

Review

## A Model for Understanding Hispanic/Latino Family Caregiving for Older Adults

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### Abstract

**Background:** In 2016, Hispanic/Latino (H/L) Americans made up 8% of the older population ( $\geq 65$ ) and 22.9% of the oldest population ( $\geq 85$ ) in the United States. It is projected that the older H/L population will grow to 21% by 2060. Currently the older H/L population depends primarily on their families for care.

**Methods:** Review published caregiving models for older adults in H/L populations.

**Results:** Gradual and inevitable acculturation of H/L caregivers to U.S. social customs, and the mutual relationship within their caregiving dyads can significantly influence caregivers' filial attitudes and thus alter their traditional caregiving behaviors for older adults.

**Conclusions:** Healthcare professionals should not deem H/L family caregiving for older adults a cultural preference. Rather, we should provide culturally sensitive care for these often underserved populations.

### Keywords

Hispanic; Latino; older adult; family caregiving



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## **1. Introduction**

The older population is becoming more racially and ethnically diverse in the U.S. [1, 2]. This trend is especially evident in the Hispanic/Latino (H/L) populations, which are projected to grow from 8% (3.94 million) of the older U.S. population in 2016 to 21% by 2060 [1, 2]. The H/L populations' dependence on family for care is rooted in issues with finances, education, language barriers, chronic health conditions, and most importantly, conformation with traditional cultural values [2]. Despite the Affordable Care Act, many H/L individuals might become underinsured by choosing the least expensive policy options, due to prioritizing expenditures on household, transportation and other needs. Even worse, some are not insured at all if they are of undocumented status.

Willingness to care for older adults is an asset among H/L families, especially when they are of low socioeconomic status (SES) and cannot afford paid care. Nearly 34% of Hispanic/Latinos who are in the U.S. are immigrants with a median age of 44.8 years as compared to 36.2 years for US-born H/L in 2017 [3, 4]. One-third of H/L households report having at least one caregiver (36%); who is predominantly female (74%); and with a mean age of 43, younger than non-H/L caregivers (mean age 49 years old) [5]. This phenomenon implies that the older H/L population is growing fast while the caregiver population may not retain the same family values as their parents or grandparents. Traditional filial attitudes are affected by various levels of acculturation and the quality of the mutual relationship within caregiving dyads. Is acculturation into mainstream U.S. culture altering traditional filial values of the younger generation in caring for older adults?

Filial attitudes are affected by the scope of acculturation and mutuality, and explicitly presented in the caregiving behaviors provided to the older adults. The purpose of this paper is to review a caregiving model that can assist healthcare professionals to better understand H/L acculturation, mutuality, filial attitudes, and caregiving behaviors.

## **2. Dual Paradigm Caregiving Model for Hispanic/Latino Older Adults**

The dual paradigm of acculturation and mutuality may lead to a more comprehensive understanding of the linkage between acculturation, quality of relationships within the caregiver—older care recipient dyad, and ultimately filial attitudes toward caregiving behaviors for adults. With the growing recognition of these issues in acculturation research in the past decade, substantial progress has been made in developing more appropriate models to fit the health concerns of H/L immigrant populations [6]. The authors have published a series of H/L elderly caregiving articles [7-14]; here we put the pieces together to form a more comprehensive model explaining H/L family caregiving for older adults.

### **2.1 Acculturation**

Acculturation is the process of cultural exchange and assimilation, which is an indispensable factor in the underlying sociocultural context and health [15] of elders, which is especially pertinent to studies of H/L populations [16]. The traditional conceptualization of acculturation has now shifted from a one-way linear relationship to the biculturalism model [17]. Although H/L populations are changing their attitudes, beliefs, cultural norms, and behaviors through interactions with the U.S. mainstream culture, they are maintaining certain cultural characteristics

to some degree, such as filial attitudes. The major concern is how many of the filial values remain, and for how long, with the younger generation born or raised in the U.S. mainstream culture. Acculturation is best described as a fluid process between two cultures, forming a timeline from the past to the present in different geographic locations during the migration process [18]. This awareness of the migration experience is basic to understanding norm shifts that make up the intergenerational caregiving patterns among immigrants and subsequent-generation families.

### 2.1.1 Effects on Family Caregiving

While the authors found that acculturation had a marginal effect on filial attitudes [10] and medication caregiving behaviors [11] among Mexican-American caregivers, some researchers [19] have suggested that the personal disorganization occurring during the acculturation process is responsible for the dysfunction often observed in H/L migrant families. Demographics, such as age, education, SES and length of residency in the U.S. affect the level of acculturation [6]. The feelings and thoughts about 'family' may change during the acculturation process because the younger generation tends to be acculturated more rapidly than do their parents [20]. Furthermore, those born in the U.S. often assimilate a different cultural value system from their parents. Hence, more acculturated H/L individuals may not preserve the same filial attitudes and caregiving behaviors toward older adults as their parents.

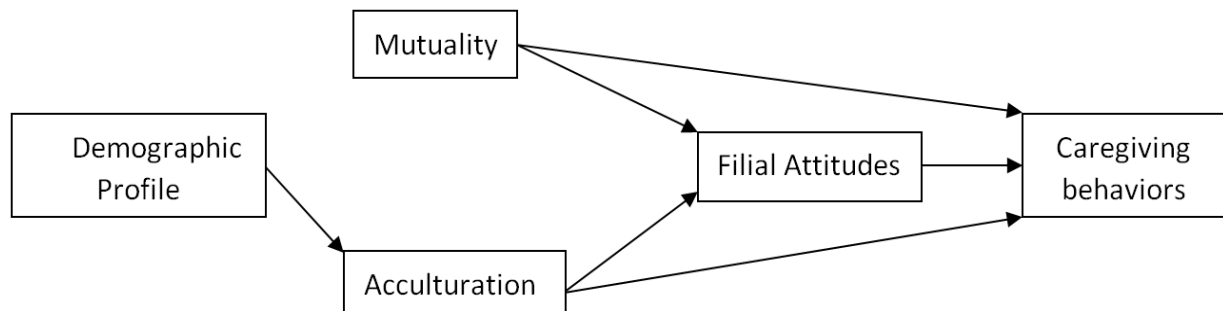
## 2.2 Mutuality

Mutuality is based on Social Exchange Theory, which has evolved from many scholarly works [21, 22]. It is vital for the wellbeing of older adults who progressively lose their ability to give, but need more favor from their families to maintain a subtle balance in the family exchange system [23]. Filial obligation may be initiated to repay older adults for their provision of material goods and emotional support to the family. A study found that unbalanced social exchanges with children were determinants in the institutionalization of older adults [24]. However, filial obligation may transcend the boundary of the social exchange paradigm. Whether the mutual relationships promote the filial obligation or the filial obligation facilitates the mutuality within the caregiving dyad is unclear because not all the investments done for the family would guarantee a return when one is elderly and needs care from one's family [8]. Both social exchange theory and filial obligation implicate investment [25], e.g., 'prepare for a rainy day'; they appear to have common conceptual ground.

### 2.2.1 Effects on Family Caregiving

Kao and An found that mutuality within the Mexican-American caregiving dyad presented a strong correlation with filial attitudes but there was no significant correlation between acculturation and mutuality [10]. In addition, social exchange variables explained more variance in medication caregiving behaviors than did acculturation [11]. Another study showed that closer relationships between caregivers and care recipients with dementia are associated with positive outcomes for care recipients [26]. Other researchers [27] have examined cross-sectional dyadic data from the National Long-Term Care Survey that also illustrated the importance of reciprocal exchange as a promising component of maintaining balanced caregiver-care recipient

relationships among older African American adults and their informal caregivers. The authors contend that the better the mutual relationships within the H/L caregiving dyads, the better the filial attitudes are preserved and the more willing the younger generation is to provide care to older adults. Figure 1 depicts our model.



**Figure 1** A caregiving model for Hispanic/Latino families with older adults.

### 3. Conclusions

H/L caregiving for older adults is at a critical crossroads. Caregivers' filial attitudes can determine their caregiving behaviors toward older adults with chronic conditions [28, 29]. Although women are the traditional family caregivers across most cultures, 21% (some 7.6 million) of H/L women are providing long-term informal care to their families in the U.S., which is the highest proportion reported for any racial/ethnic group [30]. The negative impact of caring for older adults at home is that many H/L women may need to stop working to assume the caregiving duty, and, lacking economic means, caregiving is impoverishing these women. The poverty rate for single H/L women was 40.8% [31]. Those low-income caregivers for whom hiring paid care was a severe economic stretch were half as likely to engage paid care for older adults as higher-income caregivers. Thus, another challenge is that lower income caregivers had no relief from their stressful caregiving duties [31]. Filial attitudes and caregiving behaviors can further trap H/L populations in a vicious cycle of poverty [32]. Understanding the role of traditional filial attitudes can better support policy development impacting H/L families.

In this article, we provide a dual paradigm model, the interplay between acculturation and mutuality, which can be a promising and useful lens to foster Hispanic/Latino family caregiving for older adults. In addressing this often underserved population, healthcare professionals need to consider both their vulnerabilities and their resilience. Our sincere hope is that healthcare professionals will not simply treat H/L elderly care as 'family business' or a cultural preference. By using culturally appropriate acculturation and mutuality measurement already available in literature, healthcare professionals can design culturally sensitive care approaches that will help them to depart from a cycle of hardships. H/L populations are the largest minority in the U.S.; it is our social responsibility as a nation to address their emerging elderly care issues. Success in this endeavor will prove to benefit not just this group but elders and caregivers throughout the whole of society. This is a substantial pathway to aim for balance between cultural norms, economic growth and the welfare of society and the environment.

## Author Contributions

Dr. Kao: Drafted the article and repeatedly discussed with the coauthor to complete the final manuscript; Dr. Amaya: Evaluated, reworked and discussed with the first author to complete the manuscript.

## Competing Interests

The authors have declared that no competing interests exist.

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