THE MEANING OF THE EXPERIENCE OF BEING CARED FOR BY ELDERLY CHINESE IMMIGRANTS IN SWEDEN

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ABSTRACT

Background: The elderly Chinese group is growing in Sweden but no studies about their experiences of being cared for were found. In order to meet the elderly Chinese need for care, it is necessary to understand their perspectives of being cared for.

Aim: To describe the meaning of the experiences of being cared for by elderly Chinese immigrants in a Swedish context.

Method: For this phenomenological study, open-end interviews were carried out with 7 informants originally from Mainland China and Hong Kong.

Result and Conclusion: For the elderly Chinese in Sweden, ‘being cared for’ means being involved in a caring community, to have a mutual relationship with someone who can see and understand their needs. In such a relationship, they felt that they were included and respected. They were being treated as valuable with a genuine manner. They had a feeling of satisfaction, happiness, peacefulness, closeness, togetherness, and wholeness when ‘being cared for’.

For these elderly Chinese immigrants, informal care was indispensable even when they were receiving formal care. They wished that their family could show concern and formal caregivers could understand and give space to the informal caregivers on caregiving.
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INTRODUCTION

The ageing population in a global perspective is increasing in a number. The world’s population of people that are 60 and above is expected to increase from 605 million in 2000 to 2 billion in 2050 (WHO, 2013). Sweden is one of the western countries with a growing ageing population. In 2010, 18.4% of the total Swedish population was over 65-years-old (Statistics Sweden, 2013a). According to the forecasts this figure will rise to 25.3% in 2060 (ibid). In Sweden, the cost of long-term care of elderly care, which was provided and financed by public section, was about 3% of the GDP in 2005 (Socialstyrelsen, 2007).

According to Leininger (1996), a person’s cultural and social factor could influence the value and expressions of care. When taking care of a person with diverse cultural background, caregivers are required to meet the person’s individual needs and understand his or her worldview (ibid). In the growing ageing population in Sweden, foreign-born elderly has also increased and it was about 11.9% of the total elderly population in 2012 (Statistics Sweden, 2013b). This is a growing elderly group that will demand more services from the society to maintain their physical and mental well-being. Albin, Albertsson, Ekberg & Hjelm (2005)' study about health and consumption of health care and social service among old immigrants in Sweden showed that older immigrants had a poor health statue and they had a high consummation of health care services. With a growing population of foreign-born elderly in Sweden, caregivers need to consider these elderly’s needs when providing care to them.

Culture could not only influence people’s perspective of care, but also affect the care setting in the society (Leininger, 1988). During my time as a master student in Sweden and as a nursing student from China, a field study has been performed in several elderly homes and one hospital in Sweden 2012. It is observed that the elderly care structure is different in Sweden compared to China. In Sweden, it is the government and society’s responsibility to take care of the elders, rather than informal caregivers (Trydegård, 2000). In China, family members have a responsibility to take care of their elders (Chow, 2013; Constitution of the People's Republic of China, 2013) and the elderly rely on their family for caring (Li, Long, Essex, Sui & Gao, 2012). The elderly Chinese will face a different structure of elderly care in Sweden where the elderly care is provided by formal care, instead of informal care. It is therefore important to understand the elderly Chinese perception of the meaning of care, in order to be able to fulfill their needs of care.

BACKGROUND

In this section, the relevant definition of care, the definition of elderly and Chinese immigrant for this study is presented first, followed by the facts of Chinese immigrants in Sweden. Then the structures of elderly care in China and Sweden is explained and previous research about elderly immigrants of being cared for is described.

Care

To take care of a person is not merely to provide help (Wikberg & Eriksson, 2008). According to different theories about caring in the Nordic countries, caring is the core of nursing care and it includes love and compassion (Lindstrom, Lindholm & Zetterlund, 2006; Wikberg &
Eriksson, 2008). Patients are the center of care and it focuses on strengthening their health and facilitating their well-being (Dahlberg, Todres & Galvin, 2009). A person should be cared for with full respect for his or her dignity and caregivers should be there with him or her when they are suffering (Lindstrom, et al., 2006; Wikberg & Eriksson, 2008). Fredriksson (1999) explained that being there with a patient is an intersubjective encounter with ones’ humanness and acceptance. When caregivers are aware of patients’ perspectives of care and listen to patients’ stories, it helps caregivers to meet the patients’ needs of care (Dahlberg, et al., 2009; Leininger, 2002).

Care is defined by Leininger (1996) as “the abstract and manifest phenomena and expressions related to assisting, supporting, enabling, and facilitating ways to help others with evident or anticipated needs in order to improve health, a human condition, or a lifeway.” (p.73). Care can be given in different forms, such as formal care and informal care. Formal care regards the care that is provided by the institutionalized health- and social-care systems (Bolin, Lindgren & Lundborg, 2008; Chow, 2013). Informal care regards that close relatives, neighbors or friends as caregivers who provide a wide range of care or help for someone in need of care (Bolin, et al., 2008; Jegermalm & Grassman, 2012; Chow, 2013).

From a culture care perspective, nursing requires knowledge of different cultures to provide care that is congruent with the client’s lifeway and social structure (Leininger, 1988). It becomes crucial for nurses to listen with an open mind to patients and learn from them (Leininger, 2002). Coffman (2004) also pointed out that for nurses who take care of patients with diverse culture, communication is essential when providing culturally sensitive care.

In this study, both informal care and formal care are included to describe the meaning of ‘being cared for’ by the elderly Chinese immigrants in Sweden. The elderly in this study are defined as the people who are 65-year-old and over, in accordance with the definition of ageing population in Sweden (Socialstyrelsen, 2007). Chinese immigrants are referred to as people who are born in the mainland of China or Hong Kong (Utrikesdepartementet, 2008).

**Chinese immigrants in Sweden**

In Sweden, the total population of Chinese immigrants is gradually increasing, from 8711 in 2000 to 27 422 in 2012 (Statistics Sweden, 2013c) (Figure 1). Also the elderly Chinese immigrants is gradually increasing during the past decade, from 818 to 1029 (ibid) (Figure 2). In recent years, students from China have increased and constituted the largest group of students from outside Europe in Sweden (Migrationsverket, 2013a). Growing number of students from China are staying in Sweden after they finished their studies (ibid). Although the elderly Chinese group is still a minority group in Sweden, the trend is that this group will continue to expand in the near future.

![Figure 1. The total population of Chinese immigrant in Sweden born in China mainland and Hong Kong by period. Source from Statistics Sweden (2013)](image1.png)

![Figure 2. The total population of elderly Chinese immigrant in Sweden born in China mainland and Hong Kong by period. Source from Statistics Sweden (2013)](image2.png)
In Sweden, the Chinese immigrant group consists of both forced and voluntary migrants (Migrationsverket, 2013b). Forced migration results from external compulsion by human or natural forces (Zaloznaya & Gerber, 2012). Voluntary migration results from an individual choice to migrate without being forced by other external compulsion (Lassetter & Callister, 2009; Zaloznaya & Gerber, 2012). According to the Swedish Immigration Department, the majority of Chinese immigrants in Sweden are voluntary migrations that immigrated for the labor market, study, or family reunification (Migrationsverket, 2013b). Hollander (2013) showed that the immigrants with a refugee background had significant difference in poor mental health compared to the non-refugee immigrants. Moreover, Swedish government has special policies to protect and help the refugee immigrants, for example, a reception system to help the refugee seekers to integrate into the society, but this offer is not provided to non-refugee immigrants. (Migrationsverket, 2013c; Regeringskansliet, 2013).

Elderly care in China

Elderly care in China is mainly given by family members (Chow, 2013; Nyback, 2007). According to the law in China, adult children have obligations and duties to help their old parents (Chow, 2013; Constitution of the People's Republic of China, 2013). The elderly long-term care (LTC) services are regarded as a supplement to family care (Li, et al., 2012; Zhai & Qiu, 2007). Even though the elderly from urban areas showed receptive attitudes toward LTC services, it is not common for the elderly from rural areas to be interested in those services (Li, et al., 2012). Taking care of an elder is also regarded as a moral obligation and it becomes a natural part of a Chinese family’s life (Nyback, 2007). Adult children follow their filial piety that is a guide for parent-child relationship, to take care of their old parents (Mijung & Chesla, 2007). Filial piety describes family values and expectation of dependent care, which is a cultural belief and guidance to form adult children’s behaviors and attitudes to support and obey their parents (Mjelde-Mossey, Chi & Lou, 2005).

In China, formal services to support LTC are still at the beginning stage of development (Feng, et al., 2011; Wu, Carter, Goins & Cheng, 2005). Only in the past decade the number of elderly homes has begun to increase in China (Feng, et al., 2011) and the state-sponsored residential care has opened for the elderly (Wu, et al., 2005). However, home and community-based care services are mostly confined to urban areas and the supply is limited and facing a shortage of trained workforce (Feng, et al., 2011; Wu, et al., 2005). Therefore, financial and instrumental supports from adult children are indispensable for the elderly (Li, et al., 2012; Zhai & Qiu, 2007). In China, the elderly perceived being cared for when their children showed concern and obedience towards them (ibid). The elderly’s ideal model of elderly care is based on a harmonious relationship in the family (Li, et al., 2012). When the elderly Chinese live in a western country they will face the conflicts and differences of care giving that is provided by formal care while the informal caregivers having no obligation to provide them care anymore (Smith & Hung, 2012).

Elderly care in Sweden

In Sweden, the responsibility of elderly care switched from family to public sector such as government and communities in the 1950s (Chow, 2013; Trydegård, 2000). The elderly care is provided by formal care that is financed by government and communities (Forssell & Torres, 2012; Jegermalm & Grassman, 2012; Norberg, 2007; Socialstyrelsen, 2007). Family members have no legal obligation to provide care or financial support to their elderly
parents (Chow, 2013). Informal care from family members has become a supplement for formal care in Sweden since the 1950s (Chow, 2013; Norberg, 2007).

The elderly care in Sweden covers both financial support and daily assistance (Socialstyrelsen, 2007). Services of elderly care in Sweden include support of housing, basic living expenditure, and health care services. The purpose of Swedish elderly care is to meet the elderly’s needs (ibid). The elderly can choose different care services in accordance with their needs, for example home care services, institutional care, or home nursing care (Fukushima, Adami & Palme, 2010). For immigrants who have language barriers, it is free to apply for professional interpreters when using formal care (Hadziabdic, 2011). According to Harrefors, Savenstedt & Axelsson’s study (2009), it is important for the elderly Swedish persons to maintain their identities and being treated with dignity when receiving caring from caregivers. When the elderly Chinese live in Sweden, their need of care may be different compared to the Swedish elderly although no previous study was found about this matter.

Previous research

First, research about elderly Chinese immigrants in Western Countries is described. Second, research about elderly immigrants in Sweden is presented.

Studies about elderly Chinese immigrants in other countries

Family care is indispensible for both elderly Chinese living abroad and living in China (Li, et al., 2012; Lo & Russell, 2007; Pang, Jordan-Marsh, Silverstein & Cody, 2003). Unlike the elderly Swedish who do not expect their adult children to take care of them (Harrefors, et al., 2009), the care from adult children is expected and regarded as an obligation for the elderly Chinese immigrants (Li, et al., 2012). Even though the elderly Chinese in Australia (Lo & Russell, 2007) and in America (Pang, et al., 2003) do not want to be a burden to their families, family is still the elderly’s primary source when they cannot handle their health care problems by themselves and need help to access formal care services. Yet the patterns of care giving from family are changing after their migrations (Wong, Yoo, & Stewart, 2006; Pang, et al., 2003). Instead of expecting financial support or living together, being treated with respected and receiving emotional support from the adult children become more significant for the elderly Chinese immigrants (Wong, et al., 2006).

The elderly immigrants also state that the care from religious organizations, friends, and social services is a source of great support (Pang, et al., 2003; Wong, et al., 2006). Since living separately from adult children become common for the elderly Chinese immigrants, they turn to be more relying on their friends and neighbors who are nearby for help (Lo & Russell, 2007; Pang, et al., 2003; Wong, et al., 2006). Spirituality and religion are regarded as a protective factor and guidance to cope with the life challenges by the elderly Chinese immigrants in America (Lee & Chan, 2009). When the elderly immigrants require long-term care, they want to be taken care of by formal caregivers who can communicate with them and understand their culture and needs (Chow, 2012; Smith, et al., 2013).

Studies about elderly immigrants in Sweden

A literature search about experiences of being cared for about the elderly Chinese immigrants in Sweden was carried out in databases PubMed, Cinahl and Medline in June 2013, with the help of a librarian by using the combining search words “elderly”, “care”, “Chinese”, “immigrants”, and “Sweden”. No study concerning the elderly Chinese immigrants’
experiences of being cared for was found. However, on study about the life of Chinese immigrants who were between 18 and 44 years old in South Sweden was found (Tao, 2012). In Tao’s study, the Chinese immigrants indicate that the biggest problem that they faced in Sweden was the difficulty to establish intimate relationships with the others in the Swedish society. Her findings also shows that these Chinese immigrants prefer the traditional Chinese culture and that their children showed them respect and took care of them (ibid).

Although no study about the elderly Chinese experiences of being cared for in Sweden were found, studies about other elderly immigrant groups in Sweden were undertaken (Heikkila & Ekman, 2003; Heikkila, Sarvimaki & Ekman, 2007; Hovde, Hallberg & Edberg, 2008). Having cultural congruency with caregivers can benefit the elderly’s well-being and health (Heikkila, et al., 2007). A comparison study of 222 participants (Hovde, et al., 2008) about public care and informal care needed by older non-Nordic immigrants in Sweden compared to older Nordic-born persons shows that family support is common for the elderly from non-Nordic countries. Among the elderly from non-Nordic countries in the study sample, 83.9% were of European origin, 9.9% were of Asian origin, and the rest were from Africa and America (ibid). The elderly Finnish immigrants indicate that they prefer to be cared for in a familiar environment and by the caregivers who are familiar with the Finnish culture and language (Heikkila & Ekman, 2003). When the elderly Finnish immigrants are living in the elderly homes, feeling being at home and having a sense of security is regarded as being cared for (ibid).

Bramberg, Nystrom and Dahlberg (2010) indicate that it is common for the immigrants to feel that they are excluded and not accepted when they cannot participate in the care relationship. According to these researchers, to participate in a care relationship means that patients are being involved and active in the care process and they have opportunities to express themselves (ibid). Studies by Torres and coworker (Forssell & Torres, 2012; Torres, 2006) showed that the elderly immigrants’ needs of care are vary depending on the different migration age and emigration countries. There are studies showed that the elderly immigrants reported more health problems in general both physical and psychological (Albin, et al., 2005; Koochek, et al., 2008) and they showed a higher level of depression than the native Swedish elderly (Momeni, Wettergren, Tessma, Maddah & Emami, 2011). Language barriers, different cultures, and the change of social network are some of the factors that may influence the elderly immigrants’ mental health (ibid). Therefore, providing care to the elderly immigrants, their different needs should be taken into consideration.

THEORETICAL FRAME OF REFERENCE

The theoretical frame of this study is based on transcultural care theory from Leininger and her co-worker (Leininger & Mcfarland, 2006), the theory of Caritative Caring by Eriksson (Eriksson, 2002; Lindstrom, et al., 2006; Wikberg & Eriksson, 2008) and the Lifeworld Theory (Dahlberg, K., Dahlberg, H., & Nystrom, 2008; Merleau-Ponty, 2002).

According to the transcultural care theory, care has its diversities among different cultures and societies. Therefore, a person’s culture and the social environment are two important factors that influence the care patterns and the person’s needs of care (Leininger & Mcfarland, 2006)). It is also considered important by the caregivers to meet the patients’ individual needs, to understand their worldviews and listen to the their experiences with an open mind in
caregiving (Leininger, 2002; Leininger & Mcfarland, 2006). When the elderly Chinese immigrants live in Sweden, their experiences of being cared for and their care needs would be affected by their original culture. In order to fulfill these elderly’s care needs, caregivers in Sweden may need to understand the diversities of elderly Chinese immigrants’ experiences and perspectives of care.

The perspective of caring sciences is also applied in this study (Eriksson, 2002; Lindstrom, et al., 2006; Wikberg & Eriksson, 2008). From the theory of Caritative Caring of Eriksson (ibid), a patient is regarded as suffering human being, rather than a person who is diagnosed with disease or illness. A patient should be treated as an individual human being and be seen as a whole person with body, soul, and spirit (Eriksson, 2002; Lindstrom, et al., 2006). When taking care of a person, his or her individual needs should be considered and paid attention to, instead of treating them as an object. Therefore, the elderly Chinese immigrants in Sweden ought to be seen as individual persons with individual needs when caring for them.

According to the lifeworld theory, a person can never be understood merely as a biological being (Dahlberg, K., Dahlberg, H., & Nystrom, 2008; Merleau-Ponty, 2002). Human beings have access to the world through their lived bodies, which create connections and interactions with the world (ibid). In the lifeworld theory, caring for another person and meeting the person’s needs, demand caregivers’ to be openness to the lifeworld of their patients and to be sensitive towards the patients’ experiences (Dahlberg, el al., 2009). The lifeworld is a world of perception and knowledge which is based on the thought that we judge things in the world in relation to our experiences even though we are not aware of it (Dahlberg , et al., 2008; Todres, Galvin & Dahlberg, 2007). From our lived experiences, we have our pre-understanding and knowledge about the things, which we do not reflect on and usually take for granted. As a patient, he or she should be seen as the experts on themselves and their life situations in the perspective of caring science (Hörberg, Ozolins, & Ekebergh, 2011). According to one’s experience in life, one will also perceive what ‘being cared for’ implies. Elderly Chinese immigrants living in Sweden, have their experiences of being cared for in accordance with their lifeworld. Understanding the meaning of elderly Chinese immigrants’ lifeworld can be more incorporated into the care and fulfill their care needs.

DEFINITION OF RESEARCH PROBLEM AND QUESTIONS

The population of elderly immigrants is increasing and in order to meet the elderly’s care needs, it is necessary to understand the elderly Chinese perspectives of being cared for in a Swedish context. The previous studies in other western countries pointed out that family support is still an important element in elderly care for the elderly Chinese immigrants (Li, et al., 2012; Lo & Russell, 2007; Pang, et al., 2003). When the elderly Chinese are taken care of by formal care in Sweden, it is uncertain if their needs of care can be fulfilled.

Although there were studies about the elderly Chinese immigrants’ experiences of being cared for in other western countries, the results from these studies may not applicable to the situation in Sweden because the health care structures and welfare services are different. For instance, in Sweden the elderly care is financed by tax from the government and communities (Socialstyrelsen, 2007). For other western countries, such as America (Guo & Castillo, 2012), the medical care insurance does not cover all expenditure of the elderly nor the long-term care for every individual in the society. As immigrants, the elderly Chinese in Sweden may have
different kind of needs according to their cultural and migration background. However study about the experiences of being cared for by elderly Chinese immigrants in Sweden could not be found. Therefore, it is important to study the elderly Chinese immigrants’ experiences of being cared for in Sweden in order to understand the elderly Chinese immigrants’ care needs.

AIM

The aim of this study was to describe the meaning of the experiences of being cared for by elderly Chinese immigrants in a Swedish context.

METHODS

This section presents the motivation for choosing a phenomenology approach for this study, the data collection, and the analysis. This section ends with a description of the ethical considerations in this study.

A phenomenology approach

In this study, a phenomenological approach has been chosen and the study phenomenon was ‘being cared for’ from the elderly Chinese immigrants in Sweden. This chosen approach focuses on describing the phenomenon and attempting to get a deeper understanding of lived experiences (Dahlberg, et al., 2008; Patton, 2002). In the phenomenological philosophy, Husserl (1970a) pointed out the idea of “to the things themselves” (p xxiii) that is to describe the world as it is experienced and explore the hidden meaning behind the phenomenon (Dahlberg, et al., 2008).

The Reflective Lifeworld Research (RLR) method was applied in this study (Dahlberg, et al. 2008). When using RLR method, a researcher was required to be open and be aware of his/her own pre-understanding (Dahlberg, et al. 2008; Nystrom & Dahlberg, 2001). Pre-understanding is our previous knowledge about things and is also a necessary precondition for people to be able to gain knowledge (Nystrom & Dahlberg, 2001). However, pre-understanding is unavoidable when conducting a study. Therefore, researchers need to “bracket” their pre-understanding and keep an open attitude towards the phenomenon (Dahlberg, et al., 2008). In this study, the author tried to control her pre-understanding by being attentive and open to the informants’ answers allowing the informants to describe their experiences freely during the interview. I corrected this myself that open-ended questions were used to keep a neutral attitude towards informants’ answers. During the analysis, self-reflection was required and the findings were supported by the citations from the informants’ experiences.

Data collection

To obtain the experiences of being cared for from the elderly Chinese immigrants, an open-ended interview method was chosen. According to Creswell (2006), using an open-ended interview method can help deeply to explore the informants’ life experiences and facilitate them to answer the questions freely in their own words.
Before the interview began, two open-ended questions were prepared for the interview. The first question was: “Can you tell me what brought you to Sweden?” The purpose of this question was to get some background information of the informants and to establish interactions between the author and the informants. The second question was focusing on the study phenomenon: “Do you have any experience of being cared for in Sweden? Can you describe them for me?” Based on the informant’s answers, some follow-up questions were applied, for example, “What do you mean?” “Can you describe more about it?” and so forth.

**Sampling procedure**

The inclusion criteria of informants were: first generation of Chinese immigrants from the mainland of China and Hong Kong; 65-year-old or over; capable of speaking Chinese in Mandarin or Cantonese; could respond to the interview questions; willing to share their experiences of being cared for. The sample size was not decided in advance of the interviews. As Dahlberg et al. (2008) suggests that more informants could expand a new understanding of the phenomenon.

An email about the study aim and the criteria of the informant was sent to different Chinese associations in several cities in Sweden. Meanwhile, a snowball sampling method was used to search for more informants via mouth-to-mouth and via a network application that named Weibo. Weibo is a Chinese social network application that widely used by Chinese people all over the world. The recruitment took two and half months. The migration type of informants was not set up as a condition neither in the inclusion nor exclusion criteria. It just turn out that all of the informants in this study were voluntary migrants.

Eight elderly contacted the author and were willing to participate. One Chinese association recommended half of the informants. Three informants were recruited with the help of a friend. One was recruited from the social network application Weibo after a recruitment announcement about this study was posted there. Before the data collection began, one informant withdrew from the study because of her intense schedule. In total, seven informants took part in this study, excluding the one who participated in the pilot study.

**Pilot study**

In order to refine and prepare interview questions and to practice the interview skills, a pilot study was carried out one week before the other interviews began. The content of this pilot study was not included into the study analysis. A female Chinese from the middle part of Sweden participated in the pilot study. This lady contacted the author through the Chinese association and was willing to participate in this study. However, her age was 53, which was out of the scope. Therefore, this informant was invited to take part in the pilot study and she agreed. This interview was held in a Chinese restaurant that was chosen by the informant.

The outcome of this pilot study was not as expected because the author was not enough focused to listen to the informant while she was telling her own experiences of the study phenomenon. During the interview, the first prepared question was asked and it helped to create an interaction between the author and the informant. However, the second prepared question and follow-up questions were never asked. The conversation was concerning something else than the study phenomenon. Accordingly, the content of this interview was not rich enough to find the hidden of phenomenon ‘being cared for’. From this interview I learned to pay attention to the informant’s answers and focusing on the study phenomenon were
crucial to be able to obtain rich interview material. In order to get a deeper understanding of the study phenomenon, more follow-up questions needed to be added.

Moreover, the pilot study was not carried out smoothly. The interview was interrupted frequently by acquaintances of the informant appearing in the restaurant who talked to the informant. Carrying out an interview in a Chinese restaurant was found unsuitable for this study. Kvale (1996) pointed out that an environment with less distraction allows for a more efficient interview. From the experience of this pilot study, the author suggested the further informants to select a quiet environment for interviews.

**Informants**

Informants in this study consisted of four women and three men. They were between 65 and 85 years old and they lived in four different municipalities in the middle of Sweden. Four of them were born in Hong Kong and the other three were born in the mainland of China. Informants had lived in Sweden between 24 to 40 years and all of the informants were married. Four of the informants were widow/widower and two of them were divorced. Among these informants, one lived with his wife, two lived with their children, and four lived alone.

Only one informant had a high school education, the rest had primary school or no formal education. Four of them were employees in Chinese restaurants and one was the owner of a Chinese restaurant. The other two worked as hotel cleaners. All but one informant needed assistance for interpretation when they visited formal care organizations. All informants had experienced and received informal care and formal care from the hospitals or communities, but only two informants had received home-care services before.

**Interview**

The interviews were carried out in January 2013 and informants chose where the interview should take place. Three interviews were conducted in private rooms that were provided by the Chinese association. Two interviews were taken place in the informants’ homes, while the rest were carried out in quiet areas of two coffee shops. There were four informants who brought companions to the interviews. One companion was the informant’s spouse and she helped the informant to explain his answers. The other three were invited by informants as their companions but these companions did not participate in the interviews. All interviews were conducted in Cantonese, which is a dialect from Southern China. Cantonese was not the first language for two of the informants but they chose to use this dialect in the interviews because they used to communicate with other Chinese people in Cantonese in Sweden.

After the two prepared questions were applied during the interviews, the rest of the questions were added spontaneously, as a response to the informants’ reactions and answers. A lot of follow-up questions were used, for example “Can you describe more about that?” or “Please tell me more about your experiences.” Other questions were also used to dig deeper into the informants’ descriptions of the phenomenon and to help the informants to reflect on their experiences, such as “What do you mean by ‘being cared for’?” “Is that what you mean?” “During the interviews, I tried to control my pre-understanding by keeping a neutral attitude when informants described their experiences. I was reminding myself to keep an open mind towards the informant, to let them express their experiences in their own words. When the informants had described their experiences of ‘being cared for’ until they had no more information to give, the interviews were considered as finished.
During one interview, an informant was resistant to answer the questions concerning the care given by family and friends. This informant was worried that his privacy would be disclosed. Therefore, explanation was given concerning the study one more time. The informant was informed that confidentiality of the identity was guaranteed and he could withdraw the interview at anytime. Before the second time explanation, the informant thought only formal care was concerned in the interview. When he understood the study included both formal care and informal care, the informant felt assured and he authorized to use the interview data.

The interviews lasted between 33 and 88 minutes, were recorded and then transcribed verbatim into Chinese by the author, including informants’ non-verbal expression, such as silence, laugh, and body movements. The original interview text was written in Chinese and then translated into English during the analysis process.

Analysis
The data analysis followed the principles and guidelines in RLR method that is described by Dahlberg and co-workers (2008). The procedure of the analysis was described as “a movement between the whole-the parts- the whole” (Dahlberg, et al., 2008, p.236). In the initial phase, it was to get familiar with the texts and to get a strong sense of them. The initial step was listening to the audio records and reading through the transcripts as a whole several times with an open attitude (Dahlberg, et al., 2008). Keeping the pre-understanding in check, the author stayed curious to see the potential meaning in the transcripts towards the phenomenon “being cared for”. When the overall content of the interviews could be easily articulated, then the initial phase was finished. For example, without looking at the data, the general information about the interviews could be captured, as well as the related information of the informants and their reactions in the interviews.

The second phase consisted of finding the meaningful sentences that were related to the phenomenon ‘being cared for’ and the data were broken into smaller parts, meaning units. When searching the meaningful sentences, it was important to be clear and keep the study phenomenon in mind. In this phase, firstly it was to put all the meaningful sentences together and describe the meaning of these meaningful sentences. The meaningful sentences that showed similar meaning would be put into the same meaning units, which were close to the original text and remained the spoken words of the informants. Some meaningful sentences could display multiple meaning and they would be put into more than one meaning units. All the meaningful sentences were flexible to move between different meaning units or create a new meaning unit. Then the focus was to search the meaning of phenomenon ‘being cared for’ and the connections within the meaning units.

Afterwards, the meaning units were described with a few words and translated into abstraction level and formed into clusters. These clusters were regarded as a temporary pattern of meaning that helped to see the essential meanings and structures. In a cluster, the meaning that seemed to belong to each other was put together. The clusters could be formulated into different patterns and moved around or creating new clusters. Searching the meaning of the clusters and their relations with each other, helped to get a deeper understanding of the phenomenon ‘being cared for’. To be ready on this phase, a stable pattern of the clusters were emerged and in this pattern the meaning of phenomenon ‘being cared for’ in each cluster did not overlap. In this phase, according to Dahlberg and co-workers (2008), it was important to be with self-reflection and self-awareness of the pre-understanding, as well as being brave to move the clusters around in order to see the new meaning inside.
In the next phase, the data was seen as a new whole. During this phase, the essential meaning of the phenomenon ‘being cared for’ and the variations of the meaning were described. When doing the description, sometimes it was necessary to go back to the original text, with the informants’ own words, to confirm that the meaning was correct. A general structure of the phenomenon with its essence and constituents would be generated. The essence was the core meaning of the phenomenon and it was relatively stable. The constituents were regarded as variations of the phenomenon. The essence and the constituents constituted the phenomenon as a whole.

Ethical considerations

The ethical principles of the Declaration of Helsinki (WMA, 2013) were followed in this study. According to the Declaration of Helsinki, the privacy of the informants, minimizing the harm and maximizing benefits of this study and giving the freedom to the informant were considered during the study (Polit & Beck, 2009; WMA, 2013).

Self-ethical evaluation that was guided by the Etikkommitten Sydost (2013) was carried out for this study. Prior to the data collection, the manager of the organization and the informants approved this study. All the informants had received a written notice about this study before the interviews were carried out. For this study the participation was voluntary and the informant could withdraw the study any time without explanation. As mentioned before, another ethical consideration to make the informants feel as comfortable as possible, the informants could choose the interview places or have companions with them during the interviews. The informants authorized the audio recording and the recorder was placed in a visible place. When the interviews were finished, the informants showed appreciation to be given the opportunities to share their stories with others. During the data collection, one informant felt uncomfortable during the interview. He felt more relaxed after the study purpose was explained again. Confidentiality was guaranteed. The name of the informants was replaced by codes and other information of the informants that may identify them was concealed. All the data was saved on the author’s computer, which could be accessed only by the author through a special password.

RESULTS

In the results, the essence of “being cared for” from the experiences of the elderly Chinese immigrants in Sweden would be described first, following by its constituents.

Essence

From the perspective of elderly Chinese in Sweden, ‘being cared for’ meant being in a genuine encounter. In this encounter, the elderly Chinese felt that the caregivers did not pretend to help or pretend being concerned about them. Instead, the elderly experienced that the caregivers were open and honest. When they were together with the caregivers, the elderly felt pleasant and close to the caregivers. The elderly appreciated that the caregivers were there for them and were thankful for the caregivers’ support.

‘Being cared for’ meant being visible in the care relationship. The elderly were seen as an individual with unique needs and were treated as a fellow human being with respect and equality. When caregivers understood the elderly’s need of help or attention and offered
initiative to help them, the elderly felt that they were being cared for. With the help and attention from caregivers, the elderly felt secure and were confident that they would be able to recover from diseases or get over their sadness and loneliness.

‘Being cared for’ was experienced as being in a mutual relationship. In this relationship, the elderly Chinese had expectations that the caregivers would carry out their responsibilities and obligations and that the elderly would trust and rely on them. On one hand, the elderly Chinese did not want to be neglected by the caregivers in this relationship. On the other hand, they were afraid to become a burden to anyone. The elderly did not take the caregivers as granted and they wanted to pay back for the care that they had received.

When the elderly experienced ‘being cared for’, they had a positive feeling of this interpersonal relationships with caregivers. The elderly Chinese people felt satisfaction, happiness, peacefulness, closeness, togetherness and wholeness. ‘Being cared for’ was not only present for the elderly during a physical interaction with the caregiver. When the elderly thought about the care they had received and they thought about their caregivers, the feeling of ‘being cared for’ could also be aroused.

Constituents
Three constituents were found for the phenomenon ‘being cared for’ from the experiences of elderly Chinese immigrants in Sweden. These constituents were: ‘Being included’, ‘Being respected’, and ‘Being cherished’. The following is a description of these constituents.

Being included
‘Being cared for’ was experienced as having a sense of belonging. When the elderly were living in Sweden, a feeling of loneliness appeared since their kinship network was diminishing and the elderly felt that they were outsiders in the Swedish society. Then the elderly found a new group to fit in. The members of this new group generally shared similar migration backgrounds, interests or beliefs with the elderly. This group expanded the network of informal caregivers of the elderly Chinese. When the elderly were accepted and received help from the group members, the elderly experienced being cared for. The elderly considered that they all belong to a brotherhood in a new family. In this brotherhood, the elderly felt that they were not alone in Sweden anymore. One informant described this brotherhood feeling that she had with one of her friends.

During this time [in the hospital] when she (a friend) came to visit me, I felt like, What should I say...it was a special feeling of happiness. I had a feeling that I was really safe. It was such kind of feeling like being in a family. That kind of close feeling between mother and child, brothers and sisters, and among friends. I had these kinds of feeling. Oh, you travel such a long distance to come and visit me, after your exhausting day at work you still came and visit me. (5.377)

Within the family the elderly felt that they were part of the family and had a place in their family members’ heart, it meant ‘being cared for’. The elderly regarded their family as a harbor, a shelter, and a place of refuge. When they were in need, family members became their primary caregiver. The care from the adult children was regarded as an obligation, and could not be replaced even if the elderly could receive assistance from a formal caregiver. When family members were available for the elderly and took part in the elders’ life, the
elderly perceived being cared for. An informant felt she was ‘being cared for’ by her daughter when the daughter came and visited her in the hospital.

_They [the informant’s daughters] also have their own children and their own families, right? They also need to have their own free time and space. It was already late after she got off work. Anyhow she still stayed with me in the hospital until 11 pm. You could say that she was performing her duty to me, right? So I am really satisfied. I have a few daughters, and they are all like that._ [Smile] (5.362)

Although the Swedish government could provide interpreters when the elderly visit formal care organizations, it is still preferable for the elderly to have their family members as interpreters. The elderly felt safe to have their family members by their side when asking for help from a professional caregiver, someone outside their own family. Through the interpretation, the unspoken needs of the elderly were disclosed not only to the formal caregiver but also their informal caregiver. The elderly felt intimacy with their family member during the interpretation and experienced that their family members were attentive to their needs afterward. The elderly appreciated and were silently thankful that their children followed their filial piety at a vulnerable time like this. An informant was thankful when her daughter-in-law offered to help her as an interpreter and accompany her to visit her doctor.

_At that time, my daughter-in-law had to go to work. I said that I could book an interpreter. Then she said: “Don't you like me to interpret for you?” She is concerned and wanted to know things about me. I understood her well-meaning. So, she is very obedient and she is very attentive, very good._ (1.60)

‘Being cared for’ was experienced as a feeling of closeness and togetherness. Even though the elderly might not know the Swedish formal caregivers personally before their encounter, the elderly felt close to them. The elderly felt that they were welcome and their needs were understood by these caregivers despite the language and culture barriers. A connection had been built between them and that they were working toward the same goal. The elderly enjoyed the company from the caregivers and felt relaxed. The following citation illustrates a feeling like this.

_Yes, I mean, she [a Swedish nurse] was helping me. Then during the communication, we got to know each other. That was a very close and warm feeling. I felt very close to her, I forgot that I was actually in the hospital._ (7.510)

‘Being cared for’ was a feeling to be included in a group, in family or with formal caregivers. The elderly felt that they were welcomed in the care relationships and they felt close to their caregivers. It was a sense of belonging even though they were immigrants or they did not know their caregivers very well. The elderly did not feel excluded.

**Being respected**

‘Being cared for’ was experienced when the elderly felt honorable and was treated with a humble attitude and with patience. Within the family, informants perceived being cared for when their adult children were obedient to the informants’ decisions or requests. Within the relationships with formal caregivers, the elderly felt the caregivers treated them politely and listened to them, instead of interrupting the elderly’s description. An informant described his encounter with a formal caregiver in Sweden.
He was a young doctor. But he behaved as a young lady with a soft voice when he was talking to me. He was not acting like a teacher to me but as a waiter who tried to serve me. He told me what he was doing and how he was doing it. // When I saw him, I had no need to be worried. I would not be afraid for the surgery anymore even if it might kill me. [Smile] When I met him, I was not afraid anymore. He was kind and gentle, a person who has no intension to harm anyone. (7.538)

The informants also perceived ‘being cared for’ when formal caregivers took responsibilities and treated the elderly’s problems seriously. For example, the formal caregivers followed their lifesaving duty and professional disciplines when taking care of the elderly. The elderly could trust their caregivers. Even if the caregivers had not resolved the elderly’s problems, the elderly would not put the blame on the caregivers. Moreover, when the formal caregivers carried out their responsibilities, the informants also experienced a kind of tenderness that they had not experienced before compared with the formal caregivers in their homeland.

‘Being cared for’ showed itself as being treated in a respectable way, in which their privacy and personal spaces were taken into consideration when they were in need of help. When caregivers took the elderly’s perspectives and let the elderly make the decisions, the elderly felt that they had autonomy in the relationship and they perceived ‘being cared for’.

As immigrants, the elderly were sensitive of the social status and cultural differences. They appreciated that the Swedish formal caregivers treated them equally and tried to bridge the gaps of their culture and backgrounds. When the elderly were treated with dignity, it strengthened their self-confidence and willingness to recover from disease and sadness. The elderly had a feeling of wholeness with self-esteem when they were seen as fellow human beings. In the following citation, an informant expresses the feeling of being treated with dignity by his doctor.

*He had a smile on his face, did not show if he was tired, or going to lose his temper, neither will he showed an angry face. When we met, I think even if he had had a fight with his wife at home, he would come here [back to work] and still shaking my hand, say hello to me, ask my name, and offer me to sit down* (Informant’s spouse: we as patients are being respected.) (2.146)

The elderly Chinese immigrants pointed out that ‘being cared for’ was experienced in a reciprocal relationship, both in the relationship with formal and informal caregivers. The elderly meant that in the relationship with their caregivers it was important that both partners would give and take in order to maintain a harmonious relationship between them. Even if they were the one who needed help from their caregiver, the elderly always had the wish to give something back to their caregiver in return when they could. Moreover, when the elderly received care, they appreciated and wanted to show their gratitude to their caregivers. An informant described her gratitude to her friend who had helped her here.

*I was feeling very miserable at that time. My son also moved out to live alone. I was very unhappy. I was consulting the psychologist for more than one year. All thanks to her [a friend of the informant], she was here with me, to eat and to sleep over with me. She even left her husband at home. You should know her own situation at that time. Her husband was in wheelchair. She left her own husband and came to be with me. So, what I mean is: even if she points her finger to me and shouts at me now, I would not be angry. Because she really, had helped me in the most difficult time of my life. // I am very picky on meeting people. I would*
not go out for whoever had asked me out. But if she asks me out, I will definitely go. // I compromise wherever she wants to go. (3.245)

‘Being cared for’ meant being respected by the caregivers. The elderly felt being respected in many ways. One example was when the caregiver showed patience and was humble or responsible towards the elderly. Although the elderly were in needed of help, their dignity was protected when being cared for. A trust-based relationship could be established under this respectful interaction. The informants were thankful for the respect the caregivers showed them and wanted to give something back in return.

**Being cherished**

‘Being cared for’ was experienced when the caregivers were there for the elderly and supported the elderly. They felt that the caregivers wanted to spend time with them and to pay attention to the things that the elderly cared about. When the elderly felt that they were put in a prior position by the caregivers, they felt being cared for. The elderly felt being protected from their worries by caregivers.

When the caregivers were not supportive to the elderly persons care needs, the elderly felt disappointed and did not perceive the care as ‘being cared for’, even if the caregivers were physically with them at the time. The elderly also experienced they were ‘being cared for’ when they received support in other forms, such as when they got spiritual support from their religious organization or financial support from the government or support for health care from the health organizations.

‘Being cared for’ showed itself as being seen and being heard no matter whether the elderly expressed their care needs openly or not. Even if the elderly was suffering from sickness and needed help, it was not always that they would ask for help from their family members or other caregivers. This was because they did not want to give trouble and became a burden to others. When the caregivers noticed their worries and needs for help without being asked for it, they perceived they were being cared for. Many times, a greeting phone call from the caregivers could fulfill the elderly’s wish for attention. The elderly felt that they were not forgotten and help would be offered from the caregivers whenever they needed. The elderly were thankful that the caregivers were thinking of the elderly even if they were away from each other. An informant explained that she experienced ‘being cared for’ not necessary took place in a physical encounter. It could as well be experienced in her thoughts.

*My daughter told me “You can call me when you feel uncomfortable.” So sometimes when I really felt uncomfortable, I called my oldest daughter and told her how I felt. My oldest daughter immediately said “I will take you to the doctor!” I replied that it was not necessary and I would be fine again after a rest. I just wanted to tell her and let her know. But I know if I really needed that, I could tell her to book an appointment with the doctor for me. // This is care for me, even if they do not come to my house directly. (5.359)*

Within the family, financial support from the adult children was common for the elderly Chinese person no matter if he or she was economically independent or not. The meaning of this financial support was no longer only regarded as a source to support the elderly’s living in Sweden. Instead it was now a way to show that they were cherished and respected by their children, and a way to show their love and concern to their elderly. ‘Being cared for’ was not traded by money.

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‘Being cared for’ was experienced as being treated genuine. The elderly felt that caregivers were not merely feeling pity of the elderly’s old age or just wanted to accomplish the work when giving care to the elderly. The elderly felt that the caregivers cared for them from the depth of their heart and that they were willing to help them without taking credits from it or flaunting it. An informant experienced this genuine caring from her friend when her husband passed away.

I had a friend who came to visit me directly after my husband passed away. Though she stayed with me for one night only, I was truly thankful. I think that was a real friendship. // Comparing to those, [tear on informant’s eyes], those people who came to my house often and had dinner with us, they never came and visit us after my husband was sick. I don't think those people really care about me. Don't you agree with me? (1.32)

‘Being cared for’ meant being cherished by their family, friends, or formal caregivers. The elderly’s need of support and help could be seen and heard and given when they needed. When ‘being cared for’, the informant experienced they were supported with love and treated genuine, caring from the heart by their caregivers.

**DISCUSSION**

In this section, the discussion of methods is presented, followed by a discussion of the findings.

**Discussion of methods**

This study has chosen a phenomenological lifeworld approach. The result has fulfilled the aim of this study that was to describe the meaning of the experiences of being cared for by elderly Chinese immigrants and the findings have presented the meaning of phenomenon ‘being cared for’. However, there are some limitations in this study.

As a beginner, RLR is a difficult method to master. During the analysis process, it is easy to be distracted by other phenomenon than “being cared for”, such as the phenomenon “care” or the encounter itself. These phenomenons’ are close to the study phenomenon, but the meanings are not exactly the same. It is found difficult to separate them from time to time.

It is noticed that sometime under the analysis the meaning of the study phenomenon is defined too quick, i.e. before it shows its real meaning. This is partly due to lack of control of my own pre-understanding, and partly due to the focus of the analysis had been shifted to the literal explanation of the informants’ experiences, instead of finding out the hidden meaning behind what is said. During the analysis, my supervisor helped me many times during these occasions by pointing out my pre-understanding or the differences between the hidden meaning and the literal explanations. The supervisor also guided the search for the real meaning of the study phenomenon again.

In order to enhance the validity and objectivity of this study, I had to control my pre-understanding. The informants were encouraged to express their experiences with their own words by follow up questions. When searching for the meaning of the study phenomenon
from the original interview text, self-reflection was applied by asking continuously: Is this meaning supported by the original interview text or is this created by my own preconception? What does the data mean? Can the findings be supported by the data with the citation of the informants? To avoid influencing the finding by my pre-understanding, I went back to the original texts of the interviews and supported the findings with citations. After the result was finished, I went back to the informants to show them my findings. They all recognized the content and they found that their experiences of ‘being cared for’ was in line with the results.

From the beginning of this study I had not expected the search for informants and the analysis to be as time-consuming as it was. Searching for the informants took two and half months and the analysis lasted around eight months. To recruit Chinese informants is difficult since Chinese persons usually do not like to disclose their own stories or family affairs to a stranger. It is difficult for them to engage in in a research of this kind. The other reason is that it is difficult for a beginner to perform a phenomenological analysis. In the analysis process it was a hard process to be able to understand the meaning of the study phenomenon through the informants’ experiences. When doing such a study in a limited time, it may have make the process easier if a more realistic time calculation had been made.

Before choosing the phenomenological method for this study, content analysis was also considered. Content analysis is used to identify the characteristics of the text’s context (Patton, 2002; Vaismoradi, Turunen, & Bondas, 2013). If using content analysis, it might be less time-consuming than using phenomenological approach method. However, the purpose in this study is not only to identify the characteristic of being cared for by the elderly Chinese immigrants’ experience. It was also to receive a deeper understanding of their experiences. After the analysis was done, a deeper meaning of the informants’ experiences of ‘being cared for’ was revealed when reading the data again. Even though there were many difficulties during the analysis, the findings have rich meaning of being cared for as narrated by the elderly Chinese immigrants in Sweden. The study has contributed to the knowledge and understanding of what a nurse should notice on caregiving.

When searching for informants, the inclusion criteria had not included the criteria about the experiences of being cared for. This is the limitation due to my pre-understanding about the phenomenon. It should be inclusion criteria since it is possible that informant has no experiences of being cared for in Sweden before.

Another limitation of this study is that the informants are of a rather homogenous group. Most of the informants worked as labor workers and their level of school education was low. All of the informants have lived in Sweden more than 20 years. In order to be able to generalize the findings of this study to all elderly Chinese immigrants in Sweden, further research with informants from a broader variation in background is needed to describe a more comprehensive meaning of ‘being cared for’.

This study includes seven elderly Chinese immigrants. Among these seven elders, four of them were born in Hong Kong and the other three were born in China mainland. However, the majority elderly Chinese immigrants in Sweden are from China mainland. Even though Hong Kong is regarded as a part of China now, it was a colony of Britain when these informants immigrated to Sweden. The informants born in Hong Kong could not only be influenced by the Chinese culture, but also the British culture. The meaning of being cared for to the elderly from Hong Kong may not be the same as the elderly from China mainland. However, during the analysis, the ambition has been to compare the meaning of ‘being cared for’ between all
the informants and from different views. The meaning of being cared for is similar regardless
the different regions of the informants.

None of the informants in this study has expressed any negative experiences of ‘being cared
for’ by their family members. During one interview, an informant said that even if other
people said that her children did not take care of her or showed obedient to her, for example,
her children did not visit her, she would never blame her children. She insisted that she would
not complain about her children in front of an outsider. Then the idea came that the informant
did not tell the whole truth about the family care. It is possible that the informants want to
protect the privacy of their family and avoid telling the negative experiences of their family.

To generalize the findings, two aspects were considered. In the result, it is expressed in a form
of a general structure, which is an essence with its constituents. The meaning is not only from
one individual or one experience. The general structure means that the results are lifted above
the concrete level (Dahlberg et al., 2008) and the meaning is a general context of ‘being cared
for’, instead of one individual or in a special occasion. The results give a general context of
the meaning of ‘being cared for’ for these elderly Chinese persons. During the analysis, the
procedure is “the whole- the parts-the whole”. When describing the meaning of ‘being cared
for’, it is not only from the part, but also for a whole. The meaning is not only from one
individual or one experience.

Discussion of results

The findings reveal the meaning of being cared for from the elderly Chinese immigrants’
experiences in Sweden. One finding in this study has pointed out that when adult children
help the elderly as interpreters, the elderly feels as being cared for. This finding of the family
members as interpreters was different from the findings of Hadziabdic (2011). In her doctoral
thesis, which was to explore the experiences and opinions of the use of interpreters in
healthcare among the foreign-born patients, healthcare professionals, and patients’ family
members. Her finding shows that all the perspectives of these patients, healthcare givers, and
family members wish to have a qualified interpreter for interpretation in healthcare. She also
points out that there are risks for family members to be interpreters for the patients, for
example, the risks of incomplete translation, less objectively or less confidentiality.

The differences between the findings of this study and Haziabdic’s (2011) may be explained
in the dissimilarity of cultural background. For the elderly Chinese immigrants, family is
regarded as a primary source for caring. The elderly considers that having family members as
interpreters when visiting formal care organizations is a form of filial piety by their family
members. This also means that their family members were showing concern to them and
offering their companionship, support, and help when needed. The role of the family member
as interpreter is not only as a communication aid, but also as a supportive person who can be
there with the elderly. The elderly feel that they are not forgotten and the family members are
bridging the culture and language gaps between the elderly and their formal caregivers. The
elderly Chinese persons feel secure when their families are around during their encounter with
the formal caregiver. The elderly experienced being cared for when they knew someone who
knew them well was available for them and could speak for them.

Family support is an essential element when the elderly Chinese immigrants experience being
cared for. In Sweden, there are public services to help and support the elderly Chinese to
maintain their well-being. Some examples are home care services and interpreter services.
However, family members are still demanded to show their concerns to their old parents.
Lavoie, Koninck & Blondeau (2006) indicated that a human is a relational being that means a person who involves in relationships the whole life. For the elderly Chinese, their relationships with family are close and indispensable. The informants said that they use to consult their families when they visit formal care units. Although the patterns of family care have changed after migration (Pang, et al., 2003), the elderly experienced being cared for when they were respected and supported by their families. Understanding the important role of family for the elderly Chinese and including their family when providing care, will help the formal caregiver to provide the needs of care to the elderly Chinese. Moreover, it is also benefit when informal caregivers is given place to take care of the elderly, instead of being totally replaced by the formal caregivers.

For the elderly Chinese, ‘being cared for’ is not only to receive support, but also to be seen and heard of their needs and feelings by both formal and informal caregivers, which is a surprising finding for me. Before this study was carried out, the actual support that caregivers provide to the elderly was my focus, which is a stereotype thinking. This study points out that ‘being cared for’ is experienced as fulfilling the elderly’s desire of attention, which is not necessary related to the actual support from caregivers. When the elderly Chinese immigrants feel that caregivers notice their needs and remember them, the elderly perceived being cared for. Therefore the actions of the caregivers are not the determinations of being cared for, but the attitudes of caregivers when towards the elderly. This new knowledge is important for me as a nurse to understanding the needs of the elderly patients include not only physically, but also psychologically.

The other finding of this study is that ‘being cared for’ means being included. The informants in this study explained that they felt being cared for when they were included in the care decision-making and could communicate with their formal caregivers. This finding is similar with the study about the elderly Finish immigrants in Sweden (Heikkila & Ekman, 2003) and study about the elderly Chinese immigrants in USA (Chow, 2012) that the elderly immigrants wanted to be involved in the care relationship. In Bramberg, et al., (2010)’s study it has pointed out that it is crucial for the immigrant women to be involved and active in their own health and caring process and have the opportunity to express themselves in the relationships with their formal caregivers.

Moreover, the elderly Chinese immigrants feel that they prefer formal caregivers with the similar background in order to make it easier to be able to connect to them. However, the feeling of belonging and connection is not only referring to a physical contact for the elderly Chinese, but refer to two persons being connected. A study from Fredriksson (1999) had a different explanation of connection between nurses and their patients, “In a connection, the nurse is listening, using caring and connective touch.” (p1167) In this study, it was shown that the elderly Chinese immigrants felt connected with their caregivers even when they are far away from each other or with a different cultural background.

In the findings of this study identifies that the elderly Chinese are not used to show their needs to others and they are afraid to trouble others. In another study it also shows that the elderly Chinese did not want to bother others unless they could not handle the problems by themselves (Pang, et al., 2003). Therefore, when taking care of an elderly Chinese, it is useful for caregivers to ask and communicate with the elderly frequently. When the elderly Chinese immigrants perceive being cared for, they also wish to give something back to their caregivers as showing their gratitude. They do not want to be a burden of anyone even if the help is needed. It is important for formal caregivers to understand the elderly’s wish of paying back
and show to the elderly that they understand the elderly is not a person who only wants to take from others, without the wish to give anything back in return.

Conclusions
In this study, it describes the meaning of ‘being cared for’ of the elderly Chinese immigrants in Sweden. The findings have shown that ‘being cared for’ is a genuine encounter with family, friends, and formal caregivers. The elderly perceive ‘being cared for’ when they are included in a group, in family and in the relationships with formal caregivers and have a sense of belonging. A positive feeling will arouse when ‘being cared for’, for example a feeling of satisfaction, happiness, peacefulness, closeness, togetherness and wholeness. The elderly feel being respected and being cherished both by formal and informal caregivers. Therefore the elderly trust and rely on their caregivers.

From the findings of this study, it is learned that family care is indispensible for the elderly Chinese immigrants when they experience being cared for. When formal caregivers take care of the elderly Chinese immigrants, including the elderly’s family in the care relationship can be helpful to fulfill the elderly’s needs of care. Moreover, caregivers should notice and understand that the elderly Chinese may want to show their gratitude to their caregivers and do not want to be a burden of anyone. To understand a more comprehensive meaning of ‘being cared for’, further research with informants from a broader variation will be needed.
REFERENCES


