

The Influence of Culture on the Experiences of Korean, Korean American, and Caucasian - American Family Caregivers of Frail Older Adults: A Literature Review

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Purpose. The purpose of this review is to explore cultural influences on the experiences of Korean, Korean American, and Caucasian American family caregivers caring for frail older adults in terms of the selection of a primary caregiver, caregiving motivation, support/help-seeking, and negative emotional responses (depression and burden).

Methods. Seven electronic databases were searched to retrieve studies from 1966 to 2005. Thirty-two studies were identified.

Results. This review supported cultural influences on the selection of primary caregiver, caregiving motivation, and support/help-seeking among the three caregiver groups. In Korean caregivers, the major primary caregivers were daughters-in-law while among Korean American and Caucasian American caregivers, the major primary caregivers were daughters or spouses. As a major caregiving motivation, Caucasian American caregivers reported filial affection while Korean caregivers and Korean American caregivers reported filial obligation. Korean caregivers reported higher extended family support, while Caucasian American caregivers reported higher utilization of formal support. Korean caregivers showed the highest levels of depression followed by Korean American caregivers and Caucasian American caregivers.

Conclusion. In order to develop culturally appropriate interventions and policies, more research is needed to further explain these differences among the three groups, especially regarding support/help-seeking and negative emotional responses.

Key Words : Caregiver, Culture, Korean, Korean-American, Caucasian-American

INTRODUCTION

As the size of the frail older adult population increases, family caregiving is becoming a more important issue. Caring for frail older relatives has been regarded as both a challenging and rewarding experience. Recently, some published literature reviews have revealed that cul-

ture influences the experiences of family caregivers (Aranda & Knight, 1997; Connell & Gibson, 1997; Dilworth-Anderson, Williams, & Gibson, 2002; Janevic & Connell, 2001).

Culture is located inside a human's head, not outside (De Munck, 2000). Cognitive anthropologists view that "culture consists of the mental ordering of personal experiences into templates or schemas that are used to in-

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terpret sensory input and generate appropriate behaviors in any given situation” (De Munck, 2000, p. 22). Culture has five properties: sharedness, thematicity, durability in the individual, historical durability, and motivational force (Strauss & Quinn, 1997). D’Andrade (1992) argued that culture is linked to human behavior through motivation.

Korean family caregivers are known to preserve the traditional Korean norms of familism and filial piety which are not frequently exhibited by Caucasian American family caregivers. Familism and filial piety, which are based on Confucianism, are the central values among Korean family caregivers despite social changes during last several decades (K. Sung, 2001). Familism stresses family harmony, family solidarity, and family reciprocity rather than individuality. Filial piety puts an emphasis on “family-centered care” and taking care of parents as a form of respect and repayment (K. Sung, 2001, p. 70).

Korean Americans are a fast growing ethnic group in the United States. According to the U.S. census (2000), there are 1.2 million Korean American people in the United States, a significant increase over the population of 70,000 in 1970. Among them, 864,125 (72%) Korean residents are foreign-born (U.S. census, 2000), which indicates that most are immigrants and first generation. Korean Americans are reported to keep their traditional cultural norms despite their acculturation to American culture. However, Korean Americans face “a great deal of difficulty in practicing the traditional expectation of filial piety under their changing life conditions and family-kinship system in the United States” (K. C. Kim, Kim, & Hurh, 1991, p. 236).

Caucasian American caregivers are reported to show less adherence to traditional caregiving ideology and to cultural reasons in providing care than other ethnic groups (Dilworth-Anderson et al., 2002; Lawton, Rajagopal, Brody, & Kleban, 1992). Compared with non-White caregivers, Caucasian American caregivers tend to have less strongly held beliefs about filial support (Connell & Gibson, 1997).

Janevic and Connell (2001) reported that culture influenced the experiences of family caregivers in terms of the selection of the primary caregiver, burden, and stressfulness appraisal. Other studies also reported that culture and ethnicity influence the selection of the primary caregiver, stress, the use of family support, and coping behaviors (Aranda & Knight, 1997; Connell &

Gibson, 1997).

There is a dearth of literature reviews that have investigated the differences in the experience among the three cultural groups. Exploring these differences will provide valuable knowledge regarding the effects of cultural influences on the experiences of family caregivers. Thus, the purpose of this review is to explore the differences in the experiences of Korean, Korean American, and Caucasian American family caregivers caring for frail older adults in terms of selection of primary caregiver, caregiving motivation, support/help-seeking, and negative emotional responses (depression and burden).

METHODS

A computerized search of MEDLINE, CINAHL, Ageline, PsycINFO, Sociological Abstracts, ISI Web of Science, and RISS4U (Korean Database) was conducted to retrieve studies from 1966 to July, 2005. Key words used for the search were caregiving, caregiver, caretaker, carer, family, Korean, Korean American, Korean immigrant, Caucasian, Whites, European American, elderly, older adult, and/or elder. The search was limited to English-language and Korean-language studies. Review articles and clinical trial studies examining the effect of interventions were excluded. A large number of articles were retrieved. In order to determine eligibility, abstracts of each article were read. If the abstracts did not provide sufficient information, the articles were then obtained and read. Articles that explored family caregivers’ caregiving motivation, support/help-seeking, negative emotional responses were included. Articles that examined only non-cultural/ethnic factors or only formal caregivers were excluded. In articles that included multi-race categories of caregivers, articles which did not provide separate race-specific data were also excluded. In terms of the care recipients’ health condition, no limitation was given.

A total of thirty-two research-based articles were identified: six studies compared two or three groups of Caucasian American, Korean American, and/or Korean family caregivers; fourteen studies examined the experiences of only Korean family caregivers; five studies explored the experiences of only Korean American family caregivers; and seven studies explored the experiences of Caucasian American family caregivers. Therefore, this review includes four parts: comparison studies with two or three groups of Caucasian American, Korean, and/or

Korean American family caregivers; studies regarding Korean family caregivers; studies regarding Korean American family caregivers; and studies regarding Caucasian American family caregivers.

RESULTS

Korean, Korean American, and Caucasian American Family Caregivers

Six studies compared Caucasian American caregivers with Korean American caregivers and/or Korean caregivers: three of them compared the three groups of Korean, Korean American and Caucasian American caregivers (Knight et al., 2002; E. E. Lee & Farran, 2004; Youn, Knight, Jeong, & Benton, 1999); two studies compared Korean caregivers with Caucasian American caregivers (Y. Lee & Sung, 1997, 1998); and one study explored differences between Korean American and Caucasian American caregivers (Watari & Gatz, 2004). In terms of research method, all the six were quantitative studies and used non-random sampling methods. Sample size ranged from 107 to 237. In terms of care recipients' condition, the six studies targeted caregivers of older adults with dementia.

Primary caregiver: Of the six studies, five provided data regarding the relationship between the primary caregiver and the care recipient. In four studies including Korean caregivers, the major primary caregivers for Korean elders were daughters-in-law ranging from 50% to 79.5% (E. E. Lee & Farran, 2004; Y. Lee & Sung, 1997, 1998; Youn et al., 1999). In contrast, the five studies that included Caucasian Americans and/or Korean Americans reported that the spouses or the daughters were most often primary caregivers among both groups (E. E. Lee & Farran, 2004; Y. Lee & Sung, 1997, 1998; Watari & Gatz, 2004; Youn et al., 1999).

Caregiving motivation: Y. Lee and Sung (1997) examined cultural differences in caregiving motivations of Korean and Caucasian American caregivers. They reported that Korean caregivers, mostly daughters-in-law, showed higher filial obligation and lower filial affection while Caucasian caregivers, mostly daughters, showed higher filial affection and lower filial obligation. Youn et al. (1999), who compared three caregiver groups of Korean, Korean American, and White American caregivers in terms of familism, found that Korean caregivers exhibited the highest familism, followed by Korean American caregivers and White American caregivers

who exhibited the lowest familism.

Support/Help-seeking: Y. Lee and Sung (1998) compared two groups of Korean and Caucasian American caregivers in terms of extended family support and formal support. Korean caregivers showed higher extended family support than Caucasian American caregivers in terms of number of secondary caregivers and frequency of contact (Y. Lee & Sung, 1998). Caucasian American caregivers exhibited higher utilization of formal support than did Korean caregivers (Y. Lee & Sung, 1998). Watari and Gatz (2004) compared the length of time before seeking help between Korean Americans and European Americans, and found no significant difference between groups.

Negative Emotional Responses: Two studies compared depression among the three groups using the Center for Epidemiologic Studies Depression (CES-D) Scale (E. E. Lee & Farran, 2004; Youn et al., 1999). The two studies reported similar findings in that Korean caregivers showed the highest levels of depression, followed by Korean American caregivers, and then Caucasian caregivers who showed the lowest levels of depression (E. E. Lee & Farran, 2004; Youn et al., 1999).

In two studies, caregivers' burden was compared (Y. Lee & Sung, 1998; Youn et al., 1999). Y. Lee and Sung (1998) examined cultural influences on the burdens of Korean and Caucasian American caregivers. They measured caregivers' burdens with the Burden Interview (BI) and Caregiver Burden Inventory (CBI). In the study, Caucasian caregivers exhibited higher levels of burden than did Korean caregivers in the BI. In CBI, Korean caregivers exhibited more developmental, social, and emotional burden than did Caucasian American caregivers. In addition, Y. Lee and Sung (1998) examined the influence of acceptance of caregiver selection norms among Korean first daughter-in-law caregivers and found that the acceptance of the norms was a significant predictor for social and emotional burden. Youn et al. (1999) also compared burden in Korean, Korean American, and White American caregivers using BI. In contrast to the results of Y. Lee and Sung's (1998) study, Youn et al. (1999) reported that Korean American and Korean caregivers showed higher levels of burden than did White American caregivers. They argued, however, that the differences in burden across groups were due to group differences in health and demographic variables such as gender, education, and age.

Korean Family Caregivers

There were fourteen studies which explored the experiences of Korean family caregivers (Chee & Levkoff, 2001; Cho, 2000; Choi, 1993; Jung, 2002; J. Kim & Lee, 2003; A. Lee, 2003; H. Lee, 2002; J. Lee, 1999; S. K. Lee, 2003; H. Lee, Kim, & You, 1997; Lim, 2000; Shin, 1995; I. S. Sung, 1995; K. Sung, 1992). Of the studies, thirteen used a quantitative research design and one used a qualitative research design (Chee & Levkoff, 2001). Twelve studies used non-random sampling methods and two included a random sample (Choi, 1993; K. Sung, 1992). In the fourteen studies, sample sizes ranged from 10 to 198. Care recipients' health conditions included dementia (ten studies), cognitive impairment, physical impairment, and/or functional impairment.

Primary caregiver: All the fourteen studies provided data regarding the relationship between the primary caregiver and the care recipient. In the eleven studies, the major primary caregivers were daughters-in-law ranging from 39% to 80%.

Caregiving motivation: Nine studies examined motivations of caregiving (Cho, 2000; Jung, 2002; A. Lee, 2003; H. Lee, 2002; J. Lee, 1999; S. K. Lee, 2003; Shin, 1995; I. S. Sung, 1995; K. Sung, 1992). Shin (1995) investigated the motivations for providing care among 81 family caregivers. Ninety percent of the caregivers mentioned fulfilling responsibility as a motivation (Shin, 1995). Consistent with the results of Shin's (1995) study, other studies reported filial responsibility/obligation as a major caregiving motivation (Cho, 2000; Jung, 2002; A. Lee, 2003; J. Lee, 1999; S. K. Lee, 2003; I. S. Sung, 1995).

K. Sung (1992) explored motivations for parent-in-law/parent care with 106 caregivers. Five motivations for parent care which were stated by more than 30 % of the caregivers were identified in this order: respect for parents; filial responsibility; family harmony; desire to repay; and filial sacrifice (K. Sung, 1992). In K. Sung's (1992) study, 100% of the caregivers cited respect for parents, and 85% cited filial responsibility as important motivations for parent care.

Support/Help-Seeking: In four studies, caregivers reported that they usually sought help from their family or relatives in difficult situations rather than using formal services (A. Lee, 2003; J. Lee, 1999; Lim, 2000; I. S. Sung, 1995). As reasons for the low utilization of formal service, caregivers cited lack of appropriate services, lack of information, and financial burden (Chee & Levkoff, 2001; Cho, 2000; A. Lee, 2003; S. K. Lee, 2003; Lim,

2000; I. S. Sung, 1995). Caregivers reported the need for the development of efficient formal services (Chee & Levkoff, 2001; J. Lee, 1999; Lim, 2000; I. S. Sung, 1995). However, as other reasons for the low utilization of formal services, some studies reported a strong sense of filial obligations, face-saving, or stigma related to dementia (Chee & Levkoff, 2001; S. K. Lee, 2003; Lim, 2000; I. S. Sung, 1995).

Negative Emotional Responses: H. Lee (2002) explored factors related to depression using CES-D and reported that social support was strongly related to caregiver depression while filial obligation was not. J. Kim and Lee (2003) explored cultural and non-cultural factors related to caregiver depression using CES-D. As a cultural factor, they found that social conflict was the statistically significant predictor of caregiver depression (J. Kim & Lee, 2003). However, they concluded that non-cultural factors (care recipients' cognitive impairment and lower family income) have a greater effect on caregiver depression than do cultural factors (J. Kim & Lee, 2003).

Three studies examined factors related to caregiver burden (Choi, 1993; H. Lee, 2002; Shin, 1995). H. Lee (2002) explored the burden of 152 caregivers using the Perceived Caregiver Burden Scale (PCB) and found filial obligation was a significant predictor. Choi (1993) investigated cultural factors and non-cultural factors as determinants of caregiver burden. Choi (1993) found that although cultural factors (e.g. caregiver's congruency with cultural norms and caregiver's acceptance of cultural norms) were the statistically significant predictors of caregiver burden, the cultural factors could not explain much of the variation in caregiver burden. Compared to cultural factors, non-cultural factors (e.g., family income, family financial responsibility, daily caregiving hours, and caregiver's health status) were the more powerful predictors of caregiver burden (Choi, 1993). Shin (1995) also studied burdens of 81 caregivers using the BI and found that care recipients' impairment in memory and behavior was a significant predictor of caregiver burden.

Korean American Family Caregivers

There were five studies which examined the experiences of Korean American caregivers for older adults (J. Kim, 1992; J. H. Kim, 1996; S. Kim, 2003; Yong & McCallion, 2003; Yu, 2002). Of the five studies, three were qualitative studies, one was a quantitative study (J. Kim, 1992), and one was a mixed methods study (J. H.

Kim, 1996). Most studies used non-random sampling methods and the number of subjects ranged from 2 to 36. In the five studies, Korean American caregivers were defined as the first generation. Care recipients' conditions included dementia (one study), chronic illness, frailty, and disability.

Primary caregiver: Of the five studies, four provided data regarding the relationship between the primary caregiver and the care recipient. In the four studies, the major primary caregivers were daughters (J. Kim, 1992; Yu, 2002), wives (J. H. Kim, 1996) and daughters-in-law (Yong & McCallion, 2003).

Caregiving motivation: J. Kim (1992) reported that 58% of Korean American caregivers expressed moral duty and affection as caregiving motivations. In addition, the majority of caregivers reported that caring for their elderly relatives was helpful to their family in terms of teaching their children about filial piety and maintaining traditional family systems (J. Kim, 1992). Similar findings were reported by J. H. Kim (1996). According to J. H. Kim (1996), Korean American caregivers considered their caregiving as fulfillment of their filial obligation, and regarded their caregiving role as a privilege of being a spouse or adult child. Korean American caregivers, however, reported that they did not expect the traditional filial obligation from their children and did not want to become burdens to their adult children (J. H. Kim, 1996; Yu, 2002).

Support/Help-Seeking: J. Kim (1992) explored the utilization of formal support systems with 36 family caregivers. The study reported that more than half of the caregivers utilized formal helpers in caring for their care recipients (J. Kim, 1992). In Yong and McCallion's study (2003), caregivers reported limited available resources because of cultural differences, language barriers, and lack of information.

Negative emotional responses: One study explored depressive symptoms of Korean Americans using the CES-D (J. H. Kim, 1996). J. H. Kim (1996) reported that Korean American caregivers showed high depressive symptoms, and that caregivers with more children living in Korea, family conflict, economic strain, limited family assistance, and an unhappy marriage exhibited more depressive symptoms.

Four studies explored the burdens placed on Korean American caregivers (J. Kim, 1992; J. H. Kim, 1996; S. Kim, 2003; Yu, 2002). S. Kim (2003) found that burdens placed on Korean American caregivers were distinctively

related to "a) language and information barriers to access social services; b) the limitation of available formal and informal supports; c) the isolation from ethnic community and friends; and d) the struggle with acculturation to family tradition" (S. Kim, 2003, p. 45). The four studies reported that Korean American caregivers' burdens were associated with non-cultural factors such as care recipient's cognitive/functional status, caregivers' health status, caregiving activities, limited time/space, assistance from adult children, family conflict, and an unhappy marriage (J. Kim, 1992; J. H. Kim, 1996; S. Kim, 2003; Yu, 2002).

Caucasian American Family Caregivers

There were seven studies which included Caucasian American caregivers and provided separate data specific to Caucasian Americans in terms of caregiving motivation, support/help-seeking, depression and burden. In terms of research design, five were quantitative, one was qualitative (Lewis, Curtis, & Lundy, 1995), and one was mixed methods (Wykle & Segal, 1991). Most studies used non-random sampling methods. The sizes of Caucasian American sample ranged from 5 to 1062. Care recipient's conditions were dementia (three studies), cognitive impairment, and/or functional impairment.

Primary caregiver: Of the seven studies, the major primary caregivers were daughters (Cicarelli, 1993; Cox, 1995; Lewis et al., 1995; Walker, Pratt, Shin, & Jones, 1990; Wykle & Segal, 1991) and spouses (Fredman, Daly, & Lazor, 1995; Valle, Yamada, & Barrio, 2004).

Caregiving motivation: Walker et al. (1990) explored motives for parent care in terms of obligatory and discretionary motives (e.g. affection, closeness, and enjoyment of the relationship). Two thirds of daughter caregivers reported low obligatory motives but high discretionary motives (Walker et al., 1990). Lewis et al. (1995) described 5 White caregivers' motivations of parent care with qualitative methods. In the study, affection for the parents and avoiding institutionalization were identified as caregiving motivations (Lewis et al., 1995).

Support/Help-seeking: Lewis et al. (1995) interviewed 5 White caregivers. In the study, formal support was reported as a positive agent while family was reported as both a positive and a negative agent in the caregiving experience. Valle et al. (2004) explored informal social network with 50 Euro-American caregivers. In the study, 90% of the Euro-American caregivers identified a friend or non-family member/professional and 72% of the

caregivers identified an extended family member within their social networks (Valle et al., 2004). Wykle and Segal (1991) explored coping strategies used by 20 White caregivers. Caregivers mentioned the following coping strategies: help from professionals (20%) and help from family and friends (5%).

Negative emotional responses: Cox (1995) examined the factors affecting depressive symptoms of caregivers with 88 White caregivers. In the study, caregivers' depressive symptoms were significantly affected by non-cultural factors such as hours per week spent in caregiving, care recipients' disruptive behavior and care recipients' cognitive functioning (Cox, 1995).

Cicirelli (1993) exploring the subjective burden of 78 White caregivers reported that greater subjective burden was related to weaker attachment, greater sense of obligation, and greater amount of help provided. By examining 1062 White caregivers, Fredman et al. (1995) found that caregivers' burden was significantly related to non-cultural factors such as caregivers' demographic characteristics, caregiving activities, and care recipients' needs.

DISCUSSION

This review provides evidence which supports cultural influences on the selection of primary caregiver, caregiving motivation, and support/help-seeking among the three ethnic caregiver groups. In terms of primary caregiver selection, the results of comparison studies were supported by studies which focused on only a single caregiver group. The major primary caregivers in Korean families were daughters-in-law, which reflected traditional Korean norms in caregiver selection. Despite the changes in Korean society such as "industrialization and modernization during last several decades" (K. K. Lee, 1998, p. 249), many Korean adult children preserve the tradition of Confucianism so that they co-reside with and take care of their frail parent at home (K. Sung, 2001). In contrast, among the other caregiver groups of Korean American and Caucasian American, the major primary caregivers were daughters or spouses.

Regarding caregiving motivation, two comparison studies revealed that Korean caregivers exhibited higher filial obligation or familism than did Caucasian American caregivers. Supporting the results, studies which only focused on Korean caregivers or Korean American caregivers reported filial obligation and filial respect as major caregiving motivations, which reflected traditional Korean norms

of filial piety. In contrast, studies targeting Caucasian American caregivers reported that Caucasian American caregivers expressed high filial affection and low filial obligation as a caregiving motivation. Although all three groups showed filial obligation, K. C. Kim et al. (1991) argued that the types of filial obligation were different among the three groups: "traditional expectation of filial piety" in Korean; "modified expectation of filial piety" in Korean American; and "personal filial obligation" in Caucasian American (K. C. Kim et al., 1991, p. 238). They noted that the filial obligation of Korean and Korean American adult children was based on their traditional culture while the filial obligation of Caucasian American adult children was due to "personal attitude" (K. C. Kim et al., 1991, p. 237).

Only a few studies reported support and help-seeking. One comparison study found that Korean caregivers had higher extended family support while Caucasian American caregivers utilized higher formal support. The result of this comparison study was supported by studies which only focused on Korean or Caucasian American caregivers. The studies which only focused on Korean caregivers reported that Korean caregivers usually sought help from their family or relatives in difficult situations rather than using formal services. Although a lack of appropriate formal services/information and financial burden contributed to the low utilization of formal services, Korean caregivers reported a strong sense of filial obligation, face-saving, and stigma related to dementia as other reasons for the low utilization of formal services. According to the two studies which targeted Caucasian American caregivers, Caucasian American caregivers included a non-family member/professional within their social networks and utilized help from professionals as a major coping strategy. There is a scarcity of studies which explored the differences in formal service use between Korean American and Caucasian American caregivers. One study which focused on only Korean American caregivers reported that more than 50% of the caregivers utilized formal helpers. Given that Korean American caregivers have many barriers in using formal services because of language barriers, lack of information, and cultural differences (Yong & McCallion, 2003), there may be differences in using formal service between the two groups. Studies regarding family caregivers' support and help-seeking are very important in that the findings can contribute to the development of culturally appropriate intervention strategies. More re-

search is needed about support/help-seeking between Korean American and Caucasian American caregivers.

In terms of negative emotional responses (i.e., depression and burden), two comparison studies found similar results; Korean caregivers showed the highest levels of depression followed by Korean American caregivers, and Caucasian American caregivers showed the lowest levels. There is an inconsistency in the two comparison studies regarding burden level among the three caregiver groups. Although some cultural factors were reported as predictors of negative emotional responses, many studies reported non-cultural factors as more powerful predictors of negative emotional responses. More studies are required regarding burden levels among the three groups, and contributing factors of the negative emotional responses.

This review has limitations. Many of the 32 included studies targeted the caregivers of older adults with dementia (twenty studies) or cognitive impairment (four studies), which might influence on the selection of primary caregiver: Many elders with dementia were likely to be very old, female, and to have no spouse. Therefore, the family caregivers of elders with dementia/cognitive impairment were likely to be daughters/daughters-in-law. In addition, despite numerous studies including Caucasian American caregivers, only a small number of studies (seven) regarding Caucasian American caregivers were reviewed due to the lack of examining cultural effects. Although this review provides some evidence of cultural influences on the experiences of the three family caregiver groups, to date there are insufficient data for generalization. In terms of research method, many studies used non-random sampling methods. With regard to theoretical models/frameworks, four studies applied theoretical models/frameworks among the six comparison studies (Knight et al., 2002; E. E. Lee & Farran, 2004; Y. Lee & Sung, 1998; Youn et al., 1999). However, most of those studies used stress-related models rather than theories such as cultural theories/models or family theories. Among four comparison studies which used scales, three studies questioned scale equivalence across cultures because of some troublesome words or wrong construct (Knight et al., 2002; E. E. Lee & Farran, 2004; Youn, et al., 1999). Future studies need to use robust research methods with culturally appropriate theoretical models/frameworks, random sampling methods, larger samples, and cross-culturally appropriate instruments or interview questions.

Although all the included studies were family-related studies, most of the studies did not provide an explicit definition of the family. Within the context of the studies, family was regarded as a biological and legal group: the notion of the family included the wife, husband, adult children, daughter-in-law, son-in-law and grandchildren as family members. Additionally, a single caregiver who identified herself/himself as a primary caregiver was regarded as a representative sample in most studies. Research data were collected from a single family member (individual level data collection) and did not refer to the experience or actions of other family members. Caring for frail older adults at home requires other family members' support and has a great influence on the family in terms of family function. Future research needs to include conceptualization of family, and to examine the caregiving experience of family as a unit.

CONCLUSION

More research is needed to examine the differences among the three family caregiver groups, especially regarding support/help-seeking and negative emotional responses. Additionally, given that culture has a great influence on support/help-seeking behavior of family caregivers, researchers and policy makers need to develop culturally appropriate interventions and policies. Also, nurses need to use culturally appropriate and individualized assessment and intervention with culturally diverse family caregivers.

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