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Intergenerational Relations in the Context of Family Care

This chapter draws on academic works of the following authors: Haškovcová (1997), Pacovský (1990), Klevetová (2008), Jankovská (2003), Sobotková (2001), Zikmundová (2012), Simmel (2006), Keller (1992), Beck (2004), Mühlpachr (2009), Mlýnková (2011), Jirásková (2005), Jeřábek (2005), Tošnerová (2001), Zgola (2003), Matoušek (2003, 2005), Tomeš (2011), Michalík (2011), Venglářová (2007), Levická (2009). The separate subchapters draw on surveys carried out at the University of Hradec Králové as part of the research on intergenerational solidarity in families with a dependent senior. Further, results from research polls conducted by Smith et al. (2013), Tošnerová (2001) and Zikmundová (2012) are taken into consideration.

According to Haškovcová (1997), the family traditionally fulfilled its reproductive role in the past. This seriously affected older members of the family as the termination of common living also terminated financial support. The so-called reciprocal service was also utilised in those days. Roles within the family could be taken over from one generation to another if they shared the place of residence and the workplace. The aging of the oldest members of the family would go unnoticed; they would gradually adapt to their new physical and mental abilities and gradually assume a less demanding role in the

family, proceeding from more laborious activities to less laborious ones. *This manner of aging based on changes in one's duties was acceptable because it followed a certain pattern or a ritual* (Haškovcová, 1997, p. 77). This model had positive effects on other members of the family as old age was mainly associated with wisdom and experience. The scientific and industrial revolution invloved centralisation of economic production potential, the severance of the workplace from the place of residence, and the loss of the tradition of intergenerational exchange, thereby rounding off the era of "wise old age". Children, the young and the elderly are dependent on the middle, productive generation, and due to the changes in economic production, the family's unity – in the sense of multiple generations living in the same household – was disrupted (Haškovcová, 1997). According to Pacovský, we stand witness to the increasing disintegration of multigenerational families into smaller nuclear families, which are characterised by their strong yearning for independence. *The life of the elderly person in the family is very important from the perspective of preserving their self-sufficiency in a habitual environment* (Pacovský, 1990, p. 53). The formation of small families, which tend to move away from the original family, has caused "elderly parents to become spatially and socially isolated from their children". (Pacovský, 1990, p. 53). Pacovský further states that the elderly strive to be self-sufficient as long as possible and to live close to their children without being dependent on them. Moreover, elderly people often suffer from loneliness, which can even have pathological impacts. *Even generational conflicts inside the family can complicate an elderly person's living situation* (Pacovský, 1990, p. 54). However, the equilibrium between positive and negative emotions can positively contribute to a satisfactory relationship with an elderly parent (Picheaud, Thareauová, 1998). *A difficult situation arises in the family if there is a sick elderly person incapable of taking care of himself and dependent on others* (Pacovský, 1990, p. 54).

A multigenerational family therefore comprises parents, their children and grandparents. Cohabitation in such a family implies a lot of difficulties as each generation has different interests and needs and cherishes different values. One's view on the world, society and life also usually differs. Therefore, in order for a multigenerational family to function properly, it is absolutely necessary to support and respect other members of the family (Klevetová, 2008).

The term "family" usually describes the primary group, which is shaped by the relationships between its members. It is not only our society but also family which continually undergoes development, and it may therefore seem that the family has strongly diverged from its original purpose. Nevertheless, it still remains an irreplaceable and important institution in our society. It is in family surroundings that socialisation of a child is commenced, which is necessary for his or her future development. A child also learns social norms and to respect the values of a given society in a family. The child is thereby given the possibility to learn what is good and what is not. For majority of us, family is a source of safety, security and trust and is therefore closely tied to the term "home", a place to which a person gladly returns throughout his or her life (Jankovský, 2003).

Sobotková alludes to Kramer's definition stating that *a family is a group of people with a shared history, reality and future expectations of mutually connected transactional relationships* (Kramer, in: Sobotková, 2001, p. 22). A family may also be defined as a structured unit, *whose meaning, purpose and aim is to construct a relatively safe, stable space and environment for the sharing, reproduction and production of people's lives* (Plaňava, 1994, in: Kraus, 2008, p. 80). It is possible to say that a family is a group of people which is connected through mutual ties and has its own mission which it should struggle to accomplish through a fulfilment of its functions and duties.

Looking back at the past, it is seen that intergenerational cohabitation was almost an unwritten rule. Many families used to build multigenerational houses bearing the idea of shared living so that the family would stay together. Nowadays, on the other hand, cohabitation of more generations is becoming scarcer, and according to the Raiffeisen Bank survey (Zikmundová, 2012) more than 80% of children born in the 1960s and 1970s live on their own.

Keller points out that the family or household was entirely self-sufficient and well-integrated before the birth of the modern society, a result of the existential conditions of the time in which living alone was dangerous and socially degrading. Before the arrival of the modern age, it was common that the society was dependent on the households that were dependent on each other and had an important social function in supporting its members in old age and in periods of illness. The decisive moment took place with the triumph of the monetary economy and the arrival of taxing systems through which state power is financed.

According to Simmel (2006), the introduction of monetary economy led to an increase in people's self-sufficiency and independence, be it from family relations or from local communities, and paved the way for the creation of the labour market, yet also led to a formerly unknown distancing of all economic activity. Today, we call this *self-sufficiency and individualisation*. As Beck points out, this term was originally associated with the rising bourgeoisie, but in the context of the workforce it is symptomatic for "free indentured labourers". Therefore, according to Simmel (2006) money on one hand provides grounds for increasing one's private ownership through participation in various associations focused on making profit in the market economy without imposing any limitations on the relationships involved, yet on the other hand it relegates man to a sum of money. One's status, formerly

determined by one's family and place of residence, is today determined by One's position on the labour market. Industrialisation and the development of cities led to the disruption of traditional family, the arrival of social inequality and mass unemployment. The rise of the nation therefore happened at the expense of households and led to their **1) Economic expropriation** – The taxes were often unbearable and with the rising power of the state, described as progress, the support of the individual as a production unit on the labour market rises (family is not a unit of production), *what the family was left with was only consumption, joy and security* (Možný, 2002, p. 20). **2) Expropriation of power** – Civil servants decide on matters (families have been disarmed since the 18th century). **3) Social expropriation** – Families ceased to be able to provide care for their dependent members (children, the elderly or the infirm) from their own resources. The development of education and healthcare caused that the competences were taken over by formal organizations and the modern nation was created, which is not, however, according to Keller (1992) composed of households but of individuals. Formal organizations assumed the role of dealing with problems concerning one's survival formerly held by the households. *The society needs its members to live in a family environment but in its effort to compete with other power structures it has to impose measures on the family which weaken it. In its effort to concentrate and project its power outwards the state weakens itself internally and deprives itself of an institution which heavily contributed to its stability* (Keller, 2005, p. 64).

The Crisis of Family in the Postmodern Society

Money, nevertheless, is responsible for more losses of traditional values. As Simmel (2006) notes, values have been replaced by money and therefore lost some of its qualities. Buying up of peasant's land brought with it a temporary feel-

ing of personal freedom; however, land was a stable entity around which a peasant's life revolved and its loss brought a loss of everyday life rhythm. Money degraded the value of human existence into a mere commodity on the labour market. According to Keller (2006), the social state was developing in many countries for more than hundred years in order to provide all the citizens the same level of security and safety as the rich are guaranteed by their fortunes. People strive to attain material property also for the reason that it can easily provide for one in critical situations. Nevertheless, even poor people have desire for security, therefore it is not a coincidence that the social state developed most intensively during the times of greatest insecurity, during war, political or economic crises. The social state could exist only due to its 2 partners – a working labour market and the cohesive family. The state has, however, severely disrupted its functionality through its interventions into the labour market and this activity was later identified as one cause of its decline. And as far as family is concerned, Beck (2004) for example mentions that the state modernisation has caused a social shift to individualisation after the war which took on an unprecedented scope. *With the relatively high life standard and advanced social security system as a support, people were destined to rely on themselves and on their individual fate on the labour market with all its requisite risks, chances and discrepancies* (p. 116).

Currently, the postmodern society is looking for solutions of the global crisis to which it contributed in many ways. The state appeals to the personal responsibility of individuals and families expecting the return of the supportive function of the traditional family, which is today *the place where different ambitions are juggled along with the demands for employment, the pressure for education, responsibilities for children and tedious housework* (Beck, 2004, p. 118). Family is limited to parents and children; grown up children live often far from

their parents' residence. Moreover, unmarried mothers or couples and divorced parents are the typical family arrangements today. Nevertheless, as Keller points out, it is the political apparatus of a social state which is responsible for the erosion of traditional family ties, neighbouring communities and the decline in solidarity. The so-called "self-responsibility", which is disguised as the freedom to be one's own boss, is in reality manipulative and much rather resembles oppression caused by the labour market, which, contrary to what it advertises, does not always provide a job for everyone. On one hand, the postmodern state stresses the effort of strengthening family ties and solving problems in the family circle, yet on the other hand it is constantly undermining this effort by raising taxes, raising the prices of services and by creating inequality in its approach to employment, education and so on.

Multigenerational coexistence has its advantages and disadvantages. The first advantage of such a living situation is that it offers immediate assistance to elderly people whenever needed and, moreover, ameliorates the loneliness from which this group of people often suffers. The elderly can then be in a constant contact with their grandchildren and at the same time assist the parents in bringing up children, for they have to work and provide for the family. Such assistance usually consists in babysitting, accompanying children to school and fulfilling other tasks. Such coexistence is also beneficial for children as it enables them to learn both from their parents and grandparents and to observe their grandparents' ways of perceiving the world, their problems, needs and differences. For this reason, children often learn to respect the elderly and know how to take care of an elderly person. The same applies when the relationship is reversed, for such coexistence is beneficial for the elderly person as he or she is given the opportunity to learn from the children, e.g. how to use a mobile phone (Mlýnková, 2011).

On the other hand, the disadvantage is that members of such a family may experience conflicts and clashes. The question, however remains, where do these incongruities come from? An overwhelming proportion of intergenerational conflicts come from stereotypical notions and prejudices about other generations which do not tend to be true. Then statements circulate in the society which malign the young or the elderly. A lesser amount of conflicts arise from individuals' different character features. Psychologists agree that if two people with different character traits meet, they will not be able to get along even if they are of the same age (Jirásková, 2005).

On the other hand, Cibulec (1980) states that potential conflicts are a result of the shared household due to the fact that each of us has different expectations and ideas about bringing up children and looking after the household. Resolving these conflicts is not simple, however finding the right solutions is absolutely pivotal for a smooth running of a family.

Family and its Functions from the Elderly Care Perspective

Family as our native environment affects us from birth because it is within its bounds that we learn and accept behaviour patterns and norms and develop our own personal values. The type of family in which one is brought up is therefore very important for the future development of one's life. It is a place, which shows us a direction and how to live in the society. At the same time it affects our ideals and character features. As a consequence, family affects one's personality development. Each smoothly running family should therefore fulfil several functions. Due to the development that the family has undergone, some functions have disappeared because they lost their importance. Jiří Výrost (in: Klevetová, 2008) presents four basic functions, two out of which may be applied to family functions in the context of elderly care:

– The material (economic) function is important for maintaining the vitality of the family and the fulfilment of its material needs.
– The reproductive function (biological, sexual) is important for creating progeny and for satisfying needs.
– The socio-educational function conditions the socialisation of individuals, good relations within the family, which is dependent on upbringing.
– The emotional, protective function is directed at satisfying the need for love, safety and security for all members of the family, from the care of a baby to the care of old and helpless members of the family. The protection of the family members is a question of family honour and an expression of humaneness and ethics. The influence of family upbringing manifests itself strongly in this issue. Generally, responsible treatment of children is expected from parents in order to promote reciprocal behaviour in the future, sometimes described as "repaying the debt".

The **material function** is often called economic function as it represents the material security of family. Was it not for this function, family would not be able to exist as it would not have enough means for its own preservation. At the same time, this function affects the lifestyle in the family. In the past, property used to be the only thing that kept the family together. Today, however, the attitudes towards shared living and financial support of the family are different (Cibulec, 1980). From the elderly care perspective family often becomes the safety net in the context of elderly person's economic and social security. The **emotional function** is an irreplaceable and invaluable function of family, whose task is to create a pleasant family environment so that its member may feel protected, able to rely on others and, especially, loved. Each member needs to feel as much a part of this group as any other. The protection and security of the family members is an expression of humane, ethical and family honour (Cibulec, 1980).

Cohabitation with a Senior in the Family Care Context

Modern family often faces communication problems which can easily damage the family relations. Simultaneously, the family relations are often interrupted or suspended and as a result the older generation is sentenced to isolation and to living on their own. Cohabitation is then replaced by mere visits, family reunions or by entrusting a child into grandparents' care during holidays. In case the caring parent wants to decide to share the residence with a senior, he has to consider various rigours that are connected with it. The coexistence of more generations can take several forms and according to Klevetová, can be divided into the following:

Equal or Realistic Coexistence

Equal coexistence resembles the most desired form of coexistence. It is characterised by peaceful and harmonious relations between the generations, which are contributed to by individual family members tolerating each other's interests and needs (Klevetová, 2008). The foundation of this type of coexistence is ingrained in the family. Parents usually affect their children most by the way they raise them and by their relationship. A requirement has to be met which states that both parents have the same rights and responsibilities (Cibulec, 1980).

Liberal or Free Coexistence

Liberal coexistence can be described as a noncommittal or free coexistence. Everyone behaves according to one's own principles in such a family and therefore no one cares if any rules or moral standards are followed. As a consequence of this, the emotional ties between the members of the family are diminished and the young ones do not even admit that their older generations might be in need of assistance. This need usually occurs in a situation when the senior is no longer

self-sufficient and its surroundings do not realise their obligations towards the older generation, who expect not only physical assistance but also mental and emotional support (Klevetová, 2008).

Ingratiating Coexistence

Ingratiating coexistence at first sight resembles harmonious coexistence; however, the reverse is true. It often occurs within the older generation, which strives to retain good relations inside the family despite the fact that the family shows no reciprocal interest. A typical example occurs when parents bribe their children in order to attain their love and affection (Klevetová, 2008). It is the helplessness of the elderly, striving for harmony in spite of the relationship with their children being totally empty (Cibulec, 1980).

Irreconcilable Coexistence

Irreconcilable coexistence may be included in the category of negative coexistence patterns. Its followers could never live in the same house with another generation. Such individuals indulge in egoism and therefore deem any contact with another generation totally unacceptable (Klevetová, 2008). This attitude is often held by younger individuals but it can also be a result of conflicts in the family in which he or she was brought up.

Coerced Coexistence

Coerced coexistence is a result of an involuntary family decision to live together with another generation. This coexistence is not accompanied only by negative effects as it may initially seem. If a family takes care of a senior during his sickness it can be characterised by positive relation towards him or her. By demanding such care the senior directs the family's attention to him and involuntarily binds it to him.

Cunning Coexistence

The last, cunning coexistence, is occurring more and more often in today's society. At first sight, it resembles kind and self-sacrificing attitude towards one's parents and grandparents, however it is only an illusion based on one's pretence. The real reason for such behaviour is the utilisation of the older generation in order to ensure that the household is run properly, the children are being taken care of or for the reason of acquiring financial support.

Elderly Care in the Family

The term homecare usually describes informal care which is, as the term implies, provided by a non-professional caregiver. This person is usually a family member, partner or a friend. The family therefore plays an irreplaceable role in the care for the elderly person because it is within the scope of the family that he looks first for assistance and understanding. In order for the care to be successful good mutual relations in the family and good communication between family members are necessary. In order to adequately delimit homecare it is necessary to allude to a definition which relates to its most important aspects. Homecare is defined as *nurse or support care or a service carried out for well-being and happiness of elderly people, who are not capable of performing these activities on their own due to a chronic or mental illness* (Waerness, in: Jeřábek, 2005, p. 10).

Homecare is a type of care which is provided in a natural environment of the elderly person, usually in one's home. It therefore follows the traditional model of care for a dependent elderly person, one of whose aims is to make the elderly person stay as long as possible in his or her home environment. Despite the fact that it is very demanding for the caregiver in many respects, it is suitable for the elderly mainly because it

contains exactly those components of care which the elderly person specifically requires: the social, partially the medical, the supportive and the emotional components. Bathing, using the toilet, help with eating and moving belong among the most common daily activities that caregivers assist their elderly parents with. Furthermore, they assist them when dealing with financial and medical issues and also with shopping or housekeeping. The aforementioned tasks among many other are performed repeatedly because the seniors are sentenced to the help of others due to their reduced mental, physical and intellectual abilities and would not be able to perform these tasks on their own. Sometimes we refer to them as dependents (Jeřábek, 2005).

The extent of such work depends on the level of individual's level of dependence and on his medical diagnosis. There is, therefore a difference between care for an elderly person who requires assistance only with some tasks and care for an elderly person who is totally dependent on another person's help. In both cases the family takes on a difficult task and a serious commitment. Each family considering taking care of its elderly family member in his or her home should therefore consider several issues. Michalík (2010) mentions the three most important ones:

– Expected duration of care.
– Expected difficulty of care.
– Conditions for such care.

There is an enormous difference between care which is provided only for a couple of years and care which lasts ten or more years. Time is therefore an important agent, which not only accompanies the care, but also affects it (Michalík, 2010).

The difficulty of care for a dependent person is aptly defined by the National Family Care Association (NFCA), which in its effort to properly define care and caregivers searched for a common trait of all the groups involved in the care including the

people with reduced self-support. As Tošnerová (2001) points out, on the basis of a research done in 1994 this fundamental trait can be found in the following **emotional consequences of care**:

– Severe sadness, evoked by the notion of a loss of normal life.
– Shock in the family as a consequence of the life change.
– Feelings of isolation caused by a abnormal life conditions.
– Frustration caused by the encountered difficulties or other's misunderstanding and/or indifference.
– Stress from the lack of time and often severe depression.
– Internal strength which one was not conscious of having.

In order to emphasise the impacts of care on the caregivers' situation we employed the terms *expenses and profit – negative and positive sides of the caregiver's experience*, which were utilised in her work by Přidalová (2007, on-line). *Physical investments* depend on the state of the health of the caregiver, which declines as a consequence of continuous manipulation with a frequently immobile body of the dependent person, exhausting housework but also due to the demands on the caregiver's body caused by lack of sleep. The body is similarly affected by the continual stress and concerns about future. *Mental investments* are often perceived as even more exhausting. They are usually caused not only by the loss of privacy and by the shortage of time and rest, but they are also result from problems in communication, insufficient information, declining relationships and intensely experienced dilemmas such as the so-called *anticipated sorrow – the conflict between being conscious that sooner or later the parent will die and the feeling that coping with this loss will be an extremely difficult task* (Walker, in: Přidalová, 2007, p. 66, on-line). Tošnerová (2002) also distinguishes emotional investments connected to anger, helplessness, resistance and isolation which often lead to the burnout syndrome, anxiety and depression.

Social investments narrows the caregiver's contact not only with other members of the family but also with his surroundings, they cause the loss of interests and hobbies and very often also self-fulfilment in work. The caring person is stripped of freedom and the care for a different person than himself becomes of primary importance. Finally, *financial investments*, in which the most strongly felt aspect is the loss of income and the decreased amount of pre-retirement pension, then investments into medical devices, medications, medical examinations, and professional social services.

Some of the aforementioned investments are nevertheless in different situations perceived as *profit*. As far as the improvement of the relationship between partners or the caregiver and the dependent person is concerned, leaving a job which was not fulfilling an solely as a means of sustenance may be beneficial. Caregiver's needs reflect the demands being placed on them and therefore only the most important ones will be adduced here. Zgola (2003) presents *privacy and time spent alone* as the most important need of an informal caregiver who takes care of a patient with dementia. Furthermore, Pichaeud and Thoreau (1998, p. 71) emphasise good access to information, possibility of meeting likeminded people and material help.

Advantages and Disadvantages of Homecare

Homecare is considered the most fitting form of care for an elderly person and all other forms are perceived as alternative solutions (Jeřábek, 2005). In spite of that, situations may occur when placing the elderly person into a nursing home appears as the most suitable option. However, these situation are not so common due to the fact that family is endowed with higher potential of meeting the needs of the elderly person. Moreover, it is obvious that this form of care also has a positive effect on mental well-being of the elderly person. It is mainly a result of staying at home and of the presence of close people. In this

way, the immune system receives benefits as well as the whole recovery process. Homecare is also favourable for the state and its budget. In cases when the senior is placed into a nursing home, state has to spend much more money than in the case when the elderly person is taken care of by its family. On the contrary, the main disadvantage of homecare is the lack of high-quality material and technical facilities which are often available in the nursing homes. Medical items which help one perform everyday activities are usually missing. Among these we include compensatory, rehabilitative and technical products (Michalík, 2011).

Family care is divided into three levels based on the perspective of urgency of meeting the needs of the elderly person (Jeřábek, 2005):

– Subsidiary care – less demanding type of care, does not require shared living, places demands on the emotional state of the caregiver
– Impersonal care – time-consuming, regular, everyday household care, contains both material and emotional aspects, can also be provided by home care service
– Personal care – the most demanding type of care, non-stop presence of the caregiver, both physically and mentally demanding, very time-consuming.

Homecare is purposeless if the elderly person does not desire it. That is caused by several reasons, for example by fear, shame or annoyance (Jeřábek, 2005).

The elderly person also has to feel well if it lives in his or her family's flat, where he or she is confronted by the loss of privacy (caused by potentially small size of the flat). Another disadvantage are the time demands placed on the caregiver for he or she has to take care of the children, the household, but also has to have a job as it is only very rarely that a caregiver can afford to give up his or her job and stay home with his or her parent. At the same time, the caregiver loses touch with

his or her surroundings. The type of work he or she performs is not only time-consuming but also physically and mentally demanding. It can even lead to complete exhaustion, which can, however be prevented by respite care, carried out by the state (Mlýnková, 2011).

Role of the Family Caregiver

Homecare, as already mentioned, takes place in elderly homes and is therefore often provided by the family. The care for an elderly person is provided by a partner, a child or his or her partner. It is usually pursued through the principle of solidarity and therefore it requires social cohesion of the caring family, which is not only the condition, but also the result of the family care for the elderly person (Jeřábek, 2005).

By accepting the role of a caregiver the family member takes on an uneasy task. First of all, it is a responsibility but it also contains demands on the care itself. Most of us cannot even imagine what such work entails and what problems the caregiver has to confront every day. In order to get a better idea of the problematic of the family caregiver's role it will be necessary to get acquainted with the basic information about family caregivers. A family caregiver is a *person who cares about a relative, friend or neighbour, without expecting a reward and without a formal contract* (Matoušek, 2003, p. 143). According to Matoušek, a person decides to become a family caregiver due to being closely related to the person requiring the care (family, close friend). Deinstitutionalisation brings good changes in the support of family care. Tomeš states that *deinstitutionalisation brings about a change from institutional to communal care.*

Care for a dependent elderly person in one's natural home environment can be provided in several ways: by a family member in case when a close person is providing the support, by a social care assistant, when the care is not provided by a family member,

but it can also be provided by a neighbour or by a registered social service – personal assistant or caretaking service. The above-mentioned options can be freely combined. Currently, informal care, meaning family care, is being supported in combination with formal care, provided by an organised social service.

Roles played by the family caregiver and the demands placed on him or her are influenced by many factors. First, it is the type of disease, which decides the extent of the provided care. The role of the caregiver is also different if his trip to the elderly person takes him more than one hour. Due to fact that they do not live together under one roof, the family caregiver is not available all the time when the elderly person might need him or her and therefore it is necessary to form a team from the family members, friends or employ paid care assistant. Caregivers who live in the country also have different living conditions and means at their disposal than caregivers living in cities. Such environment is characterised by lower accessibility of medical services, public traffic services and by the bare remoteness. Culture, mainly due to its history and tradition of providing healthcare, also has a certain influence on the role of the caregiver. In the majority of cultures the traditional anticipation of a role prevails, saying that grown-up children have to take over the main role of caring for their aging parents (Caregiving, 2009).

Elderly care is often divided into medical care and social care. The needs of the elderly are often so complex that it is necessary not only to provide medical and social services, but also to strive for their cooperation and engagement. In reality, situations often occur in which elderly people are too ill to be catered for only by social services. The issue of their health state and self-sufficiency is so long-lasting that health care system has not yet even devised a solution for it (Holmerová, Jurášková, Zikmondová, 2007).

Family is, nevertheless, irreplaceable in the care for its dependent member and has to meet a lot of needs in order to provide the best possible care (Klevetová, Dlabalová, 2008).

– The possibility to provide care – to have the physical, social, mental, living and time conditions.
– The will to provide care – to have good will, all the members of the family contribute to find solutions.
– Knowing how to provide care; knowing how to help and knowing the necessary approaches.

The most valuable assistance for an elderly person will be provided from his or her children in the family surroundings in a shared household. However, an elderly person would prefer to live alone if it was close to his or her relatives. Separate living, nevertheless, complicates the care of the wider family for its elderly members (Baštecký, Kümpel, Vojtěchovský, 1994).

If we look at the historical development of homecare we may observe that women predominate in the role of caregivers. Women outnumber the male population be it in the informal or formal sector. Therefore, women may also be called the "traditional caregivers". Nevertheless, it must be stated that both genders are important for providing care because each can offer a different type of help. Men excel in moving and manipulating with the elderly person, as they are more physically fit for these activities, whereas women perform tasks which require feelings and empathy. If we look more into family structure, we can observe that wives are the ones who usually provide personal care. It is also a result of longer life expectancy of women and literature on the subject estimates the percentage of caring wives to approximately 64% (Jeřábek, 2005). Vágnerová pointed out that care for a husband is very difficult for the caring wife but also noted that it can positively affect self-esteem and strengthen the couple's relationship. This situation, nevertheless, will not last forever, as the caring wife will sooner or later stop being capable of taking care for her husband and will need assistance from an another family member or from a state institution (Haškovcová, 2010).

Another group of people taking care of their dependent parents are their daughters or daughter's in law. They usually

decide for homecare is because they already share the same household. That way, any member of the family can assist with the care (Jeřábek, 2005).

American surveys show that family caregivers can be composed of individuals of various age groups. The average age of the caregiver was stipulated to be 49, while more than half of the caregivers ranging from 18 to 49 years old. The last years also witnessed an increase in caregivers aged from 50 to 64 (Care for family caregiver: A place to start, 2010, on-line). It may be inferred from the above mentioned facts that any person of any age can act as a caregiver.

Issue of the Demands on Family Caregivers

The caring person who has been taking care of an elderly person for a long time may encounter a range of problems which will manifest themselves in the relationship with the elderly person, with his or her surroundings and will affect the quality of provided care. These problems are caused by excessive psychological strain to which the caring person is exposed.

Care for a disabled man can create pressure which will affect the caregiver's ability to provide care on the required level (Tošnerová, 2002, p. 11). Such pressure can stem from physical, financial, social, emotional problems but also from the environment. According to Matoušek, this burden can be measured and should be paid attention to as much as the care for the elderly person itself.

Based on the urgency of the elderly person's needs, Jeřábek (2005) adduces three types of care:

– Subsidiary care – a less demanding type of care, does not require shared living, places demands on the emotional state of the caregiver.
– Impersonal care – time-consuming, regular, everyday household care, contains both material and emotional aspects, can also be provided by home care service.

– Personal care – the most demanding type of care, non-stop presence of the caregiver, both physically and mentally demanding, very time-consuming.

Gilbert Leclerc observed various methods of working with elderly people and based on that devised four character types of assistants (Pichaud, Thareauová, 1998):

– Authoritative type – characterised by the tendency to force one's opinions and decisions upon the elderly.
– Manipulative type – does not force his decisions upon the elderly person from his position and through his power over him but manipulates the elderly person in order to achieve one's own goals, does not respect his or her autonomy, overlooks the true needs of the elderly person.
– Protective type – prevents the elderly person from performing various activities under the false pretext of danger, prevents the elderly person from fulfilling one's autonomy.
– Cooperative type – is attentive to the person's abilities, does not focus only on the elderly person's dependence and tries to give him or her the highest possible degree of autonomy.

Assisting a person should mean striving to retain or helping to develop his or her autonomy.

Care does not consist only of professional and technical activities,...care also entails a relationship, a relationship as a necessary component to the care, (...) has to contain all the dimensions of the individual: physical, mental, socio-cultural and spiritual. In a caretaking relationship, man has to perceived as a unique, free and responsible being (Pichaud, Thareauová, 1998, p. 65).

However, obstacles standing in the way of the provision of care may occur, including (Mlýnková, 2011):

– Inadequate housing – today families often live independently, in separate flats, family usually owns only a small flat which leads to the loss of privacy.
– Employed middle generation – cannot afford to stay home and provide all-day care in the productive age.

– Responsibilities for one's own family – care for family and household.
– The distance between families.
– Exhaustion of the family members caused by from providing care to the elderly person.

Care for an old and often also ill elderly person can put an enormous burden not only on the caring person, but also on his or her surroundings. The strain associated with care can be physical, financial, social and emotional (Tošnerová, 2002). *If the stress is too severe, the caring person experiences the persistent feeling that the receiver of the care demands more than is necessary and that the caregiver does not have enough time to devote to oneself, or one's duties and so on. The caring person then experiences strong emotional reactions which have a negative effect on the receiver of the care* (Matoušek, 2008). According to research, the strain on the caregiver is described as *a burden.... feelings of social isolation and exhaustion... feelings of being entrapped... or the experience of loss* which impact one's relationships with others. Also the impacts of financial dissatisfaction have been observed (Tošnerová, 2001).

A long-term caring family member is prone to burnout syndrome as much as a professional caregiver. The caregiver's burden is a phenomenon which can be measured today and it should be studied and analysed by experts and paid attention to as much as the care for the elderly person itself. Self-supporting groups of family caregivers provide effective support in the personal care network (Topinková, in: Matoušek, 2005).

It is necessary to consider whether it is in one person's power to manage such difficult activity or whether one should try to look for other means of providing care within the scope of the family or by using the reachable social services. The relationship with the family member and satisfaction from the ability to assist him is often counterbalanced by the loss of privacy, exhaustion and isolation.

Each caregiver has rights which are enumerated by the American Caregiver Association (Tošnerová, 2002):

– Right for adequate training and for accurate and understandable information about conditions and needs of the care receiver.
– Right for positive evaluation and emotional support for the decision to provide care.
– Right for the protection of one's income and for financial security without threatening the mutual relations with the care receiver.
– Right for assistance with the care depending on one's health, psyche and relationships with other people.
– Right for anticipation of other family members' involvement in the care.
– Right for providing the homecare if it is physically, financially and emotionally possible. When it ceases to be possible, it is one's duty to try other alternatives of providing care.
– Right for a temporary change in one's lifestyle in the context of relationships with other family members.
– Right for accessible and culturally-valuable services, which can benefit the care.
– Right to expect that professionals will recognise the importance of the care, recognise one's concerns and fears resulting from the mutual relationship between the caregiver and the care receiver.
– Right for an empathic and supportive action of the employer in case of unsuspected or complicated needs of the care.

Each caregiver has the right to consider his or her situation and the state of the patient and request help from his or her surrounding or stop providing the care.

If a family caregiver provides care to an infirm elderly person, it represents a serious **physical burden** for him, which is comparable to any other physical labour. Demands are placed on the caregiver which include both caring for a relative and

housekeeping. In reality this means that the caregiver has to perform tasks connected with housekeeping but simultaneously assist the infirm person in a range of situations, including maintaining personal hygiene, lifting cumbersome items and assisting in mobility (Tošnerová, 2002).

For these reasons it is necessary to find a suitable surroundings for the provision of care before the actual commencement of care in order to prevent possible injuries. On this level we speak about the burden of one's surroundings. If the elderly person is capable of staying in his or her home, it is necessary to make several arrangements, especially to install some assistive devices in the house such as a handrail or a ramp. Alternatively, a more suitable location for providing care has to be found, such as institutional care home or the elderly relatives' home. Nevertheless, sometimes it is impossible for a family caregiver to provide all services and one must turn to the state and utilise its medical, pharmaceutical, and rehabilitation services. This of course represents a **financial burden** for the family due to the fact that these services have to be paid for. What is meant by **social burden** is a situation when the caregiver is isolated from the rest of his or her family, friends and altogether from social life. Situations occur in all-day care for an elderly person, when the caregiver feels *too tired and therefore incapable of spending a 'night on his own' at least once in a week* (Tošnerová, 2002, p. 12). Simultaneously, the family caregiver stops being in control of his or her free time. This, along with the other aforementioned strains leads to the **emotional burden** (Tošnerová, 2002). Jeřábek (2010) calls this burden psychological, as it is caused by long-term stress and mental effort. At the same time, he adds that it is more common in cases when a woman takes care of an elderly person for several months or years without being relieved, taking time-off or going on a vacation. According to Tošnerová (2002), burden of any type can provoke a range of uncomfortable

feelings, which are manifested by anger, aversion, annoyance and by an overall loss of mental balance.

Smith et al. (2013, on-line) defined four types of feelings, which a family caregiver experiences. These are mainly **anxiety and other concerns** which a family caregiver experiences especially in states evoked by fears about future – e.g. how the elderly person's dependence will develop or how the care will proceed if anything beset the family caregiver. The caregiver may also experience other unpleasant emotions such as anger and resentment which will manifest themselves by feelings of rage or irritation towards the dependent person or other members of the family, friends or even the whole world on that specific level. **Feelings of guilt** may engulf the family caregiver which stem from the idea that he or she is not doing all in his power to be a better caregiver. These emotional states result from changes in the personality of the caregiver who should always strive to be more patient and even-tempered. Another important change which occurs in the family caregiver's private life is putting aside one's aims, dreams and thoughts about life with his or her partners or children. Providing care then results in a range of losses, which can evoke feelings of sorrow the family caregiver has to cope with, as much as with the loss of the elderly person himself or herself if he is seriously ill and incurable.

The Burnout Syndrome of the Caregiver

As already mentioned, the caregiver has to face a lot of difficult situations in the course of the provision of care. The accumulation of such pressure can lead to the emergence of the burn-out syndrome.

It is a *state of mental, physical and emotional exhaustion* (Venglářová, 2007, p. 80). Such exhaustion usually arises as a result of long-term stress. This syndrome is often attributed to people who work in the assisting positions. Such positions

are held by social workers, psychologists and medical staff. This syndrome, nevertheless, also engulfs people who take care of an ill member of the family, especially an elderly person (Peterková, on-line). Elderly care may be enriching for some but may also provoke stress factors such as, for example, accepting changes in the family and household or coping with financial and professional strain. A family caregiver may experience stress as a result of various physical and emotional problems, which affect one's ability to provide care and can lead to burn-out syndrome (Smith et al., 2013, on-line).

The symptoms of burn-out syndrome manifest themselves particularly in the behaviour of the family caregiver and can be observed on three levels. The first level is **physical**, which contains sleep disorders, change in appetite, increased risk of illness, muscle tonus and exhaustion. **Psychological symptoms** may contain depression, attention disorder, feelings of helplessness and dissatisfaction and also distaste for work. The last category of symptoms has to do with **changes in human relationships** which manifest themselves in unwillingness to work with people and overall unwillingness of getting involved. Also, the number of conflicts on the personal level usually increases (Peterková, on-line).

Coping with Home Care

Each of us has surely asked himself or herself the question: How am I supposed to deal with this? The family caregivers ask this question more often than other people. Unfortunately, no efficient guidelines exist which would how to manage the care of an elderly person. This topic has not yet been adequately elaborated on in our society and it is therefore very appropriate to devote the proper attention to it, as will be attempted here.

In order to manage the role of the caregiver it is first of all necessary to care for one's health. Good nourishment, a reasonable amount of sports activities and amount of sleep can avert

exhaustion, stress or other problems. A good medical status also affects the way we perceive the world and how we cope with our life situations. Many caregivers reach a state when they are incapable of proceeding in the care and prefer to escape this vicious circle. Tošnerová (2002) offers focusing on one's free time activities, for example sports and relaxation as one of the possible solutions. If people spend their free time on hobbies, they are better disposed to deal with difficult situations and usually feel better altogether. Taking walks, reading books or watching TV for instance grants people the needed break and also diminishes the stress caused by providing care.

The best way to relieve oneself of stress and to recharge one's energy is by doing exercise. Nevertheless, it has to be done regularly, at least three times a week for at least 30 minutes. It also has to be complemented by good nourishment, which helps one to overcome difficult days (Smith et al., 2013, on-line). On the contrary, an entirely inappropriate way of averting a stress situation is by drinking alcohol, smoking and by overeating. However, some caregivers decide to embark on this track. Not only will it not solve their problems, but it may even damage their health (Tošnerová, 2002). It is much more appropriate to make time for a break, meditation or for one's favourite activities every day.

It is therefore important for caregivers' health to maintain **contact with their surroundings**, be it with their friends of family. They may shake off the feeling of loneliness and experience relief caused by other people spending time with the elderly person. It is appropriate to ask others for help be it in the family circle or beyond it. Great demands in terms of time are placed on the people providing the care. They have to manage taking care of the elderly person, maintaining the household, looking after the children and therefore it is important for one to set realistic goals for oneself. That will help the caregiver to organise his or her time and to define the activities or tasks

which he will not be able to attend to due to his or her lack of time. These tasks may be performed by another member of the family but also by a neighbour. These tasks may include heating one's meal, looking after children and other (Tošnerová, 2002). A family caregiver is sometimes afraid of asking others for help due to the for fear that he or she will be denied. Such behaviour may, however, lead to burn-out syndrome as the caregiver may not be granted any support and will not be able to satisfy his or her own needs. Precisely the act of defining the activities that he needs assistance with will make it easier for other people to participate in it. It is a common occurrence that *friends and family want to help but do not know how to* (Smith et al., 2013, on-line).

Sometimes the person providing the care lacks the **information about the disease** or about how to provide the care. Then, there is no other choice but to look up the required information in books and articles or to contact a citizen's association, which can offer brochures or seminars (Tošnerová, 2002). Counselling is a significant form of help which provides support by giving advice and information in difficult life situations when the individual is at a loss as to what to do (Matoušek, 2008).

In order for the care to be physically manageable, it is necessary to **learn special skills** in the field of working with elderly people. These skills can be mastered in the courses of basic skills of the caregiver. These courses are usually paid but they can help decrease the caregiver's dependence on professional help. Therefore, moving the elderly person from bed to a wheelchair will represent a lesser physical strain of the caregiver and will make his work more effective. Moreover, various support groups exists (sometimes called **self-help** groups) which offer practical information and emotional support. These groups are often sought-after as they enable people to meet and talk about their emotions, problems, experience and also about how they manage to provide the care. These are therefore places,

where family caregivers can find understanding and support (Jeřábek, 2010).

Providing care to a dependent elderly person may evoke a range of difficult emotions, including anger, fear or sorrow. In order to properly cope with these emotions, the family caregiver as to **speak to other people** or at least to a person who he trusts and can confide in. Keeping a diary where the family caregiver may record his or her emotions and thoughts can also be an option. It is very important to recognise and accept one's emotions, be they good or bad. As Smith says, *experiencing these emotions does not mean that you do not love your family member – it only means that you are human* (Smith et al., 2013, on-line).

Caring people hold an indispensible position in the society and the need for them will gradually increase in the future. Demographic prognoses indicate that the number of elderly people will generally increase, meaning that more elderly people will be dependent on others' help. If we focus our attention on the elderly person from the perspective of his or her physical fitness and need for care, or from the perspective of his or her ability to satisfying their own vital needs, family is a social institution which is closest to the elderly person and also the most suitable unit for providing care and assistance. Good functioning of family relationships is the basis for providing care in the family environment. Family is based on the principles of solidarity; the moral and ethical principles of traditional society presuppose the so-called "payback service". If family relationships are damaged, the above principle may not be utilised because the provision of care will not accompanied by a sense of obligation. The assistance of the state and the society held in higher regard in the past is no longer sufficient due to the increasing number of elderly people. Some demands are placed on the person taking care of his or her family member stemming from the difficulty of providing care and from obstacles

which complicate or stand in the way of caring for an elderly person in a home environment.

It is necessary to co-operate with the family in from the perspective of working within a complex ecosystem, maintaining a connection with its internal resources, situation and its social environment, and to focus on support mechanisms in order to secure the best possible conditions to provide care to the elderly person in one's home environment or through the support of other family members. ■