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Willingness to Use a Nursing Home in Asian Americans

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Abstract

Background/objectives.—This study explores factors associated with willingness to use a nursing home in Asian Americans. Focus is given to demographic variables (age, gender, ethnicity, marital status, and education), health-related variables (chronic medical condition and self-rated health), immigration-related variables (time in the U.S. and acculturation), and family-related variables (family network and family solidarity).

Design.—Cross-sectional study.

Setting and participants.—Data were drawn from 2,553 participants in the 2015 Asian American Quality of Life (AAQoL) Survey (aged 18–98).

Measures.—Participants were asked to indicate whether they would be willing to use a nursing home in the future. An affirmative response indicated a personal willingness to use a nursing home.

Results.—Approximately 38% of the sample demonstrated willingness to use a nursing home. Higher odds for willingness were observed among those with advanced age, female gender, Korean ethnicity (compared with Chinese), better education, presence of a chronic medical condition, longer years of residence in the U.S., and lower levels of family solidarity.

Conclusions/implications.—Reflecting the current trend of an increase in racial/ethnic minorities in nursing homes, a substantial proportion of the present sample of Asian Americans demonstrated willingness to use a nursing home. Findings on the factors associated with willingness provide implications for policies and services to respond to the long-term care needs of this emerging population.

Keywords

Willingness to use a nursing home; Asian Americans; Culture

Introduction

Over the past few decades, there has been a decline in the U.S. nursing home occupancy rate [1, 2]. Along with individuals' desire for "aging in place," national and state-level efforts to

“rebalance” elder care from nursing facilities to home and community-based care has enabled many older Americans to stay at home or in home-like settings [1, 2]. At the same time, one noticeable characteristic in the profile of current U.S. nursing home residents has been an increase in racial/ethnic minorities [3, 5]. From 1999 to 2008, the number of White residents in nursing homes decreased by 10%, whereas African-American, Hispanic, and Asian residents increased by 11%, 55%, and 54%, respectively [6]. This reversed pattern does not necessarily indicate narrowing of the racial/ethnic gap in nursing home use; however, it reflects the limited access of older minorities and their families to options for alternative care [6]. The observed trend calls for further attention to attitudes toward nursing home use in racial/ethnic minorities. Focusing on Asian Americans, the present study explores critical factors associated with the willingness to use a nursing home in order to offer contextualized explanations for the current trend.

Culture plays an important role in shaping individuals’ attitudes toward elder care [7, 8]. Based on familism and filial piety, Asian cultures have emphasized family elder care at home, fostering a general reluctance toward institutionalized care [5, 8, 9]. However, with changes in demographics, economy, family structure, and cultural norms, nursing homes have become a viable option that is used increasingly, if not fully embraced, by Asian Americans [3, 6]. Despite the status of Asian Americans as the fastest growing minority group and as the largest group of new immigrant [10, 11] and despite their increasing presence in nursing homes [6], there is a marked paucity of information on their attitudes toward institutionalized care and willingness to use it. Although a few studies have addressed the issue using small samples of older adults from a single ethnic subgroup [9, 12, 13], Asian Americans’ diversity and potential age group differences warrant a broader investigation.

Using a sample of Asian Americans that includes diverse ethnicities and age groups, the present study examines factors associated with willingness to use a nursing home. We focus on demographic variables (age, gender, ethnicity, marital status, and education), health-related variables (chronic medical condition and self-rated health), immigration-related variables (time in the U.S. and acculturation), and family-related variables (family network and family solidarity).

Methods

Sample

Data were drawn from the 2015 Asian American Quality of Life (AAQoL) Survey, which is part of the City of Austin’s AAQoL initiative. Currently, an estimated 110,000 to 115,000 Asians live in metropolitan Austin, and the size of the Asian community has been doubled every 12 years [14]. The City of Austin’s Public Health and Human Services Subcommittee recognized not only the rapid growth of the Asian population in the Austin area but also the challenge of delivering health and public services to them due to their cultural and linguistic diversities. In response to the City Council Resolution No. 20131024–085, the Asian American Quality of Life (AAQoL) initiative was formed to guide the development and implementation of public policies and programs that are responsive to the community needs.

The AAQoL survey was conducted with self-identified Asian Americans aged 18 and older living in the Austin area. In order to reach the broadest possible audience, the survey was conducted with culturally and linguistically sensitive approaches that included: (1) providing both English and Asian language versions of the survey questionnaire, (2) using research personnel (e.g., recruiters and survey assistants) who shared the languages and cultures of the target populations, and (3) building a strong partnership between the research team and key individuals and organizations within ethnic communities.

The 10-page questionnaire for the AAQoL addresses various topics including sociodemographic information, acculturation and immigration, health status, health service use, family and social resources, emotional well-being and quality of life, neighborhood and community resources, and awareness/utilization/satisfaction relating to city services. A question about personal willingness to use a nursing home was also part of the questionnaire. The questionnaire includes both standardized measures selected from national surveys and questions specifically crafted for the AAQoL. The master questionnaire was originally developed in English and then translated into the languages of major Asian groups (e.g., Chinese, Vietnamese, Korean, Hindi, Gujarati, and Tagalog). In the case of Chinese, both traditional and simplified versions were prepared. The initial translations were conducted by 8 professional translators and graduate-level bilingual researchers. For each language, the translated version was reviewed for accuracy by two or more bilingual volunteers. Upon refinement of the questionnaire, each language version was pilot tested with 3–5 community members who were representatives of the target group and spoke the target language.

The surveys were completed using a paper and pencil questionnaire in the participants' preferred languages. Recognizing that Asian Americans are often difficult to locate using standard recruitment strategies and that reliance on a single source can increase the chances for bias, multiple potential survey sites were contacted. In addition, the project was publicized through media and ethnic community sources, and referrals for individuals, groups, and organizations were actively sought. A total of 76 survey sessions took place at various locations and events across the City of Austin (e.g., churches, temples, grocery stores, small group meetings, and cultural events) from August to December, 2015. While the surveys were selfadministered, bilingual research assistants at each survey site provided survey assistance. A total of 17 undergraduate and graduate-level students, representing major Asian groups, were trained for participant recruitment and assistance with survey administration. It took about 20 minutes to complete the 10-page questionnaire, and respondents were each paid US \$10 for their participation. The AAQoL project was approved by a university's Institutional Review Board. Of a total of 2,614 individuals who participated in the AAQoL survey, about half (48.5%) used survey questionnaires in languages other than English.

A total of 2,614 individuals participated. After removing cases with more than 10% missing responses on the variables used in the present analysis ($n = 5$) as well as those with missing responses on willingness to use a nursing home ($n = 58$), the final sample size was 2,551. More information on survey procedures and sample characteristics is available elsewhere [14].

Measures

Willingness to use a nursing home.—Participants were asked to indicate whether they would be willing to use a nursing home in the future. An affirmative response indicated a personal willingness to use a nursing home.

Demographic variables.—Sociodemographic information included age (0 = 18–39, 1 = 40–59, 2 = 60 and older), gender (0 = male, 1 = female), ethnicity (0 = Chinese, 1 = Asian Indian, 2 = Korean, 3 = Vietnamese, 4 = Filipino, 5 = Other Asian), marital status (0 = not married, 1 = married), and education (0 = <12 years, 1 = 12 years).

Health-related variables.—The total count from a checklist of 10 chronic diseases and conditions (e.g., diabetes, cancer, arthritis, heart disease, and high blood pressure) was dichotomized (0 = none, 1 = one or more). Respondents were also asked to rate their current health on a 5-point scale. Responses were then dichotomized into “excellent/very good/good” (0) and “fair/poor” (1).

Immigration-related variables.—Given immigration literature suggesting the 10th year as a marker of adaptation [15], time in the U.S. was dichotomized (0 = <10 years, 1 = 10 years). Acculturation was assessed with a single question on how familiar the respondent was with mainstream American culture, using a 4-point response format. Responses were dichotomized (0 = very low/low, 1 = high/very high).

Family-related variables.—Family network was measured with the three items for family from the Lubben Social Network Scale–6 [16]. These items ask participants to report (1) how many relatives they see or hear from at least once a month, (2) how many relatives they feel at ease with such that they can talk about private matters, and (3) how many relatives they feel close to such that they would be able to call on them for help. Each question is answered on a 6-point response scale from 0 = *none* to 5 = *9 or more*; total scores range from 0 to 15. Internal consistency in the present sample was high ($\alpha = .80$).

Family solidarity was assessed with 10 items from the National Latino and Asian American Study (NLAAS) [14]. This scale includes statements such as “My family members respect one another” and “We share similar values and beliefs as a family.” Each statement is rated on a scale from 1 (*strongly disagree*) to 4 (*strongly agree*), and total scores range from 1 to 40. Internal consistency in the present sample was very high ($\alpha = .96$).

Analytic Strategy

Descriptive characteristics of the overall sample ($N = 2,553$) were reviewed, and subgroup comparisons between those who were willing to use a nursing home ($n = 956$) and those who were not willing to do so ($n = 1,595$) were made. Logistic regression was used to identify significant predictors of willingness to use a nursing home. All analyses were performed using IBM SPSS Statistics 24 (IBM Corp., Armonk, NY).

Results

Sample Characteristics

Characteristics of the overall sample are summarized in Table 1. The mean age of the sample was 42.6 years ($SD = 16.9$; range, 18 to 98). About 20% were 60 or older, and more than half (55%) were female. The sample included Chinese (24.5%), Asian Indians (21.8%), Koreans (18.4%), Vietnamese (19.7%), Filipinos (10.1%), and other Asian groups (5.6%). About 34% were not married, and 18.4% had fewer than 12 years of education. More than a quarter (28.2%) had at least one chronic medical condition, and approximately 11% rated their health as either fair or poor. The length of residence in the U.S. averaged 15.5 years ($SD = 12.7$) with about 42% having stayed in the U.S. fewer than 10 years. About one third (32.7%) fell into the category of “low” acculturation. Family network and family solidarity averaged 8.36 ($SD = 3.24$) and 34.0 ($SD = 6.41$), respectively. Approximately 38% of the sample indicated willingness to use a nursing home.

Table 1 also compares characteristics between the groups with and without willingness to use a nursing home. The group with willingness included a higher proportion of older adults, females, and those who were married. With regard to ethnicity, the proportion of Koreans was notably high in the group with willingness. The group also included a higher proportion of individuals with chronic medical conditions, fair/poor ratings of health, and more than 10 years of stay in the U.S. The mean score of family solidarity was significantly lower in the group with willingness.

Predictors of the Willingness to Use a Nursing Home

Table 2 presents the logistic regression model of willingness to use a nursing home. In comparison with the young adult group (18–39), those in the middle-aged (40–59) and older adult (60 or older) groups presented higher odds of willingness to use a nursing home. Additionally, the increased odds were observed among women, Koreans (in comparison with Chinese), those who had 12 or more years of education, those with chronic medical conditions, and those who had stayed in the U.S. for 10 or more years. Except for Koreans, all other ethnic groups showed consistently lower odds than did Chinese. Family solidarity significantly reduced the odds of willingness to use a nursing home; a single unit increase in family solidarity was associated with 2% reduction in the odds.

Discussion

The findings of the present study invoke special attention to the growing need and demand for nursing home care among Asian Americans. It is noteworthy that about 38% of the present sample demonstrated willingness to use a nursing home. This rate is considerably higher than the 13.2% reported among older Asian Americans in New York City [17]. The difference between these findings could be attributable to differences in age range of the targeted samples, years of data collection, and geographic location; however, the overall pattern of our present findings closely aligns with the trend of increasing presence of racial/ethnic minorities in nursing homes [3–6]. It appears that many members of Asian American communities have begun to embrace the notion of institutionalized care in later years of life.

In multivariate analyses, several variables were identified as promoting the odds of willingness to use a nursing home. The higher odds associated with advanced age, female gender, and better education were consistent with previous studies [3, 5, 13]. The notably high endorsement among Koreans is also supported by existing research demonstrating that Koreans have the most favorable attitudes toward nursing homes in comparison with other groups of Asian Americans [9, 17]. The significant role of chronic medical conditions implies that their presence would make individuals realize future needs for long-term care, which might lead to a greater acceptance of nursing home care [9].

Among an array of acculturation- and family-related variables, significance was observed for both the length of stay in the U.S. and family solidarity. Those who had lived in the U.S. longer seemed to have adapted to Western viewpoints about elder care and were thus more open to institutionalized care [9, 12, 13, 18]. Family solidarity was found to reduce the odds of willingness to use a nursing home, whereas the size of one's family network was not, suggesting the importance of family quality over quantity in considering options for long-term care. Individuals with limited family solidarity may have a relatively low expectation of their family's being a potential source of care and may become more willing to accept the use of a nursing home [9, 12, 13].

Several limitations to this study should be noted. The use of a cross-sectional design with geographically defined non-representative sample does not warrant causal inference or generalization to the larger population. Further attention should be paid to geographic variations because the availability of and accessibility to services, particularly those culturally and linguistically appropriate, might influence individuals' willingness to use such services. The use of a single-item question as an assessment tool for acculturation and willingness to use a nursing home adds to those limitations. It should be noted that the definition of a nursing home was not provided in the survey questionnaire and participants might have different ideas about nursing home care. Future research should also consider other long-term care options such as home- and community-based services.

Despite these limitations, however, the present study contributes to the literature by exploring long-term care needs and attitudes of an understudied population. The findings may guide policy makers and service providers in developing/implementing programs and services that respond to the needs of this emerging population. Special efforts are needed for making culturally competent long-term care options available for minority older adults and their family members.

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Table 1

Descriptive Characteristics of the Sample

	Overall sample (<i>N</i> = 2,553)	Not willing to use a nursing home (<i>n</i> = 1,595)	Willing to use a nursing home (<i>n</i> = 956)	$\chi^2(t)$
Demographic variable				
Age (%)				
18–39	48.8	56.6	35.7	108.8***
40–59	31.3	27.8	37.2	
60+	19.9	15.7	27.0	
Gender (%)				
Male	45.0	48.3	39.7	17.6***
Female	55.0	51.7	60.3	
Ethnicity (%)				
Chinese	24.5	20.4	31.3	164.6***
Asian Indian	21.8	25.4	15.9	
Korean	18.4	13.0	27.2	
Vietnamese	19.7	21.9	16.0	
Filipino	10.1	12.3	6.4	
Other	5.6	7.0	3.2	
Marital status (%)				
Not married	33.5	36.9	27.5	23.4***
Married	66.5	63.1	72.5	
Education (%)				
<12 years	18.4	18.8	17.6	.62
12 years	81.6	81.2	82.4	
Health-related variable				
Chronic medical condition (%)				
None	71.8	75.6	65.5	29.6***
1	28.2	24.4	34.5	
Self-rated health (%)				
Excellent/very good/good	89.5	92.0	85.4	27.9***
Fair/poor	10.5	8.0	14.6	
Immigration-related variable				
Time in the U.S. (%)				
<10 years	41.9	46.7	33.8	40.3***
10 years	58.1	53.3	66.2	
Acculturation (%)				
Low	32.7	32.0	33.9	1.04
High	67.3	68.0	66.1	
Family-related variable				

	Overall sample (<i>N</i> = 2,553)	Not willing to use a nursing home (<i>n</i> = 1,595)	Willing to use a nursing home (<i>n</i> = 956)	$\chi^2(t)$
Family network (M±SD)	8.36±3.24	8.37±3.32	8.33±3.10	(.20)
Family solidarity (M±SD)	34.0±6.41	34.8±6.43	32.5±6.31	(2.92 **)
Willingness to use a nursing home (%)				
No	62.5	-	-	-
Yes	37.5	-	-	-

*
 $p < .05$.

**
 $p < .01$.

 $p < .001$.

Table 2

Logistic Regression Model of Willingness to Use a Nursing Home

	Odds Ratio [95% Confidence Interval]
Age	
18–39	1.0 [reference]
40–59	2.07 [1.66, 2.58] **
60+	2.78 [2.18, 3.54] ***
Gender	
Male	1.0 [reference]
Female	1.38 [1.15, 1.64] ***
Ethnicity	
Chinese	1.0 [reference]
Asian Indian	.47 [37, .61] ***
Korean	1.34 [1.04, 1.72] *
Vietnamese	.48 [37, .63] ***
Filipino	.28 [19, .39] ***
Other	.31 [20, .48] ***
Marital status	
Not married	1.0 [reference]
Married	1.22 [.92, 1.38]
Education	
<12 years	1.0 [reference]
12 years	1.43 [1.12, 1.82] **
Chronic medical condition	
None	1.0 [reference]
1	1.30 [1.04, 1.62] *
Self-rated health	
Excellent/very good/good	1.0 [reference]
Fair/poor	1.33 [.97, 1.82]
Time in the U.S.	
<10 years	1.0 [reference]
10 years	1.25 [1.01, 1.55] *
Acculturation	
Low	1.0 [reference]
High	1.12 [.90, 1.38]
Family network	1.02 [.99, 1.05]
Family solidarity	.98 [.96, .99] *
Summary statistic	–2 Log likelihood = 2.761.9 $\chi^2/\text{df}=294.1^{***}/16$

*
 $p < .05$.

**
 $p < .01$.

 $p < .001$.

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