family has become a common family structure. Today, many Only Child parents are getting old, and their child is now expected to shoulder the parental caregiving role for their parents and family. However, how an Only Child experiences parental caregiving in the context of conflicts between traditional Chinese and contemporary Western cultures and in the situation of being an Only Child, facing their parents' increasing problems and care needs alongside own personal development, is not clear. Understanding how

an Only Child makes sense of parental caregiving in light of these complicated situations is important not only so that wider society appreciates and empathizes with the particular pressures currently put upon Only Child empathetically and comprehensively, but also so that it can respond effectively to the parental caregiving needs of the one-child family, which is a popular family type in China today.

Further, without support from siblings, parental caregiving provided by Only Child may be different to that given by children with siblings, in terms of the caregiving pattern, the intergenerational relationship with parents, and the exchange history and pattern with parents. An Only Child' parental caregiving experiences may be unique compared to those of children in other family structure. Yet, research has paid limited attention to parental caregiving in China's one-child families. Previous studies have mainly focused on Only Child parents' concerns and plans regarding their old age, but they seldom explore parental caregiving in a one-child family from the Only Child's perspective. Hence, empirically based knowledge about the perceptions of an Only Child providing parental caregiving remains inadequate. As the Only Child is the crucial element in the current and future care of his or her ageing parents, an exploratory study is needed to better understand their experiences.

The current thesis comprises six chapters. Following this introductory chapter, Chapter Two presents a literature review pertaining to only children's parental caregiving experiences. Chapter Three describes the methods used in this study, Chapter Four presents its findings, and Chapter Five provides my discussion of the findings. Chapter Six offers a conclusion of this thesis.

Chapter 2 Literature Review

In this chapter, I review the current literature to understand what the meanings of parental caregiving are for an Only Child using a narrative approach, and then identify gaps in the existing knowledge. First, I describe the methods employed to conduct the literature review. This includes the literature search and selection strategies, and the methods of organising information extracted from selected studies. The thematic analysis approach guided by internationalism to integrate qualitative and quantitative data in reviews is described, as well as the critical appraisal approach. Then, I describe the results of the literature review, including a description of the selected studies, a summary of the critical appraisal results, and explain themes among the studies that emerged through thematic analysis. Finally, I discuss the findings of the literature review and then justify the need for and significance of the current study.

2.1 Review objective

This review is to understand what are the meanings of parental caregiving for an Only Child. The sub-question is how are meanings similar or different as an Only Child versus with children with siblings.

2.2 Methods

2.2.1 Inclusion and exclusion criteria

The inclusion criteria were articles: 1) about the experiences of Only Children in taking care of their parents, 2) about Only Children aged 18 or over, 3) available in full text, 4) published, and 5) written in English or Chinese. The

exclusion criteria were: 1) articles including parents-in-law and other older relatives as care recipients, and 2) articles without empirical data.

2.2.2 Approaches and searching strategy

A narrative approach, which is suitable for reviews including studies using different methodologies (Yee & Schulz, 2000), was employed. This review includes studies available in full text published in either English or Chinese. The time frame was from the conception of databases to August 2018. Two search approaches were used, which were electronic database search and Internet search engines (Google Scholar and Baidu).

The English literature and Chinese literature databases were searched using similar keywords. For articles in English, Academic Search Premier, CINAHL, and MEDLINE in Academic Search Premier; Journals@Ovid; and British Nursing Index, PsycINFO, and Sociological Abstracts in PsycINFO were searched. Six strategies were used to conduct the search based on abstracts. For the Chinese literature, I searched the China Academic Journals Full-text Database. Four search strategies, which represented the same meaning as those used in the English search strategies, were employed to search for abstracts. For journals in English, the Internet search was conducted in Google Scholar, and Internet search was conducted in Baidu for Chinese journals. The same search strategies were used for both. The search strategies are presented in Table 1.

Table 1 Literature searching strategies

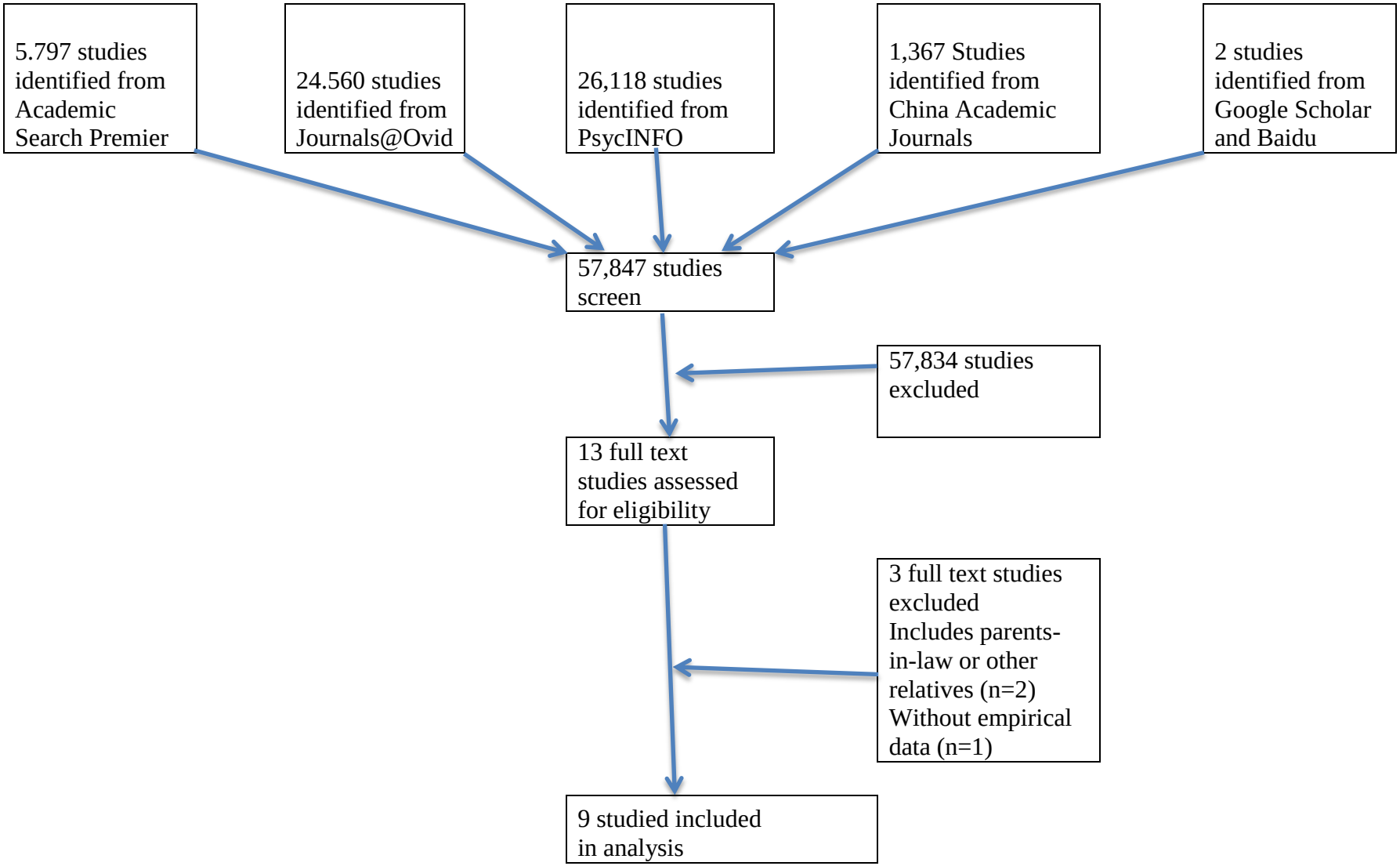
English searching strategies	**Chinese searching strategies**
(Caregiv*/car*/support*) AND (parent*/father*/mother*) AND (only child*/single child*/one child)	(独生子女(Only Child)) AND (父母 (parents)) AND (养老 (ageing)/照顾 (caregiving))
(Caregiv*/car*/support*) AND (elder*/senior*) AND (only child*/single child*/one child)	
(Caregiv*/car*/support*) AND (older people/older adult*) AND (only child*/single child*/one child)	
(Filial obligation*/filial responsibility*) AND (only child*/single child*/one child)	(独生子女 (Only Child)) AND (责任 (obligation)/义务(responsibility))
(Filial piety/filial behavior*) AND (only child*/single child*/one child)	(独生子女 (Only Child)) AND (孝 (filial piety))
(Intergenerational support*/intergenerational exchange*) AND (only child*/single child*/one child)	(独生子女(Only Child)) AND (代际关系 (intergenerational relation))/(代际支持(intergenerational support)/代际互动(intergenerational interaction))

2.2.3 Study selection

A two-step process was used to select studies for this review. First, I reviewed abstracts using the inclusion and exclusion criteria. The focus of this

step was to include as many studies as possible. Second, I reviewed the full text of each paper identified in the first step based on the exclusion criteria.

Figure 1 PRISMA table of literature searching of Only Child studies results



2.2.4 Data collection process and data items

The main data elements to be extracted were based on the review question. The extracted information included the topic, population, research design, sampling method, data collection method, data analysis method, participant's characteristics, and findings of related to what the meanings of parental caregiving are for an Only Child. To abstract the findings of qualitative studies and mixed methods studies, I reviewed the results of each study carefully line-by-line. For quantitative studies, each result related to an Only Child's meaning of parental caregiving was examined. For example, I included findings relating to an Only Child's psychological well-being as a result of being a parental caregiver. The extracted data are presented in Table 2.

Table 2 Summary of selected literature

Author	Date	Language	Topic	Population	Research design	Sampling method
Deutsch	2006	English	The influences of one-child policy on filial piety and patrilineality	Chinese in Mainland China	Mixed methods	NA
Feng et al	2016	Chinese	Psychological status of Only Child in coping with parents sudden stroke during hospitalization	Chinese in Mainland China	Quantitative design, cross-sectional study	NA
Gui & Koropeckyi-Cox	2016	English	Only Child's perspectives on future elder care for parents	Chinese immigrants in Canada	Qualitative design, without information of which method was used	Snowball sampling
Guo	2007	Chinese	To explore the parental caregiving stress in Only Child families in Urban China	Chinese in Mainland China	NA	NA

Table 2 Summary of selected literature (continued)

Author	Date	Language	Topic	Population	Research design	Sampling method
Liu	2008	English	How the first generation Only Child negotiate the filial self in the modern Chinese society	Chinese in Mainland China	Qualitative design, without information of which method was used	Snowball sampling
Shi	2011	Chinese	Only Child's family relationship and its influencing factors	Chinese in Mainland China	Quantitative design, cross-sectional study	Multistage cluster and random sampling
Song & Huang	2011	Chinese	Intergenerational relationship between adult Only Child and his/her parents, with comparison with children with siblings	Chinese in Mainland China	Quantitative design, cross-sectional study	Multistage cluster and random sampling
Tu	2016	English	How middle class transitional Only Child families perceive his/her (expected) filial behavior	Chinese immigrants in the United Kingdom	Qualitative design, without information of which method was used	Snowball sampling
Xu	2018	Chinese	Married Only Child's support to his/her parents in rural area	Chinese in Mainland China	Quantitative design, cross-sectional study	Multistage cluster and purposive sampling

Table 2 Summary of selected literature (continued)

Author	Date	Data collection method	Data analysis method	Participants	Findings
Deutsch	2006	Interview	NA	84 children averagely aged 22 years old	1. Only Child internalized the values of filial piety; 2. Only Child were more likely to respond to his/her parents' emotional needs than children with siblings; 3. Parents' feeling of loneliness when Only Child is absent shaped parental caregiving; 3.Only Child faced a conflict between his/her preferred place for career development and parents' wishes. 4. Only Child found compromise by planning to bring his/her parents to the place he or she works
Feng et al	2016	Questionnaire	Correlation	42 Only Child aged between 25 and 40 years old; 45 children with siblings aged between 27 and 43 years old	1. Only Child reports a higher level of anxiety than children with siblings; 2. Only Child's household monthly income, and parents' health status are significantly negatively related to his/her psychological well-being; 3. Only Child's educational level is significantly positively related to his/her psychological well-being

Table 2 Summary of selected literature (continued)

Author	Date	Data collection method	Data analysis method	Participants	Findings
Gui & Koropecky i-Cox	2016	In-depth, semi-structured interview	Thematic analysis, with thematic codes developed by Boyatzis's data-driven approach	20 Only Child, aged between 23 to 31 years old	1. Only Child accepted the traditional elder care pattern as a positive model; 2. Professional caregivers could not satisfy elderly people's emotional needs; 3. Felt guilty for not being able to provide the emotional care parents needed, because of the separation from parents; 4. Leaving parents to live in Canada was hard for both Only Child, as Only Child still kept many traditional Chinese family values; 5. Being an Only Child of the family made Only Child receiving more attention from parents; 6. the closeness between Only Child and his/her family would be challenged by the geographic separation; 7. Only Child took care of parents in the future because of filial piety; 8. Only Child who wanted to settle down in Canada planned to bring parents to there, as the only parental caregiver; 9. Some Only Child members were anxious about bring parents to Canada, due to Canada's immigration policy, as well as parents' situations and preference.

Table 2 Summary of selected literature (continued)

Author	Date	Findings
Gui & Koropeckyi-Cox	2016	10. Only Child planned to move back to China wanted to live closer to parents to provide care; 11. Worried about the accessibility and quality of long-term care; 12. Concerned about parents' willingness to accept long-term care, because of the emphasis on filial piety and family-based care; 13.Only Child's belief in filial piety was the primary factor that prevented long-term care placement; 14. Having no sibling potentially required Only Child to find compromise between parental caregiving and his/her personal life; 15. Parents' attitude towards nursing home placement shaped Only Child's

Table 2 Summary of selected literature (continued)

Author	Date	Data collection method	Data analysis method	Participants	Findings
Guo	2007	NA	NA	5 Only Child, aged between 26 and 34 years old	1. Only Child had stress in providing financial support to parents, although his/her parents had stable income; 2. Only Child was stressful in fulfilling filial piety, that required him/her to solve parents' problem and to bring psychological satisfaction to parents by being successful in career and life; 3. Only Child was stressful in parental caregiving because of the role conflict; 4. Only Child was stressful for having no sibling to share the parental caregiving responsibility with.
Liu	2008	In-depth, open-ended interview, informed by the life story approach	NA	22 children, aged between 21 and 24 years old, urban residences,	1. Only Child considered filial piety as the traditional filial norm; 2. Only Child would lose his/her moral integrity of not fulfilling filial obligation; 3. Only Child's acceptance of filial piety shaped parental caregiving in terms of paying parents back, living up to parents' expectation, and bring honor to the family; 4. Being an Only Child shaped Only Child's participation in parental caregiving, in terms of committing to the parental caregiver role;

Table 2 Summary of selected literature (continued)

Author	Date	Findings
Liu	2008	5. Only Child's commitment in parental caregiving shaped his/her plan of future in terms of how to choose spouse; 6. Only Child modified filial piety, in terms of neglecting gender difference; 7. Filial obligation was based on emotional proximity with parents to Only Child; 8. Parents' need of care shaped Only Child's adherence to filial piety; 9. Parents' financial situations shaped Only Child's well-being; 10. Parents' health status shaped Only Child's well-being; 11. Only Child's capacity in caregiving shaped his/her well-being; 12. Only Child's understanding of filial piety was shaped by being an Only Child; 13. Conflict between maintaining own autonomy and parental caregiving; 14. Only Child's ethical consideration on parents' needs and feelings shaped parental caregiving

Table 2 Summary of selected literature (continued)

Author	Date	Data collection method	Data analysis method	Participants	Findings
Shi	2011	Questionnaire	Correlation	1612 children aged between 26 and 31 years old	In the material support, parents' needs, children's gender, and children's capacity are significant factors of children's frequency of support provision to parents
Song & Huang	2011	Questionnaire	Regression	3282 children aged between 20 and 34 years old	1. Only Child met his/her parents significantly more frequently than children with siblings; 2. Only Child is more likely to contact with parents at least once everyday than children with siblings

Table 2 Summary of selected literature (continued)

Author	Date	Data collection method	Data analysis method	Participants	Findings
Tu	2016	Interview	NA	33 adult children (27 one-child migrants in UK; 6 with siblings); aged between 22 and 38 years old; 19 were unmarried; 11 had children; came from both coastal and inland provinces of China; lived in the UK for 1 to 13 years; 7 sets of migrants' parents in China, aged between 51 and 68 years old	1. Difficulties of parental caregiving brought by the geographic distance with parents; 2. The immigration policy shaped Only Child's plan of parental caregiving; 3. Only Child's care of parents' well-being shaped parental caregiving; 4. Only Child's consideration of own interest, in terms of social capital accumulated overseas, shaped parental caregiving; 5. Parental caregiving's needs of care shaped single Only Child's plan of parental caregiving; 6. Parents' financial situation shaped Only Child's parental caregiving; 7. Only Child's adherence to filial piety is shaped by his/her capacity in caregiving, even with sense of guilt and indebtedness; 8. Only Child's adherence to filial piety, in terms of providing emotional support, was shaped by his/her capacity of caregiving; 9. Providing emotional support to parents was demanding and practically difficult to balance for Only Child; 10. Only Child's care of parents' well-being shaped parental caregiving, in terms of only telling parents good news

Table 2 Summary of selected literature (continued)

Author	Date	Data collection method	Data analysis method	Participants	Findings
Xu	2018	Questionnaire	Regression	336 children aged between 20 and 37 years old	There is no significantly difference on support to parents in daily living between Only Child and children with siblings

2.2.5 Synthesis of results

The thematic analysis approach proposed by Thomas et al. (2004) was used as the method to analyse the findings of the identified articles. Interactionalism, which is helpful for gaining insight into an individual's understanding and responses to his or her surrounding environment (Tunner, 2003), was adopted as the analysis framework to explore how Only Child experience parental caregiving from his or her relational, contextual, and ethical situations. Each piece of information about the Only Child's experience of parental caregiving was coded, and codes with similar subjects were grouped together. Later, I used descriptive themes to describe the synthesised knowledge provided by the selected articles.

2.2.6 Quality assessment

Three tools, which are commonly used in social and health sciences studies, were used to appraise the quality of the quantitative, qualitative, and mixed methods studies. To collect as much knowledge as possible about how Only Children experience parental caregiving, no study was excluded based on the appraisal results. For the quantitative studies, I employed nine items to assess cross-sectional studies according to the Health Evidence Bulletins Wales (Cardiff University, 2000). The Health Evidence Bulletins Wales items include: (1) relevance to the needs of the project, (2) whether it addresses a clearly focused issue, (3) method, (4) representativeness of the sample, (5) considerations on confounding and bias, (6) presentation of tables/graphs, (7) data analysis approach, (8) transferability, and (9) considerations on important outcomes. For the assessment, "yes" or "no" is provided to each question.

The Qualitative Research Checklist developed by the Critical Appraisal Skills Programme (2013) was used to evaluate the quality of the qualitative studies. This checklist has ten criteria, including 1) the statement of the research aim, 2) the use of the qualitative methodology, 3) the research design, 4) participant recruitment, 5) data collection, 6) the role of the researcher, 7) ethical issues, 8) data analysis, 9) the statement of the findings, and 10) the value of the research. All these criteria were used to assess the quality of selected studies. "Yes", "no", or "can't tell" is provided in response to each question for the assessment.

For mixed methods studies, the assessment of reporting of mixed methods study developed by O'Cathain, Murphy, and Nicholl (2008) was adopted. This guideline includes six criteria, which are 1) provision of a justification for using a mixed methods approach to the research question, 2) provision of a description about the design, including the purpose, priority, and sequence of the methods, 3) provision of a description about each method, including sampling, data collection, and data analysis; 4) provision of a description about where integration has occurred, how it has occurred and who participated in it, 5) provision of a description about any limitation of one method associated with the presence of the other method, and 6) provision of a description about any insights gained from mixing or integrating methods. For the assessment, "yes" or "no" is provided for each question.

2.3 Results

The database search for English publications identified 56,475 abstracts in scholarly journals. The period covered was from January 1974 to August 2018.

Among these abstracts, three were from scholarly journals that matched the inclusion and exclusion of this literature search. For the database search in Chinese, 1,371 abstracts were identified from January 1981 to August 2018. Among these abstracts, four abstracts from scholarly journals satisfied the inclusion and exclusion criteria. For the Internet search, one more article was identified in Google Scholar, and one more study was found in Baidu. A total of nine articles were included in this review. The PRISMA table is presented in Figure 1.

2.3.1 Study characteristics

The included studies were all published between 2007 and 2018. All nine selected studies focused on the Chinese population, with two studies targeting Chinese immigrants who provided long-distance care in Western countries (Gui & Koropeckyj-Cox, 2016; Tu, 2016). With regard to study population, three studies (Gui & Koropeckyj-Cox, 2016; Guo, 2007; Liu, 2008) only included Only Child, while the other six studies (Deutsch, 2006; Feng et al., 2016; Shi, 2011; Song & Huang, 2011; Tu, 2016; Xu, 2018) included both Only Child and children with siblings to show the uniqueness of the experiences and situation of Only Child. Participants in the selected studies were aged between 20 and 43 years old. Both married and unmarried Only Children were recruited in these nine studies. In terms of parental status, both Only Child without children and Only Child with children were included.

In terms of research methods, four studies (Gui & Koropeckyj-Cox, 2016; Liu, 2008; Tu, 2016) employed a qualitative design, while one study (Guo, 2007) provided qualitative data but did not offer a description about the methods used;

four studies (Feng et al., 2016; Shi, 2011; Song & Huang, 2011; Xu, 2018) used a quantitative cross-sectional study design; and one study (Deutsch, 2006) adopted a mixed methods design. In terms of participant recruitment, three qualitative studies (Gui & Koropeckyj-Cox, 2016; Liu, 2008; Tu, 2016) used snowball sampling. In terms of data collection, four qualitative studies (Gui & Koropeckyj-Cox, 2016; Liu, 2008; Tu, 2016) conducted interviews to collect Only Child's narratives, and four quantitative studies (Feng et al., 2016; Shi, 2011; Song & Huang, 2011; Xu, 2018) used questionnaires. For data analysis, one qualitative study (Gui & Koropeckyj-Cox, 2016) used thematic analysis with codes developed by a data-driven approach, and one qualitative study (Deutsch, 2006) used a grounded theory approach; at the same time, two quantitative studies (Song & Huang, 2011; Xu, 2018) used regression analysis, and two quantitative studies (Feng et al., 2016; Shi, 2011) used correlation analysis.

2.3.2 Results of critical appraisal assessment

Quantitative studies All of the four quantitative studies provide information about how Only Child experienced parental caregiving, by using an appropriate method for the exploration. Shi (2011), Song and Huang (2011), and Xu (2018) included an adequate presentation of tables and figures. All studies used appropriate strategies to analyse the data and present it clearly in the form of tables and figures. For transferability, Shi (2011) provides insight and suggestions. All four studies discussed their important results making references to the literature appropriately. In summary, all these four studies offered valuable knowledge about Only Child's experience of parental caregiving, and do not have significant problems in the research design and process. Therefore, all these

four studies were included in this review. The details of the appraisal are provided in Appendix 2.

Qualitative studies The summary of the results of the critical appraisal assessment of qualitative studies is presented in Appendix 3. Qualitative methods were appropriated to address the research goal. In consideration of research design, Gui and Koropeckyj-Cox (2016), Liu (2008), and Tu (2016) provided information about the study design, while Guo (2007) did not provide any such information. For the recruitment strategy, Gui and Koropeckyj-Cox (2016) and Liu (2008) explained how participants were selected. Liu (2008) further explained why the selected participants were most appropriate informants. For data collection, Gui and Koropeckyj-Cox (2016) and Liu (2008) discussed how the data were collected, provided a detailed description of the methods, and the form of the data. Liu (2008) also justified the methods chosen for data collection. In consideration of the relationship between the researcher and the participants, only Liu (2008) satisfied this criterion, providing a description about the role, bias, and influence of the researcher during the research process. With regard to ethical issues, Liu (2008) reported how issues raised by the study were addressed, while the other three studies provided no information related to ethics. For data analysis, only Gui and Koropeckyi-Cox (2016) provided information about the data analysis approach. With regard to supporting the findings, Deutsch (2006), Gui and Koropeckyj-Cox (2016), Liu (2008), and Tu (2016) presented sufficient data. For the statement of findings, Deutsch (2006), Gui and Koropeckyj-Cox (2016), Liu (2008), and Tu (2016) presented the findings in detail, discussed the evidence both for and against their arguments adequately, and discussed the findings related to the research questions. Guo (2007) provided an adequate

discussion on the evidence both for and against the presented arguments, and focused on the research questions. For the value of the research, all these studies discussed how they contributed to current knowledge. Gui and Koropeckyj-Cox (2016) identified new areas for future research and discussed how the findings could be transferred to other populations. In summary, all these four studies were valuable in understanding Only Child's experience of parental caregiving, and do not have significant problems in the research design and process. Therefore, all these four studies were included in this review. The details of the appraisal are provided in Appendix 2.

Mixed methods study The results of the critical appraisal assessment are presented in Appendix 4. Deutsch (2006) provided information about sampling and data collection, and then offered insights gained from integrating qualitative and quantitative methods. At the same time, Deutsch (2006) provided limited information to justify the appropriateness of using mixed methods for the research question and design. Overall speaking, Deutsch (2006) does not have significant problems in the research design and process. Therefore, it was included in this review. The details of the appraisal are provided in Appendix 2.

2.3.3 Results of the thematic analysis

Eight themes were identified in providing key, common, and specific knowledge about what the meanings of parental caregiving are for an Only Child. The eight themes are: 1) parental caregiving was shaped by the social context the Only Child was in; 2) Only Child's parental caregiving was influenced by the family situation of being a one-child family; 3) Only Child's care for parents structured parental caregiving; 4) parental caregiving was shaped by parents' situations and preferences; 5) burden of parental caregiving; 6) conflicts between

the social environment and Only Child's interests; 7) parental caregiving being shaped by Only Child's priorities; and 8) parental caregiving being shaped by the Only Child's capacity.

Parental caregiving was shaped by the social-cultural context Only Child is in. Parental caregiving was shaped by Only Child's beliefs in filial piety. Only Child's adherence to filial piety shaped parental caregiving, in terms of filial obligation, plan of the future, and the form of care (Gui & Koropeckyj-Cox, 2016; Liu, 2008). In relation to filial obligation, Only Child considered the traditional elder care pattern as a positive model, which defined his or her obligation towards parents (Gui & Koropeckyj-Cox, 2016). More specifically, Only Child considered filial piety clearly as the traditional filial norm. In the Only Child's opinions, there was a close association between filial piety and one's moral integrity, indicating that the Confucian view of filial piety is the basis of all other human virtues. As such, if he or she was not dutiful to their parents, he or she would "lose face" and it would be difficult to win respect from other people (Liu, 2008). To some Only Child, the core concept of filial piety was guaranteeing their parents' material and spiritual well-being, as per the traditional emphasis (Liu, 2008). Also, some Only Child considered that parental caregiving was repaying their parents' love and support, through trying to live up to parental expectations and bring honour to the family (Liu, 2008).

In terms of the plans for the future, according to filial piety, Only Child was expected to take care of their parents in the future. Only Child took parental caregiving into consideration when making plans for the future (Gui & Koropeckyj-Cox, 2016; Liu, 2008). For example, all Only Child who planned to settle down in Canada stated that they needed to also bring their parents to

Canada (Gui & Koropeckyj-Cox, 2016). Further, some Only Child were attracted home by the ethical consideration of parental needs and feelings (Liu, 2008).

In terms of the form of care, belief in filial piety was still a primary factor that prevents Only Child from placing parents in long-term care institutes. As taking care of parents is a traditional virtue in Chinese culture, Only Children would have moral condemnation if they were not trying their best to fulfil the parental caregiving obligation. Also, Only Child was concerned that parents would not be willing to be cared by workers in long-term care institutes, who would be strangers to his or her parents, because of the emphasis on filial piety and family-based care in the Chinese society (Gui & Koropeckyj-Cox, 2016). At the same time, social policy and services influenced Only Child's well-being, when shouldering the parental caregiver role (Gui & Koropeckyj-Cox, 2016; Tu, 2016). Only Child, who planned to reunite with his or her parents in the foreign countries they immigrated to, was anxious about the feasibility of the reunion, due to host country's immigration policies (Gui & Koropeckyj-Cox, 2016; Tu, 2016). Also, when thinking about long-term care institute placement, Only Child worried about the accessibility of long-term care institutions and quality of care provided (Gui & Koropeckyj-Cox, 2016).

Only Child's parental caregiving was shaped by the family situation of being a one-child family. First, Only Child's understanding of filial duty was shaped by their situation of being an Only Child (Gui & Koropeckyj-Cox, 2016; Liu, 2008). Some Only Child expressed that they must consider his or her parents' well-being in old age because they had no other choice. More specifically, they could not go wherever they liked without consideration for their parents (Gui & Koropeckyj-Cox, 2016; Liu, 2008). For example, all Only Child immigrants,

who planned to settle down in Canada, stated that as the only parental caregiver, he or she planned to bring his or her parents to Canada (Gui & Koropeckyj-Cox, 2016).

Second, being an Only Child shaped his or her participation in parental caregiving, in terms of the effort devoted and plan for caregiving (Deutsch, 2006; Gui & Koropeckyj-Cox, 2016; Song & Huang, 2011). In terms of the effort devoted, Only Child was more likely to respond to his or her parents' emotional needs than children with siblings (Deutsch, 2006). Also, Only Child met their parents significantly more frequently than children with siblings, and were more likely to have contact with parents at least once every day than children with siblings (Song & Huang, 2011). However, Xu (2018) noticed that there was no significant difference in support provided to parents in terms of daily living between Only Child and children with siblings among married children in a rural area of China.

With regard to caregiving plans, Only Child reported that the dilemma of having no siblings to share the parental caregiving task potentially required him/her to find compromises between their personal lives and parental caregiving. If they were not able to provide needed 24-hour care, they would rather hire a home care worker (Gui & Koropeckyj-Cox, 2016).

Third, being an Only Child shaped Only Child's relationships with their parents (Gui & Koropeckyj-Cox, 2016; Tu, 2016). Only Child immigrants in Canada, reported that being an Only Child of the family made him/her different from previous generations, as he or she received more attention from parents (Gui & Koropeckyj-Cox, 2016). Also, Only Children and their parents had the

mutual understanding that the Only Child was the sole beneficiary of the parents' assets (Tu, 2016)

Fourth, being an Only Child lead to difficulties in parental caregiving (Feng, et al., 2016; Guo, 2007). Being an Only Child was reported to be stressful due to having no siblings to share the parental caregiving responsibility (Guo, 2007). Further, among children who were caregivers of parents with stroke, Only Child reported a higher level of anxiety than children with siblings (Feng, et al., 2016).

Only Child's care for parents structured parental caregiving Only Child's care about parents' well-being motivated their parental caregiving. Only Child reported that their parents would be lonely if they did not live with them in the same place in the future, and were aware of their parents' desire for them to come home in the future (Deutsch, 2006). Further, Only Child's care of parents' well-being shaped Only Child's approach to providing care. With the belief in filial piety, Only Child was concerned that their parents would have negative experiences, such as being abandoned, if they did not try their best to fulfil the parental caregiving obligation, such as placing parents in long-term care institutes (Gui & Koropeckyj-Cox, 2016). With regard to emotional support, some Only Child immigrants in the United Kingdom considered that "only telling parents good news" was the golden rule of their communications, to protect parents from undue distress (Tu, 2016). Moreover, Only Child thought about parents' well-being when making arrangements for parental caregiving. Only Child immigrants in the United Kingdom reported that parents' language problems and lifestyle changes would increase their dependence and threaten their well-being (Tu, 2016).

Only Child's parental caregiving experience was shaped by parents' situations and preference First, parents' preferences shape how Only Child provided care. Only Child's attitudes towards nursing home placement were tied to their parents' attitude (Gui & Koropeckyj-Cox, 2016). Second, parental needs for care shape parental caregiving (Gui & Koropeckyj-Cox, 2016; Shi, 2011; Tu, 2016). Only Child immigrants in Canada and the United Kingdom planned to move back to China due to considerations of their parents' need for care, and wanted to live closer to their parents to take care of them when needed (Gui & Koropeckyj-Cox, 2016; Tu, 2016). More specially, in relation to material support, parental need was a significant factor of Only Child's frequency of support provided to parents (Shi, 2011). With regard to financial support, parental financial sufficiency or affluence made remittances from children to parents redundant among Only Child immigrants in the United Kingdom (Tu, 2016). Further, whether parents are able to receive the necessary help from others was one of Only Child's concerns in his or her caregiving arrangements. In Only Child's opinions, professional caregivers could not satisfy elderly people's emotional needs, as elderly people would feel lonely and would want to always stay with their children and grandchildren (Gui & Koropeckyj-Cox, 2016). Moreover, some Only Child reported feeling guilty when not being able to provide the care their parents needed. Only Child immigrants in Canada reported that they feel guilty because of the separation from their parents, who might feel lonely, especially during holidays (Gui & Koropeckyj-Cox, 2016). Third, parents' capacity and demand for care influenced Only Child's well-being (Feng et al., 2016; Liu, 2008). When parents were capable of taking care of themselves, Only Child reported fewer feelings of worry. For example, some Only Child did not

worry much about the caregiving burden from a financial perspective, as their parents had incomes and pensions (Liu, 2008). However, when parents were not capable to take care of themselves, Only Child reported psychological problems (Feng, et al., 2016; Liu, 2008). For instance, among Only Child providing care to parents who had suffered a stroke, parental health status was significantly negatively related to Only Child's psychological well-being as measured by the Symptom Checklist 90 (Feng et al., 2016).

Burden of parental caregiving Some Only Child highlighted emotional heaviness brought by parental caregiving. Some experienced the culture of filial piety as stressful (Gui & Koropeckyi-Cox, 2016; Guo, 2007). Only Child also felt stressed about not being able to fulfil filial piety. Children were required to solve their parents' problems and make them psychologically satisfied by being successful in their career and life (Guo, 2007); Further, some Only Child reported economic stress due to parental caregiving. Although parents earned stable income through pension and were able to support their own expenses, Only Child did not have sufficient income to also give their parents financial support (Guo, 2007). Moreover, Only Child reported stress due to lack of time and energy (Guo, 2007; Tu, 2016). Being at a critical moment in their career, and facing a role conflict between parental caregiving and taking care of their own children were the main reasons for Only Child's feelings of stress (Guo, 2007). Some Only Child immigrants in the United Kingdom found that providing emotional support to parents was psychologically demanding or practically difficult to balance, and had negative experiences due to the time, patience, and commitment they had to provide (Tu, 2016).

Only Child's capacity to handle parental caregiving affected his or her well-being (Feng, et al., 2016; Liu, 2008). Some Only Child worried about providing material comforts to their parents due to their financial insecurity (Liu, 2008). Among caregivers to parents with stroke, Only Child with lower educational levels and household monthly incomes reported significantly more psychological problems (Feng et al., 2016). In addition, the geographical distance and culture difference with parents limited Only Child's capacity for caregiving and affected their well-being (Gui & Koropeckyj-Cox, 2016; Tu, 2016). Only Child immigrants in the United Kingdom reported that it was challenging to cope with parents' emergencies in China (Tu, 2016). Only Child, who planned to reunite with parents in Canada, were anxious about the feasibility of bringing their parents to Canada, due to their parents' language, reluctance to leave their homeland, problems of acculturation, and difficulties of accepting dying in a foreign land (Gui & Koropeckyj-Cox, 2016).

Conflicts between parental caregiving and Only Child's interest Only Child reported conflict between their own interests and parental caregiving (Deutsch, 2006; Gui & Koropeckyj-Cox, 2016; Liu, 2008). There were tensions between individual autonomy as well as choice and collective-familial orientations (Liu, 2008). Only Child faced a conflict between their preferred place for career development and parental wishes (Deutsch, 2006). More specifically, leaving parents to live in Canada was hard for Only Child, as they still maintain many traditional Chinese family values, including filial piety and having a close intergenerational relationship. More specifically, they reported that their closeness with parents would be challenged by the geographical separation (Gui & Koropeckyj-Cox, 2016).

Parental caregiving was shaped by Only Child's priorities Modified understanding of filial piety according to own prioritise was noticed among Only Child (Liu, 2008). To some Only Child, instead of considering parents as their superiors, his or her filial obligation was based on a more equal and reciprocal familial bond, with a strong love for parents who were the closest people to them (Liu, 2008). Also, some Only Child neglected the differences of gender expectations and gave up the primary consideration of having grandchildren to carry the family name (Liu, 2008).

Only Child's considerations of own priorities shaped parental caregiving. Among Only Child immigrants in the United Kingdom, whether they returned to China was influenced by their economic and social capital accumulated overseas. Married Only Child was less likely to return to China than unmarried ones, as he or she considered his or her children's well-being as the priority in the decision making (Tu, 2016). At the same time, some Only Child found a compromise between parental caregiving and their own career development for the best interest of the family (Deutsch, 2006; Liu, 2008). For example, some Only Child reached a common understanding that their parents living in the same city was the best for both parties, as they could support each other (Liu, 2008).

Parental caregiving was shaped by Only Child's capacity Only Child's capacity shapes parental caregiving (Shi, 2011; Tu, 2016). Only Child's capacity was a significant factor in children's frequency of support provided to parents (Shi, 2011). Also, Only Child's adherence to filial piety was shaped by their capacity in caregiving. For caregiving tasks the Only Child were not capable of completing, he or she chose to compromise it with other tasks. For example, when Only Child immigrants in the United Kingdom were not capable

of maintaining physical closeness with parents and providing material support, he or she chose career/family development in UK, which is a more abstract element of filial piety, like making one's parents proud, with a sense of guilt and indebtedness. On the other hand, for the caregiving tasks Only Children were capable of completing, they fulfilled the requirement of filial piety. Only Children provided emotional support to parents through International Communication Technology, such as video chat through smartphones (Tu, 2016).

2.4 Summary and research objective of this study

Results of this review describe what the meanings of parental caregiving are for the Only Child. Only Child gained meanings of parental caregiving from his or her surrounding environment, including the social environment, the family type of being a one-child family, his or her interpersonal relationship with parents, his or her parents' situations and preference, and his or her own priorities (Deutsch, 2006; Feng et al., 2016; Gui & Koropeckyj-Cox, 2016; Guo, 2007; Liu, 2008; Shi, 2011; Song & Huang, 2011; Tu, 2016; Xu, 2018). At the social level, Only Child made sense of his or her filial obligations from the social expectations in Chinese society (Gui & Koropeckyj-Cox, 2016; Liu, 2008; Tu, 2016). This finding reflects Only Child's acceptance of social norms, and the parent-child relationship played an important role in the Only Child's understanding of parental caregiving. Also, Only Child's parental caregiving experience was influenced by the social policies of the society his or her was living in (Gui & Koropeckyj-Cox, 2016; Tu, 2016). At the family level, being an Only Child shaped his or her understanding, participation in parental caregiving in the present and future, relationship with parents, and feelings of burden as a

result of parental caregiving (Deutsch, 2006; Feng et al., 2016; Gui & Koropeckyj-Cox, 2016; Guo, 2007; Liu, 2008; Song & Huang, 2011; Tu, 2016; Xu, 2018). Compared to children with siblings, Only Child devoted more effort to parental caregiving and experienced more psychological heaviness when parents became sick (Deutsch, 2006; Song & Huang, 2011; Xu, 2018). This finding reflects Only Child's consideration for the family system. At the interpersonal level, Only Child made sense of parental caregiving from his or her care for parents (Deutsch, 2006; Gui & Koropeckyj-Cox, 2016; Tu, 2016). This finding also reveals the importance of the parent-child relationship in Only Child's understanding of parental caregiving. At the personal level, Only Child understood the needs of parental caregiving, and made sense of how to provide care taking into account parental needs and preferences (Feng et al., 2016; Gui & Koropeckyj-Cox, 2016; Liu, 2008; Shi, 2011; Tu, 2016). At the same time, facing the conflicts between parental caregiving and their own interests, Only Child interpreted and responded to social and cultural expectations, and the need for care based on their own priorities and situations, rather than being totally passive (Deutsch, 2006; Liu, 2008; Shi, 2011; Tu, 2016).

The results of this review show that Only Child experience conflicts and ambivalence between parental caregiving and his or her personal life. He or she may have his or her way of knowing how to make sense of what is the right thing to do when facing conflicts and dilemmas. However, the current literature pays limited attention to how Only Child make sense of the values and meanings of parental caregiving, and how they come to know what is the right thing to do when facing competing demands. Further, this review shows that Only Child's interactions in the parental caregiving context include social-cultural

expectations and parents' needs for care. Only Child's own priorities and capacity shape his or her interpretation and acceptance of the social-cultural expectations as well as his or her responses to parental needs for care. However, previous studies offer limited insights into how Only Child justifies his or her decisions when facing the competing demands between parental caregiving and other aspects of life. Moreover, this review reveals that being an Only Child makes parental caregiving different. Being an Only Child involves unique meanings and experiences of parental caregiving from the perspective of being an Only Child. However, knowledge as to how Only Child justifies the value and meaning of parental caregiving in his or her moral, relational, and temporal context is still inadequate.

In response to these three gaps in the existing research, this study now aims to explore Only Child's lived experiences of taking care of ageing parents. The research question is: What are Only Child's lived experiences of taking care of ageing parents? This study has multiple layers of significance. It helps to provide an empirical base of knowledge about the epistemology of Only Child's understanding of parental caregiving. This knowledge may give a clearer picture of how Only Child justifies the values and meaning of parental caregiving. Further, it provides knowledge about how Only Child makes sense of the situation of being an Only Child. This knowledge should be helpful to society by helping to better understand and conceptualise parental caregiving in one-child families, to inspire social services to better support Only Child and one-child families both in the present and in the future. Moreover, this knowledge provides a foundation for future studies on the Only Child population, such as longitudinal studies to follow up the changes of Only Child's experiences, and intervention

studies to explore how to better support Only Child and one-child families in elder care.

Chapter 3 Methods

This chapter describes the methods employed in this study. A descriptive phenomenological study was used to arrive at an in-depth understanding of Only Child's lived experiences of taking care of his or her ageing parents in Mainland China. The first section discusses the strength of using a qualitative approach, followed by the philosophical foundations, strength and applications of descriptive phenomenology as a research method in social sciences. Next, I describe the application of descriptive phenomenology in this study. Details of inclusion and exclusion criteria for selecting participants. The way I had used a purposive sampling to recruit participants in Guangzhou are also described. There is a description and discussion section on how I had collected data via unstructured interviews, and how I used Giorgi's four-phrase approach for analyzing the data. In addition, I explain the way I had employed general, systematic, critical, and methodical criteria to assess the degree of confidence one could place on the conclusions from this study, especially my role in this study. Further, I examine ethical considerations and strategies used in this study to demonstrate how I had protected participants' wellbeing, especially their autonomy, as well as how I had dealt with issues of confidentiality of data and data protection for participants. Finally, I summarize the contents of this chapter.

3.1Philosophical foundations and rationale of the research design

3.1.1 Philosophical foundation of qualitative design

People are guided by the situation they face, and they are interwoven with and encompassed by the situation. They made sense of the reality or situation

they face from their position and opinion (Gurwitsch, 1979). Compared with quantitative research methods, qualitative research methods use the inductive approach, instead of a deductive approach; aims to understanding "how" and "why" behind specific phenomenon, not just "what" and "how"; values in-depth understanding on a specific small group of people, instead of the external validity of the findings; employs detailed descriptions, rather than objective measurements (Bryman, 2008). Therefore, qualitative research methods help researchers to understand the meaning people attach to their experiences or their observation of a particular phenomenon (Mayan, 2009).

3.1.2 Philosophical foundations of descriptive phenomenology

Phenomenology has been recognized as a method suitable for exploring people's perception and experiences, as it helps to explore how people attend to their reality or situations (Van Manen, 2012). Table 3 presents a comparison of five common qualitative research methods. In the aspect of a philosophical perspective, descriptive phenomenology and interpretative phenomenology are based on the philosophy of phenomenology, which explores the essence of a phenomenon. The essence refers to what is self-evident and the unquestionable truth of a phenomenon (Giorgi, 2009). Ethnography and grounded theory adopt philosophies that describe the appearance of a phenomenon. In the aspect of a research objective, descriptive phenomenology aims to describe how people acquire the values and meaning of their experiences and psychologically justifies it (Reiners, 2012). Interpretive phenomenology intends to explore the nature of existence and phenomenon from people's perception (Reiners, 2012); while other methods aim to explore a specific aspect of the appearance of a

phenomenon. Compared to other qualitative research methods, phenomenology is more to develop a deep understanding on the essence of a phenomenon, rather than a comprehensive understanding of the details of the appearance of a phenomenon.

Table 3 A comparison of common qualitative research methods

Methods	Philosophical perspective	Research objective	Example of research question
Ethnography	Cultural anthropology	To understand the social life as the outcome of interaction of structure and agency through the practice of everyday life	How Only Child takes care of his/her parents in the nursing home setting in the Chinese society?
Grounded theory	Interpretivist/constructivist (Mayan, 2009)	To understand people's behaviors that are generated from the meaning of symbols (Bryant, 2014)	How Only Child's beliefs of filial piety influence their attitude towards parental caregiving
Interpretative description	Interpretive naturalistic (Thorne, Kirkham, & MacDonald-Emes, 1997)	To understand a phenomenon through a coherent and clear concept description (Thorne, Kirkham, & O'Flynn-Magee, 2004)	How does Only Child provide emotional support to their parents who are stroke?
Interpretative phenomenology	Heidegger's Philosophy	To explore the nature of existence an phenomenon from people's perception (Reiners, 2012)	What is the nature of parental caregiving from Only Child's perspective?
Descriptive phenomenology	Husserl's philosophy	To explore how people acquire their truth and psychologically justify it (Reiners, 2012)	How does Only Child justify their knowing of parental caregiving?

'Phenomenon' refers to how the event in question is being experienced by individuals, rather than how the event had really or objectively occurred.

Phenomenology aims to understand what motivates a conscious creature to say that the object is the object (Giorgi, 1997). Phenomenology analyzes the phenomenon of consciousness, which is the totality of the lived experiences of an individual (Giorgi, 1997). Lived experience is the experience of people as it was before they had reflected upon it (Van Manen, 2014).

According to Husserl (1970), experience is perceived by the individual's consciousness. Consciousness serves as the medium of access to whatever sense is given to awareness. For example, how an adult child experiences parental caregiving depends on what he or she cares about. Consciousness is always directed towards an object rather than consciousness itself. For example, filial piety is consciousness for Chinese, and parental caregiving is an object. Chinese who pay attention to parental caregiving would be sensitive to filial piety. Without parental caregiving as an object, people may not be sensitive to what filial piety is.

Intentionality, which refers to the act of consciousness, serves as the connection between consciousness and the object. It directs consciousness to practical activities and contemplative knowing (Dreyfus, 1993). For example, the Chinese society values filial piety. The intention to fulfill social expectations directs Chinese adult child to be conscious about events that imply valuing filial piety (Gui & Koropeckjy-Cox, 2016). In other words, people become aware of something through their consciousness and then develop their perceptions of the thing in question through their intentionality (McIntyre & Smith, 1989). Intentionality is what makes the particular experience "the experience".

Noesis and *noema* constitute the essence of consciousness. *Noesis* refers to how people build a perception, *noema* refers to the perception itself, and the

noematic entities are meanings. The noesis and noema relation describes people's way of knowing, which is in their psychological process (Giorgi, 2012). Meanings are entities that are not of real sense that are counted as a part of people's act of understanding, and are ontologically independent of consciousness (Husserl, 1970). Therefore, explorations on meanings as well as the noesis and noema relation contribute to understandings of how people make sense of their realities or situations from their intentionality.

Descriptive phenomenology and hermeneutic phenomenology are two phenomenological approaches commonly adopted by researchers in qualitative social studies. The descriptive approach is rooted in Husserl's philosophy and aims to provide a descriptive analysis of the essence of consciousness. It focuses on clarifying how consciousness logically connects one to some perception (Moran, 2000). The approach focuses on describing how people acquire their beliefs and psychologically justify them as their truths (Dowling, 2007).

In the context of the present study, descriptive phenomenology helps to explore how an Only Child psychologically justifies his or her beliefs about taking care of his or her ageing parents. Taking parental caregiving as an example, descriptive phenomenology explores how people come to know of their own perceptions of parental caregiving. People's knowledge of reality starts with intentionality, and meanings are inter-subjective entities. Different people, who may have different intentionality account to their reality or situations, may have various understanding of the same expression or situation (McIntyre & Smith, 1975). Thus, the researcher has to assume a phenomenological attitude by withholding all his or her previous understandings and intentions at the very

beginning of the exploration to fully understand other people's meanings and situations.

In contrast, the hermeneutic approach originates from Heidegger's philosophy. Heidegger agrees with Husserl that the exploration should focus on the essence of the phenomenon. However, Heidegger and Husserl have different understanding on the essence of the phenomenon. To Husserl, the essence of the phenomenon is the way of the structure underpinning how experiences are valuable and meaningful to people, rather than is the nature of existence from Heidegger's perspective (Lopez & Willis, 2004). Take parental caregiving for example. Hermeneutic phenomenology investigates what makes parental caregiving a parental caregiving to individuals. Further, to Heidegger, developing new understandings requires people to use their pre-understandings instead of bracketing them, as all people are involved in the world (Van Manen, 2012). This requires the researcher to use his or her pre-understanding in the interpretation (Koch, 1995). In summary, descriptive phenomenology focuses on the structure of how people come to know the object while hermeneutic phenomenology seeks to explore the nature of the object's existence.

3.1.3 The rationale behind adopting a descriptive phenomenology design

Based on the research gaps identified in the literature review, it appears that descriptive phenomenology is a suitable research design for a scientific exploration of how Only Child comes to know his or her experiences of parental caregiving. First, Only Child's caregiving experiences of parental caregiving have not yet been conceptualized to a sufficient depth in current literature. The current literature shows that Only Child's understanding of parental caregiving is

influenced by the cultural expectations, his or her interdependent relationship with parents, being an Only Child, and his or her personal situations. However, previous studies seldom talked about how adult children make sense of parental caregiving from their situations. Second, the literature review has shown that the literature so far has mainly focused on what Only Child's experiences of taking care of his or her ageing parents usually are, rather than explaining Only Child's epistemology of knowing, which refers to how parental caregiving is ethically meaningful or valued to Only Child as a practice. Descriptive phenomenology has been identified as a method suitable to explore the epistemology of people's knowing (Koch, 1995). Thus, a descriptive phenomenology study was conducted for a direct exploration and analysis of Only Child's lived experiences in providing care to his or her parents. This approach was used because it allows to take into accounts the social-cultural context, familial situations, inter-personal context, and personal context.

It can be anticipated that, by adopting descriptive phenomenology, this study would provide knowledge about how the Only Child comes to know his or her parental caregiving experiences taking into account mainland China's cultural and social realities, and his or her personal situations. This knowledge should contribute to providing deeper knowledge of how Only Child comes to know their experience of taking care of their ageing parents. These findings can be expected to help the society, including social service providers and policy makers, to have an empathic understanding of how parental caregiving is ethically meaningful to and valued by Only Child.

3.1.4 Application of descriptive phenomenology through Giorgi's approach

Because Husserl's approach focuses mainly on exploration at the philosophical level, it is not suitable to be used in an exploration of the level of social sciences (Giorgi, 2009). To make Husserl's philosophy applicable in social and psychological research, Giorgi (1997) made certain methodological modifications regarding: 1) awareness of 'lived experience' through the research, 2) phenomenological reduction through human scientific reduction, and 3) human scientific essences versus universal essences. These modifications are described below.

First, description from others in their natural state is a suitable method for obtaining raw data for the purpose of a social science study using the descriptive phenomenological method. In a philosophical phenomenological exploration, there is always the concern that, because the researcher may be sensitive only to his or her own consciousness, the researcher may not be able to grasp the participants' consciousness from his or her description. However, in a social science study using phenomenology, since participants' descriptions are based on their past and present experiences which they shared with others, including the researcher, it is possible for others to grasp the participants' perceptions from their descriptions. As long as the description can be read and understood by the researcher, the researcher should become sensitive enough to participants' consciousness in their descriptions through phenomenological reflection (Giorgi, 2000, 2009).

Second, Giorgi (2009) assumes that phenomenological reduction has been modified keeping in mind both the researcher and the data being analyzed. From a philosophical point of view, the researcher is expected to conduct transcendental phenomenological reduction, which requires the researcher to

bracket all human consciousness. Bracketing, is a strategy to achieve transcendental subjectivity. This enables the researcher to return to the phenomenon as it shows itself in consciousness, by putting aside all his or her own belief about the phenomenon being studies (Van Manen, 2014).

Human consciousness that needs to be bracketed commonly include the following three areas: 1) researchers' knowledge of theories and explanations about the phenomenon, 2) researchers' beliefs of truth and falsity on participants' claims, and 3) researcher's personal views and experiences of the phenomenon (Ashworth, 1996). Additionally, bracketing pre-understandings includes examining how these pre-understandings hide the experiential reality in order not to discount it (Van Manen, 2011). However, in any social science or psychological study, the researcher may lose sensitivity to psychological clarification. So, the bracketing needs to encompass human scientific phenomenological reduction rather than transcendental phenomenological reduction (Giorgi, 2009). Compared to transcendental phenomenological reduction, human scientific phenomenological reduction represents only a partial reduction in which the researcher's disciplinary knowledge is not necessary to be bracketed. This enables the researcher to remain sensitive to his or her disciplinary ideas and still be 'open' though not purporting to take on any one theoretical perspective to analyze the phenomenon (Giorgi, 2009).

On the other hand, philosophically speaking, the object of the investigation is people's experience of everyday life, which is gained from interactions between people's assumptions within their contexts. Hence, participants are unlikely to be phenomenological and be able to assume an attitude of reduction even with training. The researcher should facilitate

participants describing as precisely and in as detailed a manner as possible, their experiences in their own words, so that they have an as faithful a description as possible of the participants' experiences (Giorgi, 1997, 2009).

Third, Giorgi (2009) states that, to reveal the psychological nature of the phenomenon, the researcher should seek truth by reflecting upon the human science essence rather than some universal essence. Human science essence refers to an essential structure that contributes to meaningful discourse at a social theoretical level, not necessarily at a universal level.

3.2 Participants and Setting

3.2.1 Participants

Inclusion and exclusion criteria Individuals were considered eligible to participate in this study if they satisfied all of the following criteria: 1) adult Only Child born on or after 1976 in Mainland China (Feng, 2006, 2008); 2) those who consider themselves to be caregivers of at least one of their parents; 3) those who are able to express their everyday experiences (Van Manen, 2011); and 4) those who are able to communicate in Cantonese or Putonghua. Individuals were not eligible to participate if they were unable to communicate verbally.

Sampling methods Participants should be those with an experience of the phenomenon and are able to describe it to the researcher (Speziale & Carpenter, 2007). Therefore, purposive sampling was used. In the initial recruitment stage, participants were invited, provided they had satisfied the selection criteria. Later, during the research process, as data collection and analysis occurred concurrently, an information gap was noticed. In order to collect data that were likely to provide more insights into the information gaps

identified through data analysis, participants who were potentially likely to provide insights filling these gaps were recruited. The information gaps led to the inclusion of participants with differing financial status, parents' functional health, and if the participants maintained good relationships with their parents. For example, the data analysis showed that participants' caregiving experiences are influenced by parents' functional health status, while data about participants' experiences of providing tangible care to parents was lacking. Therefore, individuals who provided tangible support to their parents who had functional limitations were recruited purposively.

3.2.2 Setting

This study was conducted in Guangzhou, which is one of the major cities of Mainland China. The one-child policy is being implemented in Guangzhou from 1982 to 2016. By 1990, over 90% of the newborn babies belonged to the Only Child category (Bureau of Statistics of Guangzhou, 1991). In 2015, the birth rate of Guangzhou was 1.8%, and the family size 2.75. Around one million people in Guangzhou were aged 65 or over, accounting for 7.9% of the total population (Statistics Bureau of Guangzhou Municipality, 2016). Guangzhou was considered a suitable place to conduct this study because of the large number and the proportion of one-child families. Given the large size of Only Child population, I have a higher chance of reaching eligible participants.

3.2.3 Recruitment

Recruitment using my personal network At the beginning of my study, hospitals, where it is easy to approach caregivers of parents with health problems, rejected my application for participant recruitment because I was neither a staff

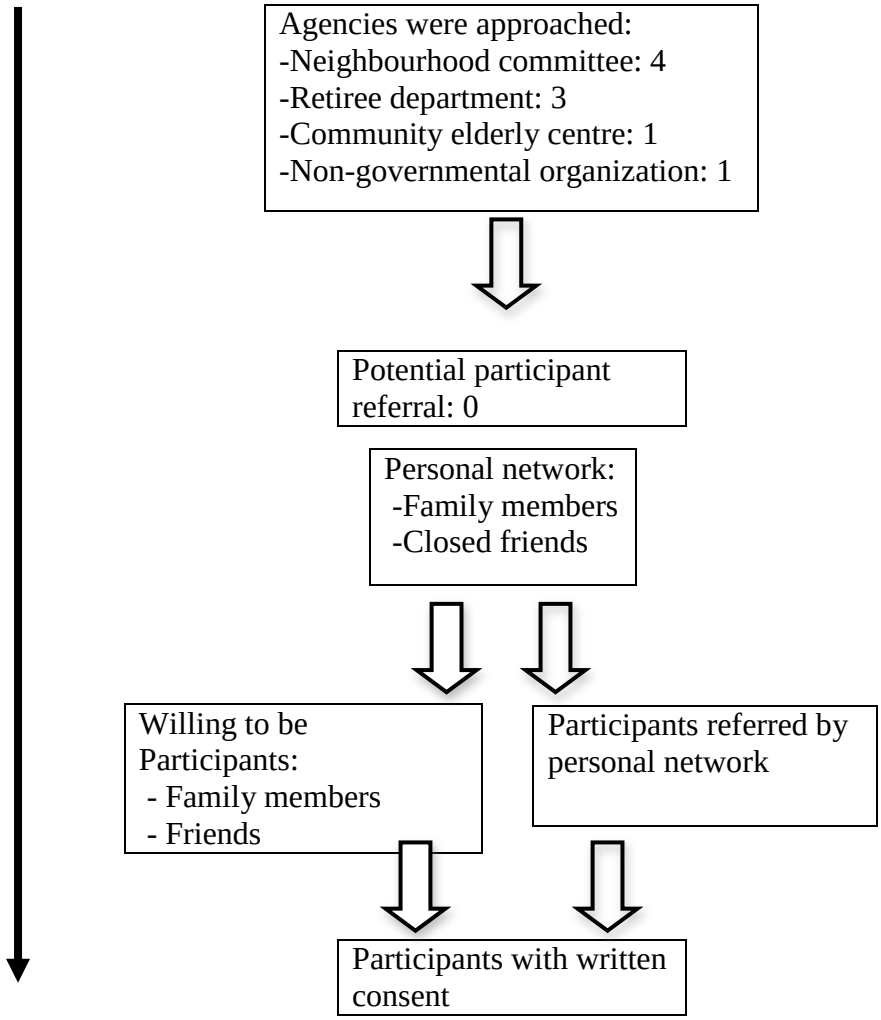
nor a student there. Next, I identified social organizations, which provided elderly care services in the community by searching the Internet. I contacted social organizations, including community elderly centers and non-governmental organizations, through in person visits. I explained this study to the person-in-charge in each of these organizations along with an information sheet and the ethics approval provided by the Human Subjects Ethics Sub-Committee of The Hong Kong Polytechnic University. One community elderly center and one non-governmental organization agreed to approach potential participants from their clients for this study. Meanwhile, through personal network, I contacted retiree departments of enterprises and government bureaus and community neighborhood committees, which had regular contact with older people. I adopted the same approach I had used with social organizations while explaining this study to their directors. Three retiree departments of enterprises and government bureaus and four community neighborhood committees agreed to approach potential participants. However, since all these organizations only had contact with older people and were not able to approach Only Child individuals who took care of his or her parents directly, no potential participants could be identified.

To approach Only Child individuals directly, I had to resort to using my personal network, after multiple attempts, to recruit outside of my own connections. My personal network included family members, relatives, and friends, who could help identifying potential participants. Potential participants were accessible because: 1) both my husband and I both Only Child after 1976, therefore a majority of our cousins and friends are Only Child; and 2) my parents and parents-in-law had been in urban residences before they started their career

and had worked in national-own-enterprises or the government. They were aged between 55 and 60. They had contacts with several Only Child individuals among their colleagues and with children of their friends and colleagues. Recruitment procedures were as follows: Having exhausted all other ways to recruit, I resorted to purposive sampling through my personal network. I explained this study to my family members and friends by telling them the purpose of my study, the inclusion and exclusion criteria of participant recruitment, and the ethical issues involved in the study. I also provided the information sheet to them for reference. Six family members and eight friends agreed to identify eligible participants to join this study. When they found a potential participant, they explained the objective of the study and encouraged him/her to contact me. In case the potential participants agreed to my contacting them, I made a phone call. On the phone, I explained the objective of this study based on a soft copy of the information sheet given to potential participants, checked whether the selection criteria of participants were met, and schedule individual interview with them (Appendix 6). All potential participants could think about whether to participate or not for as long a time as they like. All potential participants volunteered to join the present study. During this process, one potential informant rejected the invitation on the phone, because he or she was not comfortable with talking about his or her caregiving experiences with me. As a result, 10 participants were recruited through contact persons. Also, two distant relatives and three friends expressed their willingness to participate in this study. Once the participants agreed to participate, I scheduled an interview giving the time and location convenient to them and obtained their written consent. Before the interview began, I again explained the contents of the

information sheet to all participants, and sought their written permission. The recruitment process is presented in Figure 2.

Figure 2 Flow of participant recruitment



3.3 Data Collection

Before the main study, I conducted a pilot study, which included two volunteers, to refine the interview guidelines and prompting questions. It was observed that Chinese people do not actively share their experiences when asked the question "could you please share your experience of taking care of older parents with me?". Therefore, I prepared some follow up questions in order to facilitate participants sharing their experiences in greater detail. Also, in the pilot

study, I found out that I had missed some follow up questions. For example, when the participant told me that he or she was OK to take care of his or her parents, I did not ask the instinctive follow-up question "what do you mean by OK?". Therefore, in the formal interview, I became more sensitive to the significant key words by the participant and then asked the follow up questions.

Data collection took place between August 2013 and November 2014. The location varied based on the participant's preference. The majority of the interview locations were cafés and restaurants close to each participant's home or office. One interview was conducted in the participants' work office. In a majority of the interviews, only the participant and I were present. In one interview, the participant brought his or her daughter, who was less than one year old.

I conducted individual, face-to-face, unstructured interviews to collect participants' descriptions of experiences of taking care of older parents in as detailed a manner as possible. The interviews aimed at facilitating participants describe their experiences as explicitly and as fully as possible. I facilitated participants to share their experiences as they experienced by using open-ended questions in the interviews. In my interviews, I focused only on what their experiences were in their situations, but not on what situation they were in.

The interviews progressed in the following manner. At the beginning, I asked the primary question: "Could you please share your experience with me on taking care of parents?" In case the interviewee answered this question abstractly and had difficulties describing their lived experiences, I asked follow up questions prompting him/her to describe details of their experiences. For example, I asked: "What do you mean by XXX?"; "Could you please tell me

more about your feeling of XXX?"; "Could you please share more details about XXX you just mentioned?"; "Could you please give me an example of…?". These questions were asked specifically make the participants elaborate and encourage sharing. From the data analysis, I identified areas with some suspected information gaps, so that I could pay close attention to these areas in later interviews. When participants mentioned those areas, I encouraged them to share more. For example, when I noticed that participants' perception of their relationship with their parents was important in understanding what they felt about parental caregiving, I encouraged them to share more about this aspect. Individual interviews were conducted face-to-face and lasted approximately 36 to 109 minutes each. For four of the participants, follow-up interviews were conducted for the purpose of clarifying certain unclear expressions identified during the respective transcription processes. The duration of each follow-up interview was between 15 and 56 minutes. Each participant was interviewed for around 58 minutes on average. After conferring with my supervisors. I stopped the data collection stage when no new pattern was identified in the data analysis. Then, I confirmed the data saturation with my supervisors. In total, nineteen interviews with 15 participants were conducted.

Furthermore, in each interview, I took field notes about what happened in the interview, for example, participants' behaviors, including the change of their tones, the change of their talking speed, body language, and emotional responses and also recorded how participants cried during the interview.

During and after each interview, I collected the background information on each participant, based on a list I had previously prepared. Two types of background information were collected. One concerned the participant's

demographic characteristics and the other his or her parents' situation. With respect to the former, information about age, gender, marital status, educational attainment, occupation, family structure, and living arrangement, was collected. As for the latter, the collected information included whether aged 60 or above, gender, marital status, number of children, living arrangement, living distance with parents, educational attainment, occupation, parents' ages, marital status, as well as health condition (from the perspective of participants).

I conducted all interviews in Cantonese. Each interview was recorded with a digital voice recorder. Field notes reflecting on participants' behaviors as they were talking about certain topics were added to the transcription. This could be done since I was transcribing verbatim during each interview. In addition, I translated the transcripts for three participants into English, to facilitate reification of my analysis by my supervisors. I adopted three strategies to ensure the correctness of my translation—the details will be discussed later in this thesis.

3.4 Data analysis

Data collection and data analysis was an interactive process, in which preliminary analysis of previous interviews provided directions for later informant recruitment and interviews (Crist & Tanner, 2003). I analyzed the transcriptions and then went back to data collection again and again, until no new pattern was identified. The aim of the data analysis was to provide a description of the phenomenon from the direct evidence of the collected data. The result of the data analysis is a second-order description, without any influence from assumptions, hypothesizes, or theories (Giorgi, 2009). A phenomenological attitude should be assumed for this process. I used *epoche*, and

phenomenological reduction as strategies to assume a phenomenological attitude. I reflected on 1) my knowledge of theories and explanations about parental caregiving, 2) my beliefs of truth and falsity on information participants shared, and 3) my personal views and experiences of parental caregiving. For example, when I conducted the analysis, I withheld what I cared about and how I made decisions in taking care of my parents.

I used Giorgi and Giorgi's (2003) four phases approach: 1) reading for the whole sense, 2) determining the meaning units, 3) transformation of meaning units, and 4) determination of the structure. I repeated the four phases until I was satisfied with my analysis. Also, my supervision committee was consulted, two of which were familiar with all data, for confirmation of the veracity of the analysis. During the data analysis and writing phases, I did not pay attention to how the event existed in reality. Rather, I focused on how the event presented itself. Data analysis continued through writing and rewriting findings.

3.4.1 Reading for the whole sense

To explore the essential structure of the phenomenon, the phenomenology attitude has to be assumed through phenomenological reflection. According to Giorgi (1997), researchers may remain partially sensitive to theoretical constructs in their discipline with an aim to developing a unique disciplinary understanding of the phenomena identified. In other words, the bracketing was a partial bracketing. The researcher has to be sensitive to his or her disciplinary knowledge but not use this knowledge to interpret the data. I went through a three-fold process of bracketing, which was choosing an exemplar and holding it in my

imagination, imaging different possibilities of the exemplar, and then summarizing them.

During the entire research process, I looked repeatedly inside myself so that I could become aware of my personal biases. I sought to eliminate personal involvement with the subjects' material in order to be able to bracket my personal thoughts and pre-understandings concerning parental caregiving. I also sought to remain sensitive to my knowledge of my disciplines, which were sociology and health science, while remaining open to other perceptions. In this study, I bracketed my personal experiences and thoughts deeply about parental caregiving as well as my own discipline-based knowledge of parental caregiving.

3.4.2 Determining meaning units

Following Giorgi's (2009) recommended steps, I drafted descriptions of all meaning units by converting first person expressions into third person expressions. This was done to help myself be clear of my positioning while analyzing another person's experiences and be open to informant's points of view. Data were organized into different parts. Each part marked a "significant shift in meaning" (Giorgi, 2009, P130). Whenever the data were thought to have contributed directly to answering the research question, it was identified as a 'meaning unit' and given one or more 'names'. For each meaning unit, I asked myself three questions: 1) What was the informant intending to tell me? and 2) Why did this matter to the informant? Naming the meaning units reflected a desire for holistic understanding of how participants could be imagined to be 'seeing' their situations.

3.4.3 Transformation of meaning units

I used free imaginative variation as the strategy to tease out the psychosocial interpretation of the data in the transformation phase. Both the psychological process and outcome of each meaning unit should be described in this step, and the background meaning (or the participants' context) was taken into account during the transforming process (Giorgi, 2009).

In Husserl's philosophy, consciousness enacts some signifying experiences, which have meanings to be fulfilled. When the signifying experiences fulfill the meaning precisely, these experiences become experiences of identification. Free imaginative variation is a technique, which helps to find out the essence that is the most invariant meaning for a given context. This, it does by enabling comparisons of experiences that only partially satisfy the meaning, experiences that satisfy the meaning precisely, and experiences that do not satisfy the meaning (Giorgi, 1997).

Free imaginative variation goes through the process of signifying experiences by choosing a random exemplar, and then changing parts of this exemplar freely to see whether the exemplar is still identifiable, whether the parts are changed or not. If the exemplar is not identifiable with a part, the part is the essence of the exemplar. At the same time, the four analytical devices provided by Giorgi (2012) were used to facilitate the identification of parts during the free imaginative variation process. The hints consisted of the common origins of intention and meaning of the common language used with regard to how participants build perceptions of their acts, the common meaning or intention of all actions, and embodiment. Table 4 presents an example.

Table 4 Example of data analysis, transformation

Transcription	Transformed meaning unit	Hint used	Name
Actually, accompany with them, I think it is totally psychological, very helpful to them in psychological aspect, I am saying, they won't feel er, they were so hard in nurturing you, and then after you grew up, (you) leave them there, I am saying, don't let them have the feeling of loneliness, because once older people have the feeling of loneliness, they will have many diseases, like my grandma, I had been living with my mom, dad and my grandma for a period of time, then, everyone were OK at the time, quite good, although, my grandma's teaching method to me was not quite suitable, beat me and shouted at me all the time, but, she was in good health, both physical and psychological, however, once we moved out, grandma was living alone, although we went to visit her every week, but you found out that, her condition changed rapidly, she, the symptoms of dementia came out suddenly, she would, go to restaurants downstairs to collect used chopsticks, and then brought them home to use as firewood, and then, er, she would, lose her memory slowly, and then influence her mobility, it is, so, actually I think the origin of this was due to loneliness, of course it is a little bit related to genetics, hard to tell, but, it is a great shock to her in the psychological aspect, so I think to me accompanying with parents is they have their own lives and I am there with them, I am there, I am not detached from them.	From P05's point of view, accompanying parents was helpful for them in the psychological aspect. From his observation on his grandma, P05 understood that if he left his parents, his parents might feel lonely, and develop symptoms of dementia rapidly just as his grandma did. P05 worried that if he made the same mistake with his parents, his parents would develop dementia and will not be able to live as they used to. Very soon they will become like his grandma. Therefore, P05 wanted to accompany his parents to prevent them from developing dementia.	Meaning or intention of all actions	Safeguarding parents' health situation from getting worse

In the process of free imaginative variation, I anticipated different possibilities of what the informant meant in his or her description. I compared the description with those from other participants, to extract the essence from them. For example, P05 decided to focus on working for his graduation and did not travel with his parents as he or she used to. This information shows that there is a conflict in providing care to parents and choosing their own career aspirations, from P05's perspective. P05 knew that he had to give up parental caregiving in some occasions. Then, I imagined how P05 came to know how to manage parental caregiving. P07 might manage it based on social expectations, or P05 might manage it based on his and parents' interest. This example shows that P05 was aware of the social expectations and was ready to make parents happy by travelling with them. However, P05 overlooked this social expectation and focused on his graduation. P05 might think about his own interest and tried to juggle between his aspirations and his parents—balancing interests Then, I used the idea "balancing one's interest with parents". This example was no longer parental caregiving without balancing.

After exercising free imaginative variance, I gave names to the meaning units. This was an iterative process, in which I revised the names as my analysis evolved. Finally, I worked through a process of identifying the intentionality by comparing and contrasting interpretations, exemplifying the essence of the experience. This was done, by becoming aware of my previous analyses while remaining open to new understandings.

The four hints suggested by Giorgi (2012) were used during this process. When I analyzed the meaning units, I thought about how I could understand each

meaning unit from the language the participants had used, how participants had built their perceptions, the meaning or intention of participants' actions, and whether parental caregiving was regarded by the participants as an ongoing part of their lives. Finally, the transformed meaning units were described in a language pertinent to my disciplines, i.e., sociology and health sciences.

3.4.4 Determination of the structure

The purpose of this task was to derive the essential structure of participants' experiences from the transformed meaning units. A structure was developed from commonly shared experiences after free imaginative variation of all possible exemplars. The essential structure was determined by keeping in my mind that the essence represented the key constituent which would fundamentally change the entire structure and make the phenomenon different if they are removed. In this case, the essential meaning of parental caregiving would become unrecognizable (Giorgi, 2009). In this process, I remained sensitive to my own disciplinary knowledge, while still being open to new understandings.

Figure 3 The data analysis process: phrase 4 determining the structure

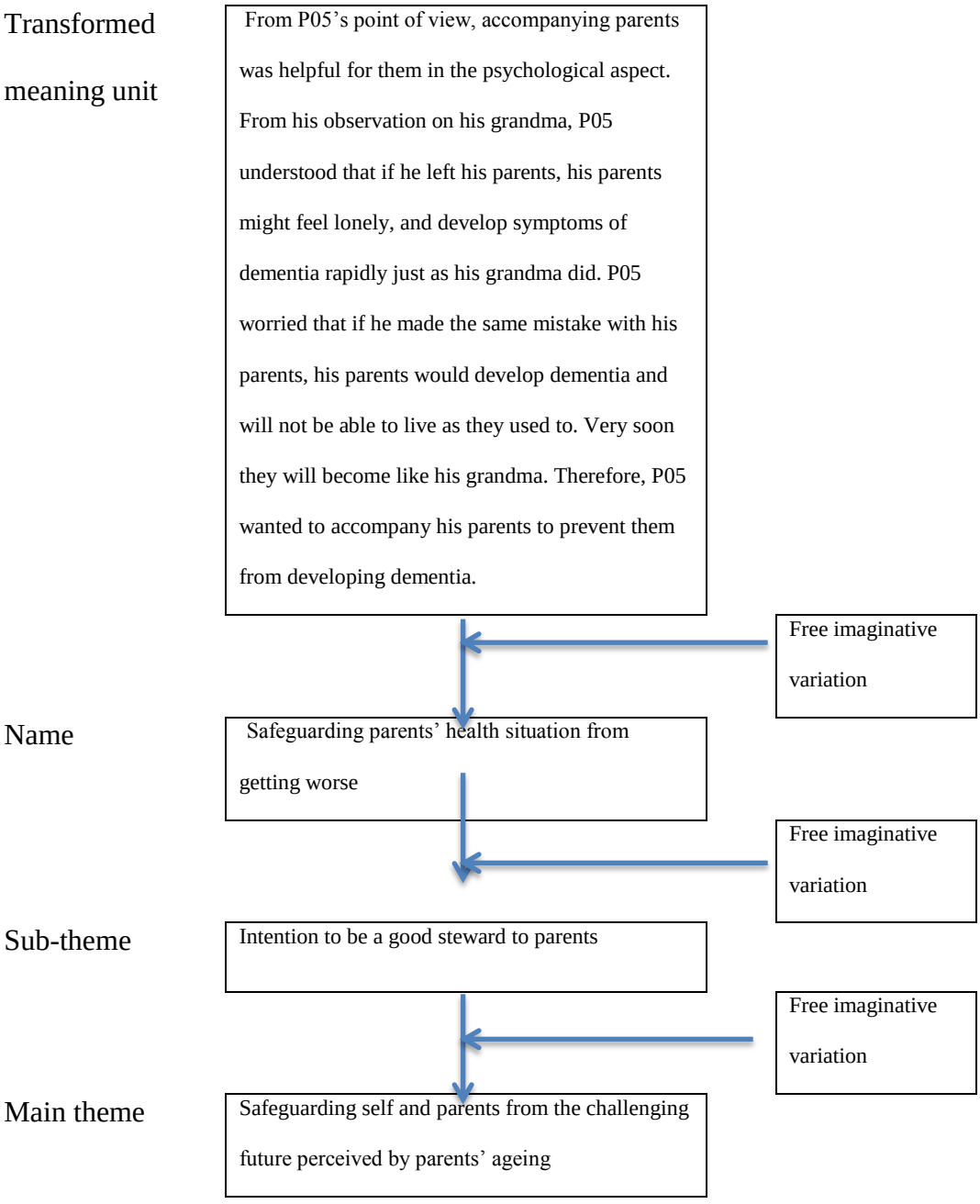


Figure 3 presents an example of the analysis process in this phase. In this part of my analysis, I was able to develop a degree of commonality to determine the essential features that structured participants' experience. I recalled that, without the essential features, the phenomenon would not exist. In order to achieve this, similar and invariant meanings were theorized within the context of

different participants' descriptions. This cyclical process of analysis required the researcher to describe the psychosocial and contextual aspects of the studied phenomenon explicitly from meaning units (Giorgi, 2009).

In my case, I adopted a three-fold cycle beginning with an exemplar, exercising free imaginative variation, and then synthesis. Take the sub-theme "knowledge of a satisfying life" for example. I thought about at what moment did knowledge of a satisfying life was important to participants. I imagined that the moment might be participants' goal of safeguarding the family's well-being. Without the goal of safeguarding the family's well-being, participants would be conscious about what a satisfying life seems like. Then, I took out "safeguarding the family's well-being" in every participants' sharing. Without this part, parental caregiving would not be parental caregiving to participants anymore. Under this situation, I thought "safeguard the family's welfare" may be the essence of participants' description of parental caregiving. During the abstraction process, I repeatedly went back to the participants' concrete descriptions to verify whether their voice was lost in the abstraction. Moreover, I paid attention to how the abstraction described the phenomenon as a whole, especially at the level of sub-themes.

Additionally, as an only child, *epoche* was crucial in this phase, because I was situated in participants' common cultural meaning as an only child with ageing parents. I had come to know that I wasn't sufficiently aware of what made Only Child parental caregiving different from other people's parental caregiving experiences. Through discussion with my supervisors, I bracketed my own parental caregiving experiences as an Only Child, and finally came to uncover

the essence of the phenomenon through repeated questioning of my presuppositions as described in the preface of this thesis.

3.5 Rigor

Giorgi (2009) proposes four criteria that can be used during the research process: general, systematic, critical, and methodical. These are helpful to establish the trustworthiness of the study. I used several strategies to enhance the trustworthiness of this study in accordance with these four criteria described below.

3.5.1 General

To be general means that the findings from the study should be transferable to other similar situations (Giorgi, 2008). As a qualitative study seeking in-depth understanding, this study has certain limitations with respect to applicability to other circumstances. I therefore adopted three complementary strategies: 1) abstract the findings to a higher level, 2) provide detailed background information about the participants and the context; and 3) reflect each participant's voice in the report.

First, I tried to elevate the essential structure to a high level of abstraction so that the findings are more applicable to other contexts, Like Von Knorring-Giorgi (1998), I upraised the findings to the level that empirical basis was found for each participant in the study. For example, the finding "the intention to give parents a good life" has empirical support from all participants' sharing. Second, I provided the background information, including age, gender, family structure, educational attainment, occupation, living arrangement, health condition of participants' parents, and so on, of every participant. As for the context, I

described the values related to family and elderly care based on the Chinese society and the characteristics of Guangzhou, which was the setting of this study. Therefore, readers were able to have information about the presuppositions participants had, the horizontal characteristics of participants' experiences, and sociocultural factors accepted by participants. With this information, readers could determine whether these findings might be applicable to their contexts. Third, I reflected every participant's voice in this report. When I developed the major theme, I compared it with every participant's sharing to check whether the major theme is able to reflect the participant's way of knowing correctly. Also, for each sub-theme of this study, quotations from every participant were included in the report.

3.5.2 Systematic

Being systematic means that knowledge does not stand alone (Giorgi, 2009). First, I developed the research objective and research question based on the current literature. From the knowledge provided by the current literature, I became aware of what was already known about the phenomenon of parental caregiving, and then identified research gaps. Second, by comparing the findings of this study against those from other studies and theoretical models, I made the connection between knowledge derived from this study and 'existing knowledge.' I compared the findings of this study to other studies in related areas, like studies about caregiving to premature babies, helping vulnerable groups. I discussed the commonality and differences between this study and existing knowledge. For example, what was the main concern of health care services providers and policy makers in taking care of vulnerable groups, and how it was different from and

similar to that of Only Child's parental caregiving. Then, I could identify the new findings from my study. Therefore, the findings can be connected to existing knowledge in sociology and health sciences. Also, I remained sensitive to ideas from sociology and health science. To enable this, I kept memos on how I understood meaning units using certain sociology theories, like system theories and life course theories. For example, for identifying meaning units related to participants taking care of their parents when they had health problems, I thought it was because participants needed to provide care as they were in the family system with their parents. When one member of the family came across challenges, the other family member needed to provide help. Next, I used these memos to remind myself not to blindly interpret the meaning units invoked.

3.5.3 Critical

To be critical refers to knowledge gained in this study that was critically considered (Giorgi, 2009). This required continuous self-criticism and self-appraisal of attitudes and practices. In achieving this, it is crucial to be reflexive about one's perceptions and how one came to have these perceptions.

Reflexivity refers to the researcher's conscious and deliberate effort to be clear of their participations and influences on the whole research process (Berger, 2015). At the initial stage of this research, my concerns of parental caregiving in the future as an Only Child inspires me to explore the phenomenon of Only Child's parental caregiving. I wanted to understand more about how Only Child thought about and felt about taking care of their parents, as a person who would not receive any help from siblings. At the stage of data collection, being a student of a university in Hong Kong, having a formal procedure of collecting

participants' writing consent, my age, being a native Cantonese speaker, and being an Only Child, greatly helped me to build up the rapport with participants. People from Guangzhou tended to believe that Hong Kong is a much more caring society, that cares about people's feelings and has more empathy on people's experiences. With this opinion, participants were more willing to share their experiences with me, as they thought that I cared and respected their experiences. Then, having a formal procedure of collecting participants' writing consent helped me to show participants that I respected and cared about their rights and well-being, I was serious about my interviews, and I was a well-trained researcher who cared about research ethics. I was born in 1984, which is a year in the late 70s and early 80s. In other words, I am in the same cohort with 14 participants. Participants tended to consider me as an insider of their group and became willing to share their stories with me. Later, Cantonese is my first language. As all participants chose to speak Cantonese in the interview, being a native speaker of Cantonese may give them a feeling that I belonged to their group—a local person in Guangzhou. Therefore, they were more willing to disclose themselves to me. Last but not the least, I am an Only Child. Although I did not disclose it to all participants, they were very possible to assume me as an Only Child, based on the situations that I was about their age and being a native Cantonese speaker. Hence, participants would be easier to share their experiences with me, who was considered to be one of them.

During the data collection, data analysis and report written process, I assumed a phenomenological attitude through bracketing all my pre-understandings and my own consciousness in phenomenology. For example, as an Only Child, I thought for my parents, my own life, and my husband when

considering how to take care of my parents when my mother had chronic conditions. In the data collection, data analysis, and report written, I bracketed my parental caregiving experiences and my consciousness through writing reflection journals and discussing with my supervisors. In supervision meetings, my supervisors questioned my assumptions. Then, I reflected on how my assumptions influenced my analysis on the data.

At the same time, I used embodiment as a strategy to use my common knowledge of living in a Chinese society to facilitate data analysis. Embodiment means that people know the world through their embodied actions, not merely disembodied intellectual manner (Merleau-Ponty, 1962). I used embodiment in understanding how participants were situated in the Chinese society.

I am a Chinese who grew up in a Chinese society. I learned the social values from my everyday life. During the data collection, my knowledge of the Chinese value helped me to understand what participants were talking about and what were their situations. For example, when P07 talked about traveling with parents, I knew that it is about taking good care of parents from my knowledge about Chinese social values.

I adopted four strategies to establish the trustworthiness of the critical aspect. First, I wrote reflection journals to record what my previous understandings were, on caregiving experiences, what were my concerns of parental caregiving, and what I cared most in parental caregiving, how I understood parental caregiving using my disciplinary knowledge and the changing process of my understandings, especially in the data collection and data analysis phases. For example, I wrote down how I thought about paying parents back through parental caregiving. Adult children may pay their parents back as a

response to the requirement of filial piety; they may also appreciate their parents' support and love, and paying parents back as a response to their appreciation. These reflective journals helped me to become aware of my previous understandings and to question where my understanding came from. By doing this, I was able to be open to participants' experiences as well as new understandings.

Second, I used my field notes to supplement my data analysis. When reading and analyzing the data, I referred to the field notes of the interview, which captured the participants' way of expression and emotional status, to consider whether my analysis was representing what the participants had really expressed. By doing this, I could critically scrutinize my interpretation of the data by myself.

Third, I was under the supervision of four supervisors, who gave me comments in every stage of the process via supervision meetings, emails, and written comments in the documents I had prepared. For example, at the very beginning, I wasn't aware of my unconscious pre-understandings. In the supervision meetings, my supervisors made me aware of my previous understanding of parental caregiving and then bracketed them by asking me questions, e.g., How did you generate this name? Where did this word come from? Later, I developed a list of my personal experiences and thoughts about parental caregiving, and a list of my disciplinary knowledge of parental caregiving. When I was engaged in transforming meaning units, I checked every item of these two lists to ensure that my interpretation of the meaning unit was not from any items of these two lists.

I validated my analyses with my supervisors using two strategies. First, I validated my analysis with my supervisors. My supervisors gave me comments on the identification on meaning units, the transformation of meaning units, and the determination of the structure. During this process, I also translated the transcripts into English to validate my analysis with supervisors, including one co-supervisor, who is an expert of phenomenology but speaks only English. My supervisors and I analyzed the first case together to identify my problems associated with my analysis at hand. Then, I analyzed the second case and sought comments from them. Soon, I basically mastered the techniques involved in the first three phrases of data analysis. Later, I analyzed the third case, and sought comments from supervisors again. Thus, the first three cases of my analysis were validated.

The validation of my analysis involved a language problem. Because the investigator and the interpreter's knowledge of the language used during data interpretation was important to establish trustworthiness of this study, I translated the transcripts by myself along with comments from people who were experts in both Cantonese and English and were working in the nursing discipline. I used a word-to-word translation approach to avoid my bias in the translation as much as possible. Next, certain, English experts and my chief supervisor verified my translations. I compared my own translation with the translations received from two English experts on the first case. My chief supervisor discussed the first transcript to validate the translation and corrected the mistakes discovered in the three different versions of the transcription. Next, the English experts checked the remaining two transcripts. I conducted the analysis based on the Cantonese transcription and then translated my analysis into English. At each supervision

meeting, to discuss my phenomenological thinking and analysis skills, at least one of my supervisors, who were nursing scholars and spoke both English and Cantonese, attended the meeting to comment and validate my translation. This minimized the language problems associated with validating my analysis presented in English.

Meanwhile, by collecting data from people in my personal network, especially friends with whom I had close relationship for years, I had introduced a risk into my study: I may not have bracketed my relationship with them during the data collection and analysis. Through the supervision meetings, my supervisors helped me to become more aware of my probable bias by asking me questions, commenting on the questions I asked in the interview, and sharing their opinions of my analysis. By doing this, I eventually managed to bracket my pre-understandings of the participants.

Four, I shared my progress in this study with my fellow students and sought their comments in student seminars and, lastly, through oral presentations at international or regional conferences. In the process, I gained constructive feedback from the audiences. I kept a record of these feedbacks. They enabled me to think from certain angles I had missed.

3.5.4 Methodical

To be methodical means that a regulated procedure is being adopted so that others can check how the researcher arrived at his or her findings (Giorgi, 2009). To fulfill this criterion, I adopted an audit trail. The phenomenological reflection process was also a self-exploration process. I closely examined my knowledge in my discipline, my personal experiences and assumptions about

parental caregiving, as well as my pre-understanding of the participants. While conceptualizing, I wrote down my own personal stories relating to the provision of care to my own parents. I also kept reflective journals of my assumptions and biases when transcribing interviews and reading descriptions on parental caregiving and on participants. I kept records of what the differences were between participants' caregiving experiences and mine as well as how I construed participants' caregiving activities. I kept records of how these experiences were changing my own understanding. I kept theoretical memos on how I understood certain concepts and how my thoughts were changing. For example, at the very beginning, I had believed that the mutual support between Only Child and their parents was an exchange, but later I realized that there was attachment in the parent-child dyad, so I thought of it as intergenerational solidarity. Also, I used Nvivo 8, which was designed by QSR international, to manage the data and keep records of my data analysis. In Nvivo files, I kept an audit trail of the identification of all meaning units, their descriptions, and the transformation by using the "copy" function of Nvivo 8, which helped me keep a file for every stage of data analysis. At the same time, I kept records of all methodological decisions, rationales, and discussion meetings. For example, how sampling changed with the recording of data analysis progression.

3.6 Ethics

To protect the wellbeing of individuals involved in the data collection of this study, I employed the principles stated in the World Medical Association Declaration of Helsinki (2008). The declaration stresses that the wellbeing of the participants must be prioritized over all other interests. The life, health, dignity,

integrity, right to self-determination, privacy, and confidentiality of every contact person, potential participants, and participants must be protected. I obtained an ethical approval from the Human Subjects Ethics Sub-Committee of The Hong Kong Polytechnic University. All participants took part voluntarily. A written informed consent was provided by each participant.

Participation was neither harmful in any way nor did it provide any immediate benefit. All participants were clearly informed in advance that this research had no commercial benefit. Participants were reminded that they could drop out from this study at any time without any consequences. Finally, all participant identities were kept anonymous from other people except me, and their personal information was kept confidential via codes decipherable only by me at the time of all publications and dissemination of findings to the public. I did not share any information about any individual's participation in this study with any contact persons and they did not have any information on the code I had given to a certain participant and the contents of the interview. The data collected (both tape recordings and transcriptions) were stored in a computer in a password protected mass storage device only known to me. Audio recordings were erased after verification of the transcription in Chinese and English. The transcriptions will be destroyed after seven years, as required by the Human Subjects Ethics Sub-Committee of The Hong Kong Polytechnic University.

The environment handling the data was kept confidential. All transcripts were accessible only to my supervisors and me. All documents related to raw data were transferred only through the email system of The Hong Kong Polytechnic University. I did not upload any documents of this study to any Internet storage device. I did not transfer and open these files on any other

computers beyond those I had used personally. Any computers used to open these files were not connected to any Internet storage device. For example, I did not open any of these files at any public settings, like the library of The Hong Kong Polytechnic University. Because I was handling the data also at home, I emphasized with my family members, especially my husband and my parents that they were not allowed to entre my room when I opened a file in my computer. Since my family members had experience in handling confidential documents before, they had no problem obeying this rule. Also, I locked my computer using password protection each time I left it.

Because I was using my personal network for participant recruitment, I paid special attention to protecting the autonomy, confidentiality, justice, and non-maleficence of family members and friends involved in this study. I explained to them that I would not consider them as unsupportive if they rejected my invitation. Also, participants, especially those who were relatives and friends of mine, would forget that they were in an interview and shared information that they would not regret after the interview. I adopted member check as a strategy to handle this issue. After each interview, I repeated the information shared in the interview with all participants, so they had a chance to think about whether they want to delete the information they shared. Further, all participants could drop out this study at any time—before, during or after the interview. They were told that they had the right to delete any information they shared in the interview.

At the same time, participation from all participants and potential participants was kept confidential, so the chances of peer or group pressure from others were low. Finally, with years of training in conducting exercises related to social studies, I respected other people's opinions, choices, and behaviors. I

could ensure that people involved in this study were treated fairly; even though I may not have endorsed their attitudes and behaviors. In the research proposal, I identified several strategies to handle special situations, including informant's tendency for self-harm, help seeking, and request for payment. While I conducted this study, I had not come across any of these situations.

During this study, I kept in mind my own need for safety and protection while collecting data in participants' homes or offices. I considered that using my personal network may have a negative impact on my connections with friends and family members. Therefore, I explained to my contact persons and potential participants that I fully respected their decisions and their difficulties in participating in the study, and tried to minimize disturbances to their routines. Second, contact persons and participants may request that I contact them even if they did not meet the purpose of my research study. For example, a participant requested I schedule more meetings with her because she found that it relieved some of her stress when talking with me. However, I had received no training in counseling during my education, and I had no knowledge of techniques to handle emotional problems. So, I turned down the request and told the participant that I could introduce a mental health professional to him/her if needed.

3.7 Conclusion

To develop an in-depth understanding of the phenomenon of parental caregiving from an Only Child perspective, I adopted descriptive phenomenology as the research method. I recruited participants from Guangzhou through convenience sampling, from my personal network. I conducted individual, face-to-face, and unstructured interviews to collect data. I analyzed

the data collected by applying Giorgi and Giorgi's (2003) four-phase approach. I bracketed my pre-understandings and exercised imaginative variations during the research process. I used general, systematic, critical, and methodical criteria to enhance the trustworthiness of my study. Being reflective, writing reflection journals, and collecting feedback from supervisors and others were the main strategies I adopted to ensure the trustworthiness of this study. I adopted the principles stated in the World Medical Association Declaration of Helsinki (2008), to protect the life, health, dignity, integrity, right to self-determination, privacy, and confidentiality of contact persons, potential participants, and participants in this study.

Chapter 4 Findings

This chapter presents the findings from this study. First, I describe the natural settings the participants were living in and provide their basic background information including their parents (e.g., gender, age, occupation, marital status, educational attainment and living arrangement). This is followed by a description of the overarching theme identified from the interviews "safeguarding self and parents from the challenging future brought upon by parents' ageing". Three sub-themes are then shared 1) moral awareness of parental caregiving as a way of being, 2) concern about the challenging situation in the present and future created by parents' ageing, and 3) knowledge of how to have a satisfying life as an Only Child. Next, I provide details of the three sub-themes and explain the relationships between them in order to identify the overarching theme. Finally, I summarize my findings.

4.1 Background information of participants and their parents

A total of 15 participants aged between 24 and 35 were recruited between August 2013 and November 2014. Six were women while nine were men. Eight were single, two married with no children, and the rest (n=5) married with one or two children. As for the participants who were single, six were living with their parents and the other two were living alone. Out of the participants who were married but childless, one was living with his or her spouse and parents-in-law; and the other was living with spouse while his or her mother lived with the couple on a regular basis. Among married participants with children, two were living with spouse, children, and parents; one was living with child and parents; one was living with spouse and children; while the other was living with child

and parents-in-law. All participants were living in the same city as their parents. One participant had graduated from high school, seven had higher diplomas, three bachelor degrees, two master degrees, and two doctoral degrees. One participant was a housewife and one was a student, while the other 13 had full-time jobs. Among these 15 participants, P01, P02, P03, P13, and P14 were recruited directly in my personal network. P01 and P02 were my relatives from my husband's family; P03 was one of my fellow students in my PhD study; and P13 as well as P14 were my close friends who I knew for more than 10 years. The other 10 participants were invited by contact persons. Further details concerning the participants can be found in Table 4. To ensure anonymity, participants' names and their references to other people were replaced by codes.

Table 5 Characteristics of participants and their parents

Participant	Age	Gender	Marital status	Number of Children	Living arrangement
P01	35	Female	Married	2	Spouse, children, and parents
P02	35	Female	Married	2	Spouse and children
P03	35	Male	Single	0	Parents
P04	31	Male	Married	1	Spouse, child, and mother-in-law
P05	29	Male	Single	0	Living alone
P06	35	Female	Married	1	Child, and parents
P07	28	Male	Single	0	Parents
P08	34	Female	Married	1	Spouse, children, and parents
P09	30	Male	Single	0	Parents
P10	30	Male	Single	0	Parents
P11	24	Male	Single	0	Parents
P12	28	Female	Married	0	Spouse, and parents-in-law
P13	28	Male	Single	0	Living alone
P14	29	Male	Married	0	Spouse, and mother occasionally
P15	29	Female	Single	0	Living with parents

Table 5 Characteristics of participants and their parents (continued)

Participant	Living distance with parents	Educational Attainment	Occupation
P01	In the same city	Bachelor	Housewife
P02	In the same city	Master	Officer in an investment bank
P03	In the same city	PhD	College teacher
P04	In the same city	Higher diploma	Staff of a stated-own-enterprise
P05	In the same city	Master	Student
P06	In the same city	Bachelor	Staff of a private-own-enterprise
P07	In the same city	Higher diploma	Student
P08	In the same city	Higher diploma	Securities of a private-own-enterprise
P09	In the same city	Higher diploma	Staff of a stated-own-enterprise
P10	In the same city	Higher diploma	Salesman
P11	In the same city	Higher diploma	Salesman
P12	In the same city	High school	Saleswoman
P13	In the same city	PhD	College teacher
P14	In the same city	Bachelor	Manager
P15	In the same city	Higher diploma	Staff of a stated-own-enterprise

Table 5 Characteristics of participants and their parents (continued)

Participant	Parents' age	Parents' marital status	Parents' health status
P01	60 or over	Married	Father had heart diseases
P02			Healthy, but did not have skills to do some housework
	60 or over	Separated	
P03	60 or over	Married	Father had cancer
P04	60 or over	Married	Both had chronic conditions
P05	60 or over	Married	Mother had knee problems
P06	60 or over	Married	Mother had hypertension
P07	60 or over	Married	Father had heart diseases
P08	60 or over	Married	Healthy
P09	60 or over	Married	Father was stroked
P10	60 or over	Married	Mother had cancer
P11			Father had depression, neck problems, and stomach problems
	Less than 60	Married	
P12	Less than 60	Married	Father was stroked
P13	Less than 60	Married	Healthy
P14			Healthy, but did not have skills to do some housework
	Less than 60	Divorced	
P15	Less than 60	Married	Mother had depression

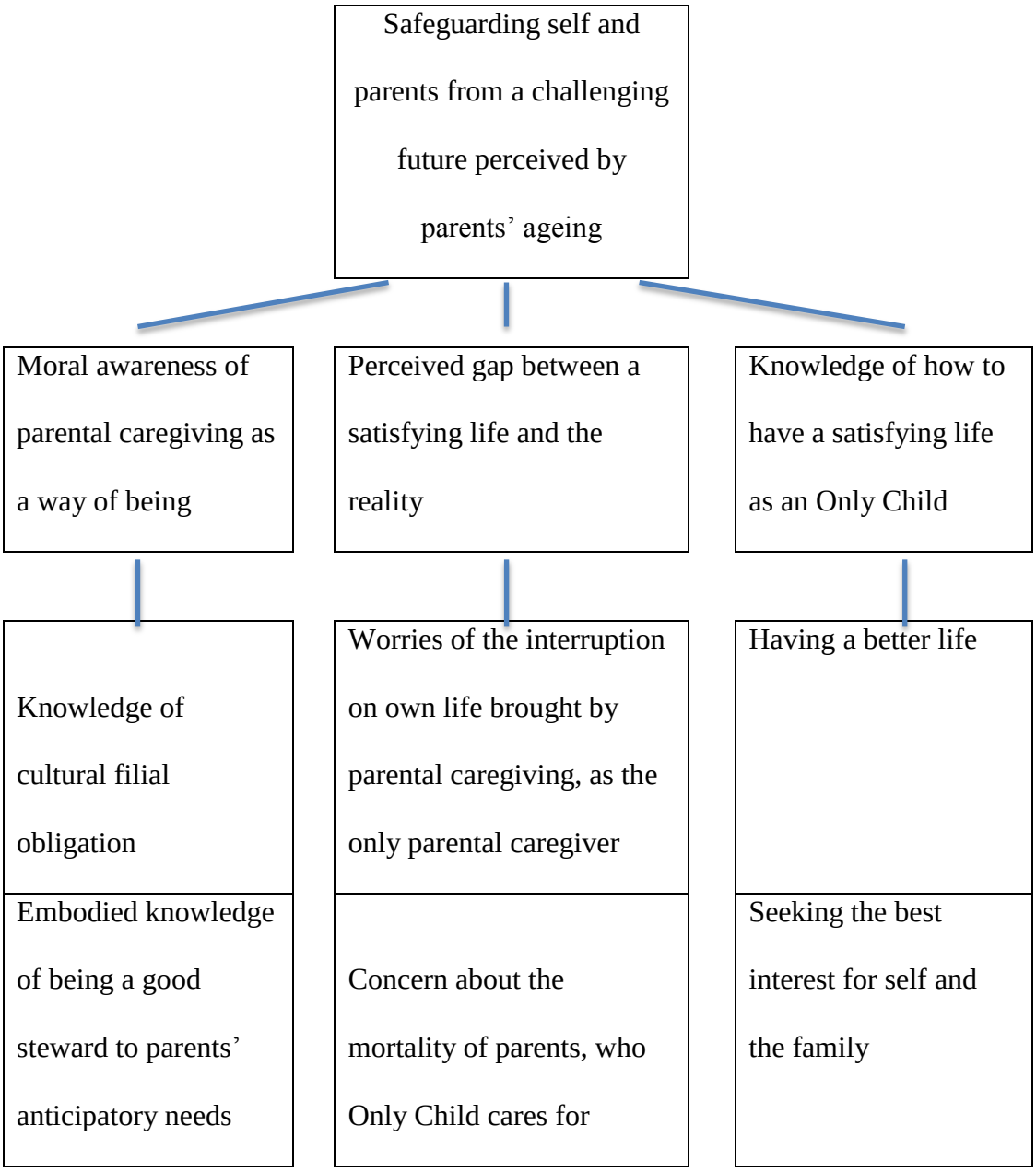
Majority of the participants' parents were of age 60 or over and the rest were between 55 to 60 years old. The parents of two of the participants were

unmarried (separated or divorced), while the other parents were married. Half of the parents had at least one chronic disease: hypertension, heart disease, stroke, cancer, and depression. At the time of my data collection, only one parent was functionally dependent. Two of the parents were "healthy" but were not able to perform certain daily activities, like cooking. Details of the parents' characteristics are presented in Table 5.

4.2 "Safeguarding self and parents from a challenging future perceived by parents' ageing"

In this section, I present three levels of findings, including the major theme, sub-themes, and parts of each sub-theme, which reflect different level of analysis of participants' sharing. The findings are presented by referring to one overarching theme concerning safeguarding self and parents from a challenging future perceived by parents' ageing. Participants justified what activities and concerns were parental caregiving in their mind. Their justification was facilitated by their moral awareness of what is the right thing to do for their parents, and self in the Chinese society, by their perceived gap between a satisfying life and the reality, and by their knowledge of how to have a satisfying life as an Only Child. This theme is characterized by three sub-themes: 1) Moral awareness of parental caregiving as a way of being, 2) perceived gap between a satisfying life and the reality, and 3) knowledge of how to have a satisfying life as an Only Child (Figure 4). Each sub-theme is divided into parts, since it makes sense when viewed from the totality of experience as discerned from the participants' narrations.

Figure 4 Findings emerged from the data



To these participants, safeguarding self and parents from a challenging future perceived by parents' ageing is how they convinced themselves that parental caregiving is ethically valued and meaningful to them:

> It is human, being human is like that, then, or my life, this is my value, my character was born like this…even in the worst situation, nursing home placement is my last step, things like nursing home…use only as

> the last resort, I won't make that move. Even if, how to say, after all, I am an only child, When there are real problems, I would rather quit my job, and support, support them until he or she leave, until the moment…The sooner she recovers, actually to me, eventually I am the one who is benefited. I am saying, no need to calculate, because when she is health, it is the happiest time of everyone [P06, L338-339, L496-498 L665-667,]

In the following three parts, I describe the three sub-themes in detail, based on the sharing of the respective participants. The word "parent" refers to "a person who is a father or a mother" (Merriam-Webster, 2016), and the word "family" refers to a unit in society traditionally consisting of one or two parents and their children.

4.2.1 "Moral awareness of parental caregiving as a way of being"

Participants came to know what parental caregiving was, from their awareness of strict ethical social expectations of parental caregiving to an adult child in the Chinese society. They were sensitive to what adult children were expected to be responsible for and how they should provide parental care. They cared how relatives, the community, and the society thought of them. Participants considered committing themselves to providing the necessary care for parents till the end of their lives, like the older generations did, as the right thing to do. P01 shared,

> We are family surely (I) should (provide care to my parents), I think it doesn't need a why, right?!...I except believe that they (P01's parents) would be miserable when placed in old age home, I quite care about

others would consider me not filial by leaving parents to nursing home. [P01, L315, L623-624]

Two features are of interest with regard to this sub-theme: 1) knowledge of cultural filial obligation, and 2) embodied knowledge of being a good steward to parents.

Knowledge of cultural filial obligation Participants were conscious about what was the right thing to do for an adult child in the current Chinese society. To participants, every Chinese had to shoulder the parental caregiver role till the end of parents' lives, no matter how their relationship with parents was, and how many siblings they had. From their knowledge of cultural filial obligation, participants were sensitive to their embodied understanding of parental caregiving. Many participants learned from their observations that every generation went through the same stage that parents were getting old and children were morally obligated to take care of their parents. To these participants, there was no need for reasoning or meaning to prove that they should provide parental care. For example, P13 confessed that he did not know what the meaning of parental caregiving was. To him, taking care of parents was instinctive, and he knew that he should do it.

> It is an instinct. There is no meaning. I am saying, huh, you are hard to think about it from a motivation. I am saying, very difficult to give, to label it a meaning. I am saying when you see those things, you just do it this way [P13, L127-132]

Some participants were clear that they do not have the freedom to shirk the parental caregiving responsibility, as they did not have the option to stay or quit the role of being a child to their parents. They were born to have the parental

caregiving duty. They therefore accepted their parental caregiver role. P02 shared,

> Like you go to work. Working hard is one of your responsibilities, but in the attitude, sometimes I slack, or if I don't feel happy at work, I can quit, I quit my job. Then, but, to parents, (I) cannot [P02, L719-725]

A few participants accepted that getting sick and frail when in the older age was a common situation for everyone. Under this situation, these participants thought that every child should go through the stage of taking care of their older parents who had physical health problems and functional limitations, as everyone at that stage did. For example, P12 explained,

> Surely old people get sick. It is certain. Everyone goes through this (parental caregiving). They (parents) went through the same at their time. Then, we, every generation has to go through this. [P12, L554-557]

Further, participants were aware that the traditional Chinese culture expected them to take good care of their parents in the old age of life, which was usual to gain the joy from the hardness of life before. Parental caregiving made sense to them due to their moral concern to fulfill these filial expectations. One participant confessed that he made sense of the fact that he should respond to the societal expectation and demonstrate filial piety by striving to strengthen his kinship with his parents. He explained,

> I think it is the Chinese tradition. It's when you parents get old, you should be filial. So, I think, from my understanding of maintenance, and from the perspective of filial piety. I think, it is more about eh moral, filial piety is the foundation of all virtues. Filial piety should be a moral excellence. A moral excellence. In ethics, I think in ethics, should be

> filial, it's hard to analyze why (we) should do that, but we're educated, from an ethical standpoint, naturally (we) do that [P14, L450-461]

Some participants shared that they cannot avoid the parental caregiving responsibility due to their moral obligation to fulfill their filial expectations of the traditional Chinese values, even when parental caregiving created a huge burden in their life. Take P09 for example. P09 cut off his daily expenses to pay back the money he borrowed from relatives for his father's medical expenses of treating him for stroke. P09 used the phrase "violating all the heavenly laws of morality and filial love" [P09, L664-665] to describe the situation of avoiding parental caregiving responsibility.

For a few participants, parental caregiving has been a source of guilt when they failed to provide care for their parents. They worried that they might not be valued or even accepted as a person by others, if they were not able to fulfill the requirements of filial piety. P07 expressed,

> Then, in front the relatives, you are not able to raise my head to be a human. I, as their son, not able to protect, I am saying not able to shoulder this responsibility, will lose much face. Indeed, lose much face [P07, L369-374]

Participants were aware that repaying parents for their support and love was looked upon as a common social value in the Chinese society. Majority of participants came to know parental caregiving from their appreciation towards parents' sacrifices in supporting and raising them in the past and present. Many of these participants described parental support as being wise, selfless, wholehearted and unconditional commitment. They were grateful for this support, and acknowledged that they had enjoyed a satisfying life throughout because of

their parents' support. How to respond to parents' supports mattered to these participants, when they thought about what their filial obligations were and how they were expected to fulfill these obligations. For example, in P03's opinion, he should take good care of his parents, who supported him as wholeheartedly and as unconditionally as possible. P03 shared,

> At that time, I remember my dad said, it's the laid off period. In the laid off you are, the government did not give him allowance… May be it meant a lot of money to him at that time, and he said at that time, "it doesn't matter. The most important thing is, studying abroad is meaningful to you, it is helpful for your personal development. I'll let you go even if I have to borrow money." …Then, indeed, you believe that your dad and mom devote a lot to you. Then as you, you need to pay them back, right?! [P03, L367-368; L381-386; L388-389]

P05 further stated that his sense of indebtedness to parents deeply structured his determination to pay parents back through parental caregiving. To this participant, his parents took care of him since the day he was born, and everything he has had so far, was given by his parents. They devoted their lives to taking care of him. With the sense of never being able to pay parents back for everything he received, P05 was committed to try his best in parental caregiving.

Majority of participants were aware of what was good parental care was from their traditional Chinese culture heritage. They knew what filial piety was Many of these participants reported that Chinese children were expected to be loyal and respectful to elders, and ensure parents a satisfying life in their older age of their lives. For example, P06 confessed that placing parents in a nursing home would made her parents feel horrible. P06 learned from her mother that

taking care of parents at home till the end of their lives was good parental care. Therefore, P06 was determined to take care of her parents at home even though she had to quit her job for it. In this example, P06 was clear about how to take good care of parents maintaining her filial expectations according to the Chinese society.

In addition, some of the participants emphasized that maintaining the emotional, and physical proximity was part of good care to parents. These participants made sense of good parental care from filial piety, which was a traditional filial obligation for Chinese adult children to fulfill. P03 shared his reasoning process of staying in the same city with parents to take good care of them. He reported,

> After all, the two elders are in Guangzhou. They're getting old and are in Guangzhou, family is crucial to choosing my job, the meaning of it, in the end I went back to Guangzhou. As I've just mentioned, lucky that I didn't go to Macau. If I went to Macau, I have no idea on how to deal with it. You have to work, and you would be not able to come back here. And dad was here and needed you to take care of. Especially at the crucial moment when (P03's father) needed most badly the care from family members, something not replaceable by health care workers. [P03, L116-122]

At the same time, for many participants parental caregiving was important from a familial obligation perspective in the Chinese societal norms. Many participants thought that sharing household problems with parents was what they should do as an adult child. P06 shared,

> Like when I get home after work, then need to do the laundry, these are all done by me, I am saying I try, after meals, to clean up, because they have done the first half part, and I do the half part left [P06, L582-590]

At the same time, to some participants, parental caregiving obligation applied to extended family as well, including grandparents, and parents-in-law. For example, when thinking about taking care of parents' physical health problems, P14 not only thought about his mother, but also his mother-in-law.

Embodied knowledge of being a good steward to parents With the moral awareness of filial obligation, participants were conscious about how to be a good steward to their parents, who were ageing. From their embodied knowledge of being a good steward to parents, participants came to know parents' needs and problems in the present and future, worried about the quality of care parents received, and concerns of the way it was provided to parents.

Participants came to parental caregiving from knowing needs of parental caregiving by understanding their parents' limitations and problems in their daily lives. They were aware that parental caregiving was based on parents' limitations and problems in the process of ageing. Take P03 for example. P03 realized that his father got old and needed care from him when hospitalized for cancer treatment. P03 shared,

> Actually I think, I am saying before he (P03's father) gets this (cancer), he can walk, can stand, and beat some tigers into death, then whether I provide care to him may not have big meanings…then, after that time, really really he realizes that he is old [P03, L117-118, L119]

P03's sharing revealed that it was his conscience that directed him to parental caregiving. He knew that as a cancer patient, his father needed his care.

A majority of participants were also sensitive to parents' limitations and problems from a psychological aspect, especially when parents experienced changes of in their social lives after retirement. For example, P04 was aware that his mother's social life after retirement would not be able to satisfy her psychological needs, that is they felt being needed. Therefore, P04 had become evermore committed to providing emotional support to his mother. P04 shared,

> It is older people's huh, a psychological need. He or she needs, some, cares him/her, need him/her. He or she needs. Because as you know, people with a job, have motivations, have stresses have motivations, because having missions, being needed. There is someone needs him/her to accomplish it...Seeking help from he or she is a good way. You have to, let them feel, he or she is needed. When you have some problems, you also have to ask he or she (father or mother), seek suggestions from he/she (father/mother). Then he or she (parents) has the feeling of being needed. Then, he or she (father or mother) would think the life is fulfilled [P04, L394-422]

Some participants were sensitive to parents' expectations towards their children. In their opinion, when they met parents' expectations, parents would feel respected and cared for, which gave them the satisfaction. Take P11 for example. P11's father expected him to work as a civil servant instead of being a salesman. To fulfill his father's expectation, P11 changed his job. P11 shared that by doing this, he was able to make his father happy which improved his physical and mental health condition.

Some participants were sensitive to their parents' social problems. These participants reported that their parents might not be able to have a satisfying

social life, as they did not know enough about the recent changes and news in the society due to their retirement status. For example, P14 explained new gadgets to his mother to facilitate her communication with friends. He shared,

> We now have many new words, lots of new gadgets. In fact, including the newspaper out parents read-there're modern terms that they don't understand. So you will teach her (mother). So she (mother) would know what is happening in the society, not about current events, but living of ordinary people. Then she (mother) would know what is happening. Like Guo Meimei (郭美美) (in Putonghua), then there would be many new terms, like Xi (喜) Da (大) Pu (普) Ben (奔) (in Putonghua). These Internet terms won't appear in the news. She (mother) doesn't understand, and you talk to her things like these, and that makes her (mother) know what is going one. Also, when she (mother) chats with her friends, she (mother) would think that there is a common topic [P14, L105-117]

Majority of participants were aware of the needs of parental caregiving by understanding their parents' functional limitations. These participants realized that parents' functional health might decline while ageing, and they worried that parents' routine would be interrupted if they had functional limitation. With this concern, these participants were sensitive to what parents cannot do for themselves, and then provided the help they needed. For example, P09 provided tangible supports, like bathing, to his father when he was not able to take care of his personal hygiene after stroke.

Some participants made sense of parental caregiving from their knowing of parents' needs in the health management aspect of life. When their parents were not able to manage their health adequately due to their ignorance and

unhealthy habits, these participants gave their parents supports. For example, when his father did not know how to manage his depression, P11 kept giving suggestions to his father about how to get over his depressive feelings and adopt a healthy lifestyle. P11 shared,

> Actually me and my old man (father) are very similar in a certain degree, many things, we tolerate by ourselves, we shoulder (them) alone, then let it go when it passes. The only difference between me and him is that (I) know how to release it…Because the times are different, in the past, the way of gaining knowledge is very limited, now it is different…how my old man (father) cannot find it, (I) have to help him to find the balance. [P11, L1287-1290, L1292, L1297]

From their embodied knowledge of being a good steward to parents, a few participants made sense of parental caregiving from their knowledge of their parents' financial needs. These participants provided financial support to their parents to improve their situation, when they noticed parents' difficulties caused by their financial limitations. For example, P15 noticed that her parents' cannot afford a suitable living environment, e,g, an apartment in a building with an elevator. Therefore, P15 brought her parents an apartment in a building with an elevator.

Also, many participants knew parental caregiving, as they understood parents' situation, that they were not able to receive the same care from others. In these participants' opinion, they were the only ones closest to parents, knew parents best, and cared for them the most. Therefore, others, including relatives, and informal health providers, were not able to provide care and love in the same way as they did. P06 shared,

> They (other people) would not provide care in the more thoughtful way…except me, then for example, saying like, counting on my husband, there is already a barrier of closeness. [P06, L819, L852-853]

Many participants shared that they were not born with the knowledge and understandings of parents' needs, and they understood parents' needs more and more by reflecting on their own experiences. Take P01 for example. P01 did not understand her parents' psychological needs of being a parent much at the beginning. However, she understood them much more, when she became a mother. Therefore, when P01 understood her parents' needs, she knew parental caregiving better, and then she performed it better.

Further, majority of participants also made sense of parental caregiving from their anticipatory concerns for parents' needs of ageing. These participants understood that during the ageing process, their parents might come across various difficulties. They knew parental caregiving when they were conscious about what they could do to prevent the situations for parents, which were difficult and foreseeable. For example, his mother would develop physical health problems because of staying awake to take care of his father at night. So, P03 hired a health care worker to do that in the hospital. He explained,

> For family member (mother), staying up late every night was not good for their health. Then in the end, [I] hired a health care worker, to take care of [dad] for us (mother and P03). [P03, L85-87]

Some participants were also conscious about their parents' potential psychological problems, especially loneliness. These participants realized that the physical distance with children might cause the feeling of loneliness for older people, who were retired and staying at home. These participants were concerned

that their parents could face physical and emotional deterioration due to loneliness. Therefore, parental caregiving became important when they realized that their presence could safeguard their parents from this situation. For example, P05 visited his parents on a regular basis to lend them emotional support, so that his parents would not suffer from loneliness-induced dementia as it had happened to his grandma before.

A few participants knew parental caregiving from their anticipatory concern for parents' functional problems. These participants were aware that their parents' functional health might decline when they got older and frailer. Under this situation, parental caregiving was about enhancing parents' performance in their daily activities. Take P13 for example. P13 was aware that, because his parents' health was declining with age, they would not be able to be functionally active for long, even though they were still capable of helping each other. P13 shared,

> Because (they (P13's parents) are) getting old together, right?! For example, they both are one, then when you subtract, subtract 0.3, the sum would not be larger than two. So I add something, to let the function becomes two. Both are getting old, you are getting old and I am getting old too. Their systems degenerate together, even if I can help you, the key is, the outcome would not be as good as when he or she was not old [P13, L630-638].

From their embodied knowledge of being a good steward to parents, majority of participants were sensitive about how parents could manage the household confusion in their everyday living. They knew parental caregiving meant lightening parents' burden, which was one of the natures of parental

caregiving activities. For example, P13 shared that doing the laundry was his mother's duty in the family. If he did the laundry for his mother, his mother would have fewer burdens.

Majority of participants made sense of parental caregiving from their knowledge of what made parents happy. To these participants, making parents happy was one of the ways of parental caregiving. Take P05 for example. P05 explored what happiness was and determined to give parents happiness through giving them psychological comfort. P05 shared,

> Really, to us, where is the roof of happiness. How can we make ourselves to feel happy. Actually, about happiness, not surely closely related to money, not closely related to name and position. The most fundamental happiness, is, you have what you capable of having. To parents, what else they can have other than their children?!...I will try to give parents happiness in the psychological aspect more, within my capacity. I will give them more such kind of happiness. So, I will try to, have time to accompany them more. [P05, L684-694, L710-716]

Also, many participants were sensitive to parents' habit and preference in their daily routine. To these participants, providing care in the way that would make parents comfortable and happy was a kind of parental caregiving. For example, P02 shared,

> You have to give a very strong supporting reason. You have to make her (P02's mother) feel that I am not making trouble to her; We are just helping each other. Then she would love to do. However, if you tell her to do this with the thought of seeking help from others, she would feel

painful, and she would not be willing to do. So, from the psychological aspect, need to give her reasons to seek help from others. [P02, L550-558]

In summary, participants made sense of parental caregiving from their awareness of the ethical social expectations for adult children in the Chinese society. They came to know parental caregiving from their knowledge of filial obligation in the Chinese society. As a child brought up in a Chinese society, participants were aware that parental caregiving was a normal practice. Also, participants understood that paying parents back was the right thing to do, especially when they acknowledged parental support and wanted to express their appreciations. Then, from their moral awareness of cultural filial obligation, participants became sensitive to their embodied knowledge of being a good steward to parents. They made sense of the need of parental caregiving from understanding parents' limitations and problems. They were thus conscious about how to improve parents' situations through parental caregiving. Participants knew that they were the only ones to know parents the best and cared for parents the most. Participants managed parental caregiving in a way that can safeguard parents' best interests.

4.2.2 "Perceived gap between a satisfying life and the reality"

Participants realized that their parents were transiting to the older adulthood, and would experience health decline and social role changes during this period. Participants knew that parents' health would decline and social role changes would influence their arrangement of daily living routine, especially in terms of time and energy. Participants made sense of parental caregiving from

their knowledge of what a satisfying life would be, which is about living a life as best as they could achieve and would not be interrupted.

> However, when not in good health or whatever, and when you can't do anything. In fact, I think this happens everywhere, hmm, work hand to mouth issue, absolutely, yeah, work hand to mouth, you cannot guarantee the basic living, and then, there comes the sickness, and there comes the issue of caretakers, and If you are not able to provide care, so you have to hire someone to provide care?! I think, it is more about the economic stress, If you have economic stress, surely you are stressful mentally…actually, saying stress is worry, worry something would happen on family members, that kind of stress [P08, L134-143, L178-179]

Two features are of interest with regard to this sub-theme: 1) worries about the interruption on own life brought by parental caregiving, as the only parental caregiver; and 2) concern about living without parents, who Only Child cared for.

Worries about the interruption on own life brought by parental caregiving, as the only parental caregiver. From their knowledge of a satisfying life, participants realized about their concerns regarding the difficulties created by parental caregiving in the present and future. They worried about the time, energy, and attention would be consumed and challenges would be created by parental caregiving. Participants made sense of parental caregiving from the caregiving burden. Participants reported that parental caregiving would most likely complicate their own lives. They were aware that they might not be capable of managing parental caregiving in way that would not create challenges in their own lives. When participants perceived that the caregiving demand was

beyond their capabilities, and their lives would be interrupted by parental caregiving, they complained that they were stressed, worried, and burden. P08 shared,

> Actually the so call stress is the worry. Worry that some would happen to family members. That kind of stress. Then surely, you, people's thinking is very simple, when you are sick, surely you want to have a cure, not caring about money, basically, as long as there's a solution, it is no problem. The scariest thing is, Hmm, I can only say, sometimes I can only say, I can't afford to get ill. Can't afford to have cancer. I see lots of people around me are in this situation. [P08, L178-187]

As individuals taking on multiple roles in life, most participants emphasized the caregiving burden created by the competing demands of the parental caregiver role and other roles in life. They confessed that they were not able to give up all other parts of their lives for parental caregiving and considered parental caregiving very tiring. For example, P02 had to take care of her mother, her own family, and her full-time job, all at the same time. Because she had a lot of things to handle every day, she found that she was always short of time. P02 explained,

> If just leaving those things behind, just taking care of mom wouldn't be overwhelming, I think it is what I should do. But when it comes to other things, that would be headache. Many things, you got to handle many things everyday [P02, L442-446]

A few participants experienced caregiving as a burden because of the complexity of caregiving. In these participants' opinion, parental caregiving would be complicated when parents lost their functional and cognitive health,

and they had to put in a lot of physical and mental effort to meet the caregiving demand. P10 shared,

> The self-will of elders, because his or her mental state, may not be as good as before, possible a bit dull, abstracted condition, forgetful all the time. Always act against you. [P10, L288-290]

In the meanwhile, participants reported the burden of being the only one to provide suitable care to parents. To these participants, no one else would know parents as well as they did, and no one else would care for parents as much as they did. Therefore, only they can only shoulder the parental caregiver role alone. Some participants expressed that they were overwhelmed because of being the solo parental caregiver. Take P15 for example. P15 expressed that she cannot stop wanting to have a sibling to share the parental caregiving duty together when her parents got sick together. P15 reported,

> I remember that I was at work when I received the phone call from my mom. Because (she-P17's mother) had been in fever for two days. Then my mom called me and said "I have to be detained for observation in the hospital tonight". At that moment my tears came out instantly. I was so scared I didn't know what was happening, because I had never been in this situation before. Actually, at that moment, I think it's not good to be the only child… what was my experiences of that happening, because at least when things happens in the future, or when dad and mom are here already, or whatever, you two brother and sister, at least have a brother or sister to discuss. [P15, L108-L115, L135-136]

Some participants expressed the feeling of losing control of their own lives. In these participants' opinion, the caregiving demand became heavier and

heavier, because their parents' health declined functionally and cognitively, as they aged. When their parents became more dependent on them for their daily chores, caregiving tasks became especially challenging to handle. These participants' were clear that they would not be in control of their own lives, especially with regard to the arrangement of time and money, when parents were in great need of care, while they were not willing to lose the control in life. For example, P01 confessed that parental caregiving would be stressful to her when her parents became dependent and needed P01 to be around all the time. P01 shared,

> I am saying, for example, I have to cook for them. I am not cooking everyday or every time. Then sometimes I go out. Sometimes I have meals with friends. Sometimes I go shopping. Then how about them?! Then they are still independent. Then they just cook by themselves. I am saying there is no problem. If you say when I go out, they would have nothing for meals. Then I have pressure. I am saying would be different, would be very different [P01, L394-401]

Concern about the mortality of parents, who Only Child cared for

From their knowledge of a satisfying life, participants cared about the role parents played in their lives. They were concerned about living without parents, who they cared for. Some participants made sense of parental caregiving from their fears about parents' mortality, when parents had serious health problems, like cancer. They knew that they were no longer able to live a satisfying life if their parents died from serious health problems. P03 shared,

> The feeling is, when he (father), the moment the surgery is done, I grabbed his hand, I was crying, it is a release of emotions, indeed, man

should not weep easily. But at that moment, I really, yeah. [P03, L438-441]

Further, participants made sense of parental caregiving from their intention to preserve their sense of security with parents. They cherished the feeling of security when having parents around. Participants valued their relationship with parents and understood the importance of parents to them. The moment they thought about parents' absence, their consciousness was directed to concerns about their lives in the future. Majority of participants considered parents to be the closest ones who gave them a sense of security and unconditional love. The moment these participants cared about their own well-being, they were concerned about who would give them the sense of security and unconditional love.

Some participants reported that they had an unswerving relationship with their parents, which they felt proud of and be secured with and were worried about losing it. They knew how complicated inter-personal relationships could be in the society, and were deeply aware that, as a child without a sibling, parents were the only ones they could trust totally. Also, by being in a busy society, they had limited time to develop emotional bonding with others. From their treasure of this bonding, they made sense of parental caregiving. They considered parents as the ones to have in-depth communications with, both in terms of professional and personal issues. For example, P11 shared:

> Because my life just has those two persons (P11's father and mother), going to work going off work, be back home, facing these two people, personal life, or colleagues in the company. Then, colleagues are just some strangers. Impossible to have in-depth emotional communication

> with you, because there is no time to do this…he or she (P11's father or mother) is one of the few persons I can show him or her my back…I am saying, basically, in the past, there were many children in the family, then you can have some to share with, but now, Only Child does not have [P11, L1256-1260, L1274, L1279-1282]

A few participants considered parents as the only ones providing them with a sense of home. In these participants' opinion, parents were the ones who can handle difficult situations with them or even for them in the family. Once parents pass away, no one else would do the same. From their knowledge of a satisfying life, these participants came to know parental caregiving was about preserving their sense of security with parents. For example, P09 shared,

> Actually, home gives me the feeling that there are dad and mom, or, yeah, at least, there are dad and mom, and three people in a family. To me that is home, it's not if anyone is missing, it is not complete. It does not give me that feeling [P09, L609-612]

A few participants reported that having parents to share their lives with made them feel secured. For example, P05, who was an artist, shared that he felt safe about having parents to share his work with. P05 expressed that even if no one showed interest in his work, he could still share his work with his parents. P05's story shows that he was aware that he needed parents' support to live a satisfying life. With this awareness, P05 tried to preserve his bonding with parents.

A few participants feared about losing parents because they were the ones who gave them the strength to overcome challenges in their lives. For example, P03 confessed that without the soup parents prepared and the emotional support

parents gave, he would not be able to overcome the challenges he came across in his new job. From his concern about living without parents, P03 came to know that parental caregiving was about preserving his sense of security.

Some participants emphasized their worries about of their parents dying, which would destroy their satisfying life. They understood that they were not able to maintain the same connection with their parents when their parents died, than when they were alive. They confessed that they needed their parents to be alive to give them the parent-child connection. To these participants, parents' lives were linked together with their own survival. That is how they realized that parental caregiving was about trying their best to keep their parents alive. P11 reported,

> So, when comes to issues of life. Why do you talk about being filial to parents, or helping parents, or treating them well? It's not, It's the only important thing for living in the world. You live a good life, and your only family member, and you are still here, this is too important. Because these people become less and less when they pass away. Once he or she passes away, it is gone. [P11, L1328-1330]

Some participants realized that their parents were the most important ones in their lives. Therefore, these participants were willing to make as much effort as they can, to help their parents. For example, to help her mother who was afflicted by depression, P15 called her mother's close friends again and again, to ask them to give company to her mother more often. In P15's opinion, all the challenges associated with seeking help from her mother's close friends were of minimal importance. Because her parents were the most important to her, P15 committed herself to helping them no matter what challenges she had to face.

P15 used the word “the most important” [L1390] to describe her parents’ place in her life. From her concern about living without parents, P15 came to know that parental caregiving was about preserving her life with parents that would give her the sense of security.

In summary, participants came to know parental caregiving from their perceived gap between a satisfying life and reality, as the only parental caregiver. To them a satisfying life depended on parents’ life, and health status, as well as the present moment of being with parents. Participants worried about difficult situations of parental caregiving, especially as an Only Child, who were not able to receive quality support from siblings. Also, when participants realized the importance of having parents in their lives, they worried about facing the future when parents were dead, and made sense of parental caregiving from preserving their sense of security with parents.

4.2.3 “Knowledge of how to live a satisfying life as an Only Child”

Participants made sense of parental caregiving from their knowledge of how to live a satisfying life as an Only Child. They considered facilitating parents and them to live a satisfying life was a nature of parental caregiving. P06 shared,

> The sooner she recovers, actually to me, ultimately I am the one who is benefited. I am saying, not necessary to calculate, because only if she is healthy, everyone would be in the happiest moment. Also, at the end…I am the one who is benefited… If they have quick recoveries, I don’t need to spend more time, right? I am saying, when everyone is in good shape,

it will become better and better, will not fall into the vicious circle. [P06, L657-659, L659-660]

This sub-theme consists of two parts: 1) Having a better life, and 2) seeking the best interest for self and the family.

Having a better life Participants justified parental caregiving through their awareness of having a better life. From having a better life, participants came to know that living life with parents at its best for the present moment was parental caregiving. They were aware that if they did not provide care at the present moment, they might lose the opportunity to enjoy the best moment with parents, whose health could become worse and worse. For example, P01 shared that taking good care of parents when they were still healthy was much better than providing care when they lose their health. This can give the whole family can have a happy time together. P01's sharing shows that P01 worried that the family may not have the chance to enjoy their lives together in the future, if she did not catch the present moment. Catching chance that the whole family could enjoy life together mattered to P01 in the moment that she justified her way of managing parental caregiving was facilitating the whole family to live a satisfying life.

Some participants further revealed that, they knew the effort they were putting into parental caregiving was worthwhile, because it made the family happy. For example, P06 confessed that if parents were happy, cutting her daily expenses to treat her parents for a nice meal in fancy restaurant was well worthy. P06 explained:

(It) is worth more than it costs, the happiness of family members. You are not able to buy many things with money…I think being happy is really

> really really the hardest thing, right? This, it life just about?! If (you are) not happy, you would not be happy with gold, and (would) not be happy with (own) apartment, right? [P06, L423-425, L448-451]

P06's sharing shows that she realized that parental caregiving was about enjoying her life with parents at the best moment. She became willing to make sacrifices, when she knew that she was managing parental caregiving in the right way of having a satisfying life.

To majority of participants, a close relationship with parents was equal to giving happiness of the family, which is a key to having the best moment. Therefore, participants were committed to having a close relationship with parents through parental caregiving. For example, P10 shared that when he spent more time in providing emotional support to his parents, in terms of communicating with his parents, he and his parents knew each other better and so got along well with each other. Therefore, P10 was determined to talk to his parents on a regular basis.

Take P11 for another example. P11 was disappointed that his father did not pay enough attention on him in his childhood, as his father had never come to his school parent meetings. Now, he was still not satisfied with his relationship with his father, as they shared little interest and his father did not show his love in the way P11 liked. P11 was eager to have a stronger bonding with his father. Therefore, P11 committed to help his father to manage his depressive symptoms. P11's sharing shows that from P11 knew that parental caregiving was about having a better relationship with parents from his knowledge of how to live a satisfying life.

Moreover, most participants made sense of parental caregiving from the situation of having a better self through parental caregiving. From having a better life, these participants were conscious about seeking approval of self. These participants wanted to be accepted and appreciated by both themselves and other people, including their parents. From their knowledge of how to have a satisfying life, they came to know that parental caregiving was about having a better self. With this awareness, they committed to devote their time, energy, and thoughts in taking good care of their parents. Many participants justified their activities as parental caregiving activities from their sense of sustainment, feeling of satisfaction, sense of growth, and meaning of life gained through those activities. For example, P07 confessed that with the commitment of making parents happy through parental caregiving, he developed a better perception of self, and felt good about that. He shared,

> Feeling so different. Seems more productive, (I) think myself. For example, (I) no longer think about playing all the time. I have done something meaningful, like earning money, supporting the family [P07, L266-274]

Take P10 for another example. P10 reported that he gained the feeling that he increased the status as he was the only care recipient in his relationship with his parents, when he provided care to them. He maintained the status that he and his parents supported each other. Without his awareness of having a better life, P10 would not be aware that have been able to realize that having a better self was a nature of parental caregiving.

Seeking the best interest for self and the family From their knowledge of how to have a satisfying life, participants cared about own life and parents'

well-being at the same time. Under this situation, parental caregiving created tension and getting into negotiations for participants. Participants understood that they were connected to parents as a part of the family or sharing the same family environment. They would be happy only if their parents were happy and healthy. Participants intended to balance their interest with parents, and sought the best interest for the family.

Some participants worried that the family's routine would be interrupted when parents had problems. Take P12 for example, P12 were aware that she had to take care of four elders in the future, including her parents and parents-in-law in the future. If she failed to handle parental caregiving, both her parents and she would be in difficult situations. Therefore, P12 chose to save money and make arrangement to prevent her parents' potential problems before intensive caregiving was needed.

From their intention to seek the best interest for the family, participants made sense of parental caregiving from balancing own interest with parents. Many participants confessed that they had concerns about their personal and professional lives while continuing to engage in parental care. In the meanwhile, they cared about the critical moment of their parents' lives, and committed to provide the necessary care. Therefore, they managed parental caregiving in a way that had less negative impacts on their lives while still providing the necessary care to parents. For example, to protect her personal life, P02 mainly used the daytime to take care of her mother, and left the nighttime for her own family. With such an arrangement, P02's life with her children and parents-in-law was not affected because of her parental caregiving role. Thus, P02 was able to take care of her mother continually.

Take P03 as another example. P03 mentioned that he wanted to provide better care to his parents in the present when he did not have his own family yet. He confessed that he might not be able to devote as much time and energy to parental caregiving as in the present when he was married and even had children. P03's sharing shows that he cared about his own life and parents' interests at the same time. He was trying to negotiate for the best interest of both his parents and himself.

One participant confessed that prioritizing his personal life prevented parental caregiving on his part, for at the moment his parents were not in crisis. This participant reported that whenever he was facing a critical moment in his life and his parents were not facing serious problems, he chose to focus on his own life and spend less energy on parental caregiving. To this participant, this arrangement was able to have the best interest of the family, because he enhanced his own well-being, while his parents' interest was not jeopardized by this arrangement. P05 shared,

> Last year I went to Tibet with my parents, but this year, my mom could only go with my cousin's family to Xian, I cannot squeeze any time at all. I am going to graduate; I have been busy with many things, (I am) not able to leave those things there [P05, L147-153]

A few participants tried to provide care in a way that could lighten their burden at the same time balancing his own interests and that of parents'. For instance, P02 encouraged and facilitated in having her mother in seeking help from other people, so that P02 could save a trip to her mother's place to handle whatever problem her mother had. Because P02 intended to continue with parental caregiving, she tried to manage it in a way more convenient to herself.

One participant intended to keep parental caregiving expectations realistic to avoid discomfort. P05 understood that he could never become capable of taking care of his parents as well as he wanted to, and he would feel bad if he failed. Therefore, P05 intended to keep his expectations of parental caregiving realistic and worked hard to meet them. In this case, P05 would have fewer occasions to feel bad about his own unmet expectations. These participants understood that, only by managing parental caregiving in a way acceptable to themselves, would they be able to continue with caregiving.

Owing to concerns about their limited capacities, many participants chose different strategies to provide the care parents needed, as a balance of own interest and that of parents. For example, P03 had to work long hours as a new academic staff member in a university and was not able to offer the time needed to provide tangible care to his father who was in the hospital. Hence, P03 hired a health care worker to provide tangible care while moving on to a coordinating role and paying the bills, and then visited his father every day after work.

A few participants experienced conflict between their knowledge of good parental caregiving and their limited capacity to provide it. Therefore, they tried to manage parental caregiving in a way that parents' most important needs could be met within their limited capacity, to balance own interest and that of parents. For example, P12 was aware that it was impractical to assume that she would be with her parents all the time to provide care whenever needed, as they would be spending most of their time alone at home. Hence, P12 considered placing her parents in a nursing home when they become very old, because that would ensure their instrumental comfort and care. They will be tended to in a timely manner. P12 explained,

> At least it is better than being alone at home. It is very dangerous. You, at least when you stumble, and fall, at least there are health workers or someone beside you to seek help for you, better than at home. Not able to seek help when something happened. Then, you are back, even if you go back home twice a week, it will be late when you arrive and something has happened to him or her [P12, L292-296]

Moreover, from their intention of seeking the best interest of the family, the many participants highlighted that being prepared for the future parental caregiving needs to prevent the burden in the future was an important aspect of parental caregiving. In these participants' opinion, within their limited capacity, they were not capable of taking good care of parents. Therefore, they saved money for parents' medical expenses and making plans about how to manage parental caregiving in the future. For example, P07 shared,

> (P12's husband says)"your dad is in such a situation, and your family finance isn't good, you should save the money, I mean we, two of us, should save some money, after all, we have four elders to take care of", then at that time, I totally agreed with him [P12, L857-860]

P12's sharing reveals that she was aware that if she did not save money for parental caregiving expense in the present, she might have financial burden in the future. From P12's knowledge of how to have a satisfying life, she realized that parental caregiving was being prepared in the present for such needs in the future to prevent caregiving burden.

In summary, participants made sense of parental caregiving from their knowledge of how to live a satisfying life. They were conscious about having a better life. To them, parental caregiving was about living life with parents at its

best, for the present moment, especially when they thought that parents' health might decline in the future. Participants also made sense of parental caregiving from having a better self, in terms of seeking self-approval through taking good care of parents. Further, participants realized that parental caregiving was about seeking the best interest of the family. They tried to balance parental caregiving and their own lives, in terms of managing parental caregiving in ways that they felt relatively comfortable with. With the awareness of their limitations, participants made early preparation and adopted alternatives as supplements to their limited capacity, to provide the necessary care.

4.3 Summary

To participants, parental caregiving was about safeguarding the family's best interest, and wellbeing. They were aware that they should shoulder the parental caregiving role, which was a moral obligation. They understood parental caregiving from an adult child's filial obligations in the Chinese society. Also, from their moral awareness of filial obligation, participants realized that parental caregiving was about being a good steward to parents. They made sense of parental caregiving from knowing its needs by understanding parents' limitations and problems. They justified what was parental caregiving from their embodied knowledge of the characteristics of being a good steward to parents.

Further, participants realized parental caregiving from their perceived gap between a satisfying life and their reality. Participants were concerned about their burden and emotional heaviness led by parental caregiving, as the sole parental caregiver. Also, participants were conscious about their lives without parents. Participants feared about losing parents in the present as well as the

future, as they cared about parents the most and parents played a crucial role in their lives.

Lastly, participants came to know parental caregiving from their knowledge of how to live a satisfying life. Participants realized that parental caregiving was about having a better life, in terms of enjoying life with parents at its best moment and gaining approval of becoming a qualified and better person. Also, participants knew that parental caregiving was about seeking the best interest of the family. They were not willing to jeopardize the well-being of anyone in the family and tried to negotiate for the best interest of the family. They understood that they had to take good care of parents while maintaining their own interest at the same time, by using alternative strategies to provide care and had early preparation for future caregiving needs.

Chapter 5 Discussions

This chapter discusses a range of issues and observations arising from this study. First, I relate the findings to the current literature to discuss how an Only Child conceptualises and understands the essence of parental caregiving, and compare these observations with system theory, intergenerational models, and exchange theory. Later, two limitations of the present study are identified and some suggestions to overcome them are mentioned. Finally, I discuss the implications of this study from the perspectives of social policy and services, as well as for future research.

5.1 The essence of parental caregiving from Only Child's perspective

5.1.1 Moral awareness and parental caregiving

This study reveals that an Only Child's moral awareness of parental caregiving as a way of being facilitates the Only Child in justifying the values and meanings of parental caregiving. To an Only Child, parental caregiving is the right thing to do, as a child or as a human-being: it is unconditional, and it is a commitment. Taking care of parents is more than a socio-cultural expectation, it is the nature of being.

An Only Child's moral awareness of parental caregiving as a way of being is structured by his or her knowledge of cultural filial obligations. An Only Child's knowledge of cultural filial obligations reflects his or her awareness of his or her filial obligations and his or her need to protect self-interest. The Only Child understands that he or she has an obligation to take care of his or her parents and that he or she will be subject to social punishment if he or she fails to

fulfil this obligation. The Only Child's knowledge of cultural filial obligation reflects the Only Child's normative and self-interest considerations. Silverstein, Conroy, and Gans (2012) propose the concept of moral capital to understanding the solidarity, reciprocity, and altruism of providing care to parents. Moral capital serves as a bridge between children's normative orientations and their transactional motives; it transmits values from one generation to the next, and it is a motivation for parental caregiving (Silverstein, Conroy, & Gans, 2012). An Only Child's knowledge of cultural filial obligation connects his or her normative and self-interest considerations, acting as moral capital. However, an Only Child's knowledge of cultural filial obligations only implies that the Only Child is socialised by past generations regarding their obligation of parental caregiving, but it does not indicate that an Only Child passes the familial values to the next generation as an investment in the future. Also, knowledge of cultural filial obligation is not a motivation for parental caregiving for an Only Child. Rather, it helps the Only Child to make sense of what parental caregiving means.

An Only Child's embodied knowledge of being a good steward of his or her parents facilitates the Only Child in making sense of his or her knowledge of cultural filial obligations and of the essence of parental caregiving. An Only Child's embodied knowledge of being a good carer to his or her parents implies that the Only Child is socialised to accept the Chinese socio-cultural values that demand that children should take good care of their parents in a holistic way.

An Only Child's awareness of his or her embodied knowledge of how to be a good steward to his or her parents is facilitated by his or her awareness and anticipation of the parents' needs in a holistic way. In the current literature, children's awareness and anticipation of their parents' needs are usually

considered as part of the general motivation for parental caregiving in various populations (Ghazi-Tabatabaei & Karimi, 2011; Gui & Koropeckyi-Cox, 2016; Merz, Schuengel, & Schulze, 2009; Shi, 2011). This study further reveals that an Only Child's awareness and anticipation of his or her parents' needs facilitates the Only Child in justifying the value and meaning of parental caregiving.

Family structure, in terms of number of siblings, plays an important role in an Only Child's knowledge of how to a good carer to his or her parents. An Only Child knows what the right thing to do is because he or she is an Only Child. The number of siblings is conceptualised as a predictor of children's participation in parental caregiving (Lorca & Ponce, 2015). The findings of this study further reveal that the absence of siblings helps the Only Child to understand and embody parental caregiving.

5.1.2 Parental caregiving and Only Child's perceived gap between a satisfying life and the reality of his or her life

The findings of this study show that the perceived gap between a satisfying life and the reality of life helps the Only Child to identify the essence of parental caregiving. The perceived gap between a satisfying life and the reality of a person's life reveals the Only Child's worries over the problems that arise as a result of parents' ageing and his or her concerns regarding his or her own happiness. Children's perceived gap between a desired life and the reality is mentioned in family life stage theory (White & Klein, 2008). According to family life stage theory, because of the decline in health, including physical, functional, and cognitive aspects, ageing parents may not be able to play their usual caregiver role in the family, and they become the care recipient of the

family. With the intention of maintaining balance in the family, adult children take upon themselves the caregiver role for the family (White & Klein, 2008). Children's perceived gap between a desired life and the reality of their lives serves as a motivation for parental caregiving (White & Klein, 2008). This study reveals that the perceived gap between the desired life and the reality of life can also be understood as an aspect of parental caregiving for the Only Child.

Worries arise over the disruption to one's own life brought about by parental caregiving as the only parental caregiver facilitate the Only Child in making sense of the perceived gap between a satisfying life and the reality of life. In the current literature, children's worries over the interruption to one's own life brought about by parental caregiving are often conceptualised as negative aspects of parental caregiving that hinder children's participation in parental caregiving (Dhar, 2012; Harris & Long, 1999). However, the situation of being an Only Child facilitates the Only Child's awareness of his or her concerns regarding interruptions to his or her own life as a result of parental caregiving. Similar to findings reported from a Chinese Only Child population (Gui-Koropeckyj-Cox, 2016), being an Only Child obliges children to shoulder the parental caregiver role, and an Only Child does not have a choice to give the parental caregiver role to a sibling. Therefore, an Only Child's worries about the interruption to his or her own life as a result of parental caregiving involving conflicts between the Only Child's personal interests and his or her natural state of being a child and a human being.

An Only Child's knowledge of the perceived gap between a satisfying life and real life is also facilitated by his or her concerns about the mortality of the parents, whom he or she cares for. These findings reveal that an Only Child

cares for his or her parents and needs his or her parents. An Only Child is aware that he or she would be unhappy if his or her parents died. In the current literature, children's affective quality of intergenerational relation with parents is conceptualised as affective solidarity in the intergenerational solidarity model and serves as a motivation for parental caregiving (Bangtson & Roberts, 1991; Ganong & Coleman, 2005). At the same time, being an Only Child plays an important role in the Only Child's awareness of his or her concerns about the mortality of his or her parents. An Only Child has a sense of how important parents are as a result of having no siblings. Moreover, an Only Child's care and need for his or her parents implies an exchange between children and parents. From the exchange theory's perspective, reciprocity is understood as a normative expectation, and it requires and motivates individuals to support parents because of the imbalance in the exchange relation (Jervis, Boland, & Fickenscher, 2010; Lorca & Ponce, 2015). However, the findings of this study show that an Only Child's affective quality of intergenerational relation with his or her parents is not merely a motivation. It structures parental caregiving, and acts in such a way that it helps the Only Child to justify parental caregiving as parental caregiving.

5.1.3 Parental caregiving and Only Child's knowledge of how to have a satisfying life as an Only Child

An Only Child makes sense of the essence of parental caregiving from his or her knowledge of how to have a satisfying life as an Only Child. To an Only Child, a satisfying life means living a life with parents in a holistic way. An Only Child's knowledge of how to have a satisfying life reflects his or her awareness of his or her familial connection with parents and his or her intention to cope successfully with parental caregiving. From the aspect of system theory,

families are systems, because they are structures with interrelated and interdependent elements; they exhibit coherent behaviours; they have regular interactions (Turner, 2003). All parts in the family system are interconnected (White & Klein, 2008). For example, the level of caregiving burden for children depends on their parents' health status (Karantzas, Evans, & Foddy, 2010). Children are aware that they have to successfully adjust their role in the family to cope with the changes brought by parents' ageing. In this situation, children' awareness of their family connection with parents, and their intention to cope with parental caregiving, serve as motivations for parental caregiving (White & Klein, 2008). The findings of this study provide a more in-depth understanding of these issues. To an Only Child, his or her awareness of the family connection with parents and the intention to cope with parental caregiving facilitate him orher in justifying the values and the meaning of parental caregiving, and help him or her to identify the essence of parental caregiving.

Having a better life facilitates an Only Child's understanding of how to have a satisfying life with his or her parents. In the current literature, having a better life is usually understood as the positive impact and motivation of parental caregiving (Andreoni, 1990; Lan, 2002; Lopez Hartmann et al., 2016; Merz et al., 2009; Petrowski & Stein, 2016). Furthermore, an Only Child's awareness of the effect of taking good care of his or her parents helps the Only Child to makes sense of having a better life. An Only Child's awareness of the effect of taking good care of parents implies that the Only Child uses a family system perspective to think about parental caregiving.

Seeking the best interests of the self and the family facilitate an Only Child's knowledge of how to have a satisfying life with his or her parents.

Seeking the best outcome for the self and the family reveals the Only Child's desire to balance parental caregiving and self-interest. The Only Child is willing to sacrifice personal interest to have a better family life with his or her parents. In the current literature, children's sacrifices or efforts devoted to parental caregiving are often understood from the exchange perspective (Gans & Silverstein, 2006; Martire, Stephens, & Townsend, 2000; Wang, 2008). Children think of the benefit they gained or will gain in the exchange relationship. However, in this study, when an Only Child makes sacrifices, he or she is acting in the interest of the whole family, rather than only his or her personal interest. These findings show another perspective on how adult children may see their personal sacrifice in parental caregiving.

5.1.4 Safeguarding and parental caregiving

In the current literature, "To safeguard something or someone means to protect them from being harmed, lost, or badly treated" (Collins, 2017). The idea of safeguarding is usually used in the literature in relation to protecting the ecosystem, policy making, and family caregiving (Baginsky & Macpherson, 2005; Charles & Horwath, 2009; Fernbarl & Papacharissi, 2007; Figueres et al., 2017; Gossling, 1999; Healy, 2004). In a broader sense, protecting the ecosystem is a human being's way of caring for the ecosystem; making policies to safeguard people's rights and safety is governmental caregiving to vulnerable groups. In the area of safeguarding the ecosystem, safeguarding is mainly about protection. Human beings control their own activities to protect biodiversity and the climate from being harmed (Gossling, 1999; Figueres et al., 2017). For policy makers and health care service providers, safeguarding is a broader concept.

Safeguarding refers to both promoting the welfare of individuals and protecting them from harm (Charity Commission for England and Wales, 2014). In the area of ecosystem protection and policy making, safeguarding serves as the goal or purpose of caregiving (Baginsky & Macpherson, 2005; Charles & Horwath, 2009; Fernbarl & Papacharissi, 2007; Figueres et al., 2017; Gossling, 1999; Healy, 2004).

In Chinese society, safeguarding older people's well-being is the goal of filial piety (Braun & Browne, 1998; Cao & Gao, 2008; Yao, 1998). In the Agricultural society older people were not able to work and had to rely on their children for material support. Filial piety helped to ensure that older people were able to receive the necessary support from their children to maintain their lives (Cao & Gao, 2008). Eventually, adult children supporting their older parents became a common social practice that was lasting, inevitable, and regular (Yao, 1998). When adult children failed to take good care of their parents, their mistakes could be viewed as being the fault of the entire family and could bring shame on the whole family (Braun & Browne, 1998).

In this study, the essence of parental caregiving is safeguarding self and parents from a challenging future perceived by parents' ageing. To an Only Child, safeguarding means protecting the family's welfare from harm and promoting the family's welfare. The Only Child and his or her parents are the ones that the Only Child intends to safeguard from the challenging situation brought about by parents ageing. An Only Child adopts a system-wide approach to understanding the family's interest. He or she cares about the family's interest, from not only the social expectation of being collectively but also from the standpoint of how he or she can be benefit from the welfare of the family. An Only Child cares

about maintaining the function and happiness of the whole family. He or she values how a happy family life can guarantee his or her well-being and the wellbeing of his or her parents in a holistic way. Therefore, safeguarding is not merely a goal of parental caregiving for the Only Child. It is how the Only Child comes to know that parental caregiving is parental caregiving.

5.1.5 Summary

The findings of this study provide a more in-depth understanding of parental caregiving from the Only Child's perspective. Rather than knowledge about the process of parental caregiving, such as motivations and implications, this study explores the essence of parental caregiving. This knowledge helps us to comprehend the nature of the parental caregiving phenomenon. The essence of parental caregiving shows that Only Child makes sense of what is the right thing to do from the family level point-of-view, in terms of what is the best arrangement for the whole family. Furthermore, being an Only Child plays an important role in an Only Child's awareness of parental caregiving. It enables the Only Child to be aware of his or her obligations and of the need to take good care of one's parents.

5.2 Limitations

Two limitations of the work reported in this chapter are worth mentioning. First, this study only succeeded in recruiting Only Child with specific characteristics, including living in the same city as his or her parents and being an urban resident. In these circumstances, the phenomenon of parental caregiving in one-child families may not be fully captured in this study. Parental caregiving

in one-child families in rural areas and the long-distance care provided in some one-child families are not described.

Second, my prior understanding of the participants may not have been fully bracketed during data collection. Five participants were friends and family members. I had heard about some other contacts prior to the study. Naturally, I had some preconceptions about each of these participants. I may not have been interviewing them with a "blank slate". For example, I had known that one participant did not have a good relationship with his father. During the interview, in an effort to protect this participant's well-being, I worried that talking about his father might make him uncomfortable. So, I was extremely cautious whenever I referred to his father. As a result, the participant may not have shared all his parental caregiving experiences. To balance the aim of collecting all the data with the need to protect the participants' welfare, I adopted three communication strategies. At the beginning, I told all participants that it is not necessary for them to answer questions that made them feel uncomfortable. Then, during the interviews, when a participant refused to answer certain questions, I stopped asking. Finally, for questions that could be upsetting to the participant, I explained to the participants that the question was being asked to collect data for scientific research and that there was no personal agenda behind the question.

5.3 Implications

5.3.1 Implications for social service and policy

Since knowledge about how an Only Child makes sense of parental caregiving in his or her everyday life is limited, the phenomenon of parental caregiving in the one-child family is not fully conceptualised. For this reason, I

used descriptive phenomenology to explore the Only Child's lived experience of taking care of his or her ageing parents. The findings of this study provide knowledge about how an Only Child justifies the values and meanings of parental caregiving. This knowledge is valuable in evaluating and developing social services and policies in the social, familial, and individual level. This study mainly provides insights on the implications for social services and policies as to how to coordinate formal and informal care in supporting one-child families, as well as how to enhance holistic care for the Only Child and for one-child families.

The coordination of formal and informal care This study reveals that an Only Child's capacity for parental caregiving is limited in terms of caregiving knowledge and skills, as well as resources. However, when it comes to parents' well-being, the Only Child considers him or her to be the most suitable person to take care of his or her parents, and to provide psychological support to his or her parents. At the same time, the Only Child's parents want to be taken care of by their Only Child (Feng, 2006). Therefore, a task-specific model, which proposes that different types of care should be provided judging each case on its merits (Litwak, 1985), will be suitable to coordinate formal and informal care for the Only Child and for one-child families. Formal care should cover physical care, which requires technical knowledge and skills that need professional training; while the Only Child should be responsible for providing psychological support, which could hardly be offered by formal care services in a way that would match the support offered by the Only child. Facilitating social services and the Only Child to share the caregiving tasks for the Only Child's parents, according to

their strengths and limitations, could be helpful in achieving a better use of resources to support one-child families.

As the formal care services for older people in Mainland China are still underdeveloped and not able to satisfy older people's needs (Lou & Ci, 2016; Xue et al., 2016; Zhou & Walker, 2016), the government should devote additional financial resources and additional social resources for the development of social services, including community health care services, transitional care services, and residential care services, to provide better physical care for older people. Qualified health care professionals, especially community nurses and social workers, should be properly trained and paid reasonable salaries.

At the same time, the Only Child, who is responsible for providing informal psychological support, should receive support to enhance his or her capacity for parental caregiving. The capacity includes the opportunity to provide the care and skills of caregiving. In the aspect of caregiving opportunity, social policy that supports the Only Child in having a flexible working schedule is needed. Recently, five provinces are discussing the policy about giving Only Children time off for parental caregiving (The People's Government of Sichuan Province, 2017). As the one-child policy had also been implemented in other provinces, policies that facilitate the Only Child to have more opportunities in terms of time for parental caregiving should receive attention and should be discussed at a national level. In addition, support to caregivers is still lacking in Mainland China. An Only Child can experience difficult feelings in parental caregiving and needs social supports, especially training to handle his or her emotional difficulties as well as to cope with the competing demands between parental caregiving and other aspects of his or her life. Social services are needed

to educate and prepare Only Children for parental caregiving, especially providing psychological supports according to his or her parents' needs and preference.

Enhancing holistic care for the Only Child and Only Child parents

The findings of this study show that a satisfying life should be holistic from the Only Child's perspective. An Only Child intends to live a holistic satisfying life, and wants his or her parents to do the same. Therefore, Watson's theory of caring, which emphasises the holistic approach of caring (Watson, 2002), can be applied to suitable development of social services for the Only Child. Watson's theory of caring is appropriate to apply to the situations of both supporting caregivers and caring patients (Gonen Senturk, Kucukguclu, & Watson, 2017; Lukose, 2011). According to Watson (2002), individuals should be cared for in physical, psychological, cultural, and spiritual dimensions. Watson's theory of caring provides guidance for policy makers and social service providers to better support the Only Child and Only Child parents on two levels, how to take care of an Only Child, and how to facilitate the Only Child in taking care of his or her parents.

In the aspect of taking care of an Only Child, who is caregiver of his or her parents, Watson's theory of caring is helpful in two aspects: preparing policy makers and social services providers to support the Only Child, and designing programs to take care of the Only Child. First, empathy to the care receiving individual is valued in the concept of transpersonal caring relationship and the Clinical Caritas Processes (Gonen Senturk, Kucukguclu, & Watson, 2017). According to the concept of transpersonal caring relationship, care providers should approach individuals sensitively, harmoniously, respectfully, in a friendly

manner, ethically, and empathically in a caring relationship. Also, knowing and accepting individual's feelings serve as one factor of the Caritas Process (Gonen Senturk, Kucukguclu, & Watson, 2017). Therefore, empathetic understanding of the Only Child's situations and feelings is important in preparing policy makers and social service providers. Policy makers and social services providers have to understand that an Only Child cares about living a happy life together with his or her parents through parental caregiving. Lectures about the Only Child's parental caregiving experiences delivered by scholars who have in-depth and comprehensive understanding of the Only Child's parental caregiving experiences are needed. Alternatively, an experience-sharing program that invites Only Children to share their parental caregiving experiences with service providers will be helpful.

Second, treating the Only Child as a whole person, especially by paying attention to the mental, physical, and spiritual dimensions, is important in the Clinical Caritas Processes, which are the core of caring and healing (Gonen Senturk, Kucukguclu, & Watson, 2017; Lukose, 2011). Therefore, social service providers, when designing programs for the Only Child, should consider the Only Child's situation from a holistic approach, instead of only focusing on a certain aspect. Social service providers have to understand the conflicts the Only Child faces and that it is the Only Child who decides what is the right thing to do and what is the best arrangement for the whole family.

Third, to be healed, caregivers need an opportunity to know their feelings and to share them with trustworthy others, as they experience the emotional burden of caregiving (Gonen Senturk, Kucukguclu, & Watson, 2017). However, at present, the Only Child receives limited formal support from the social

services. Programs that facilitate the Only Child recognising and sharing his or her feelings of taking care of his or her parents are needed.

Fourth, the Only Child needs opportunities to access formal supports for him or her, especially from social workers, who can provide counselling services, and nurses, who can offer knowledge about diseases. However, the Only Child may not be able to spare the time from work to communicate with social workers and nurses during working hours. Therefore, multiple communication methods should be used to better support the Only Child. For example, social service providers could set up WeChat accounts, which are operated by social workers and nurses, to communicate with the Only Child after working hours.

In the aspect of facilitating the Only Child in taking care of his or her parents, Watson' theory of caring provides insights about developing and maintaining the transpersonal caring relationship in the Only Child-parent dyads. During the caring-healing process, love and care from the caregiver are most important for the inner healing of both the care recipient and the caregiver (Lukose, 2011; Watson, 2008). In the role of caregivers, nurses and the Only Child are different in two aspects. First, nurses receive professional training in caring and healing, while the Only Child seldom has such training. Second, the Only Child already has a connection with his or her parents, irrespective of whether it is solid, conflicted, or ambivalent, while nurses seldom have similar connections with their patients. Furthermore, filial piety provides the Only Child with guidance about how to respect his or her parents, but not how to have empathy towards his or her parents' situations. Therefore, the Only Child needs to understand the importance of the transpersonal caring relationship between him or her and his or her parents, and should learn the skills to develop and

maintain it. Programs that teach the Only Child how to have empathy towards his or her parents' situations, how to love and care for his or her parents in a caregiving situation will be needed.

5.3.2 Implications for research

Five implications are noteworthy. The first pertains to the finding that the Only Child in this study expresses a commitment to parental caregiving at the present time, when his or her parents still have good physical and cognitive health. With the passage of time, the Only Child may develop a different perception of parental caregiving when his or her parents become older and more dependent. Therefore, longitudinal studies are needed to follow up on the changes in the Only Child's perceptions. For example, a study about an Only Child's lived experiences of parental caregiving, five years later, would be helpful in knowing about how informed the Only Child is about parental caregiving.

Second, this study has revealed that living a satisfying life with one's parents plays an important role in the Only Child's way of knowing about parental caregiving. In the meantime, an Only Child may also live an interdependent life with his or her parents-in-law. This study only focuses on the Only Child's caregiving to his or her parents, and pays limited attention to the Only Child's experiences of taking care of his or her parents-in-law. Therefore, future studies could investigate the Only Child's caregiving experiences with both parents and parents-in-law.

Third, this study has revealed that the Only Child has special concerns and difficulties while taking good care of his or her parents continually. These

findings have provided a foundation for future intervention studies concerning the Only Child and one-child families. For example, there could be interventions to teach the Only Child to cope with the parental caregiver role, or interventions to improve the Only Child's skills for providing care in a holistic way. Such intervention studies should enhance the knowledge available to social service providers who aim to better support the Only Child and one-child families.

Fourth, the findings of this study indicate that family's best interests play a significant role in the Only Child's knowledge regarding parental caregiving. In this situation, a study to further explore the Only Child's understanding of the family's best interests, studies to investigate how the Only Child and his or her parents negotiate the best interests of the family, are needed to better understand the phenomenon of parental caregiving in one-child families.

Fifth, this study shows that being an Only Child plays an important role in the Only Child's awareness of parental caregiving. However, previous studies explored the model of adult children's understanding of filial obligation, attachment to parents, and caregiving experiences, but seldom included whether being an Only Child is also a factor. The findings of this study show that quantitative studies exploring models about adult children's parental caregiving experiences should pay more attention to the situation of being an Only Child.

Chapter 6 Conclusion

This is the first study to describe the lived experience of the Only Child's parental caregiving in Chinese society by utilising descriptive phenomenology. Descriptive phenomenology is helpful in giving meaningful consideration to the contexts faced by the Only Child generation, especially being in a one-child family, facing conflicts between Chinese culture and western culture, and having parents who are transitioning to older stages of life, while exploring how an Only Child makes sense of parental caregiving. This study reveals that the essence of parental caregiving for the Only Child, who was born under the "one child policy" in China, is the need to safeguard oneself and one's parents from a challenging future involving the parents' ageing. The understanding helps the Only Child to justify the values and meanings of parental caregiving. What was significantly noticeable is that the Only Child, when making sense of parental caregiving, thinks about what would be the best arrangement for the whole family. He or she justified the values and meaning of parental caregiving.

Knowledge of the essence of parental caregiving from the Only Child's perspective helps to provide a more in-depth understanding of the phenomenology of parental caregiving, when compared to knowledge about the process of parental caregiving. This knowledge is meaningful to further conceptualise the phenomenology of parental caregiving. Furthermore, this study provides an empathetic understanding of parental caregiving experiences of the Only Child, which has become a large and important population in Chinese society in recent decades. This empathetic understanding is helpful in developing

tailor made social policies and social services to better support the Only Child and one-child families, when facing the challenges perceived by parents' ageing.

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Appendix 1 Results of quality appraisal of the quantitative studies

Item	Feng et al (2016)	Shi (2011)	Song & Huang (2011)	Xu (2018)
1. Relevance to the needs of the project	Y	Y	Y	Y
2. Whether address a clearly focus issue	Y	Y	Y	Y
3. Method	Y	Y	Y	Y
4. Representative of the sample	N	N	N	N
5. Considerations on confounding and bias	N	N	N	N
6. Presentation of tables/graphs	N	Y	Y	Y
7. Data analysis approach	Y	Y	Y	Y
8. Transferability	Y	Y	Y	Y
9. Considerations on important outcomes	Y	Y	Y	Y

Appendix 1 Results of quality appraisal of the quantitative studies (continued)

Item	Song et al. (2012)	Szinovacz & Davey (2012)	Wakabayashi & Donato (2006)	Wang et al. (2001)
1. Relevance to the needs of the project	Y	Y	Y	Y
2. Whether address a clearly focus issue	Y	Y	Y	Y
3. Method	Y	Y	Y	Y
4. Representative of the sample	N	N	N	N
5. Considerations on confounding and bias	N	Y	N	Y
6. Presentation of tables/graphs	N	Y	Y	Y
7. Data analysis approach	Y	Y	Y	Y
8. Transferability	Y	Y	Y	Y
9. Considerations on important outcomes	Y	Y	Y	Y

Appendix 2 Results of quality appraisal of the qualitative studies

Items	Gui & Koropeckyi-Cox (2016)	Guo (2007)	Liu (2008)	Tu (2016)
1. Was there a clear statement of the aims of the research?	Y	Y	Y	Y
1.1 What was the goal of the research?	Y	Y	Y	Y
1.2 Why it was important?	Y	Y	Y	Y
1.3 Its relevance	Y	Y	Y	Y
2. Is a qualitative methodology appropriate?	Y	Y	Y	Y
2.1 If the research seeks to interpret or illuminate the action and/or subjective experiences of research participants?	Y	Y	Y	Y
2.2 Is qualitative research the right methodology for addressing the research goal?	Y	Y	Y	Y
3. Was the research design appropriate to address the aims of the research?	Y	Can't tell N, no information about the research design, only provided qualitative data, in terms of case description	Y	Y
3.1 It the researcher has justified the research design (have they discussed how they decided which method to use?)	N		N	N
4. Was the recruitment strategy appropriate to the aims of the research?	Can’t tell	Can’t tell	Can’t tell	Can’t tell
4.1 If the researcher had explained how the participants were selected	Y	N	Y	Y

Appendix 2 Results of quality appraisal of the qualitative studies (continued)

Items	Gui & Koropeckyi-Cox (2016)	Guo (2007)	Liu (2008)	Tu (2016)
4.2 If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study?	N, no explanation on why Montreal is a suitable setting	N, no information about inclusion and exclusion criteria	Y	N
4.3 If there are any discussions around recruitment (why some people chose not to take part)	N	N	N	N
5. Was the data collected in a way that addressed the research issue?	Can't tell	Can't tell, no information about data collection	Can't tell	Can't tell
5.1 If the setting for data collection was justified?	N	N	N	N
5.2 If it is clear how data were collected ?	Y	N	Y	Y
5.3 If the researcher had justified the methods chosen	N	N	Y	N
5.4 If the researcher had made the methods explicit (for interview method, it there an indication of how interviews were conducted or did they use a topic guide)?	Y	N	Y	N
5.5 If methods were modified during the study. if so, has the researcher explained how and why?	N	N	N	N

Appendix 2 Results of quality appraisal of the qualitative studies (continued)

Items	Gui & Koropeckyi -Cox (2016)	Guo (2007)	Liu (2008)	Tu (2016)
5.6 If the form of data is clear?	Y	N	Y	Y
5.7 If the researcher had discussed saturation of data	N	N	N	N
6. Has the relationship between researcher and participants been adequately considered?	Can't tell	Can't tell	Y	Can't tell
6.1 If the researcher critically examined their own role, potential bias and influence during	Can't tell	Can't tell	Y	Can't tell
6.1.1 Formulation of the research questions	Can't tell	Can't tell	Y	Can't tell
6.1.2 Data collection, including sampling recruitment and choice of location	Can't tell	Can't tell	Y	Can't tell
6.2 How the researcher responded to events during the study and whether they considered the implication of any changes in the research design	Can't tell	Can't tell	Can't tell	Can't tell
7. Have ethical issues been taken into consideration?	Can't tell	Can't tell	Can't tell	Can't tell
7.1 If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained	N	N	N	N
7.2 If the researcher has discussed issues raised by the study (during and after the study)	N	N	Y	N
7.3 If approval has been sought from the ethics committee	Can't tell	Can't tell	Can't tell	Can't tell

Appendix 2 Results of quality appraisal of the qualitative studies (continued)

Items	Gui & Koropeckyi-Cox (2016)	Guo (2007)	Liu (2008)	Tu (2016)
8. Was the data analysis sufficiently rigorous?	Can't tell	Can't tell, provided no information about data analysis	Can't tell	Can't tell
8.1 If there is an in-depth description of the analysis process	N	N	N	N
8.2 If the thematic analysis is used. If so, is it clear how the categories/themes were derived from the data?	N	N	N, not used thematic analysis	N
8.3 Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process	N	N	N	N
8.4 If sufficient data are presented to support the findings	Y	N	Y	Y
8.5 To what extent contradictory data are taken into account	Can't tell	Can't tell	Can't tell	Y
8.6 Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation	Can't tell	Can't tell	Y	Can't tell
9. Is there a clear statement of findings	N	N	Y	Y
9.1 If the findings are explicit	Y	Y	Y	Y

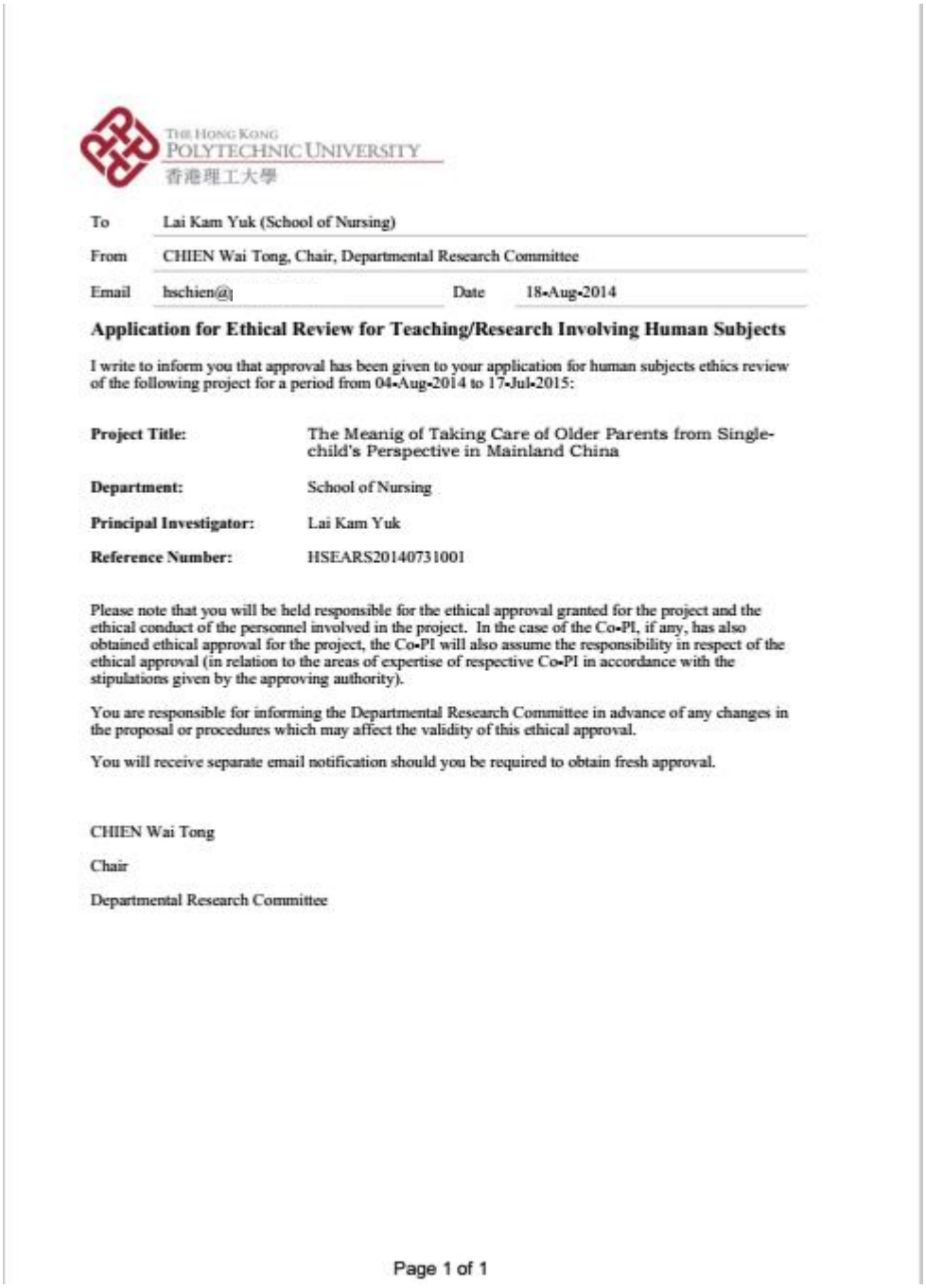
Appendix 2 Results of quality appraisal of the qualitative studies (continued)

Items	Gui & Koropeckyi-Cox (2016)	Guo (2007)	Liu (2008)	Tu (2016)
9.2 If there is adequate discussion of evidence both for and against the researchers arguments	Y	Y	Y	Y
9.3 If the researcher discussed the credibility of their findings	N	N	N	N
9.4 If the findings are discussed in relation to the original research question	Y	Y	Y	Y
10. How valuable is the research	Y	Y	Y	Y
10.1 If the researcher discusses the contribution the study makes to existing knowledge or understandings (practice, policy, literature?)	Y	Y	Y	Y
10.2 If they identify new areas where research is necessary	Y	N	N	N
10.3 If the researcher have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used	Y	N	N	N

Appendix 3 Results of quality appraisal of the mixed methods studies

Items	Deutsch (2006)
1. Describe the justification for using a mixed methods approach to the research question	N
2. Describe the design in terms of the purpose, priority and sequence of methods	N
3. Describe each method in terms of sampling, data collection and analysis	Not enough information
4. Describe where integration has occurred, how it has occurred and who has participated in it	Not enough Information
5. Describe any limitation of one method associated with the present of the other method	Not enough information
6. Describe any insights gained from mixing or integrating methods	Y

Appendix 4 Ethical Approval Letter



THE HONG KONG POLYTECHNIC UNIVERSITY
香港理工大學

To Lai Kam Yuk (School of Nursing)

From CHIEN Wai Tong, Chair, Departmental Research Committee

Email hschien@ Date 18-Aug-2014

Application for Ethical Review for Teaching/Research Involving Human Subjects

I write to inform you that approval has been given to your application for human subjects ethics review of the following project for a period from 04-Aug-2014 to 17-Jul-2015:

Project Title: The Meanig of Taking Care of Older Parents from Single-child's Perspective in Mainland China

Department: School of Nursing

Principal Investigator: Lai Kam Yuk

Reference Number: HSEARS20140731001

Please note that you will be held responsible for the ethical approval granted for the project and the ethical conduct of the personnel involved in the project. In the case of the Co-PI, if any, has also obtained ethical approval for the project, the Co-PI will also assume the responsibility in respect of the ethical approval (in relation to the areas of expertise of respective Co-PI in accordance with the stipulations given by the approving authority).

You are responsible for informing the Departmental Research Committee in advance of any changes in the proposal or procedures which may affect the validity of this ethical approval.

You will receive separate email notification should you be required to obtain fresh approval.

CHIEN Wai Tong

Chair

Departmental Research Committee

Page 1 of 1

Appendix 5 Information Sheet (English and Chinese)

THE HONG KONG
POLYTECHNIC UNIVERSITY
香港理工大學
護理學院
School of Nursing

香港 九龍 紅磡
Hung Hom Kowloon Hong Kong

INFORMATION SHEET

THE MEANING OF TAKING CARE OF OLDER PARENTS FROM SINGLE-CHILD'S PERSPECTIVE IN MAINLAND CHINA

You are invited to participate in a study conducted by Zhang Yu, who is a PhD student of the School of Nursing at The Hong Kong Polytechnic University. Professor Claudia Lai (School of Nursing, The Hong Kong Polytechnic University) is Zhang Yu's supervisor and the principle investigator of this research. The project has been approved by the Human Subjects Ethics Sub-committee (HSESC) of The Hong Kong Polytechnic University.

The aim of this study is to explore the meaning of taking care of older parents from single-child's perspective in mainland. Previous studies noticed that single-child believed that taking care of older parents is their responsibility but they expressed difficulties in fulfilling this responsibility. Comprehensive understanding of elder care issues from a single-child's perspective could offer insight to the crucial element of the challenge faced, information can be provided to society, the government, and NGOs relating to this issue. In-depth interview is the data collection method. Your personal information is required for this study, including age, gender, marital status, educational achievement, occupation, income level, duration of providing care, chronic illness of care recipient, and care recipient's functional abilities.

Your well-being is the primary concern of this study. The time and location of the interview will be decided with your agreement, and your preference has priority. The subject of the interview is experiences of providing care to older parents, the interview will be led by you, you may stop and withdraw from the interview at any time. The length of the interview depends on the data collected, usually lasting for 30 to 90 minutes, you can stop and withdraw from the interview at any time. An additional interview or more might be scheduled

if needed be, as mentioned, you may withdraw from the process at any time you wish.

This study should not result in any undue discomfort. All information related to you will remain confidential, information will be identifiable by codes only known to the researchers, and will only be used in academic related activities. You have every right to question any part of the procedure and withdraw at any time without penalty of any kind.

If you would like more information about this study, please contact Ms Zhang Yu (tel: 852-34003804, email: sn.yuzhang@) or Prof. Claudia Lai (tel: 852-27666544, email:hsclai@inet.polyu.edu.hk).

If you have any complaints about the conduct of this research study, please do not hesitate to contact Dr Virginia Cheng, Secretary of the Human Subjects Ethics Sub-Committee of The Hong Kong Polytechnic University in person or in writing (c/o Research Office of the University).

Thank you for your interest in participating in this study.

Prof. Claudia Lai
Principal Investigator

Zhang Yu

THE HONG KONG
POLYTECHNIC UNIVERSITY
香港理工大學
護理學院
School of Nursing

香港 九龍 紅磡
Hung Hom Kowloon Hong Kong

研究详情

有关“照顾老年父母对独生子女的意义”研究计划

本人张聿（香港理工大学护理学院博士研究生）在进行一项有关老年独生子女父母家庭照顾的研究，诚挚邀请阁下参加。香港理工大学护理学院赖锦玉教授是张聿的导师及该研究的负责人。该研究得到香港理工大学人类课题道德下属委员会的批准。

该研究的目的是理解照顾正在进入老年期的父母对独生子女家庭的意义。以往的研究发现，独生子女认为照顾父母是她们的责任与义务，但同时也对此表示困难。深入了解正在照顾老年父母的独生子女的观点，可以发掘问题的关键所在，从而为社会及各相关部门机构提供信息。该研究以深度访谈的方式收集数据。同时，为了增进对阁下的了解，该研究要求阁下提供以下基本资料：年龄、性别、婚姻状况、教育程度、退休前的职业、收入水平，提供照顾的时间（照顾者）、被照顾者的疾病、以及被照顾者的自我照顾能力。

在收集资料的过程中，一切以保护阁下的利益为原则。深度访谈的时间与地点会在征得阁下同意的情况下决定，并以阁下的意愿优先。 访谈的内容以阁下对独生子女家庭老年人照顾的经验和感受为主，访谈由阁下主导，阁下可以在任何时候暂停或终止访谈。访谈的时间长度视资料收集的进展而定，一般会在 30 至 90 分钟，阁下可以在任何时候暂停或终止访谈。若有需要，访问的次数可能为两次或更多， 阁下可以在任何时候终止访谈。

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Hung Hom Kowloon Hong Kong

该研究不会引起任何身体与心理上的不适。该研究所收集的资料及阁下的个人信息将会得到保密并进限于学术用途。在研究过程中，阁下有权力提出问题，并在任何时候退出研究而不会受到任何不正常的待遇或者责任追究。

如阁下对该研究有任何问题，欢迎联络张聿（电话号码：852-34003804，电子邮箱：sn.yuzhang@ ）或赖锦玉教授（电话号码：852-27666544，电子邮箱：hsclai@ ）。

如阁下对该研究有任何不满，请以亲临或书信形式与香港理工大学人类课题道德下属委员会秘书郑小姐联系（地址：香港理工大学研究事物处转交）

感谢阁下的参与！

研究员：赖锦玉

张聿

Appendix 6 Consent Form (English and Chinese)

THE HONG KONG POLYTECHNIC UNIVERSITY
香港理工大學
護理學院
School of Nursing
香港 九龍 紅磡
Hung Hom Kowloon Hong Kong

CONSENT TO PARTICIPATE IN RESEARCH

THE MEANING OF TAKING CARE OF OLDER PARENTS FROM SINGLE-CHILD'S PERSPECTIVE IN MAINLAND CHINA

I _____ hereby consent to participate in the captioned research conducted by Zhang Yu (PhD student, School of Nursing, The Hong Kong Polytechnic University). Prof. Claudia Lai (Professor, School of Nursing, The Hong Kong Polytechnic University) is Zhang Yu' s supervisor and the principle investigator of this research.

I understand that information obtained from this research may be used in future research and published. I authorize the researcher to record my voice during the interview. However, my right to privacy will be retained, information I provided can only be used in academic related activities.

The procedure as set out in the attached information sheet has been fully explained. I understand the benefits and risks involved. My participation in the project is voluntary.

I acknowledge that I have the right to question any part of the procedure and can withdraw at any time without penalty of any kind.

Name of participant	
Signature of participant	
Name of researcher	
Signature of researcher	
Date	

THE HONG KONG
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香港理工大學
護理學院
School of Nursing
香港 九龍 紅磡
Hung Hom Kowloon Hong Kong

参与研究同意书
“照顾老年父母对独生子女的意义”研究计划

本人 _____ 同意参加由香港理工大学护理学院博士研究生张聿负责的“照顾老年父母对独生子女的意义”研究。香港理工大学护理学院赖锦玉教授是张聿的导师及该研究的负责人。

本人明白该研究所收集的资料可能用于研究和学术交流，并同意在访问的过程中对话被录音。但是，本人有保护自己隐私的权力，本人的个人资料仅限用于学术用途，不能被公开。

本人清楚该研究的步骤及内容。本人理解当中涉及的利益及风险，本人是自愿参与该项研究的。

在研究过程中，本人有权力提出问题，并在任何时候退出研究而不会受到任何惩罚。

参加者姓名：	
参加者签名：	
研究人员姓名：	
研究人员签名：	
日期：	

Appendix7 Interview guideline

Interview Guideline

A interview guideline is developed to collection data for the research question "what is the meaning of taking care of older parents from single child's perspective in Mainland China?". According to the research question, the main question is "could you please share the meaning of taking care of your father/mother to you". Some informants might have difficulties to answer the main question directly and clearly at the beginning. Probing questions will be asked to facilitate their narratives. Probing questions are "how do you feel about taking care of your father/mother?" and "in what situation do you begin to take care of your father/mother?". Also, some informants might provide brief answers to questions. Three probing questions are prepared to facilitate informants to share their narratives concretely. These probing questions are 1) "what make you think this way?"; 2) "could you please give me an example?"; and 3) what is your most impressive experiences of this?".

All interviews will be conducted in Cantonese or Putonghua by the researcher. The researcher will firstly introduce himself/herself, the purposes of the interview, and details of the interview to the informant again. The introduction will be "你好，我是张聿，我是香港理工大学护理学院的博士研究生。非常感谢你参加这项研究。这次访问的目的是了解照顾老年父母对你的意义。为了方便我整理资料，我们的对话将会被录音，录音是保密的。如果你同意，我会开始录音。". Then the researcher will ask warm up questions to lead the information to the topic of the interview. The warm up question will be "你照顾左你爸爸／妈妈几耐？". The main question"可不可以分享一下照顾你爸爸／妈妈对你的意义呢？". Probing questions will be asked when the informant has difficulties in answering the main

questions. The probing questions include 1)"照顾**左你爸爸**／妈妈甘耐．你觉得点啊？"; 2)"你在什么情况底下开始照顾你的爸爸／妈妈呢？"; 3)" 系什么令到你有这种想法的呢？"; 4) "可不可以举个例子呢？"; and 5)"系做方面．有什么事情令你映像特别深刻？". When the informant finishes his/her narratives, the researcher will collect informant's demographic data, if these data are not shared during the interview. The demographic data include age, gender, marital status, number of children, educational level, occupation, and monthly income. When all data are collected, the researcher will close the interview by "谢谢你的分享．这次访问现在结束了".