



Mather LifeWays Orange Papers are provided as a resource on topics related to the growing fields of aging, wellness, and workforce development. Their content reflects the expertise of Mather LifeWays researchers, educators, and other professionals who are leaders in creating Ways to Age Well.SM

Supporting Caregivers of All Cultural Backgrounds

*An Orange Paper from Mather LifeWays
by Dawn Lehman, PhD*

*Knowledge of cultural
customs enables health
care providers to offer
better care and help avoid
misunderstandings.*

AMERICA'S FUTURE: AN OLDER MIX

In 2008, the U.S. Census Bureau reported that the nation will not only be older by 2050, but it also will be more ethnically diverse. The rise in the number of ethnic older adults is leading to new research in finding ways to improve their care.

MORE 2008 CENSUS REPORT FINDINGS WORTH NOTING

- Minorities, now representing about one-third of the U.S. population, are expected to become the majority by 2042 and will reflect 54% of the population by 2050.
- In 2006, only 19% of the U.S. population age 65 and better was minority. By 2050, this figure will rise to 39%, with the largest growth rates among Hispanics, followed by Asian-Pacific Islanders, African-Americans, and American Indians.

Practitioners—social workers, nurses, doctors, and community workers—acknowledge the need to consider diversity when working with both elderly care recipients and their caregivers.

AN ANTHROPOLOGICAL LOOK AT CAREGIVERS

For many caregivers, the influence of personal beliefs, family expectations, and generational role models guide their decision to provide care. Family history, structure and size, as well as resources, level of acculturation, language limitations, concepts of illness, and competing demands also might influence a caregiver's decision not to use community services, as these statements illustrate:

- “No one can care for my family member as well as I can.”
- “My family member would never accept help from anyone other than me (or family).”
- “Caregiving is entirely my responsibility.”
- “My family members expect me to be the caregiver.”
- “Care of my elderly family member should be done by family, in our home.”
- “I owe it to my family member to be the primary caregiver because he/she has done so much for me.”
- “We do not want to go outside of the family for help. We do not want others to know our family business.”
- “My family members do not want others to think we are not taking adequate care of our elders.”

Supporting Caregivers of All Cultural Backgrounds

Researchers argue that, although the field of cultural competence is in its preliminary stages, there is much promise for continued success in the impact it can have on health outcomes and well-being.

- “Seeking help is a sign of failure.”
- “I don’t want anyone to know that my family member is ill.”
- “I don’t want my family member to know his/her condition or treatment plan.”
- “I feel guilty taking care of myself when my family member is ill.”
- “My needs and my family member’s needs are not understood by practitioners.”
- “It’s too hard to communicate my family member’s needs.”
- “My family does not support my efforts to get interpreter services.”
- “I shouldn’t spend money on a service that I can do.”
- “Service providers do not understand traditional ways of dealing with my family member’s illness.”
- “My family member and I do not want a stranger in our home.”
- “I do not know the right questions to ask.”
- “It is stressful seeking help outside my family.”
- “My family does not accept nursing home use.”

COMMUNICATING CULTURAL VALUES

Janet Bonet, a certified court interpreter in Nebraska and Iowa and a caregiver for her 95-year-old father-in-law, says, “Expectations are part of a person’s cultural mores. How an elderly person expects to be treated, because he is an elder, varies across cultures and settings.”

She emphasizes that unfulfilled expectations “cause frustration—even anger and depression.”

Care partners are concerned with each other’s well-being, yet they do not always know each other’s preferences. These misperceptions are common among diverse cultural groups. Caregivers often underestimate the amount of importance recipients place on a variety of issues related to care, and this underestimation is associated with an increase in caregiver burden.

Research at the Margaret Blenkner Research Institute/Benjamin Rose Institute in Ohio indicates that interventions can help bridge this misperception gap and, in turn, lessen negative outcomes. Practitioners can enhance communication and understanding about care preferences and help care partners develop a mutually agreed-upon plan of care that respects the preferences of the care recipient and the ability (or inability) of the caregiver to meet the preferences. Successful communication between the caregiver and the care recipient in light of cultural values may positively influence the entire care experience.

Maggie Tang at Richard Stockton College of New Jersey examined caregiving in Chinese-American families and determined the role of cultural values in predicting positive aspects of caregiving. She found that Chinese-American caregivers with stronger cultural values tended to have more positive feelings about caregiving.

“Service providers and social work practitioners need to understand the value system of elders and assess the extent to which caregivers hold on to traditional

Supporting Caregivers of All Cultural Backgrounds

Once you get past interpreters and other language services, you find very little about cultural competence training, and what exists is mostly for physicians.

values. Practitioners need to take into consideration the national origin of the caregiver, age and gender of the caregiver, and the level of acculturation,” says Tang, who advocates that service providers and social work practitioners develop and implement service programs that empower Chinese-American caregivers to uphold their cultural values. She is concerned that younger Chinese-Americans have become more autonomous and do not need older adults the same way their parents did when they were their age. Tang emphasizes the need for more community education related to older Chinese-Americans’ cultural values.

WHAT PRACTITIONERS NEED TO KNOW ABOUT CAREGIVERS

In order to provide quality support for caregivers, it is helpful for practitioners to be aware of the cultural characteristics that influence caregivers, including:

- **Time:** What is the meaning of time in a particular culture? What are taboo times? What are caregivers’ expectations about time?
- **Space:** What are the cultural and/or religious customs regarding personal space and contact? What are caregivers’ preferences in terms of communication distance?
- **Communication:** What is the proper form of address? When is physical contact, such as a handshake or an embrace, acceptable or prohibited? What gestures are taboo? What facial expressions are acceptable? When should eye contact be avoided?
- **Family:** What is the concept of family? What family member(s) should you/ can you communicate with? What are the best ways to communicate with them?
- **Social Organization:** What dates are important to the caregiver and his/her family member(s)? What is the importance and use of rituals?
- **Diet:** What are the family’s food customs? What foods are taboo?
- **Health Traditions:** What is the meaning of health and illness? What practices are taboo? What types of remedies are used?

When working with culturally diverse caregivers, it also is important to consider one’s own cultural values and biases, be aware of myths and stereotypes related to older adults, understand mistrust of institutions by some minority families, communicate to caregivers an understanding of their views toward illness and medical treatment, and use culturally specific phrasing and patterns of expression to gain caregivers’ trust.

Caregiving experiences and outcomes vary across racial and ethnic groups. Because differences exist within groups as well as between groups, generalizations may be inaccurate when applied to specific caregivers. Some general knowledge, however, of caregiving attitudes, beliefs, and behaviors among groups can help avoid misunderstandings. The following should be kept in mind as practitioners work to develop a starting point from which to provide culturally appropriate services:

Supporting Caregivers of All Cultural Backgrounds

There is a lack of consensus on which racial ethnic groups should be studied by nurses, a contributing factor to inadequate cultural competence education.

- What cultural values, norms, and beliefs shape the meaning caregivers assign to the care recipient's illness?
- How do these meanings influence the caregiving process and how family members make decisions about the care recipient?
- How do family members determine who should be the caregivers, and how do cultural attitudes and beliefs influence the role of each caregiver?
- How do cultural values influence the caregiver's perception of the care recipient's changing needs?
- How do cultural values and behaviors determine caregivers' desired support services (e.g., caregiver training, family support groups, or ethnic organization support groups)?
- What are the major sources of caregiver stress and burden (e.g., anxiety about medical conditions of care recipient, problems with care, strains on family relations, or the effects on the caregiver's personal health and well-being)?
- How is the caregiver's support network related to the caregiver's personal strain?
- What coping strategies are influenced by the caregiver's cultural background?

LEARNING ABOUT THE FAMILY CAREGIVER

Cultural sensitivity refers to a heightened awareness of and regard for the cultural beliefs, values, and practices of the caregiver. Cultural sensitivity manifests itself in the practitioner's ability to interpret and respond to the caregiver's verbal and nonverbal cultural cues. Practitioners can help family caregivers of any ethnic background by observing behaviors and asking questions about what is important to them in their caregiving role.

- Take note of the attitudes, beliefs, and behaviors that orient the caregiver's disposition.
- Determine if the caregiver has reached a "point of reckoning"; i.e., the point when caregivers recognize and fully accept their role as the caregiver (Clark & Huttlinger, 1998). Acculturation, assimilation, cultural values, beliefs, and norms may contribute to this point.
- Identify help-seeking behavior patterns.
- Determine cultural norms and structural conditions that are likely to influence the extent to which support is available to caregivers.
- Understand the cultural factors (e.g., level of acculturation, language use, beliefs about illness and care) that influence the caregiver to use or not use services.
- Keep the caregiver informed of available services. For the long-distance caregiver, find information sources, such as a radio program, Website, or newspaper that may bring the care recipient into existing programs and services.
- Determine a social support network (neighbors, friends, clergy, extended family) and the social activity restrictions for both caregiver and care

Complete cultural awareness, sensitivity, and competence behaviors related to health care are necessary because even general ideas of health, illness, suffering, and care mean different things to different groups of older adult patients.

recipient. How do cultural values and economic status determine the types of support provided to caregivers? To what degree are caregivers satisfied with the informal support they receive?

- Consider the caregiver's beliefs about responsibility for the care receiver. For example, African-American caregivers have expressed strong beliefs of filial responsibility. Some caregivers are motivated by their belief in "reciprocity," which is defined as giving back to the care recipient; they believe it is an obligation to provide for those who provided for them.
- Note the caregiver's and care recipient's level of acculturation to determine if there is internal conflict between traditional, ethnic, and contemporary American values.

MOVING TOWARD CULTURAL COMPETENCY

Dr. Madeleine Leininger, who founded the "transcultural nursing movement," defines culturally congruent care as "those cognitively based, assistive, supportive, facilitative, or enabling acts or decisions that are tailor-made to fit with individual, group, or institutional cultural values, beliefs, and lifeways in order to provide or support meaningful, beneficial, and satisfying health care or well-being services."

Cultural awareness, sensitivity, and competence behaviors are important for practitioners because such concepts as illness and caregiving mean different things to different people.

While it is important to understand that not all people are fixed in cultural traditions and unable to modify their behavior and learn new ways, knowledge of common patterns and customs provides a foundation for specific assessment of the caregiver and care receiver experience. By playing a critical role in the development and delivery of services that are responsive to diverse caregivers' needs, practitioners address new demands for quality health care for an aging U.S. population.

CARING FOR THE CAREGIVER

Family caregivers must not only deal with the tasks of providing care, but also with the impact caregiving has on their own lives and emotions. Researchers suggest that, given the physical health problems that result from stress, interventions should focus on the physical health as well as the psychological well-being of caregivers.

There is an increasing number of tools practitioners can offer caregivers to mitigate the negative effects of caregiving, including:

- Empower: a six-week, online educational program for family members who provide care for someone with a chronic medical condition such as Parkinson's disease, Alzheimer's disease, or stroke. Evaluation has shown that this type of program reduces caregiver stress and depression, increases caregiver self-care behaviors, and increases caregiver confidence. Caregivers

Many Black Americans view receiving health care as a degrading, demeaning, or humiliating experience, and have a feeling of powerlessness and alienation in the system.

report that they are better able to manage their situations and to seek and find solutions. (Available through Mather LifeWays Institute on Aging at www.matherlifeways.com/institute.)

- Videocaregiving.org: a Website from Terra Nova Films that provides educational material to family caregivers. The video series uses real people in real situations to illustrate caregiving techniques. (Visit www.videocaregiving.org.)
- Sage for Aging: a Web-based program developed at the University of Illinois at Urbana-Champaign that provides practical caregiving advice. Practitioners and/or caregivers learn to analyze the most important factors in a caregiving situation and then use that analysis to quickly find practical, useful advice that is highly targeted to the needs of the care receiver. Practitioners also can learn about extended online resources beyond the Sage for Aging Website. (Visit www.continuingeducationpartner.com/sageforaging.htm.)

These tools cannot take away caregiving problems, but they can help caregivers manage stress better and help them seek and find solutions. They also can help all caregivers thrive as individuals, regardless of ethnic and racial backgrounds.

CAREGIVER & CARE RECEIVER: HOW CULTURES VARY IN PERCEPTIONS

The following are research findings associated with caregiver responsibility, decision-making, formal and informal support, burden, and coping strategies. These studies focus on samples of caregivers, and the findings may or may not be representative of the ethnic or racial groups as a whole. Even within groups, there is diversity in terms of level of acculturation, education, income, length of residence in the U.S., religious affiliation and participation, and place of residence. Therefore, the study results should be interpreted with caution.

Responsibility

- African-American caregivers are more likely to discuss the recipient's care with clergy members (Cox, 1993).
- African-American and Hispanic caregivers express strong beliefs of filial responsibility (Cox & Monk, 1990; Cox, 1993).
- African-American and Hispanic caregivers are less likely to be spouses and more likely to be another family member (Janevic & Connell, 2001).
- African-American female caregivers often choose adult children and other relatives to help with caregiving, while African-American male caregivers rely more on friends and neighbors (Miller & Guo, 2000).
- Caucasian caregivers are more likely to be caring for a spouse, while African-American caregivers are more likely to be caring for a friend, sibling, or other relative (Lawton, Rajagopal, Brody & Kleban 1992).
- There is a strong cultural norm among Hispanics that women are to provide care to dependent older adults (Henderson & Gutierrez-Mayka, 1992).

Supporting Caregivers of All Cultural Backgrounds

Many Chinese find some aspects of Western medicine (e.g., diagnostic tests) distasteful. Some are upset by the drawing of blood.

- Among Asian-Americans, the oldest son and his wife in particular are expected to take on the caregiver role (Lee & Sung, 1998).
- Puerto Rican sons are more likely than daughters to cite filial responsibility as the primary reason for providing care, and they state that there is no limit to what they would do for their parent (Delgado & Tennstedt, 1997).
- Filial obligation is a significant predictor of financial support among Chinese-, Japanese-, and Korean-American caregivers (Ishii-Kuntz, 1997).
- For American Indians, caregiving reflects the cultural ethos of interdependency and reciprocity (Hennessy & John, 1996).
- Irish-American caregivers tend to believe that their ethnic friends and neighbors provide a safe place for their demented elder to live (Ortiz, Simmons & Hinton, 1999).
- Non-Caucasian caregivers provide care for more hours per week and report a larger number of caregiving tasks than other ethnic groups (Pinquart & Sorensen, 2005).
- Hispanics and Asian-Americans report a poorer relationship with the care recipient than Caucasians. (Pinquart & Sorensen, 2005)
- Female African-American caregivers cite God as the best source of help, even with physical care of the care recipient (Picot, 1995).

Decision-Making

- In both African-American and Caucasian families, other kin and professionals rarely are the most important decision makers (Deimling & Smerglia, 1992).
- Caucasian caregivers report the care recipient as the most important decision maker more than African-American caregivers, who are more likely to report an adult child as the most important decision maker (Segall & Wykle, 1988-1989).
- Two major influences on decision-making among Chinese-American caregivers are well-being of other family members and the availability of resources within the support network (Hicks & Lam, 1999).
- Some Chinese-American families make group decisions where authority is shared but not necessarily equally distributed (Hicks & Lam, 1999).
- When seeking care, African-American and Puerto Rican caregivers often are sole decision makers, with little help from other family members. Irish-American caregivers report that the family shares the decision-making process (Levkoff, Levy & Weitzman, 1999).

Formal & Informal Support

- Many African-American caregivers are more resourceful than Caucasian caregivers (Gonzalez, 1997).
- Male Puerto Rican caregivers use formal services less frequently than female Puerto Rican caregivers, and Puerto Rican sons are less likely than daughters to report they have someone to turn to for assistance or emotional support (Delgado & Tennstedt, 1997).
- Chinese-American and Puerto Rican American caregivers turn to ethnic organizations for support (Levkoff, Levy & Weitzman, 1999).

Some American Indian family members and communities minimize memory loss and dementia and may not consent to treatment unless physical function is impaired.

Caregiver Burden

- African-American caregivers appraise self-care problems, memory problems, and behavioral problems of care receivers as less stressful than Caucasian caregivers (Gonzalez, 1997).
- African-Americans report less subjective burden and depression and lower perceptions of intrusion on their lives than Caucasian caregivers (Lawton, Rajagopal, Brody & Kleban, 1992).
- African-American male caregivers are less likely than female caregivers to refer to caregiving as emotional work (Miller & Kaufman, 1996).
- African-American caregivers derive higher levels of day-to-day and spiritual meaning from caregiving than Caucasians (Farran et al., 1997).
- Lifetimes of discrimination and limited access to formal support services influence the experience and expression of burden among African-American caregivers.
- Poor parent-daughter relationships have significant influence on role strain for Caucasian caregivers, but not for African-American caregivers (Mui, 1992).
- Lower education and older age among African-American female caregivers are associated with greater rewards (Picot, 1995).
- Hispanic caregivers report significant personal strain and role strain (Cox & Monk, 1996; Harwood et al., 1998).
- Hispanic and Asian-American caregivers report more depression than Caucasian caregivers, and African-American caregivers report lower levels of depression than Caucasian caregivers (Pinquart & Sorensen, 2005).
- Higher levels of depressive symptoms among Hispanics may be due to more care-related stressors, e.g., behavior problems of the care recipient, poorer relationship with the care recipient, and lower levels of use of formal support. They may report uplifts, however, because they may use caregiving as a source of self-esteem (Pinquart & Sorensen, 2005).
- American Indian caregivers have identified four major sources of burden: anxiety about medical conditions, problems with difficult psychosocial aspects of care, strains on family relations, and negative effects on personal health and well-being (Hennessy & John, 1996).
- Caregiver burden for Pueblo Indian family caregivers is associated with role conflict, negative feelings, lack of caregiver efficacy, guilt, the feeling that the elder asks for more help than he/she needs, fear of what the future holds for the elder, and financial concerns (John et al. 2001).
- High levels of familism did not seem to buffer the Korean and Korean-American caregivers from burden, depression, and anxiety (Youn, Knight, Jeong & Benton, 1999).
- Japanese-American caregivers augment the use of community-based services and play an active caregiving role. In doing so, they are able to overcome negative attitudes toward the service (Young, McCormick & Vitaliano, 2002).

Supporting Caregivers of All Cultural Backgrounds

Illness & Culture

- Dementia can be viewed as “crazy” among some Hispanic caregivers. Some caregivers view mental illness as “bad blood,” which can stigmatize the entire family (Henderson & Gutierrez-Mayka, 1992).
- Dementia symptoms may be a source of shame for some Asian-American cultures (Braun & Browne, 1998).
- Chinese-Americans in the Boston area view Alzheimer’s disease with less trepidation than other groups, possibly because of cultural beliefs that confusion is normal in old age (Hinton & Levkoff, 1999).
- The care recipient’s functional status is more important among Latinos than African-Americans or Caucasians in predicting the use of community health services (Kosloski & Associates, 1999).

Coping

- American Indian caregivers report more use of stress management than Caucasian caregivers (Strong, 1984).
- African-American caregivers are more likely than Caucasian caregivers to use religious coping mechanisms (Connel & Gibson, 1997).
- African-American caregivers report that their most difficult problem with caregiving is a lack of temporary relief, while Caucasian caregivers say their most difficult problem with caregiving is handling negative emotions such as guilt (Wykle & Segall, 1991).
- African-American caregivers might cope effectively due to a greater exposure to and mastery of stress (Haley et al., 1996).



Dawn Lehman, PhD, Director of Education at Mather LifeWays, can be reached at dlehman@matherlifeways.com.

Mather LifeWays is a unique nonprofit organization that enhances the lives of older adults by creating Ways to Age Well.SM For more information about our senior living residences, community initiatives, or award-winning research, please visit www.matherlifeways.com or call (847) 492.7500.

REFERENCES

- Clark, M., & Huttlinger, K. (1998). Eldercare among Mexican American families. *Clinical Nursing Research*, 7(1), 64-81.
- Connell, C.M. & Gibson, G.D. (1997). Racial, ethnic, and cultural differences in dementia caregiving: Review and analysis. *The Gerontologist*, 37, 355-364.
- Cox, C. (1993). Service needs and interests: A comparison of African American and White caregivers seeking Alzheimer's assistance. *American Journal of Alzheimer's Care and Related Disorders & Research*, 8(3), 33-40.
- Cox, C. & Monk, A. (1990). Minority caregivers of dementia victims: A comparison of Black and Hispanic families. *The Journal of Applied Gerontology*, 9, 340-354.
- Cox, C. & Monk A. (1996). Strain among caregivers: Comparing the experiences of African American and Hispanic caregivers of Alzheimer's relatives. *International Aging and Human Development*, 43, 93-105.
- Deimling, G.T. & Smerglia, V.L. (1992). Involvement of elders in care-related decisions: A Black/White comparison. *Family Relations*, 41, 86-90.
- Delgado, M. & Tennstedt, S. (1997a). Making the case for culturally appropriate community services: Puerto Rican elders and their caregivers. *Health & Social Work*, 22, 246-255.
- Delgado, M. & Tennstedt, S. (1997b). Puerto Rican sons as primary caregivers of elderly parents. *Social Work*, 42, 125-134.
- Dilworth-Anderson, P., Williams, I. C., & Gibson, B. (2002). Issues of race, ethnicity, and culture in caregiving research: a 20-year review (1980-2000). *The Gerontologist*, 42, 237-272.
- Farran, C. J., Miller, B. H., Kaufman, J. E., & Davis, L. (1997). Race, finding meaning, and caregiver distress. *Journal of Aging and Health*, 9, 316-333.
- Gonzalez, E.W. (1997). Resourcefulness, appraisals, and coping efforts of family caregivers. *Issues in Mental Health Nursing*, 18, 209-227.
- Haley, W. E. Roth, D. L., Coletton, M. I., Ford, G. R., West, C. A., Collins, R. P., & Isobe, T. L. (1996). Appraisal, coping, and social support as mediators of well-being in Black and White family caregivers of patients with Alzheimer's disease. *Journal of Consulting and Clinical Psychology*, 64, 121-129.
- Henderson, J. N. & Gutierrez-Mayka, M. (1992). Ethnocultural themes in caregiving to Alzheimer's disease patients in Hispanic families. *Clinical Gerontologist*, 11, 59-74.
- Hennessy, C. H. & John, R. (1996). American Indian family caregivers' perceptions of burden and needed support services. *Journal of Applied Gerontology*, 15, 275-293.

Supporting Caregivers of All Cultural Backgrounds

- Hicks, M. & Lam, M. (1999). Decision-making within the social course of dementia: Accounts by Chinese-American caregivers. *Culture, Medicine, and Psychiatry*, 23, 415-452.
- Hinton, W. L., & Levkoff, S. (1999). Constructing Alzheimer's: Narratives of lost identities, confusion, and loneliness in old age. *Culture, Medicine, and Psychiatry*, 23, 453-475.
- Ishii-Kuntz, M. (1997). Intergenerational relationships among Chinese, Japanese, and Korean Americans. *Family Relations*, 46, 23-32.
- Janevic, M. R. & Connell, C. M. (2001). Racial, ethnic, and cultural differences in the dementia caregiving experience: recent findings. *The Gerontologist*, 41(3), 334-347.
- John, R., Hennessy, C. H., Dyeson, T. B., Garrett, M. D. (2001). Toward the conceptualization and measurement of caregiver burden among Pueblo Indian family caregivers. *The Gerontologist*, 41(2), 210-219.
- Kosloski, K., Montgomery, R., & Karner, T. (1999). Differences in the perceived need for assistive services by culturally diverse caregivers of persons with dementia. *Journal of Applied Gerontology*, 18, 239-256.
- Lawton, M. P., Rajagopal, D., Brody, E., & Kleban, M. H. (1992). The dynamics of caregiving for a demented elder among Black and White families. *Journal of Gerontology: Social Sciences*, 47, S156-S164.
- Levkoff, S. E., Levy, B. R., & Weitzman, P. F. (1999). The role of religion and ethnicity in the help seeking of family caregivers of elders with Alzheimer's disease and related disorders. *Journal of Cross-Cultural Gerontology*, 14, 335-356.
- Miller, B., & Guo, S. (2000). Social support for spouse caregivers of persons with dementia. *Journal of Gerontology: Social Sciences*, 55B, S163-S172.
- Miller, B., & Kaufman, J. E. (1996). Beyond gender stereotypes: Spouse caregivers of persons with dementia. *Journal of Aging Studies*, 10, 189-204.
- Mui, A. C. (1992) Caregiver strain among Black and White daughter caregivers: A role theory perspective. *The Gerontologist*, 32, 203-212.
- Ortiz, A., Simmons, J., & Hinton, W. L. (1999). Locations of remorse and homelands of resilience: Notes on grief and sense of loss of place of Latino and Irish-American caregivers of demented elders. *Culture, Medicine, and Psychiatry*, 23(4), 477-500.
- Picot, S. (1995a). Choice and social exchange theory and the rewards of Black American caregivers. *Journal of the National Bank Nurses' Association*, 7, 29-40.
- Picot, S. (1995b). Rewards, costs and coping of Black American caregivers. *Nursing Research*, 44, 147-152.

Supporting Caregivers of All Cultural Backgrounds

- Pinquart, M. & Sorensen, S. (2005). Ethnic differences in stressors, resources, and psychological outcomes of family caregiving: a meta-analysis. *The Gerontologist*, 45(1), 90-106.
- Segall, M., & Wyckle, M. (1988-1989). The Black family's experience with dementia. *The Journal of Applied Social Sciences*, 13, 170-191.
- Strong, C. (1984). Stress and caring for elderly relatives: Interpretations and coping strategies in an American Indian and White sample. *The Gerontologist*, 24, 251-256.
- Wykle, M. & Segall, M. (1991). A comparison of Black and White family caregivers' experience with dementia. *Journal of the National Black Nurses Association*, 5, 29-41.
- Youn, G., Knight, B. G., Jeong, H. & Benton, D. (1999). Differences in familism values and caregiving outcomes among Korean, Korean American, and White American caregivers. *Psychology and Aging*, 14, 355-364.
- Young, H., McCormick, W., & Vitaliano, P. (2002). Attitudes toward community-based services among Japanese American families. *The Gerontologist*, 42 (6), 814-825.