

Filial responsibility in care for elderly parents: a mixed study

Responsabilidade filial no cuidado aos pais idosos: estudo misto

Responsabilidad filial en el cuidado de padres ancianos: estudio mixto

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Keywords

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Descritores

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Abstract

Objective: To examine the relationship between attitudes of filial responsibility and care behaviors of caregiving children.**Methods:** A mixed-method study with concomitant triangulation of data with 100 caregiving children of elderly people linked to primary care services. At the quantitative stage, the Filial Expectation and Filial Duty Scales were applied to assess the attitudes regarding filial responsibility. Care behaviors were assessed through instrumental, emotional and financial support, companionship, and visitation. At the qualitative stage, open-ended questions about care behaviors and attitudes were used. Inferential and thematic analyses and triangulation of the data were done. **Results:** Financial and emotional support showed an association with Filial Duty ($p = 0.050$, $p = 0.001$) and Filial Expectation ($p = 0.013$, $p = 0.023$), respectively. At the qualitative stage, these filial behaviors emerged as financial overload and teachings for their own children to care for them in old age. Companionship and visitation were associated only with Filial Duty ($p = 0.015$), similar to the results found in the testimonials relative to be a natural duty and satisfaction of being present in the life of the parents. There was no association between attitudes of filial responsibility and help in activities of daily living, diverging from the findings of the category "Difficulties in being a caregiving child."**Conclusion:** Understanding attitudes and behaviors of care contributes to the improvement of the quality of attention of the professionals that assist this population.

Resumo

Objetivo: Examinar a relação entre atitudes de responsabilidade filial e comportamentos de cuidado dos filhos cuidadores.**Métodos:** Estudo de métodos misto com triangulação concomitante de dados com 100 filhos cuidadores de idosos vinculados a serviços de atenção primária. Na etapa quantitativa, para avaliação das atitudes de responsabilidade filial, foram aplicadas as Escalas de Expectativa Filial e Dever Filial. Os comportamentos de cuidado foram avaliados por meio do apoio instrumental, emocional e financeiro, companhia e visita. Na etapa qualitativa utilizou-se questões abertas sobre atitudes e comportamentos de cuidado. Foram feitas análises inferencial e temática e triangulação dos dados.**Resultados:** Apoio financeiro e emocional apresentaram associação com Dever Filial ($p=0,050$; $p=0,001$) e Expectativa Filial ($p=0,013$; $p=0,023$), respectivamente. Na etapa qualitativa estes comportamentos filiais emergiram como sobrecarga financeira e ensinamentos para seus próprios filhos também os cuidarem na velhice. Companhia e visita foram associadas apenas com Dever Filial ($p=0,015$), de forma semelhante ao encontrado nos depoimentos relativos a ser um dever natural e satisfação de estar presente na vida dos pais. Não houve associação entre atitudes de responsabilidade filial e ajuda nas atividades de vida diária, divergente dos achados da categoria "Dificuldades em ser filho cuidador".**Conclusão:** Compreender atitudes e comportamentos de cuidado contribui para melhoria da qualidade da atenção dos profissionais que assistem essa população.

Resumen

Objetivo: Examinar la relación entre actitudes de responsabilidad filial y comportamientos de cuidado de los hijos cuidadores.**Métodos:** Estudio de métodos mixtos con triangulación concomitante de datos con 100 hijos cuidadores de ancianos vinculados a servicios de atención primaria. En la etapa cuantitativa se aplicaron las escalas de Expectativa Filial y Deber Filial para evaluar las actitudes de responsabilidad filial. Los comportamientos de cuidado fueron evaluados por medio del apoyo instrumental, emocional y financiero, compañía y visita. En la etapa cualitativa se utilizaron preguntas abiertas sobre actitudes y comportamientos de cuidado. Se realizó análisis inferencial y temático y triangulación de los datos.**Resultados:** Apoyo financiero y emocional presentaron relación con Deber Filial ($p=0,050$; $p=0,001$) y Expectativa Filial ($p=0,013$; $p=0,023$), respectivamente. En la etapa cualitativa, estos comportamientos filiales aparecieron como sobrecarga financiera y enseñanzas para que sus propios hijos también los cuiden en la vejez. Compañía y visita fueron asociadas con Deber Filial ($p=0,015$), de manera similar a lo que se encontró en los testimonios relativos a ser un deber natural y satisfacción de estar presente en la vida de los padres. No hubo relación entre actitudes de responsabilidad filial y ayuda en las actividades de la vida diaria, diferente a lo encontrado en la categoría "Dificultades de ser hijo cuidador".**Conclusión:** Comprender actitudes y comportamientos de cuidado contribuye a mejorar la calidad de la atención de los profesionales que asisten a esta población.

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<http://dx.doi.org/10.1590/1982-0194201900095>¹Universidade Regional Integrada do Alto Uruguai e das Missões, Frederico Westphalen, RS, Brazil.²Unimed Porto Alegre, Porto Alegre, RS, Brazil.³Escola de Enfermagem, Universidade Federal do Rio Grande do Sul, Porto Alegre, RS, Brazil.⁴Grupo Hospitalar Conceição, Porto Alegre, RS, Brazil.⁵Universidade Franciscana Santa Maria, Santa Maria, RS, Brazil.⁶Pontifícia Universidade Católica do Rio Grande do Sul, Porto Alegre, RS, Brazil.**Conflicts of interest:** article extracted from the Doctoral Thesis "Responsabilidade filial no cuidado aos pais idosos e a relação com o bem-estar" ("Filial responsibility in the care of the elderly parents and the relationship with the well-being"), presented to the Graduate Nursing Program of the Universidade Federal do Rio Grande do Sul (UFRGS).

Introduction

Filial responsibility is a social norm that involves individual attitudes and care behaviors toward parents during the aging process.⁽¹⁾ Attitudes encompass feelings of obligation and affection, family orientation, and desire for reciprocity, i.e., feeling responsible for rewarding parents for the care received.⁽²⁾ Care behaviors include support in the instrumental aspects (assistance in basic and instrumental activities of daily living – BADLs and IADLs) and financial and emotional support.⁽³⁾

In Latin societies, there is a higher expectation that children will care for their parents in their old age.⁽⁴⁾ Nurses who care for the elderly caregivers identify, on a daily basis, supportive attitudes and behaviors, congruent or otherwise, and need to be alert and able to deal with feelings such as (un)motivation, guilt, and isolation, as well as helping in finding alternatives to reduce the burden of these caregivers.

The association between attitudes of filial responsibility and caring behaviors has been the focus of international research. A Canadian study analyzed this association in three groups of caregiving children. Positive attitudes of responsibility in care were associated with caring behaviors related to providing companionship, emotional and financial support among Canadians of Chinese origin. In turn, among the Canadian children, the authors did not identify an association between attitudes and behaviors.^(1,4)

A Chinese study sought to understand the meaning of filial piety (a concept used in Eastern culture) for elderly people with dementia and their family caregivers. It was found that filial responsibility is influenced by social and cultural norms, since care for the elderly is often not a choice of children, but rather a legal obligation or expectation of society.⁽⁵⁾ Furthermore, a Swedish study showed that the feeling of exhaustion is the main factor for children to stop caring for their parents. It also showed that changes in people's lifestyles (little free time and strenuous work routines) can influence the cultural values related to the filial piety of caregivers, i.e., the obligation to provide care for the family or el-

derly parents goes through a process of neglect or carelessness among the children.⁽⁶⁾ In this sense, it is verified that culture and ethnicity affect the forms of care.⁽⁷⁾

In Brazil, studies with elderly caregivers in general focus on the characterization of caregivers, their overload or quality of life and the needs to perform the care of the dependent elderly.⁽⁸⁻¹⁵⁾ Filial responsibility was the focus of a Brazilian research,⁽¹⁶⁾ which analyzed the association between filial responsibility and overload of caregiving children, identifying formal employment ($p = 0.027$), having positive feelings in family life ($p < 0.001$), providing financial support ($p = 0.027$) and helping in daily life activities ($p < 0.001$) as factors statistically associated with overload.

This study is proposed aiming to identify the convergence or otherwise between attitudes and behaviors of children in the care of the elderly parents, and considering the need to expand the knowledge in the subject through investigations in the Brazilian context. The results support the nurses in their care for families with the elderly, in which it is necessary to identify how children think and act in the care of the parents and propose care interventions. The study also allows for the expansion of knowledge on the subject, favoring the planning of public health policies targeted at this population and providing support for the integration of care actions for the elderly, caregivers, and families. This study aims to examine the relationship between attitudes of filial responsibility and care behaviors for caregiving children in the Brazilian context. The study also investigates the extent to which caregiving children have attitudes of filial responsibility towards elderly parents and what are the care behaviors for caregiving children during the aging process of elderly parents.

Methods

This is a mixed-method study with concomitant triangulation of data. This type of study combines quantitative and qualitative approaches in the same research, in order to increase the comprehensiveness and depth of the understanding of complex sub-

jects.⁽¹⁷⁾ The research replicates in Brazil a Canadian study that analyzed filial responsibility, comparing attitudes and filial behaviors in caring for elderly parents in Anglo-Saxon and Eastern cultures.⁽¹⁾

The target population comprised caregiving children of elderly parents selected for convenience. The sample consisted of 100 caregiving children of elderly people using two Basic Health Units (UBS) in Porto Alegre, state of Rio Grande do Sul (RS), Brazil. The number of participants in the study was the same as in the original study.⁽¹⁾ These were identified by means of family records, by appointment of health professionals, and by active search for services. Inclusion criteria included care for at least three months and care for at least three hours per week. Assistance activities in BADLs and IADLs, financial support, emotional support, companionship and visitation were considered care activities.

The data were collected in the period 2014-2015 through interviews, using the research protocol adapted and validated for use in Brazil.^(18,19) The interviews were conducted at each caregiver's home or at a place defined by the participant, by a previously trained research team. This protocol is composed of seven scales, including closed and open questions.

Attitudes of filial responsibility were analyzed by the Filial Expectation and Filial Duty Scales, which obtained Cronbach's Alpha values of 0.64 and 0.65, respectively, in the Brazilian version.⁽¹⁹⁾

The Filial Expectation Scale analyses the support of adult children in caring for elderly parents and measures their children's perception of living, caring for, helping, and visiting their parents. The score ranges from 1 (strongly disagree) to 5 (strongly agree), with a maximum score of 25 points. The higher the score, the higher the children's expectation to care for the elderly parents.

The Filial Duty Scale has six items that evaluate how children feel in relation to the obligation to help their parents; follow their advice; provide financial support; respect them; please them; make them happy; and maintain contact with them. The score ranges from 1 (strongly disagree) to 5 (strongly agree), with a maximum score of 30 points. The

higher the score, the higher the children's filial duty in relation to providing care for the elderly parents.

Caring behaviors were evaluated through instrumental, financial and emotional support, companionship, and visitation. Instrumental support was assessed based on the BADL and IADL scales.^(20,21) Emotional support was assessed based on the answers to the following question: To what degree do you feel that you fulfill the emotional support needs of your parents? Companionship and visitation were evaluated based on the answers to the question: To what degree do you feel that you fulfill the companionship and visitation needs of your parents? For both questions, an answer from 1 to 5 was possible, in which 1 represented "not at all" and 5 represented "completely."

Financial support was measured based on the closed question (yes or no): "Do you provide financial support for your parent?" If not, the participant was asked if they would provide financial support if their parents needed it and if they could.

The qualitative step addressed questions on: under what circumstances caregiving children would admit their parents to a long-term institution; what they expected from their children during their aging; which part they considered the most difficult in the delivery of care; how they felt responsible for their parents; what were the negative and positive aspects of that responsibility; and when and why they began to feel responsible.

Statistical analyses were performed using the Statistical Package for Social Sciences, version 21.0. Quantitative variables were described by mean values and standard deviation, and the categorical variables were determined by absolute and relative frequencies. To compare means (quantitative variables of symmetric distribution, such as age and Filial Duty and Expectation scores), the t-student or Analysis of Variance (ANOVA) tests were applied. To evaluate the association between quantitative variables (such as Filial Duty and Expectation scores) and ordinal categories (such as self-perception of the elderly's health), Pearson's or Spearman's correlation tests were applied, respectively. Dependent variables were aid in BADLs and IADLs, financial and emotional support, and visitation. The independent

variables were Filial Duty and Expectation, gender, age, schooling, marital status, formal employment of the caregiver, primary caregiver, caregiver living with the elderly; health of elderly parents, and self-perception of health. The variables that presented $p < 0.20$ in the bivariate analyses were inserted in a multivariate linear regression model to control for possible confounding factors. The effect measure used was the Prevalence Ratio, in conjunction with the 95% confidence interval.

In the qualitative step, the information was analyzed by thematic analysis. The triangulation of quantitative and qualitative data occurred during the interpretation and analysis of the results between the associations of filial responsibility and care behaviors with the four thematic categories, seeking to understand the differences and similarities between the findings. The Project was approved by the Research Ethics Committee (No. 536,662), and all participants signed the Free and Informed Consent Term.

Results

Characterization of the sample

Among the 100 caregivers, 74 were daughters, with a mean age of 54.04 ± 10.17 years, married or living with a partner. The educational level was 13.96 ± 4.87 years of study, 58 had formal employment, and 68 had children. Among the caregivers, a large part (63) took care of their mother, 63 were the primary caregivers, and 61% had lived with the elderly, on average, for 15 ± 3 -46 years. Among the caregivers, 44 considered their health good and 32 assessed their parents' health as good. As for the elderly par-

ents, a large part were female (78) and, in relation to the marital status, 58 were widowers. Among the elderly who did not live with their children (36), 13 lived with other people.

Quantitative stage

The attitudes of filial responsibility Filial Expectation and Filial Duty had mean scores of 22.6 ± 2.7 and 28.2 ± 1.9 , respectively. When analyzing the care behaviors, it was evidenced that 93% of the children assisted the elderly parents in the IADLs; 57%, in the BADLs; 80% provided emotional support; 71% provided companionship and visitation; and 52% helped their parents financially (Table 1).

Help in the BADLs and the IADLs were the dependent variables of the linear regression model. It was verified that caregivers who lives with the elderly present a 2.63 times higher prevalence in helping in BADLs when compared to caregivers who do not live with the elderly. As for IADLs, caregivers who live with the elderly have a 17% higher prevalence in helping in these activities. Furthermore, the higher the schooling and the age of the caregiver, the higher the prevalence of help in the IADLs (Table 2).

For financial support, there was a significant association with Filial Duty ($p = 0.050$) and Filial Expectation ($p = 0.013$). For each additional point on the Filial Duty scale, there is a 15% increase in the prevalence of financial support for the elderly, and for each additional point on the Filial Expectation scale, there is an 11% increase in the prevalence of financial support. Emotional support showed a significant association with Filial Duty ($p = 0.001$) and Filial Expectation ($p = 0.023$). In addition, for each additional point in the Filial Duty

Table 1. Multivariate Analysis of Poisson Regression – Care Behaviors: Help in Basic and Instrumental Activities of Daily Living

Variables	Help in BADLs		Help in IADLs	
	PR (95% CI)	p-value	PR (95% CI)	p-value
Filial duty	0.94 (0.87 – 1.02)	0.117	1.01 (0.97 – 1.04)	0.764
Filial expectation	0.99 (0.95 – 1.04)	0.868	1.02 (0.98 – 1.05)	0.343
Elderly health	1.13 (0.99 – 1.29)	0.075	1.01 (0.97 – 1.05)	0.660
Caregiver lives with the elderly	2.63 (1.58 – 4.37)	<0.001	1.17 (1.03 – 1.34)	0.018
Formal caregiver employment	0.74 (0.55 – 1.00)	0.053	0.98 (0.89 – 1.07)	0.569
Caregiver schooling	0.99 (0.96 – 1.03)	0.725	1.01 (1.00 – 1.03)	0.030
Caregiver age	1.01 (0.99 – 1.03)	0.257	1.01 (1.00 – 1.01)	0.039
Female caregiver	1.32 (0.84 – 2.08)	0.226	1.13 (0.97 – 1.32)	0.132

PR – Prevalence ratio; 95% CI – 95% confidence interval; BADLs – Basic Daily Life Activities; IADLs – Instrumental Activities of Daily Living

Table 2. Multivariate analysis of Poisson regression – Care behaviors: financial and emotional support and companionship

Variables	Financial Support		Emotional Support		Companionship and Visitation	
	PR (95% CI)	p-value	PR (95% CI)	p-value	PR (95% CI)	p-value
Filial duty	1.15 (1.00 – 1.32)	0.050	1.14 (1.05 – 1.23)	0.001	1.11 (1.02 – 1.21)	0.015
Filial expectation	1.11 (1.02 – 1.21)	0.013	1.06 (1.01 – 1.11)	0.023	1.03 (0.98 – 1.08)	0.300
Elderly health	1.05 (0.91 – 1.21)	0.489	0.91 (0.83 – 1.01)	0.070	0.88 (0.78 – 1.00)	0.051
Caregiver lives with the elderly	1.17 (0.74 – 1.86)	0.492	1.37 (1.08 – 1.73)	0.009	1.36 (1.03 – 1.81)	0.031
Caregiver employment	1.38 (0.89 – 2.13)	0.148	1.05 (0.86 – 1.30)	0.625	0.91 (0.70 – 1.19)	0.498
Caregiver schooling	0.99 (0.95 – 1.03)	0.675	1.01 (0.99 – 1.02)	0.528	1.02 (0.99 – 1.04)	0.270
Caregiver age	1.00 (0.98 – 1.02)	0.749	1.01 (0.99 – 1.02)	0.318	1.01 (0.99 – 1.02)	0.317
Female caregiver	1.23 (0.80 – 1.90)	0.339	1.08 (0.87 – 1.33)	0.485	1.00 (0.74 – 1.36)	0.980

PR – Prevalence Ratio; 95% CI – 95% confidence interval

scale, there is a 14% increase in the prevalence of emotional support for the elderly, and for each additional point in the Expectative Filial scale, there is a 6% increase in this prevalence. Furthermore, caregivers who live with the elderly are 37% more likely to provide emotional support. Companionship and visitation had a significant association only with Filial Duty ($p = 0.015$). For each additional point on the Filial Duty scale, there is an 11% increase in company prevalence and visitation to the elderly. In addition, caregivers who live with the elderly are 36% more likely to provide this care.

Qualitative stage

Based on the open questions, four thematic categories were developed: possibility of institutionalization of elderly parents; expectation of care; difficulties in being a caregiver; and feelings of filial responsibility.⁽¹⁷⁾

Possibility of Institutionalization of elderly parents

Some children did not consider the institutionalization of their parents as a possibility. For them, this was perceived as a form of abandonment, considering that it was the children's responsibility, duty and obligation to care for and support the parents during aging. Nevertheless, institutionalization was seen as an alternative care for certain circumstances, such as impossibility of assuming care, need for specialized care, increasing frailty of the elderly, loss of cognitive ability in the case of dementias, death of a spouse; and lack of physical structure for home care.

"[...] We have a duty to care for them. It is an obligation for the children. [...] I believe that they

are not something to be discarded at the end of life. That is not how things work." (F52)

"I believe that, as long as my mother is able, we do not consider this possibility, because we share the responsibility [...]. Unless it is a thing that goes beyond it, such as if she develops a strong cognitive deficit." (F35)

Expectation of care

Most children expressed a desire to be cared for by their children as they age. They reported expecting gratitude, reciprocity, affection and support. In addition, in caring for elderly parents, they were showing that they also wanted to be cared for, as a lesson to their children. Nevertheless, they stressed that such care should not be imposed, nor should it be an obligation, but they expected children to be present during their aging process.

"I hope she takes care of me, but I do not want her not sacrifice herself. I hope that she is present, but if she finds it best to leave me in a nursing home, that is fine." (F61)

"[...] We have always wanted to show our children how we have to be taken care of." (F8)

"I want them to take care of me, too. It is something reciprocal. [...] I took care of them." (F94)

Difficulties in being a caregiving child

The subjects considered the help in BADLs, conflicting family relationships, elderly health situation, their own health situation and the lack of support from other family members as the most difficult

parts in the process of care to elderly parents. They also mentioned the need to live with the elderly, being the only option for care, being required to perform full-time care, emotional burden, tiredness for assuming various functions, and behavior of the elderly.

“After the bath, it is always difficult to dress him. He stands still and does not help. He does not collaborate in anything.” (F40)

“The hard part is knowing that I am the one who has to do everything [...] I think I could share tasks a little, instead of having everything under my responsibility [...] I also have my family. I have teenage children to care of.” (F74)

Feelings of filial responsibility

For the children, caring for their parents is a moral obligation, a duty and a social commitment, as they were cared for as children, and old age is the time to give care back. Responsibility involves a desire for reciprocity, gratitude towards parents, satisfaction in being able to provide care, and feelings of reciprocity and payment of a debt. Conversely, they highlighted as a negative aspects providing full-time care, living with the elderly, lack of family support, caring for the elderly and their family, social losses, and financial overload.

“[...]Because I think it is a commitment. It is an affective commitment and a social commitment.” (F59)

“I owe it to her [...] so I believe that it is my time to provide care [...] We have a duty [...] It is an obligation of the children and being able to provide care is a personal satisfaction [...].” (F52)

“I do not know what it is like to go to the movies, to a restaurant, to take walk, to go out, or to go to a mall.” (F16)

Triangulation of data

The triangulation of the data was performed among the variables that presented a statistically signif-

icant relation in the multivariate analysis of the Poisson Regression with the four thematic categories. Although no association was found between BADLs and IADLs and filial responsibility, we sought to triangulate the data while considering the variables that influenced this behavior (caregiver living with the elderly, caregiver age, and caregiver education). Data related to the association between care behaviors (financial and emotional support) and attitudes of filial responsibility (filial duty and filial expectation), as well as companionship and visitation and filial duty, were triangulated, aiming to find differences or similarity between results. As already noted, there was no association between Filial Duty and Filial Expectation and care behaviors (help in BADLs and IADLs). Nevertheless, such findings were evidenced in the category “Difficulties in being a caregiver,” in which caregivers reported help in BADLs as one of the most difficult parts of care. Filial Duty and Filial Expectation were associated with financial and emotional support. These findings corroborate the difficulties children face regarding their families’ lack of support and financial overload. They emphasize, however, that care is a natural process and a duty to pay back the attention they had as children, as already described in the categories “Feelings of filial responsibility,” “Difficulties in being a caregiving child,” and “Expectation of care.” Filial Responsibility presented a significant association only with the care behaviors of companionship and visitation. Nevertheless, it presented similarity with the results of the categories “Possibility of institutionalization of elderly parents,” “Feelings of filial responsibility,” and “Expectation of care.” For the children, taking care of parents is a natural duty that happens with the passing of the years, and thus, institutionalizing parents was considered an act of abandonment, and they felt responsible for the parents, as they had been taught to care for the elderly and cite personal satisfaction in providing care to their parents.

Discussion

Filial responsibility was confirmed by the high scores of attitudes of filial responsibility, frequen-

cy of care behaviors, and the thematic categories “Feelings of filial responsibility” and “Expectation of care,” as children care for their elderly parents as a demonstration of gratitude and reciprocity. Notwithstanding, there is an ambiguity between filial responsibility and the category “Possibility of institutionalization of elderly parents,” since institutionalization is seen as a possibility for some, while others do not accept this alternative. A national study that analyzed attitudes of filial responsibility regarding the institutionalization of elderly parents identified a preference to keep their parents in the home environment with family care.⁽²²⁾ In contrast, a study with Japanese immigrants revealed that institutionalization is well accepted both by the children and by the parents.⁽²³⁾ These findings demonstrate that, in Brazilian culture, moral aspects and social norms of filial responsibility are present in the care of parents, it being understood that institutionalization was considered by many an act of abandonment and that children feel responsible for caring for their parents.

It is noteworthy that, although attitudes of filial responsibility are not associated with care behaviors (help in BADLs and IADLs), there were divergent results in the category “Difficulty in being a caregiving child”. Such discrepancy evidenced in the triangulation may be related to the fact that caregivers identify as a complex activity and seek help from contractors to carry them out. This result corroborates a study that identified that poorer health conditions of the elderly, requiring greater support in their activities, were seen by their children as a burden in care, leading them to opt for institutionalization.⁽²⁴⁾

The association of Filial Duty and Filial Expectation with emotional support and the approximation with the results obtained in the categories “Feelings of filial responsibility” and “Expectation of care” confirm that the children care for their elderly parents as a demonstration and lesson for their own children so that they can also be cared for in old age. It was observed in another study that emotional support is less imperative in Chinese culture, as the values of filial piety turn to obedience rather than to emotional attachment.⁽²⁵⁾

In turn, in a Canadian study,⁽²⁶⁾ filial responsibility was regarded by caregiving children as difficult and often undesirable and that most children do not consider it their duty or obligation to care for their parents. Differently from the results of this present study, researchers analyze that the socially established lack of child bonding leads to the decline of filial responsibility in Canadian society and considers it to be often inadequate or unsatisfactory and even characterized as filially irresponsible.⁽²⁶⁾

Despite identifying an association between attitudes of filial responsibility and financial support, it was verified at the qualitative stage that this behavior was considered a negative aspect, as it often generates a financial overload. This finding ratifies the results of a national study, in which it was identified that providing financial support was a factor related to the higher overload of caregiving children.⁽¹⁶⁾ In addition, as identified in another study,⁽²⁷⁾ financial issues in the process of caring for dependent parents are children’s concerns. It is also added that many children are responsible for meeting the financial demands of the elderly parents, which consequently entails a financial burden on the caregiver.⁽⁵⁾

Filial Duty remained associated only with companionship and visitation and were similar to the results identified in the categories “Possibility of institutionalization,” “Feelings of filial responsibility” and “Expectation of care.” An important aspect is that, for children, the feelings of obligation and duty of filial responsibility, often instituted by social norms and laws, as in the case of Brazil, were not viewed negatively. They seem to demonstrate that the higher the filial duty, the greater the probability that the caregiving child is present in the parents’ life, taking care, especially to provide companionship, visitation and emotional support, even for institutionalized parents. In general, the results corroborate the idea that filial duty plays a key role in the care behavior, as children take responsibility for care and perform any kind of support, i.e., children care because they feel obligated.⁽²⁸⁾ Moreover, the sense of duty can become a motivation and inspiration to care for elderly parents, despite the difficulties in adapting to this new role.⁽⁵⁾ Caregivers report personal satisfaction in giving care to parents, as are paying back for the

care they had as children. Another study⁽²⁷⁾ also emphasizes that, despite the stress experienced in care, caregivers reported a strong sense of filial duty, which motivates the provision of care to parents, reinforcing what was identified in another study in which care for elderly parents was considered as a duty or obligation by the caregivers.⁽⁵⁾

It was found that the variables living with the elderly, having a higher level of schooling and being an older caregiver were important factors in helping the BADLs and IADLs. It can be inferred that the fact that the caregiver resides with the elderly favors the assistance in full-time BADLs. In this study, living with the elderly was one of the most difficult parts of care, as they performed full-time care, which may compromise the caregiver's well-being, as evidenced by other research.^(12,27)

The association between help in IADLs and caregivers with higher schooling and older age can be justified by the fact that they maintain these activities for themselves and delegate to the hired caregivers basic activities that are deemed more exhausting. In turn, the association between being older and performing the IADLs may also be related to the difficulty in performing more difficult tasks, such as bathing and making transfers (BADLs). In different realities, there are older adults caring for the elderly, as evidenced in this study, which demands an organization of primary healthcare professionals to serve this group, which in some situations, already presents pathologies that also require care.

Conclusion

When examining the relationship between attitudes of filial responsibility and care behaviors of child caregivers, it was identified that Filial Duty and Filial Expectation had a relationship with financial and emotional support. In turn, companionship and visitation had an association only with Filial Duty. In the triangulation, most of the qualitative results complemented similar associations with the four categories of the qualitative step: "Difficulties in being a caregiving child," "Possibility of institutionalization of elderly parents," "Feelings of filial responsibility" and "Expectation of

care." These results show that, in Brazilian culture, the responsibility of children as a social norm reflects feelings such as love, affection, gratitude, reciprocity, and respect for parents. Understanding the context that involves being a caregiving child of an elderly parent contributes to improving the quality of care provided by professionals to this population. Furthermore, it serves as support for the preparation of public policies that give support to caregiving families.

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Collaborations

Aires M, Dal Pizzol FLF, Bierhals CCBK, Mocellin D, Fuhrmann AC, Santos NO, Day CB and Paskulin LMG contributed to the study design, data analysis and interpretation, writing of the article, critical review of intellectual content, and approval of the final version for publication.

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