Original Article

Living experience and care needs of Chinese empty-nest elderly people in urban communities in Beijing, China: A qualitative study

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1. Introduction

As a developing country with the largest elderly population in the world, China is facing the dual challenges of a rapid growth in the number of old people and a society that is getting older before it gets rich [1,2]. As a result of both increased life expectancy and reduced fertility, following the initiation of China's one-child family planning policy in 1979, the number of older adults has been increasing rapidly. By the end
of 2013, there were 202 million people older than 60 years, making up 14.9% of the population [3]. Cao [4] has estimated that China will enter a period of accelerated aging by 2021, when there will be 400 million people older than 60 years and 94.48 million aged 80 or older, accounting for 21.8% of the total elderly population.

Moreover, given the accelerated aging of the population and changes in family structure in China, the traditional family role of taking care of older relatives has been weakened. Correspondingly, the number of “empty-nest” elderly has been increasing: 31.8% of older people do not live in families; 15.4% of them live with a spouse and 16.4% live alone, according to the 2010 Chinese Census [5]. Therefore, more and more of the elderly population who are not living with their children (hereafter referred to in this article as the “empty-nest elderly”) are beginning to think about where to receive care and who will look after them in their remaining years. The issue of the empty-nest elderly has gained increasing amounts of attention from individuals, families, society, and the state. It is a strategic consideration that China must confront [1,2,6].

In the current study, “elderly care” refers to the fulfillment of the special needs and requirements that are unique to senior citizens, including services such as assisted living, adult day care, long-term care, nursing homes, hospice care, and in-home care. In China, the main forms of elderly care are (a) family-based care, (b) home-based care, (c) community-based care, and (d) institutionalized care. “Family-based care” is the traditional form of care for the elderly, wherein they live together with their children and their income generally comes from their children and/or themselves [7]. “Home-based care” refers to a situation in which elderly people live at home and take care of themselves, or have an employed housemaid to help them [8]. “Community-based care” is when older people stay at home and receive services provided by local communities [9]. Finally, “institutionalized care” is a form of care in which the elderly reside in nursing homes and there enjoy a full range of services and support. According to a recent survey, 85% of the elderly population wish to remain in their current home; most of them are healthy, and most can take care of themselves. Only 6%–8% would prefer to stay in institutions [10], and most of this group are much older or are in need of significant care and assistance. In 2009, an approach to elderly care known as “aging-in-place” began to be advocated in China, in which older adults live with their children, other family members, or neighbors and benefit from home care services provided by the family and through community support in a familiar environment that is best suited to their psychological needs [1,2].

The empty-nest elderly in China are a distinct group of senior citizens with considerable care needs that are different from those that might be met through family-based care, including, for example, psychological support, daily living assistance, and medical and nursing care. Irrespective of their age, living status, and self-care ability, some empty-nest elderly expressed positive emotions, including adaptation, self-reliance, optimism, and satisfaction. However, others expressed negative emotions, such as being forgotten, a sense of loss, boredom, loneliness, helplessness, hopelessness, depression, and a sense of being a burden to the family. Their feelings were closely related to their emotional well-being [11]. Further information is required in order that an appropriate social support network can be constructed for the empty-nest elderly that meets their needs. The present study surveys the living experiences and care needs of the Chinese empty-nest elderly living in urban communities in Beijing, China.

2. Method

2.1. Design and sample

A descriptive qualitative study design was adopted, and face-to-face individualized in-depth interviews with a semi-structured questionnaire were used to collect data. A community-dwelling healthier empty-nest elderly were recruited in three communities in different districts in Beijing. The inclusive criteria were: (a) retired senior citizens aged >60; (b) living in their homes but not living with their children; (c) good communication ability; (d) willingness to join the study. The empty-nest elderly who are having acute diseases, self-care totally dependent and living in hospitals, institutionalization, or nursing homes were exclusive. In order to enrich the data, participants were selected from different communities and districts recommended by staff in Community Services, and the variation among participants was took into account according to sex, age, education level, financial resource, living status, physical condition, and self-care ability.

Data were collected until no new themes emerged, and it was judged that data saturation was achieved. Altogether, the study participants comprised 25 empty-nest elderly, ranging in age from 65 to 83 years; 13 were male, 12 were female; 10 were single; 15 had a spouse. See Table 1.

2.2. Measures

A semi-structured interview guide, designed by the researchers based on the aims of the study, was used to collect data. Data collection was performed from February to August, 2013.
2008. Two trained researchers together completed 25 individualized interviews at participants’ homes. The interview questions are listed in Table 2. Each interview lasted for 40–60 min, and the average time was 50 min.

Approval for the study was obtained from the university ethical committee. All participants were fully informed about the purposes of the study, and that interviews would be tape-recorded. They were told that their anonymity would be maintained, that their participation in the study was voluntary, and that they were free to withdraw from the study at any time.

2.3. Analytic strategy

The tape-recorded interviews were transcribed verbatim by the two interviewed researchers. The data were analyzed using qualitative content analysis methods for descriptive qualitative studies, including the following 5 procedures [12]: (1) Transcribing qualitative data: The tape-recorded interviews were transcribed verbatim by the first author researcher. (2) Breaking down data into smaller units: Each hard copy of the transcript was read several times to get a sense of the entire material. Meaningful statements and paragraphs were identified and underlined as the units of analysis by means of line-by-line reading. (3) Coding and naming the units: A code was assigned to each meaningful statement or paragraph. The codes were freely generated. The procedure involved repeated reading, reflecting and abstracting meanings, and coding. (4) Categorizing: Codes with similar meanings were grouped together to facilitate the process of categorizing. (5) Deriving themes: Relationships between categories were identified, and themes emerged. One master student and her tutor as two researchers in the study team who interviewed participants to analysis the data independently and wrote memos and notes. Then, the 2 researchers with the master student’s supervisor together reviewed the extracted significant statements, formulated meanings, categories, themes, exhaustive description, and essential structure of the phenomenon through regular group meetings. The whole process of data analysis and manuscript writing were conducted in Chinese, and then translated Chinese manuscript into English by the first author, and finally the translation was confirmed by two bilinguists in Chinese and English.

3. Results

The care needs of the empty-nest elderly analyzed in this study are shown in Fig. 1. The left-hand side of the diagram depicts the current living experiences and the two forms of home-based care for the empty-nest elderly: (1) home-based care undertaken by themselves and (2) home-based care performed by an employed housemaid. The right-hand side, with the dotted line, shows the future care needs and forms of care expected by the empty-nest elderly; one option is to maintain their home-based care through the employment of a housemaid, while another is to change to supportive care provided by their family, community, Oran institution. The modes of supportive care include aging-in-place and institutionalized care, and the mode of care needs for aging-in-place is shown to be more demanding of resources than that for institutionalized care.

For the empty-nest elderly, there are several factors that could promote a change from their current living experiences to an anticipation of requiring supportive care in the future, such as poor physical condition, not being looked after, and feelings of insecurity. As time progresses, and with advancing age, changing health status (self-care ability), family structure (without their spouse to take care of them), psychological factors (e.g., they do not want to trouble their children), economic factors, safety issues, and other considerations all come into play. Therefore, when the empty-nest elderly experience difficulty in self-care, or difficulty in looking after a spouse, or feel insecure staying at home, they will consider instead receiving family-based care through moving to an offspring’s home (if they have children), receiving home-based care through the employment of a housemaid, aging-in-place, or institutionalized care.

3.1. Maintaining home-based care

Older adults who are satisfied with their current living experiences and situation prefer to maintain an independent lifestyle, as they require neither special help from communities nor special care from their children. These senior citizens are generally younger, in good physical condition, capable of self-care, and are also willing and used to receiving care at home.

3.1.1. Capable of self-care

Senior citizens capable of self-care are divided into two categories. In the first, the individual is fully capable of self-care. Those in this category are generally younger, in good physical condition, with good self-care abilities and have no difficulty walking. These senior citizens are quite satisfied with their current situation and do not need care or support from others. “I am living alone now, I am not too old to take care of myself, I do not need the support of others and I enjoy living at home.” “I have no difficulty walking, so I do not need help. In most cases, I just want to live at home and not trouble others.”

Those in the second category typically have some trouble with self-care, but are able to overcome these difficulties. For example, they find it hard to do housework. These individuals

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<th>Table 2 – List of questions.</th>
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<td>1. How about your everyday life? For example, how about your everyday life?</td>
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<td>2. Do you have any difficulties with instrumental activities of daily living tasks, including light housework, preparing meals, taking medications, shopping for groceries or clothes, using the telephone, and managing money?</td>
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<td>3. What are your supportive care needs for life assistance services when you are in frail at present and in the future?</td>
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<td>4. What is your opinion on the issue of care for elderly people who are not living with their children?</td>
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<td>5. What are the advantages and disadvantages for the current forms of care do you have in your opinion?</td>
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do not have high requirements or expectations for their standard of living, and so maintaining their home-based care can be realized through overcoming these minor difficulties. They would like to continue to live at home so long as they have no difficulty in walking and are broadly capable of self-care. “We can live by ourselves right now, so we try not to trouble others; even though we have some diseases, it’s not a big problem. It’s not too bad to stay at home.”

“My spouse is not healthy and has difficulty in walking. But if we stay together, it’s not too bad. We prefer to live at home.”

3.1.2. Have supportive care
This refers to the situation in which a couple look after each other or are being looked after by housemaids. The elders think that it is good to live at home so long as they can be looked after in case of trouble or insecurity. “We are satisfied living at home, and it’s good to live at home for an old couple like us. It would be boring and unpleasant to stay in a nursing home.” “My spouse is not healthy and has difficulty in walking. But if we stay together, it’s not too bad. We prefer to live at home.”

3.1.3. Prefer to live at home
In this situation, the elderly are happy to continue to live at home, whether alone or with their spouse. They are content to receive care support in their own house as they feel it is more convenient and more comfortable; they are familiar with the environment of the household and neighborhood, and are accustomed to their lifestyles. “I feel great living at home, it’s easy and convenient.” “Home is home, it’s convenient, I can do whatever I like.” “I am used to living at home, and I am also used to the surroundings.”

3.2. Intend to have supportive care from society
Some senior citizens have difficulty in taking care of themselves and are even in need of help with everyday tasks because of poor physical condition or older age, thus requiring help from their community to facilitate their life at home. “I am old now. I am also in poor physical condition and have difficulty walking. Sometimes, it’s inconvenient for me to live at home alone; my children will visit me and help me do housework. I am in need of help with many things; it would be great if someone from the community could come to help me.”

3.2.1. Have difficulty in self-care
This refers to a situation in which the older adult’s husband or wife is sick or incapable of taking care of themselves, and great effort is required to look after them. Some senior citizens are heavily burdened with the responsibility of caring for their spouses. With age, they experience increasing difficulty in looking after their spouses, and so they require help from society. “My spouse is incapable of self-care, and I have been looking after him. But sometimes I also feel tired.”

3.2.2. Have difficulty in looking after a spouse
Single senior citizens who are in poor physical condition can feel insecure because they are worried that no one would rescue them if they fell ill; senior citizens who are looking after their spouses can also be worried about not receiving prompt assistance in the case of an emergency. These empty-nest elderly require help from communities, or would like to live in nursing homes. “It would be too far and take too long for my children to reach me in case of an emergency. I feel safe in a nursing home as people are available at any time.” “My spouse is unable to move now. If I fainted and were unable to make a phone call or shout for help, both of us would be in trouble. It is quite worrying if no one is by my side.”

3.2.3. Feel insecure
Single senior citizens who are in poor physical condition can feel insecure because they are worried that no one would rescue them if they fell ill; senior citizens who are looking after their spouses can also be worried about not receiving prompt assistance in the case of an emergency. These empty-nest elderly require help from communities, or would like to live in nursing homes. “It would be too far and take too long for my children to reach me in case of an emergency. I feel safe in a nursing home as people are available at any time.” “My spouse is unable to move now. If I fainted and were unable to make a phone call or shout for help, both of us would be in trouble. It is quite worrying if no one is by my side.”

3.3. Planning for care needs in the future
Empty-nest elderly generally have three kinds of care planning, including home-based care by an employed housemaid.
or hourly worker, community-based care and institution-based care.

3.3.1. Employing a housemaid or hourly worker
Some of the elderly would like to hire a housemaid or hourly worker to assist them in everyday housework if they are in need of care. “If I were not able to take care of myself, I would hire a housemaid or an hourly worker.”

3.3.2. Aging-in-place
The elderly hope their communities could provide supportive care for their instrumental activities of daily living to solve the problems that senior citizens face. “The mode of aging-in-place should be promoted, so that empty-nest elderly can receive help at home.” “The community can hire people collectively and engage them in community management. Senior citizens who are incapable of taking care of themselves could receive help in terms of meals and general everyday tasks. Then we wouldn’t need to hire an hourly worker.”

3.3.3. Institutionalized care
The elderly consider that institutionalized care has two potential advantages: (1) it provides care without burdening their children, and therefore relieves pressure and anxiety; and (2) it can offer an enriched life. “At home, I have to cook meals for myself whether I like it or not. While in a nursing home, someone could cook meals for me and there would be people to look after me there.” “A nursing home would be a good alternative if one day I was alone.”

Regarding the second point, some senior citizens would elect to live in a good-quality nursing home so that they could enrich their lives through conversation with others, taking part in entertainment activities, and developing hobbies. “There are lots of senior citizens in a nursing home, so we can have a lot of fun and chat with each other.”

3.4. Factors promoting shift from home-based care to institutionalized care
Senior citizens who are having home-based care will consider receiving institutionalized care if supportive care from the community is unavailable, when they are in poor physical condition, are not cared for by others, or are reluctant to trouble their children.

3.4.1. In poor physical condition
Poor physical condition is the main reason why the elderly move from home-based care to institutionalized care. If they are too old, sick or are not able to care for themselves, they will be in need of supportive care from society. “I am getting older now, and there may be a day when I am not able to walk. I would have no choice but to go to a nursing home.” “If I were confined to a sickbed, I would employ someone to look after me or go to a nursing home.”

3.4.2. Not being looked after at home
Empty-nest elderly not looked after at home would face many problems, so some of them would like to have institutionalized care when they are sick or are not able to take care of themselves. “I would have to go to a nursing home if my children were unavailable and I were in need of care.”

3.4.3. Insecure at home
Senior citizens who live alone feel insecure as they are worried about their physical safety, financial security, untimely rescue or not being found in case of illness. They are willing to stay in nursing homes where they feel secure as they are being looked after by the staff there. “I generally do not open the door for any stranger if I am at home alone.” “It would be quite dangerous if no one is around me in case of an emergency or accident.” “If either of us passed away early, it would be dangerous for the other one left at home alone.” “It is quite common for empty-nest elderly to pass away in their sleep. Sometimes they might faint when getting up in the morning. No one knows what might happen.”

3.4.4. Do not want to trouble children
This refers to situations in which older adults are incapable of taking care of themselves, or are otherwise in need of care support, and would rather live in a nursing home than have their children look after them. These individuals consider that their children have their own family and careers, that the children generally are under great pressure, and they do not wish to become a burden to their children. These elderly people prefer not to trouble their children. “A nursing home would be a good alternative if only I were left to live by myself.” “My children have their own jobs and careers; I shouldn’t become another burden to my children. I won’t trouble my children as long as I am capable of taking care of myself.”

3.5. Concerns about institutionalized care
Many elderly people have concerns, both subjective and objective, about institutionalized care. Their objective concerns include costs, poor quality of service, and the difficulty of being accepted by nursing homes, while their subjective concerns include a lack of freedom, lifestyle changes, and damage to their family’s reputation. These factors all influence their attitudes toward nursing homes.

3.5.1. Cost
The elderly believe that the cost of institutionalized care is quite expensive. They do not want to go to nursing homes which do not provide good living conditions and service, while well-equipped and multi-functional nursing homes are too expensive. “I am not financially able to afford a good nursing home.” “We are not able to afford a nursing home. Our pension is too little, and we have to pay for medical expenses.”

3.5.2. Poor quality of service
Poor quality of service is a big concern for many elderly to think about a nursing home. They are afraid the staff may be unprofessional or irresponsible. They worry that they will not have a happy life and are well cared for. They do not trust nursing homes and prefer to stay at home. “Many nursing homes are just concerned with making money; cheap ones won’t have good service at all.” “Others have told me that people die early in nursing homes. This is a big concern for me.”
3.5.3. Difficulty of being accepted
Some senior citizens do not meet the entry criteria for nursing homes because, for example, they may have particular physical or medical requirements. Nursing homes generally do not accept individuals with infectious diseases or mental disorders, while well-equipped nursing homes often do not accept senior citizens with senile dementia or any severe illnesses that need medical services or otherwise require a great deal of care. Nursing homes that would accept such individuals generally do not have good-quality facilities and cannot meet the needs of senior citizens. Therefore, many senior citizens have no alternative but to continue to stay at home.

3.5.4. Worried about lack of freedom
Many empty-nesters are used to staying at home with a relaxed way of life, and worry about losing freedom in daily life or living style in nursing homes. “There’s a lack of freedom in a nursing home, because I have to follow its rules and time-schedule to live and engage myself in a collective life.”

3.5.5. Not used to the changed lifestyle
The elderly find it hard to imagine life in a nursing home as their normal habits would have to be changed. “My spouse is quite choosy about foods. I am afraid foods in a nursing home cannot match his taste.” “I need a single room. It will be unacceptable to stay with a stranger in one room.”

3.5.6. Harmful to family reputation
Influenced by a traditional mindset, some senior citizens feel that it would be harmful to the dignity of their children and to their family’s reputation if they were to reside in a nursing home for supportive care. “If I went to a nursing home in the future, then people would think that my children were impious, and my children might feel their reputation was impaired.”

4. Discussion

4.1. Home-based care is preferred by the elderly if they are able to care for themselves
Most older people are willing to continue to live at home. In developed countries, more than 90% of the elderly live at home; in the United States, 95% of the elderly population are living a family life [13]. In China, the empty-nest elderly are strongly independent, and they desire a household and family life because of the influence of traditional Confucian culture. A study of urban old-age home services in China conducted by the National Committee on Aging in 2008 observed that 85% of older citizens in cities are willing to live at home. Even though their children are not by their side, many of the elderly prefer to have home-based care as long as they are capable of self-care. Most of them are living alone or with housemaids. Those who choose to stay at home alone generally do not require a full range of support service as they are relatively younger, in good physical health, able to live independently, and able to join in with entertainment and social activities. Couples not living with their children can rely on each other and look after themselves, and thus they can live independently at home. In the case of problems with self-care, some senior citizens may hire housemaids to help them. Some empty-nest elderly stay at home but are not satisfied with their lives as they are not in good physical health, and have difficulty in self-care and need social supportive care. In particular, those who look after their spouses alone may feel somewhat incompetent and insecure in staying at home alone. These older adults would like to receive help from society. However, most of them still stay at home because of financial problems or a lack of confidence in the quality of service available in nursing homes. These findings highlight the lack of available social support service resource provided by communities, and they indicate that the provision of community services is lower in China than in developed countries.

4.2. Aging-in-place is a good solution for the care needs of empty-nest elderly
Forms of care for the empty-nest elderly include home-based care with a housemaid, aging-in-place, and institutionalized care. The last two are categorized as social care, and the need to cater for aging-in-place, in particular, is strong.

The care needs of the elderly are changing. With the gradual impairment or loss of their faculties and the corresponding requirement for additional assistance, those who currently receive home-based care increasingly consider their future care needs. They will need social support when they are in poor health, when no one is looking after them, and they feel insecure or do not want to trouble their children. Some are in urgent need of social support when their children are abroad or in another city, or when they are incapable of self-care. These empty-nest elderly, living alone in poor conditions, will feel insecure. With the growth of social competition, children are heavily burdened, and the elderly do not want to further trouble their children. In situations such as these, home-based senior citizens will consider receiving supportive care from society. They hope that they will receive an affordable, good-quality and complete range of services from an employed housemaid or from their communities. Thus, aging-in-place could meet the needs of the elderly who are living at home and benefiting from social support services—as well as saving money, both for them and for the government. Hence, aging-in-place policies and practices need to be advocated and established. The findings of this study support the “aging-in-place in China” government policy advocated by the China National Committee on Ageing in 2009 [2]. The Chinese government has worked out a development strategy that is based on homecare services, supported by community services, and supplemented by institutional care. The finding that ageing-in-place is the preferred form of care of the Chinese elderly is also consistent with findings for senior citizens of many countries worldwide, such as in Canada and the United States [14].

With government support, community nursing for the elderly is already well established in developed countries. The main roles of a community nurse are to prevent diseases, promote health, and provide services for those who are sick or need to be cared for in the community [15]. But in China, community care has only just begun to be established and
there are many problems that still need to be resolved, such as a community nursing staff shortage, regulating and improving service content, simplifying monotonous form-filling, strengthening community nurses’ specialist training, and further extending community home care [16]. The Chinese government should strongly support community-nursing development and establish a community-nursing model suited to national conditions, based on learning from the successful experiences of developed countries and applying these to the context of China and the requirements of its elderly population.

4.3. The empty-nest elderly are reluctant to receive institutionalized care

Institutional care for older adults is long-established in many developed countries, and numerous investigations and studies on its basic characteristics, service provision, and staffing requirements have been carried out by researchers and research institutions [17]. Institutionalized care is now the primary form of social care in China, although both the quantity and the quality of nursing homes are far from meeting the care needs of the residents of these institutions. Care institutions have various designations—such as nursing institution, nursing home, and apartment for the elderly—and people have little knowledge of the different meanings of these terms, and do not know about the various institutions’ respective service provisions. The elderly are often unaware of what kind of nursing home is most suitable for their needs. While they may anticipate requiring institutionalized care in the future, they may have some doubts and concerns about this form of care support, which may in fact make them give up on the prospect of institutionalized care. Older adults are not satisfied concerning overall fundamental aspects of nursing homes, including the price, the service scope and content, and the staff competency. Care institution fees are generally higher than expected, but cheaper care institutions cannot meet their care needs because of a poor quality of care provision. In addition, negative reports about nursing homes lead older people to infer that nursing homes do indeed have poor conditions and irresponsible staff.

Moreover, if they were to live in a nursing home, older people might find that they would need to alter their daily routines, room layouts, and personal space. They would be managed and serviced, and have to follow the directions of the nursing home staff. So long a soldier adults are generally living independently at home, they are afraid of being restricted in this way in the future, and worried about losing personal freedom and dignity. In addition, influenced by the traditional concept of bringing up children for the purpose of being looked after in old age, some Chinese empty-nest elderly are worried that their children may feel disgraced and that they may be seen as disrespectful if their parents reside in a nursing home.

4.4. Limitations and recommendations for further study

This qualitative study only surveyed the living experiences and care needs of retired, empty-nest elderly interviewees who had self-care ability and resided in urban community dwellings. However, the living experiences and care needs of empty-nest elders who have acute diseases, are totally dependent with respect to their care needs, and are living in hospitals or care institutions might be very different from those with self-care ability, and should be investigated in further studies. Moreover, the range and extent of the care needs of the empty-nest elderly, and other related factors, need to be confirmed through quantitative studies.

5. Conclusion

China’s empty-nest elderly generally live in communities, and they wish to receive supportive care from society as they come to experience increased difficulties in caring for themselves. They hope that their communities can provide care support and services in order that they can continue to live in their own homes and communities and enjoy a happy and comfortable life. Thus, ageing-in-place—a combined home- and community-based social support service—needs to be established and developed, with reasonably priced, good-quality institutional care offering an effective supplement.

6. Implications for nursing practice

The care needs of the elderly who have good self-care ability are essentially regular entertainment or caring activities related to emotional support, while the care needs of those with poor self-care ability area variety of community services related to both self-care and to emotional support, which should be provided mainly by the communities in which they live. Nursing homes should be expected to provide high-quality services at reasonable prices. To meet the care needs of the country’s rapidly growing elderly population, the Chinese government needs to issue and implemental corresponding policy and provide financial support to help develop community services and care institutions. The country’s nursing homes need to provide a consistently high quality of care and earn positive reports and reviews in order to change their currently negative image in Chinese society.

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