

Bachelor's Project

Changing Attitudes and Processes in the Provision of Informal Care:
Learning from the Youngest Generations

BSc Human Geography and Planning

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Abstract

This study looks at the perceptions and future intentions of individuals born between 1997 and 2012 – or Generation Z – in the context of the traditional expectation for family members to provide care for aging relatives. As little qualitative research has been undertaken on the topic, this study adopts a universal perspective using a diversified sample with the aim to provide a more general introduction to the phenomenon. The choice of study was developed on the basis of the increasingly popular concept of *aging in place* – referring to the idea of delaying institutional care by remaining in one's home as long as possible. Considering the increasing pressure on formal health care systems worldwide due to aging populations, informal care is being increasingly relied upon. This type of care is often times provided by family members, which may pose some challenges when considering the changing patterns and ideologies that have been observed in the younger generations. These include increased mobility and self-fulfilment, which may strongly influence the decision of young adults in regards to the provision of informal care. This is of significant importance in the context of the increasing reliance on informal care by older adults, as younger generations may encounter greater barriers when it comes to the willingness and ability to provide such care. A qualitative design was adopted for this investigation and a total amount of eight semi-structured in-depth interviews were conducted with university students studying in Groningen, the Netherlands. These shed light on a number of barriers to the provision of informal care by younger generations. These barriers relate to the concepts of mobility, self-fulfilment and intergenerational differences. The results of this study can be used to create greater awareness regarding the barriers and challenges to informal care and thus stimulate further research regarding alternatives to such care.

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1. Introduction

Aging in place has become an increasingly popular concept and is strongly favored among policy makers, health providers, and elders themselves (Wiles et al., 2011). Aging in place refers to the idea of delaying institutionalized care by remaining in one’s own home and community with some level of independence for as long as possible. (Wiles et al., 2011). In a qualitative study conducted in New Zealand, social connectedness and familiarity were found to be among the leading contributing factors for which elders desire to remain in their community (Wiles et al., 2011). Although aging in place comes with a number of favorable outcomes for older adults, challenges may arise when the conditions to enable successful aging in place are not met. Some of these include health, information access, finance, and practical assistance (Oosterhoff and Aviisah, 2023).

Caregivers are an important enabler to aging in place, as they can offer important assistance in a variety of domains, including house cleaning, bathing, grocery shopping, the provision of medication and cooked meals, and assistance during outdoor outings (National Institute on Aging, 2017). Such assistance is beneficial for the older adult as it enables them to go on with routine activities in the already familiar community. The aging population has been putting increasing pressure on healthcare services, particularly regarding the provision and affordability of long-term care (LTC) (OECD, 2020). The Netherlands was the highest-ranking country according to 2018 OECD estimates on LTC, with approximately 3.5% of their GDP allocated to those in need of long-term care (see Figure 1) (OECD, 2020). Such significant numbers can also be observed in a number of other Western-European countries, such as Denmark, Norway and Sweden.

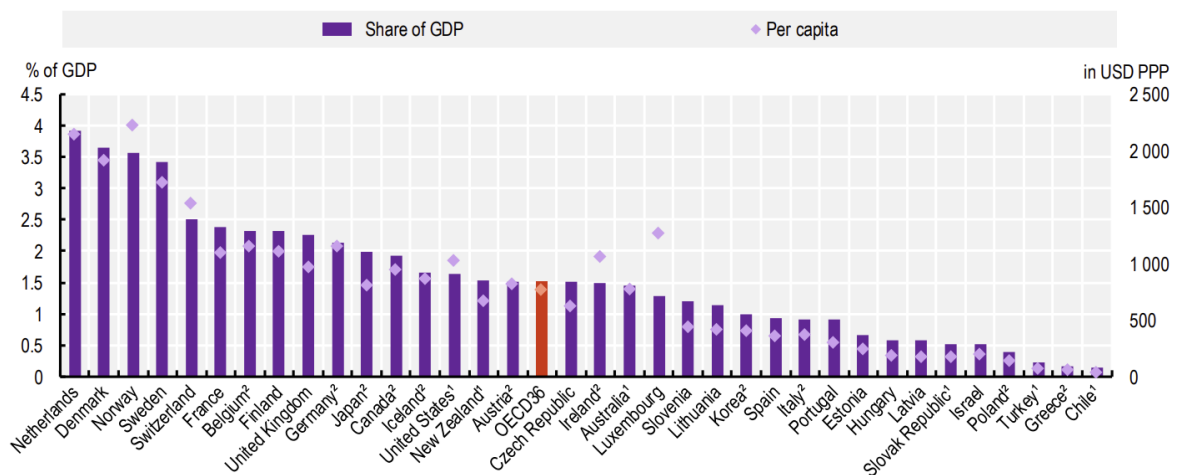


Figure 1 - Long Term Care Expenditures 2018 (OECD, 2020)

In the face of this increasing economic burden on (formal) healthcare services (Plöthner et al., 2019), older adults will continue to increasingly rely on informal caregiving to assist them with daily tasks, which is cost-free and often given by family members (Schulz and Sherwood, 2008). The shift toward increasing reliance on informal care is important to consider globally speaking, as all countries worldwide are facing aging populations (World Health Organization, 2022). In fact, the proportion of the world’s population over sixty is expected to double from 12% to 22% between 2015 and 2050 (World Health Organization, 2022) This demographic

shift means that health and social systems worldwide will be experiencing major challenges in regards to accommodating increasing numbers of older adults (World Health Organization, 2022), thus highlighting the significant role of informal care.

Despite the increasing popularity in informal caregiving, the pressure and expectations of family members to provide care for their aging relatives may meet some challenges when it comes to the younger generations and their roles in this picture. In a study undertaken by Schulz and Eden (2016), the traditional dependence on families to provide care and support to their “*older parents, grandparents, and other family members when they can no longer function independently*” is highlighted. In an increasingly globalized, mobile and modernized society, this traditional dependence may have implications for both older and younger adults, as expectations may not align. The younger generations - specifically the Millennials and Gen Z generations – spanning from 1981 to 2012 together (Beresford Research, 2023) have in fact been associated to the concept of “nomads”. The increasing accessibility and affordability to countries worldwide has created new opportunities for the younger generations (Arwas, 2019). Arwas (2019) describes four factors that explain why the younger generation(s) can be referred to as one of nomads. These include (1) the increasing accessibility brought by globalization, (2) the increasing affordability of cross-border travel, (3) advancement in technology, and (4) the yearning for self-fulfilment for the younger generations. The increasing interconnectedness between countries enabled by the increase in routes and budget airlines has made moving across nations much more efficient, which has been further strengthened by advancements in technology in the past decades, which enable individuals to connect with job duties and family from anywhere (Arwas, 2019). The concept of self-fulfilment has also been described as a characteristic factor of the younger generations in the context of increased mobility. This longing for self-fulfilment captures the increasing needs and change in attitude of the younger generations to spend more time on themselves, in that they no longer want to follow the expectations and predetermined paths set by society (Arwas, 2019).

The impact of all aforementioned factors – namely the increased accessibility of countries, technological improvement and changes in perspectives across generations - is relevant to consider in the context of the traditional expectation of family members to provide informal care for aging relatives. The preference of older adults to age in place may be strongly affected by the changes described above, as they may need to find alternatives if their family members are not able to care for them. For this reason, hearing from the younger generations themselves is critical in shedding light on their future intentions and expectations, as well as understanding their influencing processes. The target group for this research will consist of individuals part of Generation Z – born between 1997 and 2012 (Dimock, 2017) - due to convenience reasons. Little qualitative research has been undertaken on this relationship, particularly from the perspective of the target group described. This makes this study essential in bringing awareness to policy-makers on potential alternatives to informal caregiving, particularly in such countries as the Netherlands, where the dependence on informal caregiving is high due to pressure on the caregiving system. This study adopts a global perspective through the recruitment of a diversified sample, which will be undertaken within the University of Groningen and the Hanze University of Applied Sciences (The Netherlands).

To investigate the younger generations’ perceptions on their future intentions in the context of the traditional expectation described previously, the following research question is proposed: *How do individuals part of Generation Z located in the city of Groningen (Netherlands)*

perceive their future in the context of the traditional societal expectation for family members to provide care for their aging relatives?

2. Theoretical Framework

2.1 Hypothesis of the Mobility Transition

The effect of globalization and modernization on mobility was already observed by Zelinsky in 1971, when he published a paper known as the *Hypothesis of the Mobility Transition* (Cooke, Wright and Ellis, 2018). Zelinsky posited that there were “definite, patterned regularities in the growth of personal mobility through space-time” in the 20th century, and that these were an essential aspect of the modernization process (Woods, Cadwallader and Zelinsky, 1993). The leading motivation behind the development of the MT model was to complete the demographic transition model by adding the essential component – in his view – of human geographic mobility (Cooke, Wright and Ellis, 2018). Zelinsky claimed that this component was a significant contributor to demographic change and thus sought to create a model that captured mobility through four different stages. These stages relate to the development of societies through time, whereby movement reaches its peak during early industrialization and levels off during the fourth stage named *modern societies* (Cooke, Wright and Ellis, 2018). The fourth and last stage of the MT model is particularly relevant to this study, in which the acceleration of economic and pleasure-oriented circulation is highlighted as part of the last stage of modernization (Cooke, Wright and Ellis, 2018). Although the model was most and foremost a predictive instrument for future demographic change and has received some critiques, it highlights the fact that the world population is nowadays much more mobile than it used to be as a result of globalization and modernization processes - described in the introductory section - such as increasing affordability and networks, as well as technological development. This is relevant in the context of the traditional expectation of younger family members to remain in close proximity to provide care for their aging relatives, as increased circulation means that the accessibility and ease to do so may have decreased.

2.2 Accessibility and Long-Distance Caregiving

In fact, Schulz and Eden (2016) highlight accessibility as one of the influencing factors on the extent to which family members are able to manage the tasks of caregiving. Such tasks include assistance with household tasks and mobility, self-care tasks, the provision of emotional and social support, financial assistance, and assistance with health and medical care (Schulz and Eden, 2016). Although emotional and social support, as well as financial assistance, can be provided from a distance to some extent, all other tasks require close proximity between the two parties for them to be performed. This may therefore have implications if family members are located elsewhere than the care recipient and thus calls for potential alternatives to the traditional reliance on informal care. Schulz and Eden (2016) also highlight the challenges related to long-distance caregiving, where they describe that despite the possibility to perform some caregiving tasks from a distance, additional assistance from a more proximal caregiver will most likely be required. The complications related to communication in long-distance caregiving is also mentioned, posing further challenges to those individuals that are highly-mobile and/or do not live close to their relatives. Family caregivers may also adopt the role of care coordinators, which involves helping the care recipient with obtaining the right health care services by identifying the recipient’s eligibility for certain services and related costs (Schulz and Eden, 2016). This role is easier to adopt from a distance due to technological advancements that enable this kind of communication, however, differences in communication across

generations may lead to intergenerational conflict (Pelta, 2019). In the digital age particularly, where different generations have different ways of interpreting written communication, tension may arise due to misunderstanding (Pelta, 2019). Baby Boomers in particular still favor using the phone as their primary method of communication despite advancements made in digital communication (Pelta, 2019). In contrast, the Millennials and Generation Z prefer written communication and view phone calls as inefficient due to the longer times it takes to communicate the message with the recipient. The generation Z in particular – born after 1996 – is characterized as expecting relatively fast responses from the recipient (Pelta, 2019). Considering these intergenerational differences in communication styles, the ease with which the role of care coordinators can be undertaken may further be challenged. Virtual emotional and social support may similarly be affected.

2.3 Self-Fulfilment and Ageism

In addition to accessibility – described above - Schulz and Eden (2016) list a number of other factors that can affect the extent to which family members are able to manage caregiving tasks, which include personal values and preferences, knowledge and skills, affordability, as well as adequacy of healthcare. The concepts of personal values and preferences closely relates to the earlier described phenomenon of self-fulfilment and the change in attitudes observed in the younger generations (Arwas, 2019). Furthermore, Verhage, Schuurman and Lindenberg (2021) highlight the concept of ageist attitudes and negatively valued stereotypes that younger adults sometimes have of older people, including incompetence, cognitive deficiency and vulnerability. Ageism is described as a multifaceted concept that may either be directed toward the self or an-outgroup, “which results in negative stereotypes, attitudes, behavior or prejudice against older adults” (Verhage, Schuurman and Lindenberg, 2021). This prejudice against older groups of people may limit and affect relationships between younger and older generations, thus directly impacting the traditional expectation of younger people to care for their aging relatives (Verhage, Schuurman and Lindenberg, 2021). In fact, in light of the aging population and increasing demand for healthcare services, Verhage, Schuurman and Lindenberg (2021) highlight the growing need for younger individuals to care for older relatives. However, this is less likely to occur if younger individuals display ageist attitudes and behaviors. The intergroup contact– first proposed by Allport in 1954 - has been found to be beneficial in reducing negative stereotypes across generations (Everett, 2013). The theory posits that intergroup contact can lead to positive changes in attitude if the following conditions are met: (1) cooperation exists between groups, (2) groups have an equal status, (3) groups are working toward a common goal, (4) contact takes place within a formal setting, and (5) there is one-to-one contact (Verhage, Schuurman and Lindenberg, 2021; Everett, 2013). Whether these points are beneficial for intergenerational contact that occurs within family is to be furthered considered, as some conditions may not make obvious sense, such as contact in a formal setting. However, the concept of ageist attitudes is relevant to this study as it highlights the tension that may arise between younger and older generations due to common stereotypes and prejudices toward older adults. This may have implications for the likelihood of younger generations to want to provide assistance to their aging relatives and may therefore call for alternatives. The interplay of all relevant aforementioned concepts and their relation to informal caregiving and the ability to age in place is illustrated in Figure 2.

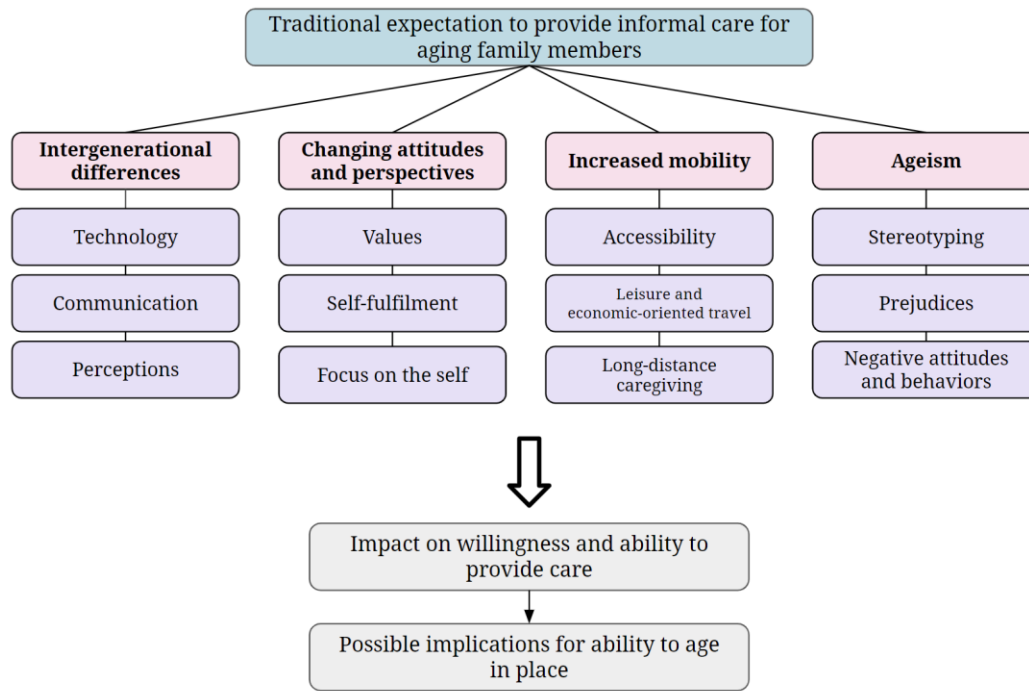


Figure 2 – Conceptual Framework (Author’s Own, 2023)

The literature review could be summarized into four overarching concepts relevant to this study, namely (1) intergenerational differences, (2) changing attitudes and perspectives, (3) increased mobility, and (4) ageism. These were further connected to a number of other concepts that relate to the overarching idea, as identified through the literature review. The impact of these factors on the willingness and ability of individuals to provide care to their family members is shown and further connected to possible implications this may have on the ability of older adults to age in place. The model was used as assistance for the data collection process and analysis, as well as the design of the interview guide.

On the basis of the literature review and identified relationships, it is expected that a clearer understanding of perceptions and intentions of the younger generations will be brought to light. It is also expected for younger generations to encounter greater challenges and obstacles when it comes to the provision informal care, due to increased mobility, changing perspectives and the concept of self-fulfilment. Additionally, it is expected that some forms of intergenerational differences will have been experienced by the younger generations and that these could lead to clashes in expectations and possibly intergenerational conflict.

3.Methodology

3.1 Research Design and Data Collection Instrument

A qualitative research design was best suited for this line of research, as the aim of the study was to investigate the future intentions and perceptions of individuals part of Generation Z in the context of changing perspectives and processes observed in the younger generations. This could be best achieved by learning from the younger generations themselves, in order to understand specific beliefs, though processes, and experiences (Pathak, Kalra and Jena, 2013). By learning about their future intentions and attitudes toward the traditional expectation to provide informal care, previously unknown limitations regarding the provision of such care could be brought to light. The data collection instrument for this study thus consisted of a semi-

structured in-depth interview (see Appendix 1). Semi-structured in-depth interviews allowed for participants to delve into greater detail with less restriction and more freedom than what structured interviews provide, which was beneficial for this study as the aim was to capture the specific feelings, behaviors and attitudes of the younger generations and attempt to pinpoint underlying concepts related to those (Health and Knowledge, 2010). The interview contained main and probe questions, designed to capture participants' feelings, thoughts and behaviors in the context of their future intentions and attitudes toward providing informal care to their family members. The interview was divided into various topics, aimed at covering (1) the participant's moving history and future intentions in regards to residential mobility, (2) both their own and their relatives' expectations in regards to living close to one another, (3) both their own and their relatives' expectations and attitudes toward the provision of informal care, and (4) the participant's perceptions of and experiences with older adults. The interview also touched on the topic of relocation. These topics were developed on the basis of the conceptual model and literature review, with a stronger emphasis on the concept of mobility – covered by the first two topics. The questions covering the third and fourth topics were aimed at capturing the concepts of (1) ageism, (2) perspectives and attitudes toward informal care and (3) intergenerational differences, which are all presented in the conceptual model.

3.2 Recruitment and Data Collection

In regards to recruitment, participants were selected using a convenience sampling method. Convenience sampling is a nonprobabilistic method that involves sampling individuals who are “conveniently located around a location or Internet service” (Edgar and Manz, 2017). In other words, such participants are selected on the basis of their availability and willingness to participate in the study (Shantikumar and Barratt, 2018). This sampling was undertaken within the social network of the author, by getting in touch with students studying at the University of Groningen or at the Hanze University of Applied Sciences. No specific criteria were set regarding recruitment aside from the age category – born 1997 to 2012. This sample thus represents one of the youngest generations – Generation Z. In order to establish comfortable interactions with the participants, interviews were conducted in informal places, such as the participant's home, in a park or a quiet café. These places were always chosen in collaboration with the participant and was beneficial in building rapport. Building rapport with respondents is in fact highlighted to be essential in increasing trust and allow for the participants to open up and share their stories (McGrath, Palmgren and Liljedahl, 2018).

3.3 Data Analysis

After completion, the interviews were transcribed and imported into the Atlas.ti software for coding. Transcribing interviews is beneficial for several reasons, namely that (1) it keeps the data accurate, (2) it provides more options in regards to the analysis, (3) the data is more easily accessible and (4) it saves times and allows for a more authentic interaction during the data collection itself (Jacobs, 2019). Coding was then undertaken for all transcripts – a process that involves tagging or labelling pieces of text with short descriptors or concepts identified in the conceptualization (Busetto, Wick and Gumbinger, 2020). This process is very beneficial as it aids in making the raw data more sortable and connect it with theoretical terms (Busetto, Wick and Gumbinger, 2020). Both inductive and deductive coding were applied, the former involving the generation of codes from the data itself, while the latter is a top-down approach that involves labelling the text using predefined codes, or theoretical concepts, from the literature review (Delve, n.d.). Combining both methods was beneficial as it offered greater

flexibility and allowed for the generation of new insights. A “coding tree” in the form of a mind map was created to assist with the deductive coding, which was created on the basis of the literature review and interview questions (Appendix 2). The map resembles the conceptual model, in that it touches upon some of the overarching themes discussed previously, such as intergenerational differences, increased mobility and ageism. A variety of other concepts and related effects are also shown, such as the specific sub-theme of relocation for the purpose to be close to family members. The mind map does not present a hierarchy of concepts as the author wanted to obtain as much flexibility as possible by making all concepts equal to one another. However, the mind map was useful in connecting the transcripts to the literature review and various concepts.

3.4 Ethical considerations

In regards to ethical considerations, all interviews were conducted and recorded under informed consent. Participants were provided with a page-long of written information (see Appendix 1) regarding the purpose of the study, whom the results would be shared with and how the data would be used. Participants were also informed of their right to withdraw from the study at any time and that participation was fully voluntary. Only if they agreed and understood those terms could the interviews take place. Anonymity was ensured by disregarding any personal information that could have led to participant identification, including names and addresses. In regards to the interview itself, participants were informed to only answer questions they felt comfortable with answering, or knew how to answer, and that they could ask for clarity on the questions at any time in case of doubt. In some instances, questions were slightly altered on the spot to adapt to the participant being interviewed at that time and allow for an authentic and unique conversation. Furthermore, no information was shared during the processing period and all recordings of the interviews were deleted after completion of the analysis. A degree of professional distance and conduct was also maintained during the interviews, as these were conducted with individuals found within the social network of the author. This means that ethical considerations were given equal attention and participants were treated like any other. Upon reflection, this proved to be successful as participants were fully focused on their role and openly shared their thoughts on the questions asked.

3.5. Results

A total amount of eight in-depth were conducted with students studying at either the University of Groningen or the Hanzehogeschool, located in the city of Groningen, the Netherlands. Participants were aged between twenty-one and twenty-five, thus part of Generation Z. These shed light on the perceptions and intentions of the younger generation in regards to the traditional expectation of providing informal care to family members. The sample was diverse and included participants from the Netherlands, Aruba, The Gambia, the United States of America and Sri Lanka. This was beneficial in achieving a more universal perspective on the topic. Interestingly, similar thought processes and patterns were observed across participants despite the cultural diversity, which are expanded upon in the following section.

4. Discussion

4.1 Mobility and Freedom of Circulation

Beginning with the concept of mobility, the majority of participants interviewed did not intend to live close to their parents in the future and expected to relocate – or remain abroad – after completion of their studies. These same participants did also not intend to remain in Groningen

after completion of their studies. A common reason for this was the lack of job opportunities in their home town or country, highlighting the economic oriented circulation described by Zelinsky, which is characteristic of the last stage of the modernization process (Cooke, Wright and Ellis, 2018). In addition to job prospects, one participant, originally from Aruba and whose family still resides on the island, also described her preference of residing in Europe when asked about whether remaining on the island would impact her in any way. She described that living in Europe would offer greater flexibility in terms of accessing other countries too: “*Yeah I think it definitely would [impact me], in the sense of um... just like a job and I feel like my own future, like um... job prospects and the fact that Aruba is also like an island so, very, I guess rural, or isolated from everything. Um.. traveling would be more difficult, to other countries, yeah...*”. Furthermore, the high cost housing was also said to be another contributing factor for which some participant did not wish to return or remain in their home city or country.

4.2 Expectations of Family Members

The majority of participants had parents or grandparents expecting them to either live close to them or to provide informal care in the future, strongly highlighting the traditional expectation described earlier in this paper. Perhaps the most illustrative example is the following: “*Yeah well, I know that my grandparents from my mom’s side, they have this, um... since I was young they always have this expectation of me being close, um... I remember having conversations with them, um, where my grandma especially mentioned like oh if, if I’m going to be old will you be there for me to.. to take care of me? And yeah, they sort of expect me to do that*”. This example is particularly interesting as it captures the grandparents’ belief in the idea that younger family members should care for them if in need. Other participants had had conversations with family members regarding the provision of care through care homes and helping them in finding external assistance if ever needed: “*My parents have suggested that, to... not necessarily to look after them, but you know, to make sure that if they can’t help themselves or something like that, that we can eventually, um, provide them some form of care. Not personally, but through um... I don’t know, a care home or something similar*”. This type of help seemed to be better accepted by the participant when compared to providing direct care, although the participant still described that it would feel like a significant responsibility.

Another interesting finding is that some participants emphasized the clashes in expectations that would occur if they did not live close to their family members, which matches the expectation that (intergenerational) differences in expectations may lead to tension. These were not necessarily explicitly linked to the expectation of providing care, however, one participant mentioned the tension that would arise if she lived further from her family members. This was due to their family being very close and therefore expecting to remain in close proximity: “*Yeah, it would, it definitely would because we come from a very like, tight-knit family I guess, that we do have like contact with each other and we do like being together, doing things together, so I think if I would end up, like, living further away from all of them, it would be, yeah... it would be an issue*”. One participant also described a sense of worry she had observed in some of her family members whenever she left the city to attend university classes: “*And, if I leave, even if I go to Groningen for four days or something, she’s like oh my god it’s time to say goodbye again, and then like, she, yeah*”. This feeling seemed to transform into frustration and tension whenever she left the country to visit her partner in Lebanon, which meant that she would sometimes miss out on family gatherings. This separation and distance led to frustration in some of her family members, who emphasized that it was not right for her not to be with her family during important events: “*...and then my sister was actually a bit, like, why, like we are your family, and why are you gonna go again. Cause before that I also was... I was away for*

four months, and everytime I leave, em, I end up staying longer than, than I initially plan. Cause the previous time I was only gonna be there for two months, which turned out to be 4 months. And also once I was supposed to be there for one week, and it turned to be two months. Em, so, yeah then when I said it to my sister that I was gonna go there again, then, she was a bit, she was a bit upset”. This example captures the importance of family expectations and the way tension can build up as a result of not meeting them, which is yet another challenge to the provision of informal care in the context of changing patterns and beliefs observed within the younger generations.

4.3 Relocation and Self-Fulfilment

When asked about their preference between themselves relocating close to family members or the other way around, a number of participants showed a strong preference for their family members relocating close to them. This relates to the concept of self-fulfilment described previously and the increasing focus on the self that has been observed in the younger generations. The concept of self-fulfilment is even better depicted through the following statement: “Well, since I’m building my life, um, somewhere else at that time, depending on what situation I’m in, if I’m in a situation where I really want to stay and wanna settle, I wouldn’t want that extra last switch that I also relocate myself somewhere else so that I can start all over again or have to postpone that”. The statement relates to the concept self-fulfilment as it emphasizes the participant’s wish to focus on building his own life and the fact that relocating close to family members would interrupt that flow. Furthermore, family formation and professional careers seemed to be a significant priority for most participants, which often came up when discussing the willingness to relocate and to provide care in general. Another limitation, or obstacle, to participants relocating close to family members related to the fact that a number of them were in long-term relationships, which made them less willing to relocate: “Um... I think I used to want to move closer to them, but now that I have a partner it’s kind of, like, clear to me that I don't need to, like, stay in the family kind of all the time, and I think, yeah, I think, um, I would prefer more actually if they moved closer to me, cause then I don’t have to plan, kind of, how to be closer to them”. Each of these individual obstacles can create barriers to the ability of the younger generations to provide informal care and be close to family members, which is essential to keep in mind when considering the high reliance on informal care by older adults.

For other participants, the preference in who was to relocate was highly influenced by the fact some families were really rooted in their home town or city and had a strong sense of place-attachment. For this reason, these participants said that they would rather relocate themselves close to family members as they felt as they were better able to circulate around. This was also due to them having fewer static resources than their family members would, which would make it more realistic for them to relocate: “...it’s kind of easier for me to relocate to them, also because of the different works of life and what tangible resources they have right. So, they have like a static resource, I don’t know, homes and stuff like that, they can’t just get rid of it that fast. Whereas on the other hand I’m light, it’s just me and a suitcase, right?” Furthermore, some participants described a sense of duty in having to care for their family and thus being willing to compromise what they had built in their lives to move close to their relatives if in need. This was particularly true for one participant originally from The Gambia, who described the importance of family in her culture: “I come from a very, a culture where family is basically number one. And we all live very close to each other, regardless. Like everybody in The Gambia lives very close to their family, extended family, nuclear family”. This was interesting as it contrasted with how the majority of participants felt, in that many viewed relocation to family members as a significant challenge that they were not so comfortable taking. A second

reason for which the relocation of family members close to the participant was not preferred was due to the pressure that this would create on the participant. One participant described that this would make her feel like she would have to provide something in return: "...because if they would relocate just for me, and they wouldn't have anything else there, I think it would also be quite a burden on me. Like, I think they're, like... I really need to give them something in exchange".

4.4 Intergenerational Differences and Perception of Older Adults

Contrary to the patterns discovered in the literature review regarding ageism and prejudices toward older people, participants did not exhibit any explicit ageism toward older groups of people, but did highlight some of the intergenerational differences that can sometimes cause frustration. The most common example related to differences in thoughts and ideas, which made communication sometimes challenging between the participant and their grandparents: "...I mean, with thoughts and ideas and that type of stuff, I mean, maybe they can tend to be like more conservative, or, you know, things like that". A number of other participants also described these more conservative tendencies and mindsets exhibited by older adults, specifically their grandparents or oldest family members. This is essential to acknowledge as this may hamper the ability of the youngest generations to communicate with older generations. Similarly, the use of technology by older relatives did not seem pose a significant challenge in regards to communication according to participants, thus contradicting what was found through the literature review.

Interestingly, all intergenerational differences described by the participants were primarily observed between themselves and their grandparents, or in other words, the oldest generations. In fact, one participant described that it would be surprising if her parents acted the same way her grandparents did, in regards to having more conservative views on the world and having very different perceptions than herself: "...and if a parent would react like that, I would think, like, come on, like, em, keep up a bit, like, it shouldn't be like that anymore. But for old people I know that's normal". Whether these intergenerational differences are bound to arise between all generations containing a large gap is yet unknown and requires further investigation. However, if this is the case, the conflict arising from such intergenerational differences may therefore continue to have implications for the willingness and ability of the younger generations to care for their grandparents, for instance, in future times as well.

4.5 Reflection

The findings of this study could have been influenced by the nature of the sample, consisting of highly educated individuals who thus may be better equipped and more prone to circulate from one country to another. It therefore would also be relevant to explore this topic using an even more diversified sample, such as recruiting individuals who did not pursue higher education. Furthermore, this study does not focus on a specific geographical context, which has limitations in regards to the ability to advise policy makers in more specific contexts. This also has implications regarding the ability to conclude whether the number of interviews conducted were enough to achieve saturation. Although the majority of participants displayed similar thought processes and intentions, it would have been useful to recruit greater numbers of participants from each geographical area to make even stronger conclusions. However, this study only aimed at providing a universal overview and introduction to the topic, which remains relevant and essential to consider as the recurrent themes identified throughout this research can have significant implications for the ability of older adults to age in place.

5. Conclusion

This study shed light on the younger generations' perspective and future intentions in relation to the traditional expectation for younger individuals to provide care for their aging relatives when they can no longer independently sustain themselves. On the basis of theoretical framework, it was expected that the younger generations would encounter greater challenges and obstacles to the provision of informal care, which proved to be true. Participants highly focused on the concept of self-fulfilment by emphasizing the importance to have freedom to build their own lives without disruption. In many instances, participants described their unwillingness to relocate, or remain, in close proximity to their parents if this would disrupt their life flow and would rather opt for a third party to take care of their family members. This could have been further influenced by the fact that most participants already lived far away from their family members. Furthermore, the ability to be able to circulate around the globe without any factors holding them back was important to a number of participants. Although mobility and self-fulfilment were the strongest barriers to the willingness and ability to provide informal care, intergenerational differences also played a significant role for a number of participants. This was due to challenges in the ability to communicate due to differences in ideologies and perceptions, which made participants less willing to provide care. Regarding expectations of family members themselves, participants were familiar and encountered such demands from parents or grandparents. The reliance on informal care by family members further captures the importance to consider the obstacles to the provision of informal care by the younger generations as it may no longer be as feasible to do so as it was in earlier times.

The results of this study highlight the importance in further researching alternative solutions to the provision of care by family members in order to successfully enable aging in place. Furthermore, as expanded upon in the discussion, intergenerational differences brought up by participants were primarily seen between themselves and their grandparents rather than their parents, most likely due to the larger age gap. However, this calls for further investigation to be undertaken in regard to whether such differences will also be observed between the younger generations themselves and their own grandchildren, as it can be a great obstacle to intergenerational communication and support.

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Appendices

Appendix 1 – Interview Guide (Auhtor’s Own, 2023)

With this research, I aim to better understand the nature of changing societal expectations and increased mobility in the context of the traditional expectation of younger family members to care for their aging relatives. Family members are often expected to take care of their parents, grandparents or siblings who can no longer care for themselves due to aging, disability, injury or other. This research more specifically focuses on informal care for older adults. As younger generations circulate more and more across countries and begin to form different attitudes towards this traditional expectation, providing care for family members may become more challenging. This can have major implications as a large percentage of the older population receives informal care. In countries such as the Netherlands especially, where there is a high level of economic burden on (formal) healthcare services, the reliance on informal caregiving will only continue to increase. In light of this, looking at younger generations’ future intentions in regards to residential mobility and attitudes towards providing informal care becomes very important as alternatives may have to be established. All the data collected from this interview will remain anonymous and any personal information that could lead to your identification will be discarded. The results of the interview will not be shared until it has been sorted through and analyzed. Once the data has been analyzed, the results will only be used for educational purposes and shared within the University of Groningen. Your participation in this interview is voluntary and you can withdraw from the study at any time. All the data will then be discarded. By participating in this study, you agree with the terms described above and agree for your input to be shared within the educational establishment.

1. Opening questions

- a) How old are you?
- b) Where are you originally from?
- c) How long have you been living in Groningen?
- d) What study or profession are you following?
- e) Have you ever provided any type of informal care to family members or others? For how long? In what context? Did that take a toll on you?

Key / core questions

Mobility

1. Could you talk me through your moving history (if applicable)?
 - a) How far away do you currently live from your parents or other family members?
 - b) What are your intentions after having completed your study?

Attitudes and perceptions toward informal care

2. Do you know whether any of your family members want you to live in close proximity to them?
 - a) Have they made that clear to you? In what ways?
 - b) Have they ever mentioned why?
 - c) How do you feel about the idea?
3. Do you know whether any of your family members expect you to provide care for them in the future?

- a) Have they ever made it explicitly clear to you? In what ways? When?
- b) How did that make you feel?
- c) Did it make you think about that possibility?
- d) How do you feel about it now?
- e) If not: in a hypothetical situation where your family members would expect you to do so, how would it make you feel?

Mobility

- 4. Have you ever thought about living in close proximity to your family?
 - a) For what reasons?
 - b) How close?
 - c) Is there anything that would make it more appealing for you to live or move close to them?

- 5. Would you be willing to relocate or remain in close proximity to them in case they need you?
 - a) Why? Why not?
 - b) How would you feel about that?
 - c) Do you think that it would limit you? In what ways?

- 6. Do you know whether your family members would relocate to be close to you?
 - a) How would that make you feel?
 - b) How would you compare this situation as opposed to you relocating close to them?

Attitudes and perceptions toward informal care

- 7. Do you think that being further from them would lead to any clashes in expectations in regards to you being there to assist them?
 - a) Why do you think that is?

Ageism and intergenerational differences

- 8. How do you perceive older adults?
 - a) What are the biggest differences that you perceive between you and older adults (e.g. in use of technology)
 - b) Have you ever been in any form of conflict with older adults? Either with family members or others
 - c) What was the source of the conflict?
 - d) Is there anything that would've helped in this situation?
 - e) What would have made the situation better?

Closing questions

- a) Do you feel that this interview allowed you to express your opinion in enough detail?
- b) Do you have anything further to add?

Thank you for your time.

Appendix 2 – Mind Map for Deductive Coding (Author’s Own, 2023)

