

Recent Developments in Institutional Elder Care in China: Changing Concepts and Attitudes

Heying J. Zhan, PhD

Guangya Liu, BA

Georgia State University

Xinping Guan, PhD

Hong-guang Bai, PhD

Nankai University, Tianjin, China

ABSTRACT. This study examines recent developments in institutional care for Chinese elders and attitudinal changes toward institutional care in Tianjin, China. Based on studies in 12 elder home sites and survey interviews with 265 older residents, this study compares institutional differences between government and non-government-owned elder homes, and examines elders' evaluations of elder homes' quality and their level of willingness to stay in elder homes. Findings suggest that

Heying J. Zhan is Assistant Professor in the Department of Sociology, Georgia State University, 38 Peachtree Center Avenue, 1041 General Classroom Building, Atlanta, GA 30303 (E-mail: sochjz@langate.gsu.edu).

Guangya Liu was one of the researchers conducting surveys and interviews about institutional care in Tianjin, China in 2003. Currently, she is a graduate student in the Department of Sociology and Research Assistant at the Gerontology Institute at Georgia State University.

Xinping Guan is Chair of the Department of Sociology at Nankai University, Tianjin, China. Professor Xining was Principal Investigator of the 2001 research on institutional care in Tianjin China.

Professor Hong-guang Bai is Associate Professor in the Department of Sociology, Nankai University, Tianjin, China. Professor Bai was Director of the research in 2001.

Journal of Aging & Social Policy, Vol. 18(2) 2006
Available online at <http://www.haworthpress.com/web/JASP>

© 2006 by The Haworth Press, Inc. All rights reserved.
doi:10.1300/J031v18n02_06

government-owned elder homes still enjoy institutional and bureaucratic privileges in funding, staffing, and insurance. Elders' overall evaluation of elder home quality was high. Elders' former living arrangement and financial ability were related to their willingness to stay in the elder home. The unfair competition between governmental and non-governmental elder homes is likely to hinder the development of elder home industry in the free-market system and foster a growing gap between the rich and poor elders in their capability and decisions in elder home care. As adult children become increasingly unavailable due to the one-child policy and geographic mobility, institutional care for aging parents is likely to become one of the major options for parent care. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2006 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Elder homes, elder care, government, culture, China

INTRODUCTION

In China, elder care has long been provided by adult children at home (Chow, 1988; Streib, 1987). Only childless elders were cared for in elder homes by the public sector or the government under the communist regime. Elder homes, which used to be literally called "Homes of Respect for the Elderly" in China, were meant exclusively for physically dependent elders with no children prior to the 1980s. In recent years however, increased geographic mobility and reduced family size have made more adult children unavailable for elder care. After the welfare reform in the 1990s, former government-sponsored elder homes have become decentralized, and large numbers of new private elder homes have opened for business. The original concept of Homes of Respect for the Elderly, which was reserved exclusively for childless elders, has been broadened to include all elders. Elder homes in China today have become alternatives to familial elder care. For some, they are retirement homes; for others, they are assisted living facilities; and for relatively few, they provide full nursing care. In the meantime, they continue to serve the childless and disabled elders. This paper examines the complexity of the recent elder home developments in China.

BACKGROUND

Chinese Culture and Elder Care Practices

The Chinese cultural norm of filial piety or *xiao* has long been considered the essential ingredient that holds together the Chinese familial elder system of care (Gu & Liang, 2000; Streib, 1997). *Xiao* is a Confucian concept that encompasses a broad range of behaviors, including children's respect, obedience, loyalty, material provision, and physical care to parents (Zhan & Montgomery, 2003). It applies even after the death of a child's parents, mandating that children sacrifice for parents and not change the ways of their parents. Some Western research, including that by the United Nations, has even proposed that the West should learn from the East in terms of more effective caregiving patterns (Diessenbacher, 1989). Recent research findings, however, indicate a different pattern of elder care practices in China. On the one hand, elders, especially those in urban areas, are becoming more and more financially independent. Many choose not to live with adult children (Xu, 1994); some even prefer to live by themselves or with spouses. On the other hand, adult children who would usually be expected to be caregivers are increasingly becoming unavailable for elder care because of reduced family sizes and the dual demands of work and family obligations. In their recent study of two urban areas in China, Zhan, and Montgomery (2003) noted that nearly half of elders who needed some levels of assistance in their activities of daily living or instrumental activities of daily living actually lived by themselves instead of living with their adult children's families.

With Chinese baby boomers approaching retirement age, familial elder care is unlikely to meet the needs of all elders. With the one-child policy in place for a generation, tens of millions of retirees will only have one adult child to rely on. This suggests a future inverted pyramid in the majority of urban Chinese families: A married couple with only two children will have to shoulder the care of their own child or children as well as up to four or more older parents and sometimes even grandparents. While these only children may not necessarily receive less cultural indoctrination in filial piety, findings suggest that they have expressed lower levels of willingness to sacrifice work for parent care in the future (Zhan, 2004). In addition, they cannot afford to abandon their jobs for the traditional practice of parent care. Further, female children in urban China are gaining increasingly equal access to higher education (Tsui & Rich, 2002). Consequently, the gendered cultural expecta-

tion for daughters and daughters-in-law to take care of dependent parents may be expected to change as women become highly educated and career-oriented. If more elders are becoming independent while more caregivers are becoming unavailable, future elders will likely seek alternative means of elder care outside the home. One of the options will be institutional care.

Chinese Institutional Care

Studies of Chinese institutional care have been rare, partly because institutional care in China had been very minimal up until social welfare reforms in the 1990s. As Chen (1996) puts it, until recently, Chinese institutional care has constituted a sort of "residual" care for elders who comprise the "Three No's": Those with no children, no income, and no relatives. Social welfare institutions in many small or medium-sized cities often lump childless elders, mentally ill patients, and orphans together under one roof (Zhan, 2000). Elders who entered institutional care were stigmatized (Chen, 1996; Shang, 2001).

In 1988, there were only 870 welfare institutions for elders, caring for 46,837 older adults in all of China, which already had a population over one billion (Chen, 1996: 115). For unfortunate elders with no children, the government placed them in institutions and paid the costs. As for the majority of elders who do have children, no alternatives existed for their care until very recently; adult children were required by law to take care of aging parents financially, physically, and emotionally.

In line with economic reforms toward decentralization and a market economy, welfare institutions have also experienced dramatic structural changes. The government budget for social welfare services and social relief was reduced from .58% of GDP in 1979 to .19% in 1997 (Shang, 2001: 263). All welfare institutions that were funded by the government prior to the reforms have had to become financially self-reliant. Welfare homes are now forced to find their own funding, called "chuangshou" (income creation). Decentralization and reduced government financing have both forced a search for new revenue and opened up opportunities for entrepreneurship in China's service industry. Although some institutions may still receive partial funding from the government, most have to find their own resources to balance their budgets. These resources include government funding, community funding, business donations, as well as fees paid by individuals and families.

To provide guidelines and regulations for the rapidly growing social service organizations, in February 2001, the Chinese Civil Affairs Min-

istry published "Basic Regulations for Social Service Organizations for Elders" (<http://shfl.qingdao.gov.cn>). Our original research was an effort to determine how well various social welfare institutions in Tianjin were following these new guidelines, and to analyze institutional and cultural changes in Chinese elder homes. This paper is based on the data drawn from the above research, but the focus is to analyze recent institutional and attitudinal changes in Chinese elder homes.

Institutional Care in Tianjin

Tianjin, which is one of the four autonomous cities in China, registered a population of 9.1 million in 2000. Its total work force was 4.9 million. (Autonomous cities are municipalities independent of any provincial control. Their administrative and financial functioning is equivalent to a province. Due to their leading roles in industrialization and modernization, they have strong political clout. The three other autonomous cities are: Beijing, Shanghai, and Chong Qing.) The average annual salary for employees in Tianjin who worked in government-owned agencies was 12,690 Yuan in 2000. The per capita annual income for all urban households was 8,141 Yuan, and the per capita annual expenditure for consumption among urban households was 6,121 Yuan (Tianjin Bureau of Population Statistics, 2001). (According the current exchange rate, roughly \$1 = 8 Yuan. At the current rate, 100 Yuan equals roughly \$12.)

In the 1980s, Tianjin became one of the first cities in China to experience population aging. In 1985, those 60 and over had reached 1.3 million or 13.9% of the total population. By the end of 2003, those 60 and over had reached 1.3 million or 14.5% of the total population (<http://news.enorth.com.cn>). Prior to 1988, there had been only two government-owned elder homes in all of Tianjin, mainly serving childless elders. In 1988, two more were built. At the time of this research in 2001, there were 302 registered elder homes.

From the 1950s to 1980s, government-owned elder homes were the only kind that existed in Tianjin or anywhere else in China. Both Number 1 Tianjin City Elder Home and Number 2 Tianjin City Elder Home were completely financed by the central and municipal government, which is similar to the federal and state governments in the United States. Due to public budget cuts, Number 3 Tianjin City Elder home, one of the two founded in 1988, has become only partially financed by the government.

The local government-owned elder homes were supervised by the local district-governments. In the Tianjin context, local district governments govern an area equivalent to perhaps a city ward or a county in the United States. The Number 1 district-level elder home is still fully funded by the district government; the other two district-level elder homes have become partially self-funded (*zishou zizhi*). The government still pays the rent, utility bills, and staff salaries for both city and district-level elder homes. The elder homes are responsible for maintenance, equipment, facility renewal and replacement, and additional income for staff's annual bonus. These government-owned elder homes receive some donations from organizations and draw income from services provided in order to help defray costs.

Community-owned elder homes include those sponsored by non-governmental organizations, neighborhoods, and private enterprise. The community-owned elder homes have to pay rent and utilities; they must generate sufficient income to pay for staff salaries and bonuses. Similar to all government-owned elder homes, they accept donations from the public and individuals alike to compensate for their cost. For example, Number 1 community-owned elder home is supervised by Hetong Aging Society. Originally founded by a government-owned company for its retired workers, the facility was later donated to the community. Likewise, Number 3 community-owned elder home was established by a company and later donated to the Red Cross of Tianjin City; it has several revenue streams, including financial support from the company and the Red Cross, as well as donations from public and individual sources. There were altogether 45 community-funded elder homes in Tianjin by the summer of 2004. Most of the remaining homes were private, for-profit homes.

Five requirements must be met when applying to open an elder home: A registration application, a feasibility report, a qualification certificate for applicants, a financial certificate regarding adequate resources to open the home, and a fixed-site certificate regarding the suitability of the location for the home. The Civil Administrative Bureau has the right to deny the applicants' registration if the elder homes have not met the required standards for financing, sanitation, utility installment, administrative rules, and nursing care. Even after the homes are established, if they do not meet these requirements the Civil Administrative Bureau can order the homes to close.

Of the more than 100 applications for private elder care homes in Tianjin in 2003, only 87 private care homes met the requirements and were granted permission. The occupancy of privately owned elder

homes can range from 16 to 300 persons. At the time of this research in 2001, there were 302 elder homes; by the summer of 2004, the total number of elder homes had been reduced to 142. Two kinds of elder homes may go out of business—those that do not meet government standards after opening and those that cannot make a profit. We were unable to obtain information for the reasons for closure of these particular homes because their files have been closed in the Civil Administrative Bureau.

METHODS AND SITES

This research sought to find out more about elder home market competition, the quality of the elder homes, and clients' level of willingness to remain in the homes.

Research Questions and Hypotheses

The three central research questions for this study are: (1) At an institutional level, are Chinese governmental and non-governmental elder homes competing freely in the free-market system? If not, why? (2) What are elders' attitudes toward elder home quality? What factors influence their evaluation of elder home quality? (3) Are elderly residents willing to stay in the elder home? What are the factors that influence elders' decision to stay in the elder home?

Based on these research questions and China's culture-specific context, three hypotheses were proposed for testing:

Hypothesis 1. There is no difference between government-owned and non-government-owned elder homes in the free-market system.

Hypothesis 2. (a) Elders' evaluation of elder home is generally low (because most of them were unwilling to be there). (b) Residents who were unhappy would rate elder home qualities lower. Residents who were happy in the elder home would rate elder home quality higher.

Hypothesis 3. Elders' willingness to stay in the elder home is related to (a) their general evaluation of elder home quality, (b) adult children's availability at home.

To test these hypotheses, a comparative analysis was made between governmental and non-governmental elder homes. Regression analyses were conducted on elders' evaluations on elder home quality and their willingness to stay in the elder home.

Sample Selection

This research is based on a survey conducted in 2001 in 67 elder homes that responded to an initial contact about the intended research. Survey questionnaires were administered to 265 elderly residents, 114 family members of the elders, and 67 administrative staff members. To allow comparative analyses of institutional differences in greater depth, this paper utilizes data from only 12 elder homes and survey results from all 265 elder residents.

To observe the changing dynamics of elder home development in Tianjin, four students were assigned to investigate four different types of elder care facilities after the general survey research in 67 institutions. The criteria for sample selection were based on researchers' understanding of the four major types of ownership existing—i.e., municipal, local government, community, and private ownership. Among the four types of elder homes, the study sample was selected by dividing elder homes into three categories (high, medium, and low) in terms of quality of facilities and level of costs. One institution was selected in each category and type; therefore, each student visited three elder homes of different levels of quality and cost under each type of ownership. For the convenience of discussion, a numbering system is used for each type of elder home. At each site, the researchers conducted interviews with administrative staff and elders. Interviews with elders were completely private—no administrative or direct-care staff members were present. Due to Chinese respondents' discomfort with tape-recording, interviews were not video or audiotaped. Research notes and observations were made and recorded as field notes.

Further information was gathered and added in the summer of 2004 to update the earlier data. All 67 homes were still in business.

Measures

Institutional Sample. To compare differences among elder homes, we looked into four major characteristics: (1) age of the institution, (2) facility characteristics, (3) elder home quality, and (4) client composition. Elder home facility characteristics included four measures: num-

ber of beds, occupancy rates, room size, and room fees. Elder home quality included six variables: access to hospital insurance, number of direct care staff, number of medical staff, staff-to-client ratio, monthly staff salary, and administrator's salary. Client composition included three variables: the number of Three No's, the level of dependency, and fees relevant to levels of elders' dependency.

Elder Residents Sample. Information was collected about elders' characteristics, their family background, self-rated health, and attitudes toward elder homes. Six variables were included in the analysis regarding elders' characteristics: age, gender (1 = female), educational levels, widowhood (widowed = 1, other = 0), pension or income, and self-rated health status (1 = full assistance needed, 5 = perfectly healthy). Elders' family backgrounds consist of three variables: number of children, former living arrangement (1 = living by oneself, 0 = with children), and receiving children's financial assistance by amount (Yuan/monthly). Attitudes towards elder homes consisted of four variables: elders self-evaluations of (1) emotional and (2) physical change after entering the elder home (1 = much worse than before, 5 = much better than before), (3) elders' evaluation of elder home fees (1 = low, no problem to afford; 4 = very high, difficult to afford), and (4) elders overall evaluation of elder home quality (1 = very bad, 5 = very good). Elders' overall evaluation of elder home quality was measured by a 7-item composite scale, including facility, environment, food, direct-care service, care-staff's attitudes, sanitary conditions, and medical conditions.

Analysis Procedure

Factor analysis was conducted in a varimax rotation to examine the dimensionality of the 7-item composite-scale of elders' evaluations of elder home quality. Results show that these seven items uploaded in one dimension; its reliability level was .87.

Zero-order correlation analyses were conducted among all variables included in the study; only theoretically important and statistically significant variables were selected for further analysis. Regression analyses were performed to understand factors influencing elders' evaluations of elder home quality and willingness to remain in the elder homes. In the analysis of elders' willingness to stay in the elder homes, elders' evaluations of elder home quality were entered as independent variables.

Study Limitations

This study is exploratory in nature, and readers should be cautious in interpreting its findings. Elder homes have been defined broadly and inclusively because their development has encompassed various types of care, such as nursing home, assisted living, and independent living facilities. However, as China is in the early stage of institutional development, this study provides an understanding of the current situation in elder homes and insights for the future development of institutional care in China.

FINDINGS

Differences between governmental and non-governmental elder homes were found in three aspects—facilities, quality, and client composition.

Differences in Facilities

Differences in elder home facilities can be seen through the age of the institution, size and occupancy level of the home, and facility conditions. As Table 1 indicates, there were only two municipal-level government-owned elder homes established in the 1950s.

In the late 1980s two more government-funded elder homes were established. But they were both small scale and became decentralized in the late 1990s, meaning they had to start seeking their own funding to cover their operations. The remaining elder homes in the city were all founded very recently—between 1998 and 2004. Other than the three municipal-funded and seven district-level government-owned elder homes, the rest were community-owned, enterprise-owned, or privately-owned elder homes.

The sizes of the elder homes differed depending on the time of establishment. Central government-owned elder homes, which had been operating for nearly half a century, were three to seven times larger than community-owned or privately-owned elder homes. While there were 300 beds in the Number 1 Tianjin City Elder home, there were only 98 beds in Number 1 community-owned elder home, and 40 beds in the third district-level elder home.

Occupancy of these elder homes, however, did not show much difference. The majority of the homes, whether publicly funded or privately owned, had over 80% occupancy rate. The two elder homes that had the

TABLE 1. Characteristics of the Elder Homes

	Gov't-Owned			Local Gov't-Owned			Community-Owned			Privately-Owned		
	1	2	3	1	2	3	1	2	3	1	2	3
Time Established	1956	1953	1998	1999	1988	1999	1988	1998	1998	1999	1998	2000
Facility	300	270	160	140	80	40	98	80	65	110	160	90
Structure	160	266	140	145	76	30	62	70	41	100	110	31
Indoor toilet	Yes	some	some	No	No	No	No	No	No	No	Yes	No
Shower	Yes	some	some	No	No	No	No	No	No	No	No	No
Elevator	Yes	No	some	No	No	No	No	No	No	No	No	No
Room-size	Yes	No	Yes	Yes	Yes	Yes	No	No	No	No	Yes	No
Double room	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3-person room	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4-person room	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Largest no. of persons/room	3	10	3	6	6	4	10	6	8	4	4	4
Charge by room-size	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	No	Yes	No
Single room¹	2280	2	480	2	2	2	300	300	450	2	1000-1500	2
Double room³	540	530	360	360	4	4	270	270	300	4	4	4
3-person room⁵	540	420	240	300	6	6	270	270	270	6	6	6
4-person room⁵	7	7	7	300	7	7	240	240	240	7	7	7
Other	...	...	...	300	...	...	210	240	240	...	...	...
Elder Home Quality												
Hospitalization insurance	No	Yes	No	No	Yes	No	Yes	Yes	No	No	No	No
No. of care-staff	96	100	30	6	4	4	22	19	16	62	34	8
No. of medical staff	17	72	12	4	4	1	10	10	3	11	3	1
Staff to client ratio	1.42	1.55	3.33	14.5	9.5	6	2.56	2.41	2.16	1.37	2.97	3.44

TABLE 1 (continued)

	Gov't-Owned			Local Gov't-Owned			Community-Owned			Privately-Owned		
	1	2	3	1	2	3	1	2	3	1	2	3
Staff monthly income (Yuan)												
Care staff salary	1100	1000	900	1000	800-1000	1000	600	600	400-600	500	450	500
Administrator's salary	1000	1000	1000	1000	1000	1100	800-1000	800-1000	600-800	2000+	2000+	n/a
Client Composition												
Number of "Three No's"	0	150	0	8	22	6	0	0	0	0	0	0
Need no physical assistance	120	110	36	80	3	1	2	7	10	40	70	4
Need some assistance	20	50	35	25	73	29	80	73	16	0	27	9
Need full assistance	20	106	69	40	0	0	0	0	15	60	13	18
Charges by Service												
Need no physical assistance	60	150	150	0	80	486	0	0	60	600	500	460
Need some physical assistance	120	235	240	250	150-250	586	150	150	150	700	650	680
Need full physical assistance	330	345	360	300	300-400	686	210-330	210-330	240	780	700	780
Need specialized assistance	0	465	480	450	340	0	450	330	530	0	0	0

Notes:

- 1 Single-rooms often have one bed with bathroom facility.
- 2 No single rooms available.
- 3 Double-rooms have two beds with or without bathroom facility, depending on the institution.
- 4 No double rooms available.
- 5 Three or four-person rooms often share bathrooms in the hallway.
- 6 No three-person rooms available.
- 7 No four-person rooms available.
- 8 No separate charge for the extra care.

lowest occupancy rate were Number 1 Tianjin City Elder home (53%) and the Number 3 privately-owned elder home (34.4%). In Number 1 Tianjin City (municipal government-owned) elder home, the number of beds included 100 recently furnished beds that had not yet been put into service. The actual occupancy in this elder home also reached 80% if one counts only those beds that were in service. Number 3 private elder home had a very low occupancy rate; it was evidently struggling in a competitive market.

Differences in Elder Home Quality

There were four major differences in institutional quality: (1) differences in facility conditions, (2) access to hospital insurance, (3) differences in staff to client ratio, and (4) differences in staff members' salary ranges.

Facility Condition. Government-funded elder homes tended to have elevators in the buildings and have indoor toilets and showers in the rooms. None of the community and privately-funded elder homes had installed elevators in their facilities. And only one private elder home had installed toilets in the rooms.

Access to Medical Insurance. Another important difference among these institutions was in their ability to become medically insured units. In China, elders have to go to assigned hospitals or clinics to receive reimbursement or medical insurance. Number 2 Tianjin City Elder home and two community-owned elder homes were able to secure an affiliation between their insurance company and a hospital. Elders in these insured elder homes were able to receive reimbursement for their medical bills and hospitalization. The rest of the elder homes had not established this link; thus, their ability to provide a full range of medical services to their clients was hampered.

Staff to Client Ratio. When comparing staffing, interesting patterns were found: Tianjin City Number 1 Elder home had 200 clients with 96 direct-care staff and 17 medical staff. The ratio of caregiver to care-recipients was 1.8 clients. What is also worth noticing is that 160 out of 200 clients actually needed no physical assistance in activities of daily living. That means that only 40 (20%) elders in this institution needed some levels of assistance.

In contrast, the first district-level elder home had 145 clients and only six direct-care staff—a ratio of one staff person to every 24 clients. The second and third district level elder homes' staff to client ratios were

1:19 and 1:7, respectively. The ratios for the three community-funded elder homes were 3:7, 3:6, and 2:5 respectively.

Staff Salaries. Salaries for the direct care staff and the home administrator were not related to the amount of work done (i.e., the staff-to-client ratio); rather, it was based on the nature of the institution. All government-owned elder home employees, whether at city or district level, had similar monthly salaries, usually between 800 to 1000 Yuan. Direct care staff in non-government elder homes received just about half of government-employees' monthly salaries, between 400 to 600 Yuan.

Differences in Client Composition

Government-owned elder homes are no longer fully funded welfare institutions just for the "Three No's." Other than the Number 2 Tianjin City Elder Home, which was required to take in the "Three No's," the rest of the five publicly owned (two city-level, three district-level) elder homes were not required to accept any "Three No's." Indeed, all "Three No's" were placed in government-owned elder homes, including 150 "Three No" elders in the Number Two Elder home, and 36 in the three district-level government owned elder homes.

Service charges in relation to elders' levels of dependence also showed a pattern of differences. Instead of charging by the level of clients' dependency, the greatest difference lay in the ownership of the elder home. Government-owned elder homes, for instance, charged far higher for a single room than community-owned elder homes. The monthly charge of Tianjin City Number 1 Elder home (central government-owned) was 2,280 Yuan for a single room, an amount that is more than twice the monthly salary of ordinary workers in Tianjin. A community-owned elder home charged only 300 Yuan for a single room, or one-seventh that of the central-owned elder home.

Extra fees for increased levels of assistance often were not separately imposed, mostly because there has been little professional differentiation in services provided. Upon acceptance, all clients were charged a flat fee based on the room-size they chose. Elders who need full physical assistance paid only 20 to 70 Yuan more for the additional care assistance.

Our analysis of government versus non-government elder homes thus showed government elder homes enjoyed institutional advantages in facility organization, facility condition, and client composition, contrary to Hypothesis 1.

ELDERS' ATTITUDES TOWARD ELDER HOMES

As shown in Table 2, among 265 surveys conducted with elders residing in the elder home, 125 (47%) were male. Residents' ages ranged from 44 to 101. The majority (60.7%) of the residents were under age 80; the mean age for all residents in the study was 76.9. More than half of this age cohort (56.6%) had less than elementary education. About three fourths (77%) of the elder home residents were widowed. Although 16.6% of elders in the elder home had no children, the vast majority had three (62.7%) or more children. Prior to moving into the elder home, the majority of elders (54.5%) lived by themselves or with the spouse. Over half (55.8%) of elders explained that their children did not live nearby or were too busy; this was cited as the major reason for their moving into the elder home. In terms of financial status, nearly one-third (29.6%) had neither pension nor other income. Those who did received an average of 536 Yuan per month. Only 23% responded receiving children's financial support ranging from 30 to 800 Yuan per month. With regards to their self-rated health, the majority of the respondents (60.8%) reported either being perfectly healthy or having only minor health problems. Twenty percent of the respondents reported needing partial assistance, and 11% reported needing full assistance in managing activities of daily living.

When looking at the distribution of elders' self-rated emotional and health status after moving into the elder home, 67% reported that their physical health was better after moving to the elder home; 75.6% reported that they felt better (emotional health) after they had moved into the elder home. Among all respondents, 66% expressed preference to living in the elder home compared to living at home. Elders overall evaluation of the elder home quality (7 items) was high, at an average of 4.3 for each item on a 5-point scale where 5 = very good. This finding rejects Hypothesis 2a.

Results from Regression Analysis of elders' evaluations of elder home quality showed that elders' self-related emotional status was related to their evaluations of elder home quality (Table 3). Elders who reported feeling better after entering the elder home gave elder homes higher ratings. This finding supports hypothesis 2b. In addition, findings suggest that elders who reported improvement in physical condition also gave elder homes a higher rating; elders' ages were negatively associated with their evaluations of elder home quality.

An analysis of elders' level of willingness to live in the elder home indicated that elders' evaluations of elder home quality was *not* related

TABLE 2. Characteristics of Elders (N = 265)

Variables	Elders	
	N	%
Sex		
Men	125	47.2
Women	131	49.4
Missing Data	9	3.4
Age		
< 59	10	3.8
60-69	40	15.1
70-79	109	41.1
80-89	66	32.5
90 and above	17	6.4
Missing	3	1.1
Educational Levels		
Lower than elementary school	150	56.6
Middle School	65	24.5
High School	17	6.4
Technical Training School	9	3.4
College and Beyond College	14	5.3
Missing	10	3.8
Marital Status		
Single	15	5.7
Married	40	15.1
Widowed	204	77.0
Divorced	6	2.3
Individual Income or Pension		
None	76	28.7
Less than 250 Yuan	7	2.6
251-499 Yuan	47	17.7
500-999 Yuan	116	43.8
Above 1000 Yuan	11	4.2
Missing	8	3.0
Self-Rated Health Status		
Completely dependent	29	10.9
Assistance needed	52	19.6
Healthy	97	36.6
Perfectly Healthy	64	24.2
Missing data	23	8.7

TABLE 2 (continued)

Variables	Elders	
	N	%
Prior Living Arrangements		
Alone or with spouse	134	50.6
With kids	112	42.3
Missing	19	7.2
Reasons for Living in an Elder Home		
Childless	63	23.8
No child nearby or children too busy	148	55.8
Living in the elder home makes one happier	21	7.9
Elder home has better care	6	2.3
Housing was too crowded	10	3.8
Other	6	2.3
Missing data	5	1.9
Number of Children		
None	70	16.6
1-2	68	25.7
3-4	89	33.6
5-6	49	18.5
7-8	15	5.7
Financial Support from Children		
None	201	75.8
Yes	60	22.6
Missing data	4	1.5

to their willingness to stay in the elder homes. This finding is contrary to Hypothesis 3a. Elders' prior living arrangements were indeed related to their willingness to stay in the elder home. Elders who lived alone or with spouse prior to elder home placement were more willing to stay in the elder homes than those who lived with adult children's families. This finding supports Hypothesis 3b. Two other factors were related to elders' willingness to stay in the elder homes: educational level and financial ability. Elders who had higher educational levels expressed lower levels of willingness to stay in the elder homes, as did low-income older persons.

TABLE 3. Regression Analysis of Elders' Evaluations of Elder Homes and Their Willingness to Stay

Variables	Attitude Toward Elder Homes			Willingness to Stay			Mean	S.D.
	1	2	3	1	2	3		
Background Variables								
Gender	-.085	-.106	-.028	.038	.022	.015	1.49	.50
Age	.118	.126	.181**	-.017	.019	.015	76.9	9.3
Educational level	-.165*	-.159*	-.106	-.239**	-.245**	-.234**	1.8	1.2
Widowhood	-.109	-.037	-.068	.009	.042	.041	.85	.36
Income or pension	.073	.043	.096	.014	-.031	-.029	408	483
Self-rated health status	.102	.080	.019	.021	-.016	-.045	2.8	.96
Family Background Variables								
Number of children		.073	.072		-.016	.011	2.94	2.12
Financial assistance from children		-.038	.010		-.059	-.047	58.3	212
Living arrangements		.157**	.102		.167**	.169**	.54	.50
Elders' Attitudes								
Health status			.283**			-.076	3.89	.79
Emotional status			.206**			.051	4.21	.89
Family financial ability			-.106			-.196**	2.15	.52
Evaluation of elder homes						.024	4.33	.74
R-Square	.05	.07	.28	.06	.08	.13		
Adjusted R-Square	.02	.02	.23	.03	.03	.07		

*p < .10. **p < .05. ***p < .01

Note: gender is dummy coded by female = 1, male = 0. Widowhood is dummy coded by widowed (or single) = 1, other (married or remarried) = 0. Self-rated health is measured by 1 = need full assistance, 4 = perfectly healthy. Living arrangement is dummy coded by 1 = living alone or with spouse, 0 = living with children. Health and emotional statuses are measured by a five-point response set where 1 = much worse than before, 5 = much better than before. Family financial ability is measured by elders' judgment of elder home cost (1 = low, 4 = high). Evaluation of elder homes is measured by a five-point response set where 1 = very bad, 5 = very good.

DISCUSSION

The findings indicate that the elder home industry in China has experienced rapid growth since the late 1990s, from having only two government-owned elder homes between 1950 to 1988 to having over 300 hundred private and community-based elder homes in 2001, mostly established since 1998. Although formerly government-owned welfare institutions are experiencing decentralization and reduced funding from the government, they still enjoy benefits of government funding.

Unfair Competition

The unfair competition between governmental and non-governmental elder homes can be seen in the home facility, quality, and client composition. Government-funded institutions already have buildings and land, requiring no additional investment or payment. They also tend to have better facilities, such as indoor toilets and showers; some have elevators. Private homes tend to have simpler and lower quality facilities, forcing them to charge less; this, in turn, gives them a lower profit margin for reinvestment.

In terms of organizational quality, government-owned elder homes tend to have a much better staff to client ratio. The salary gap for staff between government-owned and private elder homes makes government-owned elder homes much more attractive for employees. Private elder homes are, consequently, not really able to compete freely and fairly because of advantages in both staff-client ratios and staff salaries in government-funded elder homes. Further, government-owned or even community-owned elder homes tend to enjoy an advantage over the privately-owned homes through their affiliations with hospitals.

There are also noticeable differences in the number of social activities offered to residents of the different types of homes. Although most have rehabilitation and recreation programs, government-funded elder homes are far more likely to enjoy more social interactions with students, community residents, volunteers, and the media because they attract more attention from government officials. This further enhances their competitive advantage. In non-governmental elder homes, social activities are dependent on the arrangements made by administrators, depending on personal and social networks.

These built-in advantages make it very difficult for the free market system to rectify the unfair competition between the government-owned and privately-owned elder homes. It may even explain the sharp decline in elder homes between 2001 and 2004.

The high service charges in government-owned elder homes reinforce income inequality in urban Tianjin. The high quality elder homes are likely to be reserved exclusively for the upper class or newly rich families as well as retired government cadres. The poorer have fewer options in choosing elder homes. The "Three No's" are likely to become more stigmatized and discriminated against because the government covers only the minimum amount of elder home costs, while the elder homes strive to maximize profit.

Finally, as large numbers of elder homes are being established, quality control is becoming an increasingly important issue. In several elder homes, rooms with up to 10 beds for dependent elders can be found; they must share the room for daily activities, such as eating and toileting, while being assisted by staff members. Personal privacy and human dignity is sacrificed for convenience and cost-reduction purposes.

Changing Attitudes Toward Institutional Care

As shown in the findings, elders' overall evaluations of elder home quality were high. Most residents expressed their preference to live in elder homes compared to their former homes. Understandably, a positive relationship was found between elders' self-evaluation of their physical and emotional improvements and their ratings of elder home quality.

Adult children are becoming increasingly unavailable for elder care. Over half of the residents (55.8%) in this study reported that their children's unavailability was the major reason for their moving into an elder home, even if they were still physically independent. Loneliness and the unavailability of children to provide elder care probably were major contributors to the perception that living in an elder home improved elders' physical and emotional well-being. This result echoes findings in a recent national study in China that indicated better psychological well-being among elder-home residents compared to elders who lived at home (Zeng et al., 2005: 282).

Chinese elders' positive attitudes toward institutional care present an obvious contrast to the attitudes of their American counterparts. Elders in the United States prefer aging in place (American Association of Retired Persons, 1990; Ball et al., 2004; Lawton 1990). To understand this difference, one needs to examine housing conditions in urban China. Most elders live in apartment buildings. According to government regulations, apartment buildings higher than seven floors must install elevators (Law, 1987). To cut costs, most buildings limit themselves to six to seven floors. Many elders may still be quite healthy and able to manage activities of daily living, but climbing two to seven flights of stairs

in order to shop and carry groceries up on a daily basis may be a major challenge. Many elders may have to move to institutions when adult children are not available to find assistance with instrumental activities of daily living such as transportation, shopping, or doing domestic chores. Other deficiencies, such as the lack of mobility aids for elders and the disabled (e.g., wheelchairs, ramps, transportation vehicles), increase their dependence on adult children or institutional care.

The finding that a low income level was negatively associated with a willingness to stay in an elder home suggests that low-income elders may not be able to afford elder home care now and in the future. It is important to note that elders' income levels were not associated with their evaluations of elder home quality. In other words, elder home residents generally rated elder home quality to be very high regardless of income level. Only when elders felt that they could not afford elder home costs did they prefer the option of living at home.

The negative relationship between age and willingness to stay in the elder home may be explained in three ways. First, older adults are more likely to experience poorer health; thus, they are more likely to be unhappy with their living situations. Second, older adults are more likely to hold onto the traditional belief of filial piety and expect adult children's hands-on care. Third, older adults may have more difficulty adjusting to a change of living environment. Those older adults in poorer health and with strong traditional expectations may, in the future, be more likely to continue living with the families of adult children than in elder homes.

The negative association between elders' educational levels and their willingness to remain in elder homes may suggest their higher expectations for intellectual or spiritual activities that are lacking or limited in current elder homes, especially private homes. More attention may need to be placed on such activities in order to increase the well-being of this group of residents.

Combining findings from comparative analysis of elder homes and elders' attitudes toward elder homes, we argue that institutional care is likely to become one of the major options for elder care in China. From the 1990s to 2000, the elder home industry has experienced dramatic growth; this growth may represent the new trend of cultural and institutional change in elder care. Contrary to the stereotype that Chinese elders would only want to stay at home with adult children, residents' attitudes toward elder homes were overall positive. The majority actually reported emotional and physical improvements after moving to elder homes. As more and more adult children are becoming geographically unavailable for familial elder care, increasing numbers of elders are likely to choose to live in institutions rather than in their homes alone.

The affordability of elder home care is likely to be the major factor influencing elders' decision-making in the future. To meet the various needs for future elder care, greater numbers of elder homes, as well as assisted living facilities, of varying levels and sizes will be needed. Yet the unfair competition between governmental and non-governmental elder homes is hindering the development of an elder home industry. Partially due to the lack of resources and competitive strength, over 50% of private elder homes in Tianjin closed between 2001 and 2004. The role of the government to tax, sponsor, define, and control the development and quality of elder home is crucial for the future of institutional elder care in China.

Policy Implications

Although this study is exploratory and its findings should be interpreted with caution and not be generalized at the national level, this analysis does, however, reveal major challenges facing elder care in urban China. To address the problem of unfair competition between governmental and non-governmental homes, government may need to promote tax-exempt donations to the latter to enhance their financial base. In addition, financial support for childless elders should be increased to enhance their opportunities in a market economy.

As the number of elder homes continues to grow, a few issues will need to be addressed, including quality control, regulations about the number of residents per room and staff-client ratios for direct-care, and ombudsman programs against elder-abuse.

As the need for elder care increases, the need for specialization of care services is bound to evolve. Other than encouraging the growth of elder home industry, the role of the government to define, regulate, and control different levels of services, as well as quality of these services, will become more important and even crucial. In the short history of elder home development in China, little distinction is made between assisted living and elder home facilities. As the need for care increases, specialization is likely to develop, and screening processes are likely to be introduced in the near future. This may help ease the burden of professional caregivers who, currently, have to provide a wide variety of types of care, while trying to improve the quality of care for persons with higher disability levels.

Attitudes toward institutional care seem to be changing. If the unavailability of adult children to provide elder care was an explanation for elders' living in Tianjin elder homes, it may likely be the explanation for most urban elders in the future. Other than encouraging elder

home development, new and innovative elder services should also be promoted, such as adult day-care centers, meal delivery, and home care.

Further, government should provide better guidelines to make residential buildings accessible for disabled or elderly people. The government in Singapore already developed such a regulation in 1989 (Harrison, 1997: 39). Providing barrier-free accessibility in buildings will allow elders to age in place and live independently longer.

Institutional care is very expensive, as Western experience has shown. China can avoid this route and strive for new options for aging baby boomers.

RECEIVED: 10/04

REVISED: 01/05

ACCEPTED: 02/05

REFERENCES

- American Association of Retired Persons (1990). *Understanding senior housing for the 1990s*. Washington, D. C.: American Association of Retired Persons.
- Arnsberger, P., Fox, P., Zhang, X., & Gui, S. (2000). Population and the need for long-term care: A comparison of the United States and the People's Republic of China. *Journal of Cross-Cultural Gerontology, 15*, 207-227.
- Ball, M., Perkins, M. M., Whittington, F. J., Connell, B. R., Hollingsworth, C., King, S. V., Elrod, C. L., and Combs, B. L. (2004). Managing decline in assisted living: The key to aging in place. *Journal of Gerontology: Social Science, 59B* (4), s202-212.
- Chen, S. Y. (1996). *Social policy of the economic state and community care in Chinese culture: Aging, family, urban change, and the socialist welfare pluralism*. Avebury: Brookfield.
- China Daily. (2000). Silver Tide in China. April 8.
- Chow, N. (1988). *The administration and financing of social security in China*. Center of Asian Studies. University of Hong Kong Press, Hong Kong, 1988.
- Diessenbacher, H. (1989). The generation contract, pension schemes, birth control and economic growth: A European model for the Third World? *Journal of Cross Cultural Gerontology, 4*, 357-375.
- Gu, S., & Liang, J. (2000). China: Population aging and old age support. In Bengtson, V. L., Kim, K., Myers, G. C., & Eun, K. S. (Eds.). *Aging in East and West: Family, States, and the Elderly*. NY: Springer Publishing Company.
- Han, Jun-xin (Ed.) (1986). *Tianjin Population Statistics*. Tianjin, China: Nankai University Press.
- Harrison, J. D. (1997). Housing for the aging population of Singapore. *Ageing International, Winter/Spring*, pp. 32-48.
<http://news.enorth.com.cn/system/2004/04/10/000766228.shtml>
<http://shfl.qingdao.gov.cn/shfl/zc/jg-bf/jjggf.htm>

- Law 110.com (1987). Regulations on Residential Construction GBJ96-86. Retrieved January, 2, 2004 from <http://www.law.com/guifhua/190002.htm>.
- Lawton, L. P. (1990). Knowledge resources and gaps in housing the aged. Pp. 287-309 in *Aging in Place*, edited by D. Tilson. Glenview, IL: Scott, Foresman.
- Shang, X. (2001). Moving toward a multi-level and multi-pilar system: Changes in institutional care in two Chinese cities. *Journal of Social Policy*, 30(2): 259-281.
- Streib, G. F. (1987). Old age in sociocultural context: China and the United States. *Journal of Aging Studies*, 7: 95-210.
- Sung, K. T. (1998). An exploration of actions of filial piety. *Journal of Aging Studies*, 12: 369-386.
- Tianjin Bureau of Population Statistics. (2001). *Statistical Yearbook of Tianjin*. Beijing, China: Publishing Company of China's Statistics.
- Tsui, M., & Rich, L. (2002). The only child and educational opportunity for girls in urban China. *Gender & Society*, 16(1): 74-92.
- Xu Qin. (1994). Status quo and problems of old age support by youth and adults within the family. *Sociological Research*, 4: 80-84. [in Chinese]
- Zeng, Yi, Liu, Y.Z., Zhang, C.Y., & Xiao, Z. Y. (2005). *Analysis on Determinants of Healthy Longevity in China*. Beijing Gerontological Society, China.
- Zhan, H. J. (2000). The Inverted Pyramid: The effect of the one-child policy and economic reforms in China. Dissertation at the University of Kansas.
- Zhan, H. J., & Montgomery, R. J. V. (2003). Gender and elder care in China: The influence of filial piety and structural constraints. *Gender and Society*, 17(2): 209-229.
- Zhan, H. J. (2004). Willingness and expectations: Intergenerational differences in attitudes toward filial responsibility in China. *Journal of Marriage and Family Review*, 36(1/2): 175-200.

Copyright of *Journal of Aging & Social Policy* is the property of Haworth Press and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.