S1 Supplementary File contains additional material pertaining to Methods (quality appraisal and data synthesis procedures):

- **The search strategy** - search strategy commands applied within scientific databases (p. 2),

- **Additional literature searches** - including unpublished and grey literature, contacting experts, hand search, general searches and PhD theses and dissertations (p. 3),

- **PRISMA checklist.** The PRISMA checklist completed for this review (pp. 4-6),

- **The eMERGe meta-ethnography reporting guidance.** The eMERGe checklist completed for this review (pp. 7-10),

- **Detailed description of the meta-ethnography synthesis.** Comprehensive description of analytical procedures applied in this review (pp. 11-12),

- **Meta-ethnography grids.** The meta-ethnography grids presenting the content of second-order constructs of each concept for each of the studies (pp. 13-37),

- **CASP qualitative checklist** demonstrating how each study addressed the CASP qualitative checklist (2014) quality aspects (pp. 38-40).

The search strategy - search strategy commands applied within scientific databases

	Search Terms
1	(MM "Motivation")
2	motiv*
3	"motivation to care"
4	"motivations to care"
5	"motivation to provide care"
6	"motivations to provide care"
7	drive
8	oblig*
9	duty
10	filial
11	willing*
12	"willingness to care"
13	"willingness to provide care"
14	OR / 1-13
15	value*
16	"familism"
17	social
18	personal
19	ethnic*
20	cultur*
21	demographic*
22	diagnosis
23	illness
24	characteristic*
25	determinant*
26	OR / 15-25
27	(MM "Caregivers")
28	caregiver*
29	caregiving
30	family
31	relative*
32	spouse
33	partner
34	carer*
35	OR / 27-34
36	14 AND 26 AND 35
37	AB(14 AND 26) AND TI(35)

Additional literature searches

Type of source	Data sources
Unpublished and Grey literature	The Metaregister; www.opengrey.eu; www.base-search.net; Global Health (Ovid); Social Care Online
Contacting experts	Eurocarers – European Association Working for Carers; Carers Trust (UK); key authors (Val Morrison, Rachel Dekel, Diane Seddon, Giovanni Lamura)
Hand Search	Conference proceedings: - British Society of Gerontology Annual Conference, - Alzheimer's Association International Conference; Web of Science: - Conference Proceedings Citation Index- Science (CPCI-S), - Conference Proceedings Citation Index- Social Science & Humanities (CPCI-SSH); Reference list checking of studies that met the eligibility criteria; relevant systematic reviews retrieved by the search (retrospective reference list checking).
General searches	'Google scholar'
PhD Theses and Dissertations	EThOS; Open Access Theses and Dissertations

PRISMA 2020 Checklist

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	1
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	1-2
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	3-5
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	5-6
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	6-7
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	7
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	7
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	7-8
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	8
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	6
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	6, 7-8
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	7, 9-10
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	6
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	6-7
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	8-9
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	8-9
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	8-9
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	10-11, 26
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	8-9, 11
Reporting bias	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	7, 9-10

Section and Topic	Item #	Checklist item	Location where item is reported
assessment			
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	10
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	10
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	10
Study characteristics	17	Cite each included study and present its characteristics.	10-12
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	9-10
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	N/A
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	9-11
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	12-19
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	9-11, 26
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	9-11, 26
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	9-11
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	9-11
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	19-22
	23b	Discuss any limitations of the evidence included in the review.	24-26
	23c	Discuss any limitations of the review processes used.	24-26
	23d	Discuss implications of the results for practice, policy, and future research.	22-23
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	Provided in a supplementary file
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	As above
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	As above
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	2

Section and Topic	Item #	Checklist item	Location where item is reported
Competing interests	26	Declare any competing interests of review authors.	2
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	7-8, 9-11

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71

For more information, visit: http://www.prisma-statement.org/

The eMERGe meta-ethnography reporting guidance

No.	Noblit and Hare's 7 phases	Criteria Headings	Reporting Criteria (what each step entailed in the meta-ethnography)
1	Phase 1 - Selecting meta-ethnography and getting started	Rationale and context for the meta-ethnography	As caregiving motivations are likely to be culturally-bound, it is important to enhance our understanding of cultural factors underlying the motives for providing care (or not providing it) and potential willingness (or lack thereof). However, no review has addressed this issue in a meta-ethnographic synthesis, which can provide more insight (explanations) about the way in which culture underpins caregiver motivations and willingness to provide informal care, i.e., the question of *how* culture shapes motivations, not only *if* it does, needs addressed. A review was registered as part of the wider systematic review at the Centre for Reviews and Dissemination – National Institute for Health Research at the University of York (PROSPERO): https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=149458 Originally, a mixed-method systematic review was planned. Due to the large number of qualitative eligible studies and the need to present the findings in an efficient and robust way, the decision was made by the review team to present the qualitative meta-synthesis findings separately from the quantitative findings. This was, however, in line with the strategy for data synthesis described in the PROSPERO protocol (i.e., anticipation of different methods of synthesis). The meta-ethnography was applied to synthesise only studies focused on motivations and/or willingness to provide care that pertained to culture-specific norms of informal care provision.
2		Aim(s) of the meta-ethnography	(1) identify potential explanations for how culture underlies motivations and willingness to provide care, (2) explicate the possible interactions between ethnocultural factors, (3) develop a model that explains cultural determinants of motivations and willingness to provide care.
3		Focus of the meta-ethnography	This review sets out specifically to gain understanding of how culture underpins and shapes motivations and willingness to provide informal care. Two review questions are: What are the potential cultural determinants of motivations and willingness to provide informal care? How do these cultural factors shape motivations and willingness for providing informal care?
4		Rationale for using meta-ethnography	As cultural values and beliefs have been shown to influence the caregiving experience, the authors decided to deepen the understanding of how these cultural factors (specifically in terms of cultural-specific norms of informal care provision) influence motivations and willingness for providing informal care. As the main review question was concerned more with understanding of the mechanism ('how') and as the focus was placed on ethnocultural determinants, a more interpretive synthesis was required in order to understand how these factors shape the caregiver experience in motivations and willingness for caring. Meta-ethnography, thanks to its processes of translating studies into one another and synthesising translations, offers an in-depth and interpretative exploration of how

			potential cultural factors influence motivations and willingness to provide care through the construction of the theoretical model on the subject. The goal of meta-ethnography is to systematically synthesise a body of qualitative research to create a 'whole' greater than the sum of its parts, offering new conceptual insights while preserving the ideas from the original studies.
5	Phase 2 - Deciding what is relevant	Search strategy	The approach to searches combined both comprehensive and purposive sampling methods, i.e., studies pertaining to cultural-specific underpinnings of motivations and willingness for caring were selected purposefully for the meta-ethnography synthesis from the pool of 105 qualitative studies (sampled comprehensively) which reported on various determinants of caregiver motives and willingness to provide care in a different review (reported elsewhere and conducted by the authors). This is justified by the fully interpretative focus placed on specific studies that contributed added value over and above the general meta-synthesis of all studies, with a specific aim to provide explanation on how culture shape caregiving motivations and willingness to provide care, not only *if* it does.
6		Search processes	Search processes are reported altogether with the PRISMA statement. The selection of the studies for the meta-ethnography synthesis was purposeful – studies which related to cultural-specific underpinnings of motivations and willingness for caring were synthesised.
7		Selecting primary studies	Two reviewers (MZ, EB) selected 37 studies that reported cultural-specific underpinnings of motivations and willingness to provide care.
8		Outcome of study selection	Electronic searches identified a total of 9793 papers. After duplicate removal (N=4141) the remaining 5652 articles were screened by title and abstract. Following exclusions (N=5462), 190 full-text records were assessed for eligibility. Final exclusions (N=85) resulted in 105 eligible studies reporting on diverse determinants of motivations and willingness to provide care. Out of these, 37 studies pertaining to cultural-specific motivations for providing informal care were purposively selected for the meta-ethnography synthesis based on the review questions.
9	Phase 3 - Reading included studies	Reading and data extraction approach	Two reviewers (MZ & EB) applied Schutz's conceptualisation of second- and third-order constructs whilst extracting the data. This first phase of meta-ethnographic synthesis (identification) was similar in position to the first phases of thematic analysis (although meta-ethnography approach does not require such formal methods for theme/concept extraction from the included studies but at the same time it does not exclude them). Primary study authors' conceptual data (second-order constructs) was thematically grouped as to determine the concepts with similar meanings thorough open and selective coding, ensuring the context of the data (first- and second order constructs) was preserved in the wider review team (MZ, EB, VM, DS & RD). The key concepts and sub-concepts were compared within and across studies.
10		Presenting characteristics of included studies	Detail characteristics of the included studies are presented in meta-ethnography grids (in which also the content of second-order constructs of each concept is presented for each of the studies).
11	Phase 4 - Determining	Process for determining how	The translation synthesis process compared concepts individually, account by account (i.e., each account pertaining to each concept identified) in

	how studies are related	studies are related	chronological order (i.e., study by study) as proposed by Campbell et al. (2003).
12		Outcome of relating studies	The concepts and sub-concepts were re-configured based on reciprocal translations. They were related to each other reciprocally.
13	Phase 5 - Translating studies into one another	Process of translating studies	When key concepts have been developed, with the identified concepts applied to the first study, the next study was synthesised based on the processes of two types of *translation* – reciprocal and refutational. Reciprocal translation refers to concepts across the studies which agree with each other and can be aggregated, whilst refutational translation pertains to concepts across the studies which conflict with one another. Having identified concepts from each study, search for the presence or absence of these concepts in all studies was conducted and presented in a table of the contribution of the concepts to each of the studies included in the review as well as meta-ethnography grids (in which the content of second-order constructs of each concept is presented for each of the studies). Then the translation synthesis process followed the approach to translation introduced by Campbell et al. (2003), as described above. This translation process was conducted by two reviewers and involved analysing the relevant emergent concepts (concepts and sub-concepts) pertaining to the cultural-specific motivations for providing informal care in terms of whether they agree with one another or not. After short descriptions of the key concepts had been developed, these were compared to identify any contradictions (refutational translation).
14		Outcome of translation	The concepts seemed congruent with one another, i.e. same as in a review by Britten et al. [45], it was clear that the concepts were not refutations of one another even if a particular concept was not identified in a particular paper or the terminology was not identical but the meaning of the categories remained the same. Therefore, the studies were related to each other reciprocally. The only exception identified related to the comparison between the concepts of 'Love and emotional attachment' compared with the concept of 'Cultural duty and beliefs of obligation'. Specifically, based on the distinction between the expression of love and the feelings of love, it was explored to what extent the feelings of love may stand in contradiction to the sense of obligation. Firstly, it was demonstrated that showing love and affection was informed by sociocultural norms and expectations (i.e., love may be an expression of the common cultural values and obligations) as well as it may play no part (e.g., caregiving daughters-in-law), as this may be influenced by different factors such as for example the caring relationship type (the concept was absent in 57% of the included papers). Secondly, when contrasting the reported feelings of love with the cultural obligation, the last appeared to be treated as a natural part of caregiver's life and mostly without negative connotations [6,18,21,28], suggesting that affects of love and emotional attachments to the care recipient may go in pair with a culturally-shaped duty to provide care, suggesting that caregiving obligations may constitute an inherent part of caregiving loving relationships [19,25,38].
15	Phase 6 - Synthesizing translations	Synthesis process	This final phase of the meat-ethnography synthesis process (development of the line of argument and the model) was conducted by the main reviewer (MZ) and was summarised in a form of a table containing the previously described concepts with a developed line of argument. The first reviewer (MZ) arranged (configured) concepts, second- and third-order constructs to

			build up a line of argument, i.e., a 'storyline' or 'narration' which provides an 'explanation' or 'theory' to the findings. In this process the most compelling explanation formulated by the first reviewer was introduced to the review team (VM, DS, EB, RD) who confirmed the preservation of the meaning between the first-, second-order constructs and the first reviewer's third-order interpretations. No alternative explanation was put forward by the other reviewers. A table was generated relating to the line of argument shows the reviewers' interpretations (third-order constructs) and second-order interpretations across all studies. A model, which encompassed these findings across all the papers, was developed and presented as a pyramid chart and described in the paper.
16		Outcome of synthesis process	The meta-ethnography synthesis enabled a development of the model of cultural motivations for providing informal care. Its significance is described in the Findings and Discussion sections in the main text. The context to which the new model can apply should be strongly informed by the basic study characteristic presented in meta-ethnography grids.
17	Phase 7 - Expressing the synthesis	Summary of findings	The main interpretive findings of the synthesis were contrasted with the review questions. The developed model which posits caregiver cultural self-identity in the centre of the theoretical framework was compared with the scarce existing research literature. The implications for research, practice and policy were suggested - this information is compiled in the Discussion section.
18		Strengths, limitations, and reflexivity	These are reported in the Discussion section.
19		Recommendations and conclusions	The findings of the meta-ethnography review bear implications for the theory development, research, practice and policy. There were presented in the Discussion section.

Data synthesis - detailed description of the meta-ethnography synthesis

Meta-ethnography was applied to synthesise qualitative studies focusing on the cultural aspects of caregiver motivations and willingness for caring, especially in terms of the cultural-specific norms of informal care provision. The synthesis followed Noblit and Hare's seven-step process of: getting started; deciding what is relevant to the research questions; reading the studies; determining how studies are related; translating studies into one another; synthesising translations; and expressing the synthesis (France, Uny, et al., 2019; Noblit and Hare, 1988).

Meta-ethnography synthesis consisted of three distinct phases and applied Schutz's conceptualisation of second- and third-order constructs. The phases were as follow:

- identification of relevant concepts in the primary studies (determinants of motivations and willingness to provide care) – congruent with the first steps of thematic synthesis;
- the description of second-order constructs;
- the description of third-order constructs;
- the previous two descriptions of concepts were used to build a line of argument.

The first phase of meta-ethnographic synthesis (identification) is similar in position to the first phases of thematic analysis. Primary study authors' conceptual data (second-order constructs) was thematically grouped (Britten et al., 2002; Britten and Pope, 2012; France, Cunningham, et al., 2019; Toye et al., 2014) as to determine the concepts with similar meanings through open and selective coding, ensuring the context of the data (first- and second order constructs) was preserved. When key concepts have been determined, with the identified concepts applied to the first study, the next study was synthesised using processes of two types of *translation* (Britten et al., 2002; France, Cunningham, et al., 2019; Gough et al., 2017) – reciprocal and refutational. *Reciprocal translation* refers to concepts across the studies which agree with each other and can be aggregated, whilst *refutational translation* pertains to concepts across the studies which conflict with one another. Having identified concepts from each study, a search for the presence or absence of these concepts in all studies was conducted. Table 2a & 2b present the contribution of the concepts to each of the studies included in this review. Meta-ethnography grids demonstrate the content of second-order constructs of each concept for each of the studies (see online S1 Supplementary File, below). The translation synthesis process followed the approach introduced by Campbell (Atkins et al., 2008; Campbell et al., 2003) in which concepts are individually compared account by account (i.e. each account pertaining to each concept identified) in chronological order (i.e., study by study). This translation process was conducted by two reviewers and involved analysing the relevant emergent concepts (and sub-concepts) pertaining to cultural-specific motivations for providing informal care in terms of whether they agree with one another or not. After developing short descriptions of the key concepts, these were compared to identify any contradictions (refutational translation).

The concepts seemed congruent with one another, i.e., the concepts were not refutations of one another and even if a particular concept was not identified in any particular paper or the terminology was not identical, the meaning of the categories remained the same. Based on this congruence, a line of argument was generated to provide further analysis and interpretation, integrating similarities and differences across studies to form a novel conceptual framework. This final phase of the meta-ethnography synthesis process was conducted by the main reviewer (MZ). During this the first reviewer (MZ) arranged (configured) concepts, second- and third-order constructs to build up a line of argument, i.e., a 'storyline' or 'narration' which provides an 'explanation' or 'theory' to the findings. In this process the most compelling explanation formulated was next introduced to the review team (VM, DS, EB, RD) who confirmed the preservation of the meaning between the first-, second-order constructs and the first reviewer's third-order interpretations. No alternative explanation was put forward by the other reviewers. A table relating to the line of argument shows the reviewers' interpretations (third-order constructs) and second-order interpretations across all studies (see Table in online S2 Supplementary File). A model, which encompassed these findings across all the papers, was developed and presented as a pyramid chart (Figure 2 in the Discussion section).

Meta-ethnography grids in which the content of second-order constructs of each concept is presented for each of the studies (Tables 1a-d)

Table 1a Meta-ethnography grid 1

Study ID / Characteristics	Chao & Roth, 2000	Spitzer et al., 2003	Van Sjaak Geest, 2002	van Wezel et al., 2016	Globerman, 1996	Wallhagen & Yamamoto-Mitani, 2006	Parveen et al., 2011	Yamamoto & Wallhagen, 1997	Kim & Theis, 2000
Sample	31 Taiwanese caregivers; all daughters-in-law	29 South-Asian and Chinese caregivers; women; different relationship types	35 African caregivers	69 carers of Turkish, Moroccan and Surinamese origin; different relationship types	16 Canadian caregivers, daughters- and sons-in-law	16 (9 American and 7 Japanese); daughters or daughters-in-law	30 carers of Bangladeshi, Indian, Pakistani or White-British origin; different relationship types	26 Japanese caregivers; daughters or daughters-in-law	30 Korean American caregivers; mainly spouses
Data collection	Cross-sectional, face-to-face and one-to-one semi-structured interviews	Cross-sectional, face-to-face semi-structured interviews	Cross-sectional, face-to-face and one-to-one semi-structured interviews plus focus groups	Cross-sectional, face-to-face and one-to-one semi-structured interviews plus focus groups	Cross-sectional, face-to-face and one-to-one semi-structured interviews	Longitudinal, face-to-face and one-to-one semi-structured interviews	Cross-sectional, face-to-face and semi-structured focus groups	Cross-sectional, face-to-face and one-to-one unstructured and semi-structured interviews	Cross-sectional, face-to-face, semi-structured interviews
Setting	Participants' homes or rehabilitation wards	NR	Various settings	NR	Mainly participants' homes	Caregiver's home or the research office of one of the authors	Support group centres	NR	Homes of the caregivers
Methodology and method of	Grounded theory; Constant	Ethnographic approach; Content	Interpretative ethnographic approach;	Generic approach; NR	Qualitative interpretive	Grounded theory; Constant comparative	NR; Thematic content	Grounded theory; Constant	Descriptive qualitative; NC (Thematic/content

analysis	comparative method	analysis	Ethnographic descriptive analysis		approach; McCracken's long interview method (1988)	method	analysis	comparative method	analysis)
Study design	Cross-sectional	Cross-sectional	Cross-sectional	Cross-sectional	Cross-sectional	Longitudinal	Cross-sectional	Cross-sectional	Cross-sectional
Country	Taiwan	Canada	Ghana (Kwahu)	Netherlands	Canada	Japan and the USA	The UK	Japan	The USA
Key concepts									
Cultural duty and beliefs of obligation	'A married woman belongs to her husband's family and she should be obedient to him and devoted to the family.'	Close relatives feel obliged to provide care.	The social hierarchy of caregiving responsibilities being a basis for the feelings of duty. First – for children; second – a married person (adult child) lives in their own family house (*abusua fie*) – the care goes then to spouse (if the person is separated, then other relatives).	'In both the Turkish and Moroccan communities, family care is primarily handled by the eldest daughter or the wife of the eldest son. In the Surinamese Creole community, it is also often a daughter who is involved in the care of a parent with dementia, but it does not necessarily have to be the eldest daughter; When Moroccan or Turkish immigrant men do provide physical care, it is generally for male	Engendered sense of responsibility.	Position to take care of the elderly (*miru tachiba*). 'Miru tachiba implies that one's position in the family (i.e., daughter or daughter-in-law) and/or the context within which the relationship between the care recipient and caregiver had evolved over time requires one to take on the caregiver role.'	Duty or obligation or responsibility to provide care; fulfilling cultural duties; no choice but to adopt the role of the caregiver as there had been no one else to carry out the care role.	A sense of responsibility.	Korean traditional social code – obligation versus attachment: 'They viewed their caregiving role as natural and ordinary under the traditional Korean cultural norm, filial obligation for their care recipients with a sense of continuity with the past.'

				family members of their own 'family line' (their own father or uncle).'					
Repayment motive	A desire to repay by fulfilling the duty.	N/A	Care recipient's previous conduct when upbringing their own child – 'if the person is considered *akwakora bofo* (bad, old man), then he may not receive any care (divorce may be treated as misbehaviour).'	'When caring for parents or parents-in-law, there is also a kind of reciprocity.'	N/A	Reciprocity as a factor.	N/A	Concept of a sense of reciprocity (individually).	'The majority of caregivers denied considering their quantity and quality of caregiving responsibilities as repayment for what the care recipients did for them.'
Gendered cultural expectations	'Women should be praised for displaying filial piety and taking care of her parents-in-law.'	'Respondents felt that women were the most appropriate caregivers for elders as well as for children.'	'Most of the practical activities performed for elderly people are, in fact, female tasks.'	'Primarily a task for women.' 'To be seen as a good daughter or daughter-in-law.'	Sons-in-law's motivation is reactive (they care when they're delegated to do that), they care to maintain their marital relationships; daughters-in-law's motivation is based upon female socialization upon which the sense of responsibility	Dependent on the circumstances – care can be provided by both men or women, although in most cases (when there is an available daughter-in-law) these are women; in the USA men are less expected to provide care than women.	N/A	Caregiving as domain of (particularly) daughters-in-law.	N/A

					is created; to protect the husband from suffering or to manage his suffering by caring for his parents.				
Religious and philosophical ideas	Religious beliefs were the reasons behind the provision of informal care.	N/A	Religious beliefs upholding caregiving duties.	Providing care as a religious (Islam for the Turkish and Moroccan participants, Christianity for the Surinamese) and cultural expectation.	N/A	N/A	Cultural and religious obligation.	N/A	N/A
Filial piety	Traditional cultural norm and personal expectation. No matter how hard caregiving is, filial piety has to be maintained (‘inevitable responsibility’).	N/A	N/A	N/A	N/A	Filial piety as cultural value ingrained in Japanese culture; no such counterpart in American culture.	N/A	Concept of a social debt in Confucianism (supraindividaully).	Traditional cultural norm of filial piety.
Shaping cultural identity	Women are expected to express filial behaviours with the desire to fulfil filial piety.	‘As mothers of the nation and reproducers of society, [women are] entrusted with the task of maintaining cultural	N/A	Caregiving is principally a task for women; being a woman designates a person as a potential carer.	Female socialization preparing women for assuming caregiving roles in the future.	Caregiving as an expected career for Japanese carers, its social embeddedness and taken-for-grantedness (‘Those who anticipate an eventual	Culture invoked as an important factor when thinking about oneself as a carer.	Expectancy of assuming the role – due to patrilineal and primogeniture norms (women knew they may need to care if they marry the first son); Maintainers of the cultural values: self-	N/A

		identity through educating the young and modeling their own [caregiving] behavior.'				caregiver role can design their lives in such a way that it is relatively easy to accommodate'); caregiving unexpected career for American carers.		identity; moral obligation; coherence – based on the decision (e.g., when marrying the first son); internalized norms maintained by the society; feelings of empathy or pity.	
Rising demands of the contemporary world	N/A	Employment did not offer supplemental health insurance, family benefits, or flexible hours, it was difficult for caregivers to combine the role with the demands of a professional work.	N/A	N/A	N/A	N/A	N/A	Norms varying to some extent depending on the area of Japan and whether it's more rural or urban area.	'When their care recipients became ill, these caregivers had to provide patient care in addition to household chores' (life in a different society and new area).
Familism and family- and community-based care	N/A	'Belief that care is best carried out in the home by providers linked by sentiment and limited traditions of accessing services.'	'Several people are usually involved in providing care.'	Family care as being more loving and as offering more security and recognition for the care recipient; institutionalising a relative may be condemned by the community.	N/A	N/A	Fulfilling familial duties as well as fear of an outsider not providing the same quality level of care.	N/A	N/A

Love and emotional attachments	N/A	N/A	Love, dedication, and affection towards a care recipient.	N/A	Affection in these types of relationships was not apparent.	N/A	Emotional attachments with the care recipient.	Attachment – emotional bond; 'amaeru' (indulgent love) changes into 'amayakasu' (offering indulgent love).	Insignificant role of the emotional attachment.
Explanation (second-order interpretation)	Motivations and willingness to care, based on the feelings of duty, are shaped by cultural norms (religion, filial piety) and socialisation in Taiwan.	Caregiving central to women and members of their ethnocultural community. Cultural values uphold filial obligations which constitute a powerful social imperative to provide informal care.	Motivations depend to a large extent on whether the CR provided to their own children before (a matter of reciprocity) and social norms governing the caregiving.	Caring motives are related to cultural and religious backgrounds and norms -caregiving for female carers is an expected task that they should carry out with respect and love; it is superior to professional care.	Motivation to care in a specific kin relationship – between children-in-law and their parents-in-law – derives from the engendered sense of responsibility, which is based on cultural expectations and socialisation.	Motivations for care based on cultural expectations shaping the sense of preparedness (or its lack) and felling of duty to assume the role. The differences in the ethnocultural content are seen between American and Japanese cultures.	British South-Asian caregivers' willingness to pro-vide care was related to fulfilling their cultural and religious duty whereas White-British caregiver's willingness to provide care was due to emotional attachments to the care receiver and a fear of institutionalisation	Expectancy of assuming the caregiving role by daughters-in-law due to sociocultural expectations. Cultural values, self-identity, internalised norms and emotional attachment are crucial for the continuation of the role.	The Korean traditional cultural norm of filial piety as the strongest motivation to care. Reciprocity denied as a motivational factor.

Table 1b Meta-ethnography grid 2

Study ID / Characteristics	Donovan & Williams, 2015	Han et al., 2008	Browne Sehy, 1998	Hinton et al., 2008	Ho et al., 2003	Jones et al., 2002	Jones et al., 2003	Holroyd, 2005	Kong et al., 2010
Sample	18 Vietnamese-Canadian caregivers; different relationship types	24 Korean American caregivers; different relationship types	10 spousal carers of Caucasian, Hispanic or Asian origin	9 Vietnamese carers; different relationship types	12 Chinese-Canadian caregivers; different relationship types	22 Chinese American and 19 Filipino American caregivers; daughters- or daughters-in-law	22 Chinese American and 19 Filipino American caregivers; daughters- or daughters-in-law	20 Chinese spousal caregivers	10 Korean caregivers; mainly daughters or daughters-in-law
Data collection	Longitudinal, one-to-one semi-structured interviews	Cross-sectional, face-to-face, semi-structured focus groups	Longitudinal, face-to-face and one-to-one semi-structured interviews	Cross-sectional, semi-structured interviews	Cross-sectional, face-to-face semi-structured interviews	Cross-sectional, face-to-face, one-to-one semi-structured interviews	Cross-sectional, face-to-face, one-to-one semi-structured interviews	Cross-sectional, face-to-face and one-to-one unstructured interviews	Longitudinal, face-to-face and one-to-one semi-structured interviews
Setting	NR	A community location (e.g. senior centre, community centre)	Participant's home	NR	Participants' homes, Chinese centre for geriatric care, participant's office	Informants' homes, the office of the research project, or other places selected by the caregivers	Informants' homes, the office of the research project, or other places selected by the caregivers	Main room of the family home, in most interviews the dependant husband was within earshot of the interview	Informants' home, churches, informant-owned workplaces
Methodology and method of analysis	Case study design; Values and emotions coding	NR; Thematic analysis/Qualitative content analysis	Qualitative descriptive design; An interpretive reading guide	NR; Thematic coding combined with a deductive coding	NR; Thematic analysis	Grounded theory; Grounded theory analysis	Grounded theory; Grounded theory analysis	Ethnographic approach; Constant comparative method	Descriptive qualitative; Qualitative content analysis
Study design	Longitudinal	Cross-sectional	Longitudinal	Cross-sectional	Cross-sectional	Cross-sectional	Cross-sectional	Cross-sectional	Longitudinal
Country	Canada	The USA	The USA	The USA	Canada	The USA	The USA	China	The USA

Key concepts									
Cultural duty and beliefs of obligation	A duty to care for ill parents in Vietnamese culture.	Social expectations to assume the role, especially for the oldest son, daughter-in-law and women.	'Religion and culture that were influential, if not central, as a milieu within which caregivers made difficult decisions in moral conflicts.'	Spiritual and religious motivations viewed as reinforcing the core cultural duty arising from filial piety and respect toward the care recipient.	'The obligation to provide care that their traditional cultural values had instilled in them.' 'A sense of responsibility irrespective of their relationship to the care recipient.'	A sense of obligation, filial responsibility – as part respect for parents ingrained in cultural values.	'Commitment to the caregiving role was strongly rooted in the value system. They described an intense need to fulfil their filial obligation.'	Duty to one's husband to provide him with care - conflict between women's increasing awareness of their own needs what lead to the feelings of being compelled to care.	Caregiving as an obligation of the traditional Korean culture (Confucianism). Social expectations of caregiving (self-conscious", "face-saving") upholding duty to care.
Repayment motive	N/A	Repayment is mentioned.	Reciprocity and mutual obligations.	N/A	N/A	'Grateful for the love and care their parents had given them earlier, they wanted to "give back."'	A sense of gratitude toward their parents and a desire to give back.	Reciprocity underpinned by a Confucian sense of duty in Chinese society limited in a modern world – 'whatever husbands had given them in the past had run out and was not enough to sustain current caregiving'.	N/A
Gendered cultural expectations	Caregiving defines what it means to be a Vietnamese woman ('being	N/A	N/A	N/A	N/A	N/A	gender roles of mother, daughter, and wife	'Engendered and generational expectations of marital obligations are	N/A

	a Vietnamese woman').							supported by current government policy.' 'Social expectations of caring for a husband until he dies.'	
Religious and philosophical ideas	N/A	N/A	N/A	Caregiving constitutes a 'way of appeasing the ancestors and gaining their blessings and approval.' Caregiving sacrifice (*hy sinh*) as another motive (it can be related to Christ's sacrifice or acts of compassion in Mahayana school of Buddhism). Karma and afterlife.	Adherence to Chinese cultural and philosophical 'standards' – caregiving as a filial responsibility.	'Spirituality was frequently reported as a personal resource.'	'Inspired by compassion.' (reference to Buddhism)	N/A	N/A
Filial piety	Caring as a reflection of one's implicit value system.	Traditional cultural values of filial piety (Hyo).	N/A	'Caregivers often described their own motivation for caregiving in terms of filial respect and piety	The value of filial piety implicitly seen in the caregiver account.	N/A	N/A	N/A	"Family and filial piety" – 'the symbols of filial piety included respect, repayment, taking care of parents at

				(*có hiếu*), a key idiom and value that reflects the strong hold of Confucianism on Vietnamese culture.'					home, and not sending parents to nursing homes.'
Shaping cultural identity	Value of caring ingrained in people's identity.	N/A	N/A	Caregiving experienced in upbringing – observing caregiving in families as a preparation for the future role.	'Anticipating the caregiver role as a result of filial obligation.'	'Role modelling by the caregiver's mother or grandmother in caring for family elders influenced the caregiver's commitment to caregiving.'	N/A	'Wives' caregiving may be deeply internalized.' Creation of self-identity of a caregiving married wife.	N/A
Rising demands of the contemporary world	N/A	Harsh immigrant life. 'A struggle to hold of the traditional value of filial piety (Hyo) in American culture while working hard at the same time.'	N/A	N/A	N/A	Competing demands associated with their multiple roles.	Competing role demands (being a mother, grandmother, daughter and wife) related to combing different role duties.	N/A	N/A
Familism and family- and community-based care	N/A	Ambivalent about the use of formal services as the family-based care is expected of the relatives.	N/A	N/A	'They felt obliged to provide care simply because they belonged to the same family.' Family care was praised over the institutional care.	N/A	Formal placement of the care recipient regarded negatively as caregiving is a family (filial) responsibility.	N/A	Familism ('the symbols of Korean family typically consisted of blood, love, marriage, and strong ties').
Love and	Expression of	N/A	Love for the	N/A	N/A	'Some caregivers	N/A	N/A	N/A

emotional attachments	love.		care recipient.			felt strongly that it was basic human love and not culture that motivated them to take on the caregiving role.'			
Explanation (second-order interpretation)	Implicit cultural value system is foundational for the innermost motivations to provide informal care ingrained in the socialisation process – caregiving is an expected career/duty for women.	Motivations to care based are on traditional cultural values (Hyo) and social expectations grounded in them, even in the transnational context. influence of an American culture on cultivated traditional values creates contradictory motives around caregiving.	Religious and cultural beliefs that fostered a sense of moral obligation underlying motivation to provide care for the spouse or partner.	Spiritual and religious motivations shaped during socialisation viewed as reinforcing the cultural value of filial piety.	Motivation to assume a caregiver role and to continue with caregiving were based on normative cultural expectations. A sense of responsibility, anticipation of the role and familism as key components of motivations.	A strong sense of responsibility inherent in the transplanted filial values conveyed through the role modelling helps to sustain the caregiver motivations / to persist in the caregiving role.	Motivations to provide care deriving from determination to be loyal to the traditional culture upholding a strong system of filial values, especially among women, even on immigration (when adapting to a new culture).	Motivations to provide care ingrained in cultural models including: marital duty-bound roles, limited reciprocity public guidelines for married Chinese wives, the creation of self-identity through caregiving.	The traditional Korean culture dictated the norms of informal care provision: obligation to care based on the value of filial piety.

Table 1c Meta-ethnography grid 3

Study ID	Mendez-Luck & Anthony, 2016	Meyer et al., 2015	Mok et al., 2003	Qadir et al., 2013	Muoghalu & Jegede, 2010	Yeo et al., 2002	Zhang & Lee, 2019	Harris & Long, 1999	Hsueh et al., 2008

Characteristics									
Sample	44 female Mexican-origin caregivers, different relationship types	10 Vietnamese caregivers; mainly adult children	24 Chinese caregivers; mainly spouses	12 Pakistani caregivers; different relationship types	10 African caregivers	9 Vietnamese American caregivers; different relationship types	5 Chinese caregivers; different relationship types	15 Japanese and 30 American caregivers; husbands or sons	21 Chinese caregivers; mainly daughters or daughters-in-law
Data collection	Cross-sectional, face-to-face and one-to-one semi-structured interviews	Cross-sectional, face-to-face and one-to-one semi-structured interviews and focus groups (which followed the individual interviews)	Cross-sectional, face-to-face and one-to-one semi-structured interviews	Cross-sectional, face-to-face and one-to-one semi-structured interviews	NR	Cross-sectional, face-to-face semi-structured interviews	Cross-sectional, face-to-face unstructured interviews	Cross-sectional, face-to-face and one-to-one semi-structured interviews	Cross-sectional, face-to-face semi-structured focus groups (2) and face-to-face, one-to-one semi-structured interviews (14)
Setting	Participants' homes or locations of their choice, such as a community center, coffee shop, or church	Mainly at participant's home	Informants' homes or the hospital clinic	Hospital settings	NR	Caregivers' homes	Home of the family caregiver	Homes or offices, the researcher's university office, restaurants and libraries	A private room at a church or at the participant's home
Methodology and method of analysis	Grounded theory approach; Constant comparative method	NR; NC (Grounded theory analysis)	Grounded theory approach; Constant comparison analysis	NR	NR	NR; Content analysis	Hermeneutic phenomenological approach; Phenomenological hermeneutic analysis	NR; NC ('Cross-cultural analysis')	NR; NC (Thematic analysis)
Study design	Cross-sectional	Cross-sectional	Cross-sectional	Cross-sectional	NR	Cross-sectional	Cross-sectional	Cross-sectional	Cross-sectional
Country	The USA	The USA	China	Pakistan	Nigeria	The USA	China	Japan and the USA	The USA

Key concepts									
Cultural duty and beliefs of obligation	'The majority of all study participants did not view caregiving as an obligation but as a duty, responsibility, or commitment toward their family members' (commitment involved willingness to give care whereas obligation did not).	Filial piety as a deeply ingrained obligation based on a traditional cultural norm.	'Felt duty to care for the terminally ill individual.' 'A sense of obligation, affected the caregivers' willingness to care.'	'An obligation for them. It was called "sa'adat" (a sign of good fortune) and "sawab ka kaam" (virtuous deed).'	Obligation - caring for sick blood relatives is guaranteed. 'Cultural practices that enhance care for the sick in this area includes cultural obligations to the sick, affinity to blood relations, strong marital bond, and communal ownership of children.'	The duty and obligation – shaped by traditional cultural values, such as filial piety and ancestor worship, which are at the core of Vietnamese culture.	Obligation to provide care deeply rooted in the caregivers' innermost life goals, values, and moral principles (values of filial piety and familism).	Japanese sons' motivation - Son's place in the family structure (eldest sons) and an obligation to their parent based upon the notion of filial piety (and the availability of the daughter-in-law). American sons' motivation - a sense of duty based on a moral commitment, which was sometimes combined with a sense of love. Japanese husbands' motivation - a sense of spousal obligation. American husbands' motivation - sspousal obligation combined with a repayment motive and feelings of love.	The rule of primogeniture was broken in a different cultural setting (Chinse in the USA). More daughters than sons and daughters-in-law felt obliged to become the primary caregivers.

Repayment motive	'To repay their family members for past contributions.'	A sense of reciprocity or way to give back to parents.	A sense of repayment.	'Some respondents also believed that it is a reciprocal procedure, where one who cared for his/her parents will be rewarded with blessings of prosperity and success.'	N/A	A sense of delayed reciprocity.	A desire to repay the stroke survivors.	N/A	A sense of payback.
Gendered cultural expectations	Caregiving delegated to women due to the cultural value of marianismo.	N/A	N/A	'Caring is traditionally considered women's responsibility.'	'Females are more willing to care for spouses living with HIV/AIDS than males.'	'Traditional Vietnamese gender roles dictate women are the primary caregivers to disabled older adults, the reality "on-the-ground" is that this does not always occur.'	N/A	'There is little cultural expectation for American sons that they become the caregivers, since it is most often seen as a women's role. Thus, an American son's decision to take on this role contradicts societal expectations.'	The rule of gender seemed to play a lesser part for the Chinese in the USA.
Religious and philosophical ideas	N/A	N/A	N/A	'Religion (Islam) is an integral part of their lives. It determines their values and belief system. They believed that the disease is decreed by God. It is therefore a religious obligation to care for the older adults relatives and,	Familial obligation rooted in religious beliefs (related to religious beliefs in ancestors).	N/A	N/A	N/A	N/A

				hence, to be worthy of divine reward.'					
Filial piety	N/A	'Most participants acknowledged hiếu or filial piety as a motive for caregiving.'	'The value of the dying person to the caregiver, the cultural concept of yi (rightness and responsibility), and filial duty were salient in this study.'	N/A	N/A	Filial piety as the basic cultural value shaping caregiving motivation.	Confucian notions of "family harmony" and "filial piety".	Cultural values mentioned by Japanese carers.	'Collectivism-based filial values that regulated conventional-reciprocal-filial obligations.' 'Acculturation has influenced and modified the traditional Chinese filial values.'
Shaping cultural identity	Culture-specific socialization informed by marianismo, a traditional gender role in the Mexican family based on the emulation of the Virgin Mary in the Catholic religion ("self-sacrificing mother").	N/A	Caregiving constituted an important part of a carer's identity. 'Realization that caregiving was CGs' main motivation and purpose for living.' 'In Confucian thought, the role of the self is not to express and manifest itself, as in Western models, but to develop the internal moral self. '	N/A	N/A	N/A	Caregiving became a way to support each other as a family and a natural part of seeing oneself and their role in life.	'Culture matters in the social shaping of the caregiving experiences of Japanese and American men through ideas, values, and assumptions.'	Upholding the identity and cultural values transmitted to next generations. 'Accepting new cultural values does not necessarily mean discarding old cultural values.'
Rising demands	N/A	N/A	N/A	'The rapidly	N/A	N/A	N/A	N/A	N/A

of the contemporary world				changing social and economic environment is putting strain on the joint family caregiving system.'					
Familism and family- and community-based care	N/A	Caregiving as a familial obligation - 'Placing a loved one in a nursing home was an "American" thing to do and went against the values of respecting and honoring elders in Vietnamese culture.'	Familism (family-oriented achievement caring goals, familial self).	'Families who opted for institutionalization were considered as (unlucky), (ill-fated), and (sinful).'	'The traditional care system is such that it is the community and the family that care for the sick in every sense of the word.' 'The entire family is involved in caring for the sick.'	Caregiving is family-based, nursing homes should be avoided at any cost.	Familism. 'Care and support the caregivers received from other family members helped them get through the hard times during caregiving.'	N/A	N/A
Love and emotional attachments	'To show love and affection for their family members.'	Motivated to care out of love and affection.	'A way of showing love to their relatives.'	N/A	N/A	N/A	Love, emotional attachment (adult–child caregivers' love to their parents or the affection between husband and wife).	Love mentioned by American carers.	'Love appeared to be a major driving force for participants who brought elders into their family's lives.'
Explanation (second-order interpretation)	A cultural value of marianismo informed motivations to provide care described as an inner duty or responsibility	Filial piety was most influential motivational factor in caregiving.	Confucian concepts of yi (appropriateness or rightness), and filial duty are strongly reflected in caregiving	Changing social and economic environment in Pakistan (developing country) is putting strain on the traditional familial model of caregiving	Communal caregiving responsibility comprises the key motivation to provide care. It is considered a cultural	The sense of obligation for family members to care for elders shaped by traditional cultural and	Motivation to care was interpreted as an obligation, affected deeply by the Chinese culture, described as a natural role one assumes when the	Japanese sons' motivation to care derives mainly from cultural norms and social expectations; American sons'	Chinese carers living in the USA were motivated by a sense of obligation and payback, meeting personal and cultural values,

	among Mexican-origin women.		motivations.	based on cultural and religious values.	practice rooted in religious beliefs.	religious values altogether with the family-centred model of caring as the motivations for caregiving.	need arises.	motives revolve around personal, moral commitments. There were similarities between Japanese and American husbands' motivations even though unlike the Japanese, in American culture there is a higher expectation for spouses to care for one another (social change in Japan).	while negotiating their old cultural norms and values.

Table 1d Meta-ethnography grid 4

Study ID / **Characteristics**	**Kao & Stuifbergen, 1999**	**Kietzman et al., 2013**	**Lee et al., 2019**	**Leichtentritt et al., 2004**	**Ng et al., 2016**	**Park, 2012**	**Park, 2015**	**Qiu et al., 2018**	**Sasat, 1998**	**Sheu, 1997**
Sample	9 Taiwanese caregivers; adult children and	42 caregivers of White, Latino,	9 Korean caregivers; different	18 Arab-Moslem caregivers; different	20 mainly Singaporean caregivers;	6 Korean American caregivers;	Key Korean documents relating to filial	25 Chinese caregivers; adult children	44 Thai caregivers; different	16 Chinese-American caregivers;

	spouses	African American or Asian/ Pacific Islander origin; different relationship types	relationship types	relationship types	different relationship types	different relationship types	piety and personal consultations with key informants involved in the legislative process	and spouses	relationship types	adult children
Data collection	Cross-sectional, face-to-face, one-to-one semi-structured interviews	Cross-sectional, telephone, one-to-one semi-structured interviews	Cross-sectional, face-to-face and one-to-one semi-structured interviews	Cross-sectional, face-to-face and joint (family) semi-structured interviews	Cross-sectional, face-to-face and one-to-one semi-structured interviews	Cross-sectional, face-to-face and one-to-one semi-structured interviews	Key documents in Korean social policy (Act on the Encouragement and Support of Filial Piety and other related laws)	Cross-sectional, face-to-face and one-to-one semi-structured interviews	Cross-sectional, face-to-face and one-to-one semi-structured interviews	Cross-sectional, face-to-face and one-to-one semi-structured interviews
Setting	Nursing homes	NR	Participants' house, a cafe near their house, or a meeting room at a school	A caregiver-elderly joined house or a carer's house (in some cases a care recipient was in the same room as the carer during an interview)	Hospital	'Locations requested by each participant'	N/A	The participant's home and an office room provided by the hospital	Carers' own homes	Convalescent center, participants' homes
Methodology and method of analysis	NR; Content analysis	Constructivist grounded theory approach; Grounded theory analysis	Ethnographic approach; Inductive content analysis	Hermeneutic phenomenological approach; Hermeneutic phenomenological analysis	NR; Thematic analysis	Interpretive phenomenological approach; Thematic analysis	Qualitative documentary research; Thematic analysis mixed with a chronological narrative	Qualitative descriptive; Content analysis	NR; NC (Narrative analysis)	Grounded theory; Constant comparative analysis (with Clarke's reframing of grounded theory analysis)

Study design	Cross-sectional	Cross-sectional	Cross-sectional	Cross-sectional	Cross-sectional	Cross-sectional	Cross-sectional	Cross-sectional	Cross-sectional	Cross-sectional
Country	Taiwan	The USA	South Korea	Israel	Singapore	The USA	New Zealand (but the study pertains to Korea)	China	The UK	The USA
Key concepts										
Cultural duty and beliefs of obligation	Strong cultural filial values (eldest son or daughter-in-law providing care - the responsibility of the adult children) which are related to a sense of obligation (feeling of responsibility).	'Perceptions of Choice (obligation) vary by the context of the caregiver's experience, which includes the influence of cultural and gender norms, as well as situational factors; having no choice; being purely volitional; taking control; or simply, being a "given."	Sense of responsibility and/or an imposed duty to care. 'Some participants took the duty of caregiving for granted. In particular, they accepted and assumed the duty of supporting old parents, assigned to the oldest son and his wife, which is part of Korea's traditional culture.'	A strong sense of motivation and commitment for following the Islamic traditions, family and social values (doing the "right thing").	'Personal value was often expressed in terms of filial piety or family obligation, a culturally valued trait in Singapore.' 'Because there was simply 'no one else'. The decision to care was mainly due to concrete circumstantial factors rather than internalized social expectations of duty.'	Obligation based on adult children's adapting the Confucian-inspired notion of filial piety.	Implicit lawful obligation – 'This symbolic law sends a declaratory message that the government continues to make efforts to maintain the tradition of filial piety as the key aspect of family relationships and the foundation for the rest of society.'	'Responsibility and obligation play significant roles in marriage.' 'Adult-child caregivers are influenced by Confucian ideology of filial piety' – caregiving is an obligation.	Spouse carers - marital commitment. Younger caregiving relative group - family responsibility/filial duty. 'The responsibility for care is most likely to fall on the youngest child, who would be the last to marry.'	Obligation to provide care regulated by cultural norms: birth order (different expectations depending on this), child's age (the oldest son), gender and marriage – after a marriage it's daughter-in-law's responsibility (if there is any.)

Repayment motive	N/A	N/A	Caregivers 'wanted to return the love they got from the patients.'	'Reward was discussed on a concrete level while referring to one's own elderly days when s/he will need help and assistance from family members.'	N/A	N/A	N/A	'Caregivers look after care recipients because they feel grateful for the care and love they previously received from those care recipients.'	'The sense of reciprocity or concept of parent repayment refers directly to the obligation to repay parents and is a value firmly ingrained in the culture which is equivalent to 'kathanyu katawethi' in the Thai context.'	'The assistance provided between parent and child can be characterized as reciprocal.'
Gendered cultural expectations	N/A	Caregiving as a 'woman's work.'	N/A	'The Israeli Moslems' traditional gender roles and norms of primogeniture have led to several group norms. If the elder with dementia was female (regardless of her marital status), the last daughter-in-law was expected to be the primary caregiver. If the elder was male and a widower, then caregiving by the daughter-in-law was also expected. If the elder was male and married, then	N/A	N/A	N/A	N/A	Caregiving a women's job (especially the youngest daughter); belief that a female could provide better care than a male.	N/A

				his wife was expected to be the primary caregiver, especially for personal care.'						
Religious and philosophical ideas	Religious beliefs – karma; philosophical beliefs - benevolence (rooted in Confucianism).	N/A	N/A	Caregiving as upholding social, family, and religion traditions. 'Informants believed God would reward them.'	'The recognition that fellow human beings ought to be cared for and teachings from personal faiths and religions.'	N/A	'The underlying principle of this law is based on not only the continuing Confucian and Buddhist heritage but also the Christian model of family love and attachment. This cross-religion approach of family responsibility serves to uphold the people's common concern for filial piety and affirms the validity of traditional filial practices.'	'One's ancestors and the Buddha are symbols of power beyond humanity, and they help caregivers cope with and manage difficult times and emotional burdens.'	Buddhist doctrine of reciprocity (Karma) – 'Repaying parents gives satisfaction in fulfilling the obligation imposed by Buddhist doctrine.'	Religious beliefs, e.g. Kharma. "Some Chinese parents say that "they owed their children in their previous life, so now baby is coming back to ask for returning the debt."
Filial piety	N/A	N/A	Traditional Korean values	N/A	'Filial piety was discussed as a social	'Confucian-inspired notion of filial piety	N/A	A value of filial piety.	A value of filial piety.	Filial piety (Being Hsiao): - to be nice to

			(Confucian-based Asian nations).		expectation rather than as a personal value.'	informing the social and personal obligation to care.'				your parents, to please your parents and care for them; - Shun (obedience) and Ti-Hwa (listening to parents), to follow the elderly's will and respect their way of doing things; - not to put shame on parents and bring honour to them.
Shaping cultural identity	N/A	N/A	It was noted that for some carers it was an expected part of their life due to cultural norms of providing care (oldest son or daughter-in-law is already brought up knowing they would have to	N/A	N/A	N/A	Incorporation of Korean values within socialization - 'Educational purpose for family support or responsibility – to encourage filial responsibility that serves to remind all of what core Korean values	'The commitment of caregivers to caregiving is significantly influenced by the role model set by their grandparents or parents in looking after family elders. This perception is deeply rooted in Chinese culture, arising "naturally"	N/A	'The concept of Hsiao was conveyed to them through socialization, i.e. school education, family participatory teaching and parental demonstration, as well as various media of oral transmission and rituals from the

			provide care to their parents when they are old).				are.'	without conscious thought.'		public community.'
Rising demands of the contemporary world	'Children caregivers often reported a conflict between caregiving to the elder and responsibility to their own nuclear family and business.'	N/A	N/A	N/A	'Negotiating other life roles (including professional life and activities around constraints of illness and caregiving).'	N/A	N/A	N/A	N/A	Rising and competing role conflicts.
Familism and family- and community-based care	Care is family-based accordingly to the cultural norms. Additionally, negative public opinion toward institutionalization restrained caregivers from utilisation of formal support.	N/A	Caregiving is oriented towards the oldest son and his wife who are deemed responsible to care for aged parents. High familism.	'Social norm that would expect care for disabled elders to remain predominantly within the family.'	N/A	N/A	N/A	'Caregiving is a culturally prescribed obligation within family relationships.'	Care should be provided at home.	Family-based caregiving.
Love and emotional attachments	N/A	N/A	N/A	N/A	love, loyalty	N/A	N/A	N/A	N/A	(Showing) affection and love
Explanation (second-order interpretation)	Strong cultural filial values related to the feelings of responsibility and	Caregiver perceptions of choice in assuming the caregiver role	Participants regarded the responsibility of caring as a main motive	Caregiving motivations are informed by Islamic cultural norms, family and	Caregivers reported a range of motivations underpinning	Confucian-inspired notion of filial piety informed the social and	Filial piety is considered as a cultural value and the process/act of	A strong sense of responsibility, reciprocity and filial	The primary motivation to care was derived from: fulfilling the expected cultural	Hsiao (filial piety) was a central belief and a cultural blueprint

	religious and philosophical beliefs around caregiving.	reflect existing cultural and gender norms, as well as practical circumstances.	for caregiving. In this study, the oldest son and/or his wife demonstrated a higher willingness to provide care than other relatives.	social values.	their decision to provide care: personal values (expressed in terms of filial piety or family obligation); religious beliefs; social expectations; perceived lack of choice or alternatives. Filial piety was understood either as a personal value (more an 'own' value and intrinsic motivation) or a social expectation (more a 'cultural' value; or 'a more externally oriented motivation').	personal obligation to provide informal care.	giving care itself. It is incorporated in carers' socialisation and comprises an implicit obligation of adult children to provide care for their elderly parents.	commitment (which originated from filial values such as filial piety) were the main motivations of caregivers to carry on with their roles in caregiving.	norm of filial obligation, fulfilling a desire to reciprocate for past services, and building up future merit for the caregiver (Buddhist beliefs).	incorporated through socialisation and upheld by cultural norms that oriented adult children's caregiving ensuring the maintenance of traditional value of caregiving. The normative belief system of Hsiao continued to influence filial behaviour even after social and economic changes.

CASP qualitative checklist for the meta-ethnography demonstrating how each study addressed the CASP qualitative checklist (2014) quality aspects

Study	**CASP Checklist Questions**										**Methodological quality summary**
	1	2	3	4	5	6	7	8	9	10	
	Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?	
Globerman (1996)	**?**	✔	✔	✔	✔	✔	**?**	✔	✔	✔	High
Yamamoto and Wallhagen (1997)	✔	✔	✔	✔	**?**	**?**	**?**	✔	✔	✔	Moderate
Sheu (1997)	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	High
Browne Sehy (1998)	✔	✔	✔	✔	✔	**?**	✔	✔	✔	✔	High
Sasat (1998)	✔	✔	✔	✔	✔	**?**	✔	**?**	**?**	**?**	Moderate
Harris and Long (1999)	✔	✔	✔	✔	✔	**?**	**?**	✖	✔	✔	Moderate
Kao and Stuifbergen (1999)	✔	✔	✔	✔	✔	**?**	**?**	**?**	✔	✔	Moderate
Chao and Roth (2000)	✔	✔	✔	✔	✔	**?**	**?**	✔	✔	✔	High
Kim and Theis (2000)	✔	✔	✔	✔	✔	**?**	**?**	**?**	**?**	**?**	Moderate
Van Sjaak Geest (2002)	✔	✔	✔	✖	**?**	✔	**?**	**?**	✔	✔	Moderate
Jones et al. (2002)	✔	✔	✔	✔	✔	**?**	✔	✔	✔	✔	High

Yeo et al. (2002)	✔	✔	✔	✔	✔	?	?	?	✔	✔	Moderate
Jones et al. (2003)	✔	✔	✔	✔	✔	?	✔	✔	✔	✔	High
Ho et al. (2003)	✔	✔	✔	✔	✔	?	✔	✔	✔	✔	High
Spitzer et al. (2003)	✔	✔	✔	✔	✔	?	?	✖	✔	✔	Moderate
Mok et al. (2003)	✔	✔	✔	✔	✔	?	✔	✔	✔	✔	High
Leichtentritt et al. (2004)	✔	✔	✔	✔	✔	?	?	✔	✔	✔	High
Holroyd (2005)	✔	✔	✔	✔	✔	?	✔	✔	✔	✔	High
Wallhagen and Yamamoto-Mitani (2006)	✔	✔	✔	✔	?	?	?	✔	✔	✔	Moderate
Han et al. (2008)	✔	✔	✔	?	✔	?	✔	✔	✔	✔	High
Hinton et al. (2008)	✔	✔	✔	✔	✔	?	?	?	✔	✔	Moderate
Hsueh et al. (2008)	✔	✔	✔	✔	✔	✔	✔	?	✔	✔	High
Kong et al. (2010)	✔	✔	✔	✔	✔	?	✔	✔	✔	✔	High
Muoghalu and Jegede (2010)	✔	✔	?	?	✔	?	?	?	✔	?	Moderate
Parveen et al. (2011)	✔	✔	✔	✔	✔	?	✔	✔	✔	✔	High
Park (2012)	?	✔	✔	✔	✔	✔	?	✖	✔	?	Moderate
Qadir et al. (2013)	✔	✔	✔	✔	✔	?	✔	✖	✔	✔	Moderate
Kietzman et al. (2013)	✔	✔	✔	✔	✔	?	?	✔	✔	✔	High
Donovan and Williams (2015)	✔	✔	✔	✔	✔	?	✔	✔	✔	✔	High
Meyer et al. (2015)	✔	✔	✔	✔	✔	?	✔	✔	✔	✔	High

Park (2015)	✔	✔	✔	**?**	**?**	**N/A**	✔	✔	✔	**?**	Moderate
Ng et al. (2016)	✔	✔	✔	✔	✔	**?**	✔	✔	✔	✔	High
van Wezel et al. (2016)	✔	✔	✔	✔	**?**	**?**	✔	**?**	✔	✔	Moderate
Mendez-Luck and Anthony (2016)	✔	✔	✔	✔	✔	**?**	✔	✔	**?**	**?**	Moderate
Qiu et al. (2018)	✔	✔	✔	✔	✔	**?**	✔	✔	✔	✔	High
Zhang and Lee (2019)	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	High
Lee et al. (2019)	✔	✔	✔	✔	✔	**?**	✔	✔	✔	✔	High

Key:
(✔) indicates that the study was assessed as possessing the specified quality aspect

(✖) indicates that the study was assessed as lacking the specified quality aspect

(**?**) indicates that it was not possible to sufficiently assess whether the study possesses the specified quality aspect