Family care of older people: a matter of moral duty

Gema Serrano-Gemes and Rafael Serrano-del-Rosal

Abstract

Purpose – *The purpose of this paper is to understand the profile of the Andalusian population in relation to the motivations that support family care for older people, considering multiple sociodemographic and classificatory variables, such as sex, age groups (18–29; 30–44; 45–59; 60 or older), caregiving experience, as well as their general opinions regarding care and decision-making related to it.*

Design/methodology/approach – *A quantitative study is presented to know the opinion of the Andalusian population regarding the motivations that support the family care of older people. The sample comprised 774 participants (18 years or older).*

Findings – *The results show that the majority of the Andalusian population believes that the reason why families care for older people is that it is considered a moral obligation, regardless of the resources available to them. Thus, two population profiles have been found to explain these beliefs. The first profile is made up of current or former caregivers who are 60 years of age or older; and the second profile is made up of people who believe that the family should be primarily responsible for caregiving, who are or have been caregivers and who believe that in the future, the family trend in caregiving will not be modified.*

Originality/value – *The value of this research lies in the implications of "family care" and "resources and motivations to care" studies today.*

Keywords *Older adults, Family care, Care resources, Motivations to care*

Paper type *Research paper*

(Information about the authors can be found at the end of this article.)

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Introduction

The growth of the world's population is a widely recognized phenomenon. This upward trend began in the mid-twentieth century and is projected to continue into the future. It was estimated that the world population will have reached 7.8 billion by 2020, and by 2030, this is projected to grow by approximately one billion people (United Nations Department of Economic and Social Affairs, Population Division, 2021; 2022).

Specifically, for the older age group, this rise is also expected to continue in the coming decades (United Nations Department of Economic and Social Affairs, 2023; United Nations Department of Economic and Social Affairs, Population Division, 2022). It is estimated that by 2050 the number of people aged 65 and over will be at least double the number of children under five years (United Nations Department of Economic and Social Affairs, Population Division, 2022).

However, the current number of older adults is already high enough to emphasize the significance and relevance of this group. For instance, it is interesting to analyze the data obtained from the World Population Prospects report for the year 2022, which has revealed that the regions of the world with the highest percentages of older people are Europe and North America, with 19% of people aged 65 or older. This percentage, far from decreasing, looks set to grow further in the coming years. By 2050, it is projected that one in four people in both regions could be aged 65 or over (United Nations Department of Economic and Social Affairs, Population Division, 2022).

This trend of increasing longevity is well-documented and analyzed in the scientific literature. People in almost all countries are living longer. However, despite the temptation to view this as an accomplishment, it is important to recognize and not overlook the fact that living longer does not necessarily equate to living better. This reality becomes apparent when observing older adults, some of whom are experiencing disability and noncommunicable diseases (United Nations Department of Economic and Social Affairs, 2023).

In this context of continued population growth and the predominance of aging, at least one pertinent question arises:

Q1. What will happen when these individuals can no longer care for themselves?

Addressing this question usually involves at least two levels of analysis. First, at the state level, emphasis is placed on the resources that can be mobilized to provide care and attention to this demographic group. Second, a more traditional perspective focuses on the model and conception of family care (United Nations Department of Economic and Social Affairs, 2023).

At the state level, it seems obvious that it is/will be of vital importance that countries with aging populations should try to adapt their public programs, improve the sustainability of social security and pension systems and establish universal health care and long-term care systems (United Nations Department of Economic and Social Affairs, Population Division, 2022). The lack of equitable and accessible services addressing the long-term care needs of older people is a serious and heavy detriment not only for these individuals and their families but also for the societies in which they live (United Nations Department of Economic and Social Affairs, 2023).

However, it is important to note that, traditionally, the care needs of older people have been met by family members living in the same household – usually women – who are unpaid for their work (United Nations Department of Economic and Social Affairs, 2023). However, cohabitation with different generations is a phenomenon that is diminishing in both developed nations and other countries (United Nations Department of Economic and Social Affairs, 2023). This change stems primarily from the demographic and social transition currently being experienced: not only are we living longer, but we are also, in general, forming smaller family units (United Nations Department of Economic and Social Affairs, Population Division, 2021, 2022).

These changes, together with other issues, such as the increase in women's participation in the labor market and heightened geographic mobility, pose a threat to informal caregiving in the future due to a decline in both the opportunity and willingness of people to offer care (OECD, 2022). Consequently, care models that are 100% dependent (or rely primarily on) families are increasingly inadequate (United Nations Department of Economic and Social Affairs, 2023).

The dependence of individuals on family care is highly variable depending on the country we are talking about, as there is an important cultural influence in this regard (Montoro-Gurich, 2018). Thus, according to Montoro-Gurich, in Western Europe, we can mainly speak of two types of family system models: "weak" and "strong." In the weak system, the family is understood as merely accessory support for the individual (examples of this system are the Anglo-Saxon and Scandinavian countries); while, in the strong system, the family is the main support for the individual (Spain being one of the best-known examples at the European level) (Montoro-Gurich, 2018). Therefore, the situation mentioned above is, as expected, a problem of paramount importance in countries such as Spain, where the dependence on the family to provide care is fundamental, not only at a structural level but also at the level of society's care preferences. Thus, at the structural level, this country adopts a care model that is centered primarily around the family unit (Gómez Redondo *et al.*, 2018; Moreno Colom, 2020), and it is anticipated that, in line with international trends, the number of

available caregivers will gradually decline. The data show that in the not-too-distant future, the number of people in need of help will be greater than the group of people who have been providing care to date, with the number of potential caregivers becoming increasingly smaller and smaller at the intergenerational level (Gómez Redondo *et al*., 2018). Moreover, in terms of social preferences, it is clear that Spain upholds the ideal of family care (Moreno Colom, 2020; Moreno-Colom *et al*., 2016), which is found not only in the perceptions of dependent persons and families but also in professionals and institutions dedicated to caregiving for dependents (Moreno-Colom *et al*., 2016).

For its part, the prerogative to decide freely about how care should be provided is highlighted as a fundamental right in the literature [*Sociedad Navarra de Geriatría y Gerontología* (SNGG), 2016; Zalakain, 2017]. Nonetheless, it should be borne in mind that this right is not devoid of conflict. This decision involves a direct clash between different rights to decide: that of the care recipient and that of the caregiver, who, *a priori*, has the right to refuse to provide care (Moreno Colom, 2020).

This challenging social situation has been the subject of study for the authors of this work for over five years, constituting the central focus of the first author's doctoral thesis (Serrano-Gemes, 2022). This group has conducted various research studies on the subject, both internationally and nationally. Thus, at the international level, they conducted a systematic review to understand the motivations surrounding decisions regarding the care location for older adults. The findings revealed that older people wish to remain at their home and refuse to live anywhere else. In a similar vein, families point out two main reasons for keeping the older adult at home: the desire to provide care at home, as well as the older adults' refusal to accept other care settings (Serrano-Gemes *et al*., 2020).

Thus, the international scientific literature emphasizes not only the desire of older people to remain at home but also their families' desire to care for them in this same environment. This situation does not seem too far removed from the one observed in our country, which, as noted above, has an intrinsically family-based structure and care ideals. However, based on these data, it is imperative to ask one fundamental question: Is this desire genuine? In other words, does it emerge from a cultural or social ideal, or is it a consequence of the lack of other realistic care options?

Methodology

To empirically address the questions posed, this research aimed to understand and analyze the opinions of the Andalusian population regarding the underlying reasons why family members care for older relatives.

To this end, the general objective, was broken down into two specific objectives:

1. To indicate the reasons why the Andalusian population believes that families care for their older relatives.
2. To identify distinct population profiles that shed light on the motivations underlying family care for older relatives.

Study design

A quantitative study was conducted using a structured questionnaire through the Citizen Panel for Social Research in Andalusia (PACIS, in Spanish) [Instituto de Estudios Sociales Avanzados - Consejo Superior de Investigaciones Científicas (IESA-CSIC), 2024].

PACIS was a Special Intramural Project developed by the Instituto de Estudios Sociales Avanzados-Consejo Superior de Investigaciones Científicas (IESA-CSIC), conducted from 2014 to 2020. Thus, PACIS is a probabilistic panel representative of the resident population in Andalusia, facilitating various waves/studies during the years in which it was active.

The study described here belongs to the sixth wave of PACIS, of which some results have been published [among them, mainly, the doctoral thesis of the first author (Serrano-Gemes, 2022)]. The corresponding database has recently been made available to the scientific community as a data set in the open-access repository DIGITAL.CSIC, where all the information related to the sixth wave of PACIS, as well as information about the results obtained so far, can be consulted (Serrano Gemes *et al.*, 2022).

Study participants, sample size and sampling technique

The sampling population consisted of the residents of Andalusia aged 18 years or older. The study participants were selected from among the PACIS panelists through stratified selection by age and sex groups proportional to the population residing in Andalusia aged 18 years and over.

To calculate the sample size of selected panelists, the response rates from previous waves of PACIS were taken into account, in which the average response rate was approximately 50%, assuming a maximum *a priori* sampling error of ±3.5%. Thus, it was estimated that around 1,600 panelists would be necessary to obtain a theoretical sample size of 800. Finally, 1,877 panelists were selected, resulting in an effective sample of 774 participants.

Panelists were contacted by e-mail, short message service or telephone (some members were contacted through several channels).

Participants

Of the 774 people interviewed aged 18 or older, 378 were male, and 396 were female, with a mean age of 47.85 years and a standard deviation of 16.516.

Based on the age of the respondents and to test for significant differences, the respondents were divided into four distinct groups. The group of young people consisted of 129 respondents aged between 18 and 29 years ($M = 24.36$, SD = 3.012); the adult group consisted of 221 participants aged between 30 and 44 years ($M = 37.79$, SD = 3.990); the mature adults' group included 213 participants aged between 45 and 59 years (M = 51.57, SD = 4.313); and 210 individuals constituted the older group, aged 60 years or older (M = 69.11, SD = 7.107).

Approximately half of the sample had a level of education equivalent to compulsory secondary education, or lower (49.9%) and identified themselves as middle class (48.3%). More than half of the sample was married (58%), 65.3% were Catholics, 51.5% had centrist political views and 55% received a monthly income of €900 or less. The majority group worked full-time (36.4%), followed by the group of retirees/pensioners who had previously worked (21.2%).

More details about the sociodemographic information of the sample can be consulted in Table 1.

Instrument

This study used a questionnaire created specifically for a larger research project focused on opinions on the care of older people (Serrano-Gemes, 2022) and can be found online, in Spanish and English, at DIGITAL.CSIC (Serrano Gemes *et al.*, 2022). The questionnaire consisted of 37 items structured around caregiving, caregiving-related decision-making and sociodemographic and classification variables.

The questionnaire was created by the Technical Unit of Applied Studies and the research group social identity, subjective well-being and human behavior of the IESA-CSIC. The design of the instrument was based on the objectives set in the aforementioned research

Table 1 Sociodemographic information

Sociodemographic variable	*No. (%)*	*Mean (SD)*
Sex		
Male	378 (48.9)	
Female	396 (51.1)	
Age group		
From 18 to 29 years old	129 (16.7)	24.36 (3.012)
From 30 to 44 years old	221 (28.6)	37.79 (3.990)
From 45 to 59 years old	213 (27.6)	51.57 (4.313)
60 years of age or older	210 (27.2)	69.11 (7.107)
*Civil status**		
Single	202 (26.1)	
Married	449 (58)	
Widowed/separated/divorced	109 (14)	
No answer	15 (1.9)	
Education level		
No schooling (or less than five years of schooling)	60 (7.7)	
Primary school (or has attended school for five years or more)	140 (18.1)	
Compulsory secondary education	187 (24.1)	
Baccalaureate	86 (11.1)	
Intermediate professional training	83 (10.8)	
Higher vocational training, conservatory 10 years	85 (11)	
University graduates (degree, bachelor's degree, master's degree, doctorate)	133 (17.2)	
*Religious beliefs**		
Catholic	505 (65.3)	
Other	53 (6.8)	
Nonbeliever	142 (18.3)	
Atheist	64 (8.2)	
Do not know, no answer	12 (1.5)	
*Employment situation**		
Working full time	282 (36.4)	
Working part-time	80 (10.3)	
Retired or pensioner (previously worked)	164 (21.2)	
Retired or pensioner (not previously worked)	22 (2.9)	
Looking for a job	42 (5.4)	
Unemployed	106 (13.7)	
Student	36 (4.7)	
Unpaid domestic work	42 (5.4)	
*Monthly economic (net) income**		
No income of any kind/less than €900	425 (55)	
Between €901 and €1,200	134 (17.3)	
Between €1,201 and €1,800	126 (16.3)	
More than €1,800	64 (8.3)	
Do not know, no answer	24 (3.2)	
Self-perceived social class		
Low/lower-middle	324 (41.9)	
Middle	374 (48.3)	
Upper-middle/high	55 (7.1)	
Do not know, no answer	21 (2.7)	
Ideological scale		
Left-leaning	161 (20.9)	
Centrist	398 (51.5)	
Right-wing	104 (13.4)	
Do not know, no answer	110 (14.3)	

Note: *The answer options have been simplified to facilitate the reading of the table
Source: Authors' own work. Data from PACIS EP-1801 IESA-CSIC. 2018. 6th Wave. Citizen Panel for Social Research in Andalusia. (PIE 201710E018). IESA-CSIC (Serrano Gemes *et al.*, 2022)

project, following the theoretical models of Légaré *et al.* (2011a) and Légaré *et al.* (2011b) and taking into account both social and contextual conditions.

The questionnaire was piloted before being implemented in the field to ensure the functionality, consistency and comprehension of its items. Moreover, during the initial days of data collection, PACIS technicians closely monitored the performance of the instrument.

The fieldwork was conducted using a mixed procedure, primarily using online survey methods, namely, Computer Assisted Web Interviewing, and, when this was not possible, interviews were conducted via telephone (mobiles or landlines) using Computer Assisted Telephone Interviewing. Consequently, a total of 458 participants completed the questionnaire online, whereas 316 were interviewed by telephone.

Data collection was carried out by a team of experts in this field from February 23 to April 8, 2018.

Analyses

All analyses were conducted using SPSS v. 28.0.1.0(142). The original data file was always used while ensuring complete anonymization, and weighting was applied to adjust the results to the structure of the reference population. For this purpose, a calibration by the ranking method was used with the variables of sex and age on the one hand, educational level on the other and municipal population size on the other.

Univariate, bivariate and multivariate analyses were carried out. First, descriptive statistics were calculated for the variables of interest, followed by bivariate analyses using contingency tables and using Pearson's Chi-Square test to analyze independence. The Z test was used to compare column proportions, subsequently adjusting the *p* values using the Bonferroni method. Finally, different population profiles were formed using hierarchical segmentation analysis using the exhaustive CHAID method. Next, to study the effect size of the resulting trees, Cramer's V test was used between the dependent variable and the predicted value of the tree.

Ethics

The research project of which this study is a part, together with all the required documentation, was submitted to the Research Ethics Committee of Cordoba, which, meeting on May 29, 2017 (Act No. 265, ref. 3533), studied and approved the research project on June 1, 2017.

Results

Descriptive analysis The majority of the participants indicated that the primary motivation underlying family caregiving for older relatives is that caregiving is considered a moral duty. Specifically, 57.5% (445) of the participants held this view regardless of the availability of resources for this purpose.

However, it is important to note that 38% (294) of respondents felt that the prevailing reason for providing family care stems from the lack of other alternatives.

Bivariate analysis Subsequently, the variable of interest was cross-tabulated with the different sociodemographic, classificatory and general opinion variables on care and associated decision-making. These analyses yielded statistically significance relationships between the main variable and 12 of these independent variables, the details of which are displayed in Table 2.

However, it is interesting to note how the belief in the moral duty of care is related to the age group and the caregiving experience, the details of which are displayed in Tables 3 and 4.

Table 2 Significant relationships between caregiving motivations and different independent variables

Independent variable	*Pearson's chi-square (significance)*
Age group (GEDAD)	16.092* ($p = 0.013$)
Caregiving experience (P16REC)	17.829* ($p = 0.001$)
Opinion on alternatives for the care of the older people (P1)	44.156* ($p < 0.001$)
Opinion on who should decide where older people are to be cared for (P2 recorded)	47.781* ($p < 0.001$)
Influence on the decision regarding care location (P4)	29.066* ($p < 0.001$)
Information is exchanged between the parties involved (P5_3)	41.069* ($p = 0.001$)
Satisfaction with the care provided by the public healthcare system to older adults with routine care needs (P8REC)	24.402* ($p = 0.002$)
The family should be primarily responsible for the care of their relatives (P13_3)	18.571($p < 0.001$)
Personal preference on alternatives for care for when you are an older person in the future (P22)	36.189* ($p < 0.001$)
Future expectations about the most likely care alternatives for when you are an older person in the future (P24)	29.363* ($p = 0.009$)
In the future, older people will be cared for by the family, as they are now (P27_1)	16.843* ($p = 0.032$)
More and more people will prefer to be cared for by people who are not family members (P27_3)	25.605* ($p = 0.001$)

Notes: *The minimum expected box count has been less than 5. The codes of the variables used are shown in parentheses
Source: Authors' own work. Data from PACIS EP-1801 IESA-CSIC. 2018. 6th Wave. Citizen Panel for Social Research in Andalusia. (PIE 201710E018). IESA-CSIC (Serrano Gemes *et al.*, 2022)

Table 3 Significant differences between groups in the variable age group

	Independent variable: age group			
Dependent variable: caregiving motivations	*From 18 to 29 years old*	*From 30 to 44 years old*	*From 45 to 59 years old*	*60 years of age or older*
Most families care for the elderly because it is a moral obligation regardless of resources	78 (60.5%)[a]	122 (55.2%)[a]	111 (53.1%)[a]	134 (65.4%)[a]
Most families care for the elderly because they have no other options	48 (37.2%)[a, b]	96 (43.4%)[b]	89 (42.6%)[b]	60 (29.3%)[a]
Both	3 (2.3%)[a]	3 (1.4%)[a]	9 (4.3%)[a]	11 (5.4%)[a]

Note: Each superscript letter indicates a subset of the age group variable whose column proportions do not differ significantly from each other at the $p = 0.05$ level
Source: Authors' own work. Data from PACIS EP-1801 IESA-CSIC. 2018. 6th Wave. Citizen Panel for Social Research in Andalusia. (PIE 201710E018). IESA-CSIC (Serrano Gemes *et al.*, 2022)

Table 4 Significant differences between groups in the variable caregiving experience

	Independent variable: caregiving experience		
Dependent variable: caregiving motivations	*He/she is a caregiver or have been a caregiver in the past*	*He/she has never cared for anyone, but an older person in his/her environment needs care*	*He/she has never cared for anyone and no older person in his/her environment needs care*
Most families care for the elderly because it is a moral obligation regardless of resources	317 (62.9%)[a]	48 (48.5%)[b]	80 (50.3%)[b]
Most families care for the elderly because they have no other options	167 (33.1%)[a]	49 (49.5%)[b]	76 (47.8%)[b]
Both	20 (4%) [a]	2 (2%) [a]	3 (1.9%) [a]

Notes: Each superscript letter indicates a subset of the caregiving experience variable whose column proportions do not differ significantly from each other at the $p = 0.05$ level
Source: Authors' own work. Data from PACIS EP-1801 IESA-CSIC. 2018 6th Wave. Citizen Panel for Social Research in Andalusia. (PIE 201710E018). IESA-CSIC (Serrano Gemes *et al.*, 2022)

First, when analyzing the responses based on the four age groups established (18 to 29 years, 30 to 44 years, 45 to 59 years and 60 years and over), a consistent pattern of responses can be observed. In other words, most of the participants – regardless of age – indicated that the primary reason for providing family care is rooted in a sense of moral duty regardless of the resources available to them. Nonetheless, significant differences can be observed between the responses of the different age groups (Pearson's Chi-square test: 16.092 [p:0.013]).

Thus, the older age group (29.3%, 60 participants) expressed in a lower percentage than the middle age groups, between 30 and 59 years old [with 43.4% (96) and 42.6% (89), respectively] the view that most families care for older people because they have no other options.

Second, when studying the responses given by our participants according to their caregiving experience for older people, it can be seen, as with age, that the pattern of responses does not vary according to this variable. However, we observed certain significant differences between groups (Pearson's Chi-square test: 17.829 [p:0.001]).

Thus, of the three caregiving experience groups, those who are caregivers (or have been caregivers in the past) more support the option that care is provided regardless of the resources available, with the family providing this care because it is a moral obligation, with 62.9% (317) choosing this statement. In contrast, this view was expressed by a smaller percentage of noncaregivers (both those who have an older adult in their environment who needs care and those who do not), with 48.5% (48) and 50.3% (80) supporting this statement, respectively.

Multivariate analysis: hierarchical segmentation analysis. Finally, multivariate analyses were conducted to identify the profile of those people who believe that care is provided for moral reasons exclusively.

First, all the classification variables that had obtained statistically significant differences at the bivariate level were cross-tabulated, namely, age group and caregiving experience. This tree is displayed in Figure 1.

The tree reveals a population profile in which people who believe that most families care for the older people because it is a moral obligation (regardless of their resources), are characterized by having experience of caregiving (currently being caregivers or having been caregivers in the past) and being over 60 years of age.

Second, all the variables that had shown statistically significant differences at the bivariate level were cross-tabulated (both categorical and opinion variables). This tree is displayed in Figures 2 and 3.

This second tree reveals a population profile in which people who believe that most families care because caregiving is a moral obligation are characterized by believing that the family should be primarily responsible for the care of their relatives, have experience of caregiving (being caregivers now or having been caregivers in the past), and by having little agreement with the statement that an increasing number of people will prefer to be cared for by nonfamily members in the future.

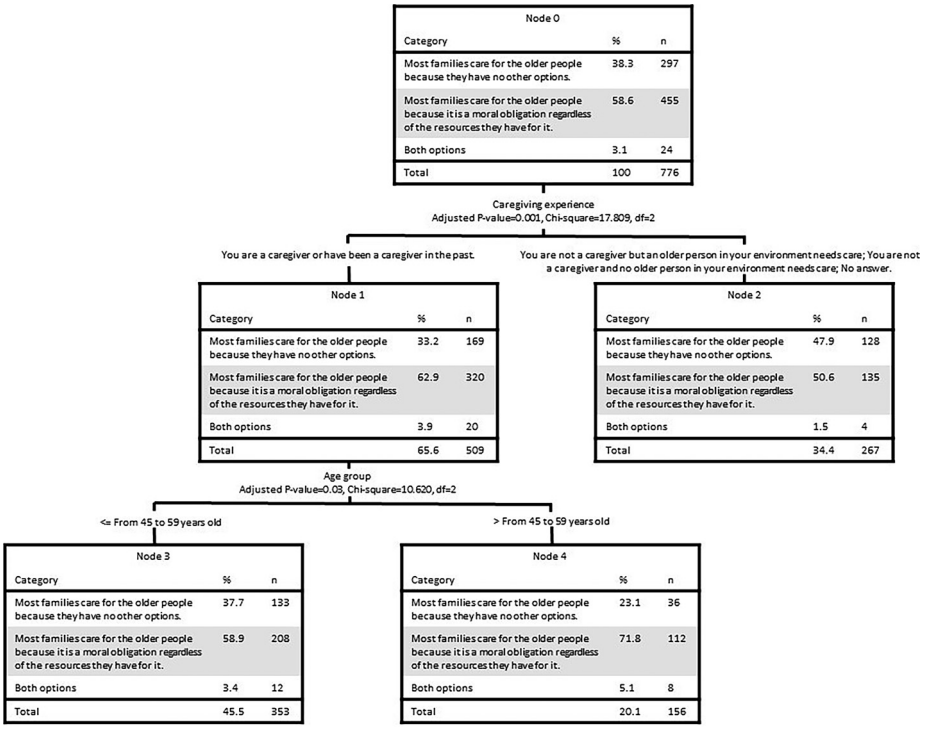
Discussion

The results presented have addressed and responded to all the proposed objectives.

First, our findings demonstrate how the Andalusian population believes that the main reason why families care for older relatives is based on a sense of moral duty, regardless of the available resources that can be used.

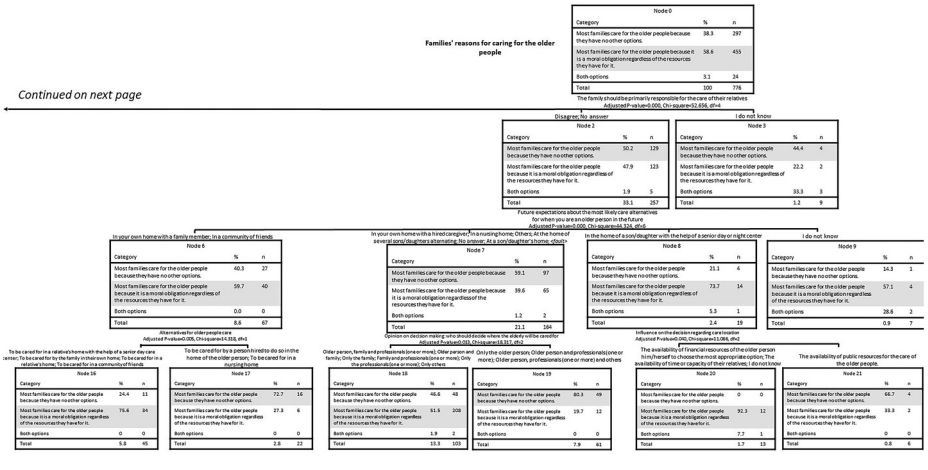
These results seem to be compatible with those reported in the most recent international literature, specifically, in those countries with beliefs and cultures strongly rooted in the family. Thus, a study by Bifarin *et al.* (2023), conducted with potential and current young

Figure 1 Hierarchical tree based on age and experience of caregiving



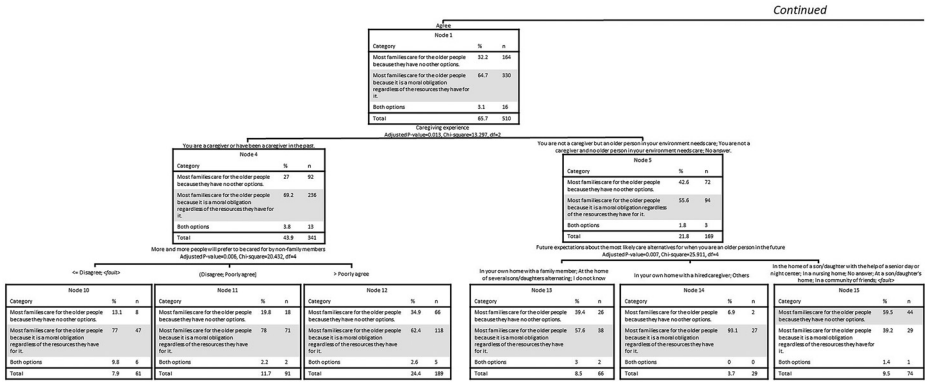
Source: Authors' own work. Data from PACIS EP-1801 IESA-CSIC. 2018. 6th Wave. Citizen Panel for Social Research in Andalusia. (P IE 201710E018). IESA-CSIC (Serrano Gemes *et al.*, 2022)

Figure 2 Hierarchical tree based on all statistically significant variables. Part 1



Source: Authors' own work. Data from PACIS EP-1801 IESA-CSIC. 2018. 6th Wave. Citizen Panel for Social Research in Andalusia. (P IE 201710E018). IESA-CSIC (Serrano Gemes *et al.*, 2022)

Figure 3 Hierarchical tree based on all statistically significant variables. Part 2



Source: Authors' own work. Data from PACIS EP-1801 IESA-CSIC. 2018. 6th Wave. Citizen Panel for Social Research in Andalusia. (P IE 201710E018). IESA-CSIC (Serrano Gemes *et al.*, 2022)

caregivers (aged between 20 and 35 years) in China, highlights how the motivation to provide caregiving is based on cultural beliefs, which are deeply rooted in the social environment through the concept of *Xiao*. According to these authors, these beliefs function as source of support, giving caregivers an unwavering determination to undertake care responsibilities despite the possible challenges that may arise (Bifarin *et al.*, 2023). This notion is echoed by the work of Zhang *et al.* (2020), who highlight the profound sense of familial duty within the Chinese population due to Confucianism (Zhang *et al.*, 2020). Thus, it seems that China – like other countries influenced by Confucianism – is socially shaped by *Xiao* or "filial piety". This notion can be understood as an attitude of respect directed toward parents and ancestors, manifested through acts of family caregiving, economic support and housing, among others (Spielman, 2012).

Other studies conducted in countries with similar family cultural backgrounds have yielded similar results. For instance, Gustafsson *et al.* (2022) demonstrated how the obligation to provide informal care in India does not fall solely on the children but extends across the entire immediate social environment. This is because caregiving is understood as a human obligation to care for older people in the environment. In a similar vein, the study by Wijesiri *et al.* (2022) highlights how certain caregivers accept these responsibilities because they are understood as a family commitment.

Similarly, systematic reviews conducted by Zygouri *et al.*(2021) and Shrestha *et al.*(2023), related to the informal caregiving of adults, have yielded interesting findings. Thus, Zygouri *et al.* (2021) reported that compassion, the duty to care for loved ones and affection are motivators for informal caregiving, whereas Shrestha *et al.* (2023) point out that the perceived responsibility to care for relatives was high in many of the studies reviewed, with some studies indicating how the willingness to continue caring for parents was directly related to cultural/religious obligations and respect for their cultures. However, in this same review, it is also noted that on some occasions, the reasons for continuing with caregiving were found to be unrelated to external factors but were instead intrinsic to the caregivers, such as feeling that they were doing the right thing or because they felt pride and honor in caring for their parents. Thus, satisfaction in fulfilling moral, religious and cultural duties was a common feeling among many caregivers, constituting a reason to continue meeting their caregiving responsibilities (Shrestha *et al.*, 2023).

However, some studies point to certain factors that seem to hinder or modify this conceptualization of caregiving motivations. In particular, Carlsen and Lundberg (2018)

conducted a study with family caregivers in Norway who cared or had recently cared for older adults who also received some form of professional caregiving service. The findings of this study point to an interesting aspect related to the duality of the motives underlying caregiving. Thus, for example, they demonstrated how some people felt obliged to help, others thought it was the natural thing to do or others mentioned the concept of reciprocity between parents and children. These authors pointed out that in such situations it can be difficult for family caregivers to determine whether the decision was made based on duty or gratification (Carlsen and Lundberg, 2018).

In this way, caregiving sometimes appears to be an obligation imposed by structural or social circumstances. Thus, it can be seen that for some family caregivers the care system has significant deficits. Consequently, covering these deficits in the system is not always understood as a voluntary decision but rather as an obligation (Carlsen and Lundberg, 2018). On the other hand, within the social domain, the literature shows the concerns of many caregivers about what would happen if they did not meet the social expectations of care, that is, how the social environment would respond if they were to use alternative forms of care. Evidently, existing social pressure on caregiving *de facto* eliminates the possibility of refusing to meet these responsibilities, leaving no viable alternatives (Shrestha *et al.*, 2023).

Moreover, our results indicate that, compared with the middle-aged groups, the older participants are less likely to hold the belief that the primary reason to care for family members is that they have no other options. In this regard, and in agreement with our results, Bifarin *et al.* (2023) show how there seems to be a belief that the younger generations do not engage with the social/cultural values of the *Xiao* in the same way as the older generations and instead seem to reinterpret the imposed cultural values to suit the current circumstances (Bifarin *et al.*, 2023). This observation was also supported by the results of a recent systematic review of the experiences of informal caregivers of older migrants in Europe. This review shows that younger generations seem less influenced by the concept of ideal caregiving held by older people, although they do understand caregiving as a concept based on a sense of duty (Shrestha *et al.*, 2023).

Another interesting finding to emerge from our study concerns how people with caregiving experience (i.e. those who are currently caregiving or have done so in the past) are more likely to hold the belief that caregiving is offered due to a sense of moral obligation.

This observation has also emerged in the literature, where the degree of experience with caregiving appears to influence the motivations underlying the decision to provide care in the future. Thus, the study by Bifarin *et al.* (2023) demonstrated that having previously seen parents perform caregiving with previous generations helps to assimilate these cultural values, i.e. having witnessed how other people close to them put into practice and comply with social/cultural norms makes it easier for new caregivers to assume the caregiving role.

Finally, it is also interesting to generally compare our results with other studies carried out in Spain. Thus, first of all, it can be seen how the study by Fradua *et al.* (2023) seems to coincide with our results. In this study, participants were asked about their degree of agreement with the statement that long-term care of parents is an obligation of their children, viewing the degree of agreement through a scale of 1 to 5 (1 being strongly agree and 5 strongly disagree). The Spanish average was 2.64, that is, a value far from the countries that agreed most with the statement, such as Belarus, Georgia or Albania (1.63, 1.63 and 1.66, respectively), but below the midpoint of the scale (located at number 3) (Fradua *et al.*, 2023).

Second, it is also interesting to mention the study by Valarino *et al.* (2018) because, in this case, their results seem to be contrary to our results as well as to a certain extent also to those of Fradua *et al.* (2023). Thus, Valarino *et al.* (2018) based on their results and thanks to the analysis of other studies in the literature, point out how the Spanish tendency to depend on the family when ensuring well-being seems to be due more to the lack of support than to family preferences or values (Valarino *et al.*, 2018).

These *a priori* contradictory results have a very simple possible explanation, such as the different study objects shown. Thus, it should not be forgotten that our study focused on asking what the main motivation was, in the opinion of the participants, for caring for the older people. In a similar sense, the study by Fradua *et al.* (2023) it focused on the population's opinion on the moral duty/obligation of care. While, on the contrary, the study carried out by Valarino *et al.* (2018) focused on general preference patterns about who should care and pay for care. This difference, although it may not seem very relevant, we believe it is substantial, because it is not the same to ask about general opinions on motivations or on the moral obligatory nature of care, as, on the other hand, to ask about who should care and pay for care. Therefore, we do not believe that we have found different results, but rather different facets of the same research topic, all of these perspectives being complementary and of vital interest when studying, designing and planning future care for the older people.

The study presented in this article has some limitations. It is important to remember that the questionnaire from which our main study variable is derived is part of a broader investigation. This has meant that, although our main variable has provided us with a great deal of interesting information, it would have been ideal to have a specific questionnaire on this research topic. Additionally, it would have been interesting to examine whether the motivations for caregiving vary according to the persons being cared for, an aspect impossible to study due to the predetermined structure of the questionnaire.

Nevertheless, this study has significant strengths. Notably, from a methodological standpoint, the design, selection process and participant recruitment made it possible to obtain a representative sample of the Andalusian population and to reliably gather the opinions of this population regarding the care of older people in contemporary Spanish society. Moreover, it is also worth noting how most of the studies in the literature that address this topic tend to focus only on the older population or their caregivers without studying the opinions held by the general population regarding caregiving. We believe this issue to be fundamental because caregiving has more recently extended beyond the personal realm into wider society.

Finally, it is important to highlight the practical implications that these results may have in the future. Thus, at the international level, the interest shown in improving the field of long-term care of the older people within the Decade of Healthy Aging 2020–2030 stands out (Organización Mundial de la Salud, 2020). Here we point out different activities aimed at providing quality long-term care to older people who need it, among which we can highlight the following activities (Organización Mundial de la Salud, 2020): how member states should manage the development of long-term care, as well as encourage collaboration between the parties involved (older people, caregivers, nongovernmental organizations, voluntary and private sector); or how member states should ensure that both informal and formal caregivers receive the training and support they need. Along the same lines, in Spain, the national government has recently announced its intention to renew the model of care for the older people, as well as to reform the Spanish Dependency Law (La Moncloa, 2024). All of this with the aim of responding not only to the demographic challenge facing the country but also to the desire of citizens to grow old at home (La Moncloa, 2024). Therefore, we believe that our results, as well as other similar studies, are essential for the development of these policies, because they need reliable data and conclusions on the feelings of the population on which they intend to legislate, thus helping them to plan according to the real needs of society.

Conclusion

Most of the Andalusian population believes that the provision of family care for older relatives is rooted in moral obligations, regardless of available resources.

In addition, this study has identified two distinct population profiles that support the belief that moral obligation forms the basis of family caregiving, namely:

- individuals who have been or are currently engaged in caring for the older people and who are aged 60 or older; and
- individuals who hold the belief believe that family should be primarily responsible for the care of their relatives, who are or have been caregivers for the older people and who have little agreement with the notion that a growing number of individuals will prefer to be cared for by people outside of their family in the future.

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Author affiliations

Gema Serrano-Gemes is based at the Departamento de Enfermería, Facultad de Ciencias de la Salud de Ceuta, Universidad de Granada, Ceuta, Spain and Research group: Identidad social, bienestar subjetivo y comportamiento humano del Instituto de Estudios Sociales Avanzados-Consejo Superior de Investigaciones Científicas (IESA-CSIC), Cordoba, Spain.

Rafael Serrano-del-Rosal is based at the Instituto de Estudios Sociales Avanzados-Consejo Superior de Investigaciones Científicas (IESA-CSIC) and Research group: Identidad social, bienestar subjetivo y comportamiento humano del Instituto de Estudios Sociales Avanzados-Consejo Superior de Investigaciones Científicas (IESA-CSIC), Cordoba, Spain.

Corresponding author

Gema Serrano-Gemes can be contacted at: gserrano@ugr.es