

Differences between Anglo-Celtic and Italian Caregivers of Dependent Elderly Persons: a Pilot Study

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ABSTRACT

This paper describes a preliminary investigation of differences in family caregiving in Australia. Forty-eight Italian-born family caregivers of dependent elderly persons were compared with 461 caregivers of Anglo-Celtic origin on measures reflecting psychological health and well-being, and on a range of socio-demographic variables. The latter had participated in the national Caring for Family Caregivers (CFC) group programme; the former are residents of the Melbourne metropolitan area. Statistical tests were conducted on measures which included the Affect Balance Scale (Bradburn and Noll 1969) and the Spielberger State and Trait Anxiety Inventory (Spielberger *et al.* 1983) and its translation (Pedrabassi and Santinello 1989). Findings indicated that Italians reported experiencing significantly less trait anxiety than Anglo-Celtic caregivers. Furthermore, significantly more Italians used community supports, were employed full-time, had lower levels of education, and reported better levels of general health than Anglo-Celtics. Implications for research and practice are drawn.

KEY WORDS – sex differences, Italian caregivers, comparative study, emotional wellbeing.

Introduction

Migrants bring with them a set of cultural beliefs and practices that sometimes differ significantly from those of the dominant Anglo-Celtic culture¹ (Parsons 1990). Mutran (1985) suggested that family helping behaviour was linked to cultural values and to socio-economic status. McCallum (1990) argued that studies relating to caregivers should consider the multidimensional nature of ethnicity and ageing. Yet to date, very little is known about issues of ethnicity in defining caregiver burden and recommending services (*e.g.* Hernandez 1991). Given that,

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with the exception of Israel, Australia has a greater proportion of immigrants than any other country, knowledge of the influence of cultural factors on family caregiving is crucial to the provision of adequate support services.

There is some literature to suggest that family support systems and the traditional culture of ethnic caregivers are significant mediating factors which influence the quality of family caregiving of dependent elderly persons (Cantor 1979; Gelfand and Kutzik 1979; McCallum and Gelfand 1990). McCallum (1990) proposed that there was a significant relationship between health, culture, and ethnicity in old age. In line with this view, Malwijiw (1988) argued that language, culture, attitudes, expectations, values, practices, and life experiences were other important caregiver factors to be considered. Litwin and Abramowitz (1993) noted that the concept of ethnicity included a multiplicity of factors which range from national origin to cultural characteristics such as language, dress, dietary preferences, and participation in particular institutions. In addition, there is evidence to suggest that the caregivers' gender, tasks, and responsibilities, level of employment, relationship of caregiver to care-recipient (*e.g.* spouse, daughter), utilisation of formal services, and living arrangements (*e.g.* joint residence, institutionalisation) can influence their level of anxiety, strain, and negative affect (C. L. Schultz *et al.* 1994a). There is further evidence available to suggest that these levels of anxiety, strain, and negative affect can be alleviated by participation in psychoeducational support groups (C. L. Schultz *et al.* 1994b; C. L. Schultz *et al.* 1993a). There seems little doubt that the provision of culturally appropriate services demands urgent research attention to ensure adequate and equitable support regardless of race or origin.

Culturally appropriate services: their accessibility and usage

Social definitions of ageing and old age are believed by many to be strongly influenced by cultural and national identity. For instance, in Poland, old age is defined, particularly by rural families, as a period in the lifecourse in which fathers and mothers depend to a large extent on their family (Midre and Snyak 1989). In Norway, a small proportion of elderly people live with their children and a comparatively large number of older people spend their later life in institutions. Lockery (1991) described African-American families as being highly involved in intergenerational support activities, Mutran (1985) stating that they were likely to treat older persons with respect. Litwin and Abramowitz (1993) found that Israelis placed high importance on informal supports

and filial responsibility. Native American cultures have traditionally venerated the extended family, elderly people being respected for their wisdom, experience and knowledge of tribal history and customs (Lockery 1991). Latino families have been shown to have a deep sense of family obligation which often transcends the needs or desires of individual family members (Lockery 1991). In a study of Australian migrants, McCallum (1992a) reported that Greek women showed a pattern of continuous involvement in the care of their parents.

Ethnicity appears to impact upon interpretations regarding the benefits which may accrue to the status of being older on the one hand, and to what is considered to be a problem in ageing on the other. Consequently, caregiving patterns may be differently expressed in light of differing ethnic perceptions concerning old age. Goodman (1990) emphasised the importance of an individualised understanding of language issues, acculturation levels, immigration pattern, and family resources, and how these impact on caregiving roles.

In 1988, the Statistical Review of the Department of Community Services and Health examined the representation of Australians from different ethnic backgrounds in nursing homes. Those of Italian origin or descent had a particularly low representation (Westbrook and Legge 1991). McCallum (1992a) noted that placement of Italian elderly parents was associated with offending them and hurting their feelings; subsequently the act of placement was perceived as abandonment. Directors of Nursing have stated that residents were more likely to have been living with their children prior to placement and their caregivers were more likely to delay placement because of guilt (Westbrook and Legge 1991). Additionally, the latter authors indicated that relatives experienced greater feelings of guilt regarding placement decisions.

Nathan and Howe (1986) observed that one reason for lower rates of usage of nursing homes by minority ethnic groups, when compared with the wider community, was a reluctance to enter facilities inappropriate for their needs. This may be because institutional care has not been adapted to the language and cultural characteristics of different minority ethnic groups, but there may also be an intrinsic dislike of nursing home care. Institutionalisation is perceived to be a final resort for some groups, being considered shameful and an expression of failure (Palmore 1976).

Closely related to issues of placement are those of the more general services, their cultural appropriateness and accessibility. Bernardi stated that 'we are all blinkered by our own cultural conditioning' (1993: 151), and that equity of access to services will not occur until Australian society recognises that its institutions have their own culture and that this is foreign to those of Non English Speaking Background

(NESB). There are numerous barriers to the accessing of health services such as language difficulties, lack of cultural sensitivity by service providers, and inappropriate treatment including lack of involvement in treatment, poor information, and lack of support services on discharge.

Papanicolaou *et al.* (1990) indicated that most families of NESB found it difficult to access mainstream services. They were not aware of existing services and programmes, as there was a lack of information in their own language. Often they did not look for services because they had not been familiar with such services in their country of origin. In addition, they were unable to understand the rationale of some programmes offered, perceived professionals as authorities, and consequently felt uncomfortable working with them. Moreover, some programmes were in conflict with cultural norms (*e.g.* providing mixed gender facilities). The lack of access to, or the failure to access, services has often resulted in isolation, hardship and sometimes despair for NESB caregivers (Papanicolaou *et al.* 1990: 338). These same authors concluded that minority ethnic women and girls experience the greatest hardship.

Factors impinging on caregivers

Pressures in caregiving

Intergenerational caregiving roles, attitudes, and expectations are influenced by many factors such as: differences in the socialisation process, level of acculturation, generation of family and individual family members, years of residence, number of children, and the degree of contact with other family members and friends. Whelan (1986) suggested that minority ethnic families caring for their older relatives reported providing care 'even at tremendous financial and psychological cost, until a physical or emotional breakdown alerts service providers' (1986: 72). Many caregivers did not contemplate giving up their caregiving responsibilities; respite represented the only means of reducing the burden of care (Whelan 1986).

According to the Australian Bureau of Statistics (1989), caregiving to parents is predominantly a female 'gendered' role. McCallum (1992b) found that caregiving provided by women of Italian descent often extended for as long as twenty years. Italian women, for example, who had least illusions about the extended family and 'the good life' back in Italy, also had low preferences for placing severely disabled parents in a nursing home. McCallum and Gelfand (1990) interviewed daughters of elderly migrants and found that minority ethnic caregivers

differed from native-born Australian family caregivers. These investigators noted that the parents maintained values and morals that were prevalent in their country of origin at the time of migration. These values provided a fertile ground for intergenerational conflicts (Bernadi 1993). Thus, demands of caregiving were compounded by cultural attitudes among older parents, the 'women in the middle' (Watson and Mears, 1990), their children, and factors stemming from the status of these families as immigrants. Implicit in the literature is the suggestion that the impact of caregiving on NESB families is likely to be more severe than on caregivers of Anglo-Celtic background.

Aim of present research

The main aim of the present research was to compare Italian-migrant and Anglo-Celtic caregivers in relation to socio-demographic factors, and psychological health and well-being. Socio-demographic variables considered important to the investigation included: caregiver country of origin, marital status, gender, housing arrangements, employment, health, relationship, age, education, years spent caregiving, amount of time spent caring, period of time shared at home with care-recipient, current place of residence for care-recipient, disability of care-recipient, age of person being cared for, responsibilities, and utilisation of community supports.

Method

Participants

Participants were 48 family caregivers of dependent older persons attending Comitato Assistenza Italiano (CO. AS. IT), a well-known organisation providing assistance with general needs (*e.g.* health-related issues, and other areas related to livelihood) to Italians. The comparison group of 461 Anglo-Celtic caregivers was drawn from an existing data bank of third or fourth generation Australians. This data bank, built up over a period of time, comprises caregivers who participated in the 'Caring for Family Caregivers' (CFC) group programme (full details of which, with related research, appear in N. C. Schultz and Schultz 1990; C. L. Schultz and Schultz 1990; Schultz *et al.* 1993b; Schultz 1997). This group programme is offered throughout Australia, participants being recruited through local and widespread advertising or referral. Thus, data for the Anglo-Celtic group are from a national sample. Table 1 shows the characteristics of these caregivers.

TABLE 1. *Descriptive characteristics for Anglo-Celtic and Italian caregivers and care recipients*

	Anglo-Celtic %	Italian %
Caregivers		
Gender		
Male	18	11
Female	82	89
Marital status		
Married	78	80
Age		
45–65 years	59	49
Employment (1)		
Full-time	12	18
Part-time	16	13
Length of caregiving (2)		
1–5 years	35	40
Care Recipient		
Relation		
Mother	39	42
Husband	30	28
Father	10	9
Other	8	9
Age		
81–91 years	37	47
Residence		
In caregiver's home	40	39
Nursing home	10	—
With other relatives	1	—
Disability		
Lacking mobility	42	36
Depression	27	16
Dementia	22	13
N (= 100%)	461	48

(1) chi-square (2 df) = 22.92 ($p < 0.001$).

(2) $\chi^2 = 2.44$ ($p = 0.01$).

Measures

Standardised questionnaires were used to assess anxiety, affect balance, and happiness. Additionally, a socio-demographic questionnaire which included a strain scale and a general health scale was used.

State-trait anxiety inventory (STAI). Spielberger *et al.* (1983) described the STAI as a self-report measure of anxiety and psychological well-being. State anxiety refers to an individual's level of anxiety at a given time (*e.g.* 'right now') or in a particular situation (*e.g.* 'here'). This measure assesses transitory feelings of apprehension, tension and worry. The state anxiety scale (STAI, FORM Y-1) consists of 20 statements (*e.g.* 'I am worried'). In contrast, trait anxiety is regarded as relatively

enduring and refers to an individual's disposition to respond to stressful situations with varying amounts of state anxiety. That is, this measure is an indicator of anxiety proneness and assesses how people 'generally' feel. The trait anxiety scale (STAI, FORM Y-2) consists of 20 statements (*e.g.* 'I am a steady person'). For both measures, items are rated on 4-point Likert scales ranging from 'not at all' to 'very much so' and high scores indicate high levels of anxiety.

According to Spielberger *et al.* (1983), the STAI demonstrates high levels of reliability. Also, the concurrent validity (*i.e.* the extent to which a measure is related to a criterion obtained at the same time) construct validity (*i.e.* the degree to which a measure conforms to theoretical expectations) and discriminant validity (*i.e.* the extent to which a measure correlates with other tests on which there should be low correlations) of this measure have been well-established. For the purposes of this study, an Italian version of the STAI was obtained from the University of Padova, Italy. This version has been shown to have high test-retest reliability and satisfactory construct validity (Pedrabassi and Santinello 1989). The standardisation of the Italian version was carried out on 2,087 subjects from different socio-cultural backgrounds and different geographical areas. Pedrabassi and Santinello reported evidence of a cognitive and emotional dimension of anxiety and that the Italian version of the STAI-Y has satisfactory psychometric properties.

Affect balance scales (ABS). The ABS is a 10-item questionnaire which records subjects' positive and negative feelings (Bradburn and Noll 1969). The ABS is made up of five positive and five negative feeling-state item questions (*e.g.* 'During the past week did you feel...?'). Subjects were asked to reply 'Yes' or 'No' to positive statements (*e.g.* 'On top of the world') and negative statements (*e.g.* 'Depressed or very unhappy'). Bradburn and Noll described the ABS as a well-researched scale with established reliability and validity and as 'a good indicator of an individual's current level of psychological well-being' (1969: 67). A total ABS score is derived from this measure which has high test-retest reliability and satisfactory construct validity. A high score indicates a positive level of well-being. A number of investigators (*e.g.* George and Gwyther 1986; Toseland *et al.* 1989) have employed the ABS in studies of family caregiving.

Strain scale (SS). The SS is a self-report measure of subjective strain or burden. This instrument is a 7-point Likert scale ranging from 'no strain' to 'severe strain', and provides relevant information about caregivers' level of strain. The SS was adapted from Brooks (1984: 130) and has been used in studies of family caregivers (*e.g.* Schultz and

Schultz 1990; Schultz *et al.* 1993a). No reliability or validity data have been reported for this instrument.

Happiness indicators. Three scales of avowed happiness were used. Shown by Bradburn and Noll (1969) to have high levels of validity, these scales were integral to the development of the ABS. Indicator A is a self-report measure of happiness in general. This instrument is a 3-point scale ranging from 'very happy' to 'not too happy'. Participants respond to the question 'Taken all together, how would you say things are these days for you?' Indicator B is a self-report measure of how life is today compared with life four to five years ago. Indicator C is a self-report measure of the way in which life is perceived to be going. Participants responded to the statement 'Considering the way your life is going at this moment, would you...' on a 3-point scale ranging from 'Like it to continue much the same way' to 'Like to change many parts of it'.

Health scale. Subjects rate their health in general on a 4-point scale ranging from 'excellent' to 'poor'. The scale was developed specifically for previous research by Schultz and colleagues.

Procedure

Translation and trialing of measures not already available in the Italian language was undertaken. In order to ensure the appropriateness of translation, the Italian versions were piloted on ten Italians to check for any inconsistencies or unclear questioning. Further to this, a back translation was carried out. This was performed by CO. AS. IT. Both Italian and English versions of the covering letter, consent form and questionnaires, were mailed with reply-paid envelopes to all 86 Italian-migrant caregivers attending CO. AS. IT, with an open invitation to participate if they chose. Non-respondents were sent reminder questionnaires. The return of 48 questionnaires represented a 60 per cent return rate. Given that CO. AS. IT, one of the largest Italian community support agencies in Victoria, has a high standing in the Italian community, it is highly likely that participants are representative of Italian caregivers. The Anglo-Celtic group had completed the measures at the commencement of their participation in the CFC psycho-educational support group programmes.

Hypotheses

It was hypothesised that, on measures of anxiety, strain, and psychological well-being, Italian participants would score more negatively than those of Anglo-Celtic descent. This hypothesis was

based on research (*e.g.* McCallum and Gelfand 1990; Whelan 1986) which has shown that cultural differences and language barriers exert a detrimental influence on the psychological health and well-being of minority ethnic family caregivers. It was further hypothesised that differences would emerge between males and females, and cultural groups, showing female Italian-migrant caregivers to be more disadvantaged in terms of community support utilisation and general health than their Anglo-Celtic and Italian counterparts. This hypothesis was based on the literature (*e.g.* Bernadi 1993; Papanicolaou 1990) which has described a culturally-related inequality in support services.

Results

Results are reported of statistical analyses involving comparisons between Anglo-Celtic and Italian caregivers on (a) socio-demographic characteristics, (b) measures of anxiety, affect, strain, and happiness (*i.e.* psychological health and well-being), and (c) nominated care-recipient characteristics.

Caregiver characteristics

Parametric and nonparametric tests were used where appropriate. Analyses revealed no differences between Italian and Anglo-Celtic caregivers on gender, marital status, housing arrangements, age of caregiver, total of health symptoms reported during the previous six months, total supports used by the caregivers, and total of caregiving responsibilities. However, groups differed significantly on employment status, educational level and length of caregiving (see Table 1). Significantly more Italians than Anglo-Celtics were employed either full time or part time, had lower educational levels, and had been the primary caregivers for significantly longer periods of time.

Psychological health and well-being

Data relating to measures of anxiety, affect, and happiness were analysed with a two-way MANCOVA. The first factor (country of origin) consisted of two levels: the Anglo-Celtic group versus the Italian group; the second factor was gender (male versus females). Dependent variables were state and trait anxiety, and total affect balance scores, and covariates included education, employment, general health, total supports, years spent sharing a home, length of

TABLE 2. Means and standard deviations on the Spielberger State and Trait Inventory and the Affect Balance Scale for Anglo-Celtic and Italian caregivers

Measure	Anglo-Celtic	Italian
State Anxiety	43.50 (12.35)	39.74 (16.54)
Trait Anxiety (1)	49.96 (4.98)	40.23 (13.11)
Total Affect Balance (ABS)	5.19 (1.76)	4.96 (1.54)
Strain (2)	5.16 (1.16)	4.68 (1.36)
Happiness indicator A	2.40 (0.61)	2.49 (0.51)
Happiness indicator B	2.41 (0.71)	2.33 (0.85)
Happiness indicator C	2.25 (0.61)	2.21 (0.60)
Health scale (3)	2.77 (0.92)	2.17 (0.78)
Total health symptoms	3.43 (2.41)	3.40 (2.48)
Total number of community supports used	1.54 (1.37)	1.93 (1.30)
Total number of caregiving responsibilities	7.00 (3.50)	7.29 (5.04)
Total number of disabilities	2.71 (1.60)	2.93 (2.48)

(1) $F(1, 338) = 21.21$ ($p < 0.001$).

(2) $\chi^2 = 2.69$ ($p = 0.007$).

(3) $\chi^2 = 4.12$ ($p < 0.001$).

time spent caregiving, and level of strain experienced. Groups differed significantly on these variables (covariates). The means and standard deviations for these measures are shown in Table 2.

The MANCOVA procedure resulted in a significant effect for country of origin ($F(3, 336) = 7.11$, $P < 0.001$), but a non-significant main effect for gender ($F(3, 336) = .69$, $p = .56$) and a non-significant interaction effect ($F(3, 336) = 1.47$, $p = .22$). Univariate statistics indicated that only trait anxiety scores were significant contributors to the multivariate result with the Anglo-Celtic respondents showing higher scores.

There were no differences between Italians and Anglo-Celtics on the three happiness indicators. In contrast, Anglo-Celtic caregivers reported significantly higher levels of strain and significantly poorer levels of general health than Italian caregivers.

Care-recipient characteristics

In relation to care-recipient characteristics, statistical tests indicated no differences between Anglo-Celtics and Italians on the age of the dependent person, the total number of disabilities impacting on the care-recipient, and where the care-recipient lives. In contrast, when compared with Anglo-Celtics, Italians had been sharing their homes with care-recipients for a significantly longer period of time ($\chi^2 = -3.73$, $p < 0.001$).

Discussion

In the present study, there were five significant differences between Italians and Anglo-Celtics. When compared with the latter, caregivers of Italian descent reported experiencing less trait anxiety, noted enjoying better health, and used more community supports. Furthermore, significantly more Italians were employed full-time and had significantly lower levels of education. In addition, the Italian participants tended to demonstrate less state anxiety, more immediate happiness, and less compulsion to change their present circumstances than Anglo-Celtics. However, mean scores also indicated a slightly more positive affect balance for Anglo-Celtics than Italian caregivers, with the latter feeling happier than the former four to five years ago.

Given these findings, the hypotheses of the present study were not supported. Previous literature has suggested that immigrants in general do not use health services effectively and that the lack of access to or the failure to access services has often resulted in isolation, hardship, and sometimes despair for these caregivers. It is apparent that the present sample of caregivers of Italian origin is being provided for in a way not identified in previous research. This finding is consistent with their reported access to services provided by CO. AS. IT. This ready access, and the full-time employment of many of them, may have provided opportunities for respite, resulting in less strain and significantly better general health than that reported by the Anglo-Celtic group. In line with these findings, Schultz *et al.* (1994a) found that negative emotional responses in male caregivers were closely related to unemployment and involvement in few caregiver responsibilities. Similarly, Kramer (1993) noted that 'caregivers with few social resources are at risk for negative outcomes and experience less caregiving satisfaction' (1993: 374).

One explanation of the present finding about trait anxiety (which is regarded as relatively enduring) could be related to cultural beliefs about caregiving. According to Weeks and Cuellar (1983), first-generation migrant families tend to be more traditional, expecting their children to assume caregiving roles in the later years. Thus, the Italian sample may tend to view caregiving as a natural part of their filial obligation, whereas Anglo-Celtics might be less resigned and, therefore, more anxious in the caregiving role. Perhaps, as Wood and Parham (1990) reported about Black Americans compared with White Americans, the present Italian sample appears to have a greater capacity for positive cognitive restructuring techniques and use of informal supports than the Anglo-Celtic sample.

Limitations

Findings of the present study should be viewed in terms of four limitations. First, three well-established instruments were employed, but two measures were not tested for psychometric properties. However, the availability and use of a measure with psychometric properties established in two languages represents a feature of this study, which serves as a useful pilot for future investigations. Second, although both the Italian and Anglo-Celtic participants were self-selected, the latter were volunteering to join group programmes, whereas the former already belonged to a designated community support system.

Notwithstanding different sampling procedures, both cohorts were seeking advice, support, and assistance of issues relating to their caregiving. The third limitation of the present study relates to the relatively small size of the Italian sample ($n = 48$). The small sample possibly produced low statistical power with less chance that real differences had statistical significance. However, statistical methods of control (*i.e.* use of MANCOVA) were employed (see Tabachnick and Fidell 1989). Finally, it is not known to what extent the Italian group is representative of its wider community. Suffice it to say, the CO. AS. IT organisation has an extensive outreach. Despite these limitations, some interesting implications can be drawn for future research.

Implications for research and practice

Apart from serving its purpose as a preliminary to further in-depth investigations, perhaps the most useful point to emerge from the present study is the clear message for service provision. There is no doubt that caregivers of Italian descent benefited from ready access to facilities which fostered a sense of community, as well as providing assistance with general needs. This would appear to be a powerful model for contending with some of the problems confronting immigrants which have been reported in the literature.

There is an urgent need for future well-controlled research which further identifies culturally appropriate services and examines many of the other issues raised in the present study. For instance, cross-cultural studies of caregivers are required as well as studies of caregivers with noncaregiver populations. Moreover, it should be noted that Hernandez (1991) cautioned against the compounding of cultural distinctiveness with researchers' subjective interpretations of stress, anxiety, and depression. A recommended way to overcome this problem is to use a

combination of quantitative and qualitative measures, whereby the multi-ethnic patterns of family caregiving in Australia are drawn from grounded experience as well as experimentation.

NOTE

- 1 The term Anglo-Celtic is commonly used in Australia to refer to a person whose origin was in the British Isles (see Macquarie Dictionary, 2nd Edition, 1991, 64).

References

- Australian Bureau of Statistics. 1989. *Disabled and Aged Persons Australia*. 1988 (Catalogue No. 4118.0). Commonwealth Government Printer, Canberra.
- Bernadi, E. 1993. *A Multicultural Perspective*. National Family Summit Report, Parliament House Canberra (147–158). Capricorn, Redfern: N.S.W.
- Bradburn, N. M. and Noll, C. E. 1969. *The Structure of Psychological Well-being*. Aldine, Chicago.
- Brooks, N. 1984. *Head Injury and the Family: Closed Head Injury*. University Press, Oxford.
- Cantor, M. 1979. The informal support system of New York's inner city elderly: is ethnicity a factor? In Gelfand, D. and Kutzik, A. (eds), *Ethnicity and Aging*. Springer, New York.
- Gelfand, D. and Kutzik, A. 1979. *Ethnicity and Aging*. Springer, New York.
- George, L. J. and Gwyther, L. P. 1986. Caregiver well-being: a multidimensional examination of family caregivers of demented adults. *The Gerontologist*, **26**, 253–259.
- Goodman, C. C. 1990. The caregiving roles of Asian American women. *Journal of Women and Aging*, **2**, 109–120.
- Hernandez, G. G. 1991. Not so benign neglect: researchers ignore ethnicity in defining family caregiver burden and recommending services. *The Gerontologist*, **31**, 271–272.
- Kramer, B. 1993. Expanding the conceptualisation of caregiver coping: the importance of relationship focused coping strategies. *Family Relations*, **42**, 381–391.
- Litwin, H. and Abramowitz, L. 1993. Ethnicity and informal support among filial caregivers: Analysis of an Israeli sample. *Journal of Cross-Cultural Gerontology*, **8**, 1–15.
- Lockery, S. A. 1991. Family and social supports: caregiving among racial and ethnic minority elders. *Generations*, Fall/Winter, 58–62.
- Malwijiw, P. 1988. Ageing. In Jupp, J. (ed), *The Australian people: an Encyclopedia of the Nation, its People and their Origins*. Angus and Robertson, Sydney.
- McCallum, J. 1990. The Mosaic of Ethnicity and Health in later Life. In Reid, J. and Trompf, P. (eds), *The Health of Immigrant Australians*. Harcourt Brace Jovanovich, Sydney.
- McCallum, J. 1992a, February. *Daughter Carers of Older Australian Migrants: Costs of Cultural Mediation*. Paper prepared for the Bureau of Immigration Research, Women in Migration Conference, Ormond College, The University of Melbourne.
- McCallum, J. 1992b. Family care of the elderly in Australia. In Kosberg, J. I. (ed), *Family Care of the Elderly: Social and Cultural Changes 158–177*. Sage, Newbury Park.
- McCallum, J. and Gelfand, D. E. 1990. *Ethnic Women in the Middle: a Focus Group Study of Daughters Caring for Older Migrants in Australia*. Canberra: Australian National University, National Centre for Epidemiology and Population Health.
- Midre, G. and Snyak, B. 1989. Between family and state: ageing in Poland and Norway. *Ageing and Society*, **9**, 241–259.
- Mutran, E. 1985. Intergenerational family support among blacks and whites: response to culture or to socioeconomic differences. *Journal of Gerontology*, **40**, 382–389.

- Nathan, P. and Howe, A. L. 1986. Long-term care for elderly migrants. In Australian Institute of Multicultural Affairs. *Community and Institutional Care for Aged Migrants in Australia*. AIMA, Melbourne.
- Palmore, E. 1976. Total chance of institutionalisation among the aged. *The Gerontologist*, **16**, 504–507.
- Papanicolaou, L., Cevikoglu, K. and Zeed, A. 1990. Women with disabilities from non-English speaking backgrounds and NESB women as carers of disabled relatives. *Proceedings of the National Women's Conference* (336–339). University of Canberra, Canberra.
- Parsons, C. 1990. Cross-cultural issues in health care. In Reid, J. and Trompf, P. (eds), *The Health of Immigrant Australians*. Harcourt Brace Jovanovich, Sydney.
- Pedrabassi, L. and Santinello, M. 1989. State-trait anxiety inventory (Italian version) (Self evaluation questionnaire). *Bollettino di Psicologia Applicata*, 191–192.
- Schultz, C. L. 1997. Family caregivers of the disabled in Australia. In Modly, D., Zanotti, R., Polotti, P. and Fitzpatrick, J. (eds), *Home Care Nursing Services: International Lessons*. Springer, New York.
- Schultz, C. L. and Schultz, N. C. 1990. *Caring for Family Caregivers: Group leader Manual*. (Available from Highfields Caregiving, P.O. box 55, Ivanhoe, Australia, 3079).
- Schultz, C. L., Schultz, N. C. and Smyrnios, K. X. 1994b. Caring for family caregivers of dependent ageing persons: process and outcome evaluation. *Australian Journal of Ageing*, **13**, 4, 193–196.
- Schultz, C. L., Smyrnios, K. X., Carrafa, G. P. and Schultz, N. C. 1994a. Predictors of anxiety in family caregivers. *Australian Occupational Therapy Journal*, **41**, 153–161.
- Schultz, C. L., Smyrnios, K. X., Grbich, C. F. and Schultz, N. C. 1993a. Caring for family caregivers in Australia: a model of psychoeducational support. *Ageing and Society*, **13**, 1–25.
- Schultz, C. L., Smyrnios, K. X., Schultz, N. C. and Grbich, C. F. 1993b. Longitudinal outcomes of psychoeducational support for family caregivers of dependent elderly persons. *Australian Psychologist*, **28**, 21–24.
- Schultz, N. C. and Schultz, C. L. 1990. *The key to caring*. Melbourne, Longman Cheshire.
- Spielberger, C. D., Gorsuch, R. L. and Lushene, R. F. 1983. Manual for the state-trait anxiety inventory STAI (Form Y, Self evaluation questionnaire). Consulting Psychologists Press, Palo Alto, California.
- Tabachnick, B. G. and Fidell, L. S. 1989. *Using Multivariate Statistics* (2nd Edition). Harper Row, New York.
- Toseland, R. W., Rossiter, C. M. and Labrecque, M. S. 1989. The effectiveness of peer-led and professionally led groups to support family caregivers. *The Gerontologist*, **29**, 438–448.
- Watson, E. A. and Mears, J. 1990. *Women in the Middle: Caregivers with a Double Burden of Care*. Campbelltown, N.S.W. School of Community and Welfare Studies, MacArthur Institute of Higher Education.
- Weeks, J. and Cuellar, J. 1983. Isolation of older persons: The influence of immigration and length of residence. *Research on Aging*, **5**, 369–388.
- Westbrook, M. T. and Legge, V. 1991. Pathways to a mainstream nursing home: a survey of Chinese, Greek and Anglo Australian. *Australian Journal of Ageing*, **10**, 3–10.
- Whelan, A. 1986. *The Ethnic Elderly in Wollongong*. State Health Publications, Warrawong: N.S.W.
- Wood, J. B. and Parham, I. A. 1990. Coping with perceived burden ethnic and cultural issues in Alzheimer's family caregiving. *The Journal of Applied Gerontology*, **9**, 325–339.