Working carers in Poland – successful strategies for reconciliation of work and care of an older adult

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Abstract
This paper focuses on the possible methods and measures that individual Polish informal carers utilize in order to manage the double burden of work and care. The strategies they use are understood as conscious and systematized ways of tackling the everyday obligations in order to *successfully* reconcile different duties. Based on interviews with working carers (N=58), the strategies they invented (either intentionally or accidentally) were intended to remedy the stress resulting from multiple conflict situations in everyday life. These strategies were individual approaches of every carer to the often unique situation of reconciliation, which could nevertheless form a set of practical advice for the benefit of working carers in Poland, but also in other countries.

KEYWORDS: work, care, Poland, reconciliation

Introduction
In the near future, a dramatic increase of older people in the population of Poland (as in other Central and Eastern European countries) will be observed, with various social and policy implications (Hoff 2011). The phenomenon will affect many areas of social and political life, and it will influence the labour market as the working population will not only be ageing, but also shrinking. Moreover, the growing number of seniors in society, even though enjoying better health, will need care in many forms (Österle 2010). The basic care needs of older persons are currently mostly covered by the family members (Golinowska 2010). However, due to changes in family patterns (more divorces, increasing mobility, solitary widowhood, fewer multi-generational families) (Slany 2002; Sytuacja demograficzna 2010), the Polish family will not be able to provide care for its growing number of dependent seniors. This trend will not only be observed in Poland, but will also occur in other European countries where care is provided primarily by family (Drożdżak et al. 2013)

ANTHROPOLOGICAL NOTEBOOKS 20 (1): 87–103.
ISSN 1408-032X

Additionally, the increase of the statutory retirement age in Poland up to 67 (for both men and women)[1] will change the situation of individuals who previously, being retired, could support other family members, whereas now they have to continue working in order to obtain the pension benefit according to the new rules of the eligible retirement age. Therefore, the needs of the older people will have to be provided for (in addition to the family) by public and private institutions, as well as the non-governmental organizations (Krzyszkowski 2006; Kotowska & Sztanderska 2007; Kotowska et al. 2008; Perek-Białas 2011).

This paper presents the results of a qualitative study carried out in Poland in the framework of an international research project CARERS@WORK.[2] The aim of the research was to show if and how the reconciliation of employment and family care for an older adult is possible.

The two research questions, which are being answered throughout this paper, are:[3] 1) What *strategies* do carers use to reconcile work and care for an older individual?; 2) What are the factors influencing the choice of these strategies? The questions reflect the concern about the possible methods and measures the individual carers utilize in order to manage double burden of work and care. The strategies they use are understood as conscious and systematized ways of tackling the everyday obligations in order to *successfully* reconcile the duties. This paper consists of five parts: the presentation of rudimentary demographic data on the Polish aging population, a comprehensive theoretical background of the study, methodological explanations, and the results of the study followed by discussion.

Population ageing in Poland

In Poland, with its population of more than 38 million, about 13.6% of persons were over 65 years of age in year 2010 (Eurostat database 2013). Moreover, projections (of the Central Statistical Office of Poland 2012) indicate that further population ageing, and, therefore an increase in percentage of older persons in total population will occur (up to

[1] The reform was introduced by the Polish government in May 2012; however, it officially started at 1st of January 2013. The retirement age will gradually rise by 3 months every year (for both, men and women) so as to achieve for all equally men and women the threshold of 67 in the year 2040.

[2] The project was carried out by the scientific consortium consisting of six universities in four European countries: Germany, Italy, UK and Poland. More detailed information can be found online at: http://www.carersatwork.tu-dortmund.de/en/index.php.

[3] The cross-national study was to answer the following research questions: What conflict- and stress-situations between work and care are typical among the caregivers?, What strategies do carers use to reconcile work and care for an older individual?, What kind of influence does the qualification level of the carers have with regard to the reconciliation of work and care for an older individual?, What kind of influence do the employment and income situations of the caregivers' households have on the reconciliation of work and care?, Within the context of the actual parameters of employment and family chores, what kind of gender inequalities are problematic in the results of the reconciliation?, Which kind of support at the public, company or societal level is most efficient for the reconciliation of employment and care for older individuals? Are there any specific individual conflicts or strategies related to the reconciliation of work and care for an older individual when comparing different countries?

23% of persons in age 65+ by 2030). In 2008, there were already more than 50% persons in age of 75+ and older suffering from health problems and considered to be disabled (Perek-Białas 2011). This situation, together with the future projections and the social situation of the disintegration of the multi-generational households and the increase in the number of single senior households, will bring tremendous changes to the need for care coming from outside of the family and household (Szweda-Lewandowska 2008).

Care responsibilities in Polish families

Polish society, with its traditional family model, considers the care of a dependant older persons to be an obligation of relatives, and of primary importance to the wellbeing of seniors. The majority of society (90%) thinks that the care of older people should be the duty of their children or other relatives (Kotowska et al. 2008). The respondents of previous studies declared their willingness to take their older parents to their household (85%), whereas negative opinions about the institution of nursing home were declared by 70% of the respondents, and thus they would not put their parents in such an institution (Kotowska et al. 2005: 29).

Similarly, the study of Eurofamcare carried out in Poland in 2005 showed that 87% of respondents/carers declared that they would not place the older person in a nursing home under any circumstances. Only 11% would consider such an option if the condition of the person they cared for worsened, and only 1.5% would consider it if the physical condition remained the same (Czekanowski 2006: 105).

The study of Eurofamcare also yields more detailed information about the working status of the caregivers. The number of carers who worked (40%) was visibly lower than the number of carers who were economically inactive (60%). The largest group of caregivers was employed in the public sector (46.5%), the second was private sector workers (33.5%), whereas 18.5 % carers were self-employed (Czekanowski 2006: 90). In contrast, the status of the non-working family carers was mostly described as "retired" (pensioners) (62.4 %). A further 17.3 % of this group were homemakers, and 14.5% were unemployed/work seekers. It is necessary to note the group of non-working carers, who are not able to work because of the caring obligations. This group amounts to 8.1 % of the carers, and as many as 4.7% had to quit job due to their caring obligations (Czekanowski 2006: 92).

This state of art suggests strongly that the problem of caring of older persons in Poland is still debated almost solely through the prism of the health of the care recipient (Augustyn 2010) or as a special type of social work (Twardowska-Rajewska 2007) or as the need to introduce a long-term insurance (Błędowski 2008;Augustyn 2010). The perspective of caregivers is less frequently taken into account than the perspective of the care recipients; the problems related to the situation of caregiving of an older adult, especially by those in employment, have not yet been deeply analysed for Poland. It is especially vital for a country of post-socialistic regime to close this gap, since in other Central and Eastern European countries analyses have focused on the strategies older people use to cope with social exclusion (Filipovič Hrast, Kavčič & Hlebec 2012) or the typology of family care for seniors (Remr 2012).

Hence, the answers to our research questions are key to understanding what kind of strategies of reconciliation are possible and what kind of options and opportunities could be found for the working caregivers. Before the outcomes of the study[4] are presented, some theoretical background needs to be clarified.

Theoretical background

The choice of strategies of reconciliation of care and work is related to such factors as gender, employment status, occupation, income, level of qualification, family status and family/household structure, place of residence (rural, urban), as well as the amount of care given (Hamblin & Hoff 2011). Some of these factors will be presented in detail below.

Gender is a one of the most crucial variables in determining the work and care situation, as well as strategies of reconciliation for them. According to British researchers, it is the men who largely remain in full-time employment whilst providing care (Carers UK 2007), while women tend to reduce their working hours for combining work and care (Evandrou & Glaser 2005). However, men below the state pension age are less likely than their female counterparts to provide informal care (Hutton & Hirst 2001).

Secondly, the working carers with care-giving responsibilities for both the older and the younger generations (referred to as the "sandwich situation" in the research literature) are highly likely to face a particularly stressful situation. Although the scenario of taking care of children and parents at the same time is not particularly common, a situation of dual care (for parents and grandchildren) is quite frequently seen (Grundy & Henretta 2006; Künemund 2006).

The third dimension that plays a role in determining the care-work balance is the education level of the caregiver. Two particularly salient categories were the working carers with high level of qualification and those with low-qualification level. A strong correlation between higher levels of education/qualification and better employment prospects, also for older workers, was repeatedly presented in the literature (Hamblin & Hoff 2011). It seems probable to assume that highly qualified employees will find it easier to combine work and care (for example, by working from home).

Another factor connected with the employment status of the caregiver (i.e. the flexibility of the work arrangements) also plays a crucial role in shaping the situation. Workplace culture, in particular sympathetic line managers and work colleagues, are crucial for the successful combination of paid work and care-giving responsibilities (Bernard & Phillips 2007; Yeandle et al. 2002, 2003).

Methodology

Sampling

In an attempt to decompose the complexity of the number of factors influencing the choice of reconciliation strategies, only some of the abovementioned factors were taken

[4] More results of the project could be found http://www.carersatwork.tu-dortmund.de/en/index.php.

into consideration in the sampling procedure, specifically the level of qualification and the household structure, as suggested by literature review (Franke & Reichert 2010)(see Table 1).

The definition of a carer adopted for the research was relatively broad, as the aim was to include a variety of carers with distinguishable characteristics, in order to allow for building a typology. The inclusion criterion for a carer were to spend at least 10 hours per week on care while at the same time working (fulltime or part-time) or being self-employed.[5] The relation between the carer and a person cared for was not specified and thus this could be a parent, parent in law, other family member, friend or a neighbour.

Table 1: The sampling structure

	Couple, both working	Couple, one working	Single	Total
Higher level of qualification (ISCED 4-6)	10	10	10	30
Lower level of qualification (ISCED 1-3)	10	10	10	30
Total	20	20	20	60

The semi-structured interviews followed the model of "problem-centred interviewing" as outlined by Witzel (2000). This approach offered a means of reconciling deductive and inductive research methods. Based on the aforementioned method, the interview guide contained three modules: the introductory part (with questions about the age of the person cared for, age of carer, education level), the main interview with five main themes:[6] 1) care history/current situation; 2) work and work history; 3) costs, conflicts and care; 4) strategies; 5) suggestions regarding what would make the reconciliation of work and care easier; and a final questionnaire (about the carer's occupation, work and care time, information about the older person, e.g. health status, relationship to the carer).

The interviews were carried out between September 2009 and June 2010 by the main interviewer (in Krakow), who was aided by two local interviewers. The interviews took place in three major geographical areas: in two large cities (Krakow (32) and Warsaw (1)), a medium-sized city (Kielce (11)) and in a rural area (Witnica (15)). For various reasons, this geographical diversification proved to be beneficial. Firstly, the socio-economic situation and labour market structure are different. Therefore, the situation of the working carers might differ from a macro-perspective. Secondly, the local contexts of institutional help and assistance were also varied, since it is mostly the local Welfare

[5] There were two cases of carers who had recently retired, but due to their still "fresh" experiences, as well as their significant experience as carers, we decided to incorporate them into the study.

[6] The full topic guide is available in the national and more detailed reports (not only about Poland) are available at: http://www.carersatwork.tu-dortmund.de/en/index.php.

Centres that deliver formal care services. Therefore, the focus on three localities with their distinct institutional settings will enrich the analysis.

The individual interviews were carried out according to the topic guide. The interviews took between 30 minutes and two hours. They were transcribed in accordance with the recommendations of Kuckartz et al. (2007), because they suggest a relatively simple way of transcription, which nevertheless meets the requirements of our analysis.

Recruitment

The recruitment of the respondents for the interviews was carried out using two methods. Firstly, the snowballing method was used and allowed for the recruiting of 42 working carers. The snowballing method started with the family members, relatives, friends and colleagues of the researchers, as well as the interviewers and other persons involved in the realization of the project. This informal way proved to be the most efficient in the context of Poland, which can be related to the fact that Polish caregivers consider care to be a private matter and less frequently refer to the public institutions for support. The second method of recruitment, via the institution of Municipal Social Welfare Center in Krakow (Polish acronym: MOPS), resulted in carrying out 13 interviews[7]. The least efficient method used were the flyers distributed at various meetings or events concerning the topic of care or seniors, or during the seminars for social workers. This method was successful in only two cases. Additionally, announcement was put on the Polish Forum for Alzheimer Disease; however, only two caregivers contacted us and one interview was carried out.

The recruitment of interviewees was conducted following the guidelines pictured in Table 1. However, some recruitment criteria needed to be altered due to the difficulties encountered in fieldwork, such as finding the working carer with lower level of qualification. Based on the analysis of the literature concerning the working carers, as well as in the secondary data analysis of the SHARE data, the older people's carers are in primarily persons over 50 years of age, and in Poland this age cohort has extremely low employment rates in comparison to other countries of Europe, as well as to other age groups in Poland. The employment rates of age group 55–59 in Poland were approximately 60% for men, and 33 % for women in 2010 (Eurostat database, 2013). The lower the education level, the smaller the probability of remaining in employment after the age of 55 or even less. The number of interviews with the carers with higher qualification level was 40, and with lower qualification level was 18. Another alteration to the original plan of the recruitment was due to difficulty in finding carers who lived in households with only one person working.

In relation to the family structure, the biggest number of households were the double earner households (N=29) and the single households (N=21), where the older people either lived with the carer or not (see Table 2).

[7] The rest responded either negatively to our contact or did not exactly meet the criteria (i.e. had already been retired for many years). Some of the contacts were not responding at all.

Table 2: The number of carried out interviews

	Couple, both working	Couple, one working	Single	Total
Higher level of qualification (ISCED 4-6)	18	5	17	40
Lower level of qualification (ISCED 1-3)	11	3	4	18
Total	29	8	21	58

Sample characteristics

Out of the total number of 58 carers, 35 were married, 11 were single, 10 were divorced, and two persons were widowed. The ratio of female to male carers was almost 4:1, which means that 11 of the sample were men and 47 were women. The age of the carers was ranging from the youngest (26 years old) to the oldest (64 years). The greatest number of carers (38 people) was in the age group of 50–59 years. This is a natural consequence of the character of the care for an older person, which is usually a parent. Almost three fourths of the carers (N=47) in the sample took care of their parent; 40 of their mother and several were carers of their father. In eight cases, this was a mother- or father-in-law. Five of the respondents were taking care of their grandparent, out of which four carers were women. One person was taking care of her aunt.

In terms of the employment status, most of the working carers were employees (N= 43), 12 were self-employed, and two were retired (early retirement). One person was a student. The working situation of the carers is one of the most important dimensions of the analysis. Regarding the distribution of the working hours, most of the respondents (N=39) worked fulltime, which means 40 hours per week (or less in cases of some occupations). There were also 16 respondents working in part time jobs, and one worked occasionally.

Data analysis

In order to analyse the vast amount of empirical material, the evaluation of the interviews was carried out with the method of qualitative content analysis according to Mayring (2000, 2008). For our purpose, the most interesting procedure offered by Mayring is the method of *structuring with regard to content*, the aim which it is to '… filter specific topics, contents and aspects out of the material and to summarize it. The choice of content, which should be extracted, will be named by categories, and subcategories will be developed according to theory' (Mayring 2000: 89, own translation). At the core of the qualitative content analysis are categories, which are found either inductively or deductively. The topic guide was used to develop categories according to the deductive category approach. The theory-driven topic guide provided a sound structure for establishing a first approach to a system of categories. The main, overarching analytical categories (e.g. the situation of care, the work situation, support received, strategies used) were later

divided into sub-categories creating "tree-like" branches of categories, from the most general to the most detailed ones (e.g. the strategies used category is later subdivided into family strategies, work strategies, other strategies, which could further be sub-divided into even more narrow categories).The inductive approach was employed as the second analytical step, which meant that the categories were not driven from the topic guide, but were post-hoc created in order to identify new topics and problems articulated by the interviewees, but not initially designed by the researchers. The next step of analysis was the identification of certain patterns and linkages between the categories in order to formulate final categories, such as the supplementing/replacing strategy. The combination of these approaches allowed for the final analytical frame to be thorough, coherent and comprehensive, which guaranteed high reliability and validity of the findings. This effect was additionally reinforced by employing two coders, who ran the analysis independently. The evaluation of empirical material was assisted by computer evaluation methods, i.e. MAXQDA software, developed for qualitative data analysis.

Findings

The Polish interviewees presented many strategies that they used to reconcile the work life with care obligations. The need to manage the variety of different tasks made it necessary for the carers to think of (and, in fact, act according to) some sort of reconciliation strategy. Therefore, some of them were clearly declaring that the management of support they used was a strategy they invented. Some of the respondents did not term their efforts to reconcile *a strategy*, but nevertheless their activities were classified in the analysis as such:

> A lot of people ask me: 'You must sit at work thinking how are things at home?' No! I, well no! I don't. There's somebody at home taking care and I'm at a university, and I think that this is most important. It helps you deal with it somehow (R 8, F, 64[8]).

Among the different strategies used by the working carers two types of strategies were most distinct: instrumental and psychological strategies. The instrumental strategies deal directly with care provision and its organization on an everyday basis. They include using all types of support (formal and informal) by the carer, with a combination of using different sources of help received from different actors engaged in caregiving). The second type, i.e. psychological strategies, are directed more towards the carer himself/herself; their primary objective is to reduce the stress of being overburdened because of double obligations. They are supposed to allow the carer to continue both working and caring. These strategies could be seen as one step beyond than the instrumental strategies; however, in the majority of cases they are used together with instrumental ones. All things considered, the subject of the instrumental strategies is the person cared for, whereas the subject of psychological strategies is the person of the caregiver.

[8] The references in brackets relate to the number of the interviewee, their gender (M, F) and their age.

Instrumental strategies

The primary aim of these strategies is securing the well-being of the person cared for and proper time management in order to fulfil all the duties with limited or even no impact on work arrangement. Therefore, one type of an instrumental strategy, identified among our interviewees, is "good organization", which includes logistics and the subcategory called "thinking ahead".

Good organization (logistics and thinking ahead)

Some carers admit that, in the face of multiple tasks related to their work and care, they need to come up with certain strategies to tackle all these issues. The carers often described themselves as "good organizers", which meant that they had to acquire new skills, such as time management, when they were forced to combine both care and work:

> Well, she can handle herself around the house, it's even like, sometimes I have to take care of something, I have to go out from time to time so I won't go (crazy). And I do it like this, I set the alarm for the next meal after I leave, so she would know, if she has lain down, what time it is. Everything's prepared in one place, and generally I try to have two meals prepared (R 13, F, 54).

Thinking ahead is another type of organization strategy, but directed to the future rather than the present. It appeared to be extremely important to the carers who were not sure about their future income or health situation. In these cases, they attempted to assure proper care for the elderly in advance in case something unexpected happened:

> And when I say to him: 'Listen, February eight, I'm going away for three days', right? So I tell him that and I feel like – well I'm being a little bit manipulative, but I know that he even prefers that way, right? Because he already knows that it's February eight, and he says: 'All right!' I know that he won't screw up. And I'm calm (R 14, F, 51).

Another type of instrumental strategy is related to family support and could be practiced in cases in which the carer had at least a few family members or relatives who participated actively in the process of care. Among the family strategies, two types of strategies can be distinguished: the family network and supplementing/replacing.

The role of family in reconciliation of work and care

For those carers who could count on their families with regard to their caring obligations, two major strategies were identified. The first one is the organization of a "family network", which seems to be the most successful strategy, since it has highly positive impact on the carer himself/herself, on the older person, as well as on other family members. Here, the responsibility for the care is more or less equally divided among many family members in the form of duty hours ascribed to a certain person on a certain day. The most important aspect of this type of solution is that the main caregiver does not feel isolated and left alone with all the caring tasks, but can always count on others:

> …for example we, I mean my dad and I, have Mondays, Wednesdays, Fridays, and others, I mean mom, I don't know husband and so on, have Tuesdays, uncle has Thursdays, and weekends, well this is something different because there is a matter of going away, but it all comes to arrangements (R 19, F, 31).

The second type of family strategy, supplementing/replacing, was described by most of the carers as the possibility of asking someone from the family for help in case the main carer is not able to perform his or her tasks. This strategy is less "formalized" that the family network strategy, and it is still the main carer who is responsible for the overall care; however, the help from other family members is always possible and never questioned or problematic. The main carer acts here as the manager of other persons in fulfilling the needed duties:

> Of course if it's necessary, if we couldn't drive grandma, then either my daughter will do it or my son-in-law or my second son, who according to grandma is the best grandson ever (R 5, F, 60).

The last type of instrumental strategy, linking strategy, is combining different measures in order to make the entire reconciliation process work effectively.

Linking strategy

The family strategies, even though the most successful, were naturally available only to those carers who could count on other family members. Those carers who did not have families or the families refused to provide help in caregiving had to use different strategies. The equivalent of family strategies of networking or supplementing/replacing could be the linking strategy, which was used by few respondents. It could be described as a linking of several different types of help and support in order to efficiently arrange the care throughout the day, and sometimes the night. In these cases, the most essential elements of the strategy were the friends and neighbours, but also the formal carers or other ad-hoc solutions:

> During the week, this lady who lives with mom, well she has weekends off, right? So during the week it's all settled, but these two days it's necessary to, and there's the other lady who is on call, and she can always stop by. There's also this neighbour, so somehow we make it work (R 22, M, 39).

Work strategies

The last type of instrumental strategy identified in our study is related strictly to work hours and is used when the caregiver needs to handle some caring issues during the working hours. The most common approach in these cases is to take sick leave or a day from their holidays. Many respondents declared it was the only possibility for them to manage to go to a doctor with the older person or tackle some caring tasks in the working hours of public offices:

Interviewer: So you take a leave from time to time, yes? If you want…
Respondent: If it's necessary then I take a leave.
Interviewer: And it's… it's a holiday leave, yes?
Respondent: Yes. (R 3, M, 61).

This type of strategy could be described as rather passive and on a day-to-day basis, which suggests that there is no strong will to facilitate this situation from the employers' side. Moreover, the interviewees often declared that they had no expectations that their employers would make allowances for them and their family obligations. The privacy of family life and family problems was considered quite valuable. Even though the working carers in many cases had informed their managers about their caring situation, they did not want to use this situation as an excuse of their coming to work late or taking sick leave, as they thought this was not fair towards their colleagues.

Psychological strategies

The second group of strategies, called psychological strategies, used by the carers were stress management and positive thinking, professional help, physical activity, and work as balance.

Stress management and positive thinking

This strategy could be described as a sort of "mental experimentation", meaning that the carers were actively thinking about the care in a positive way or were trying to separate care from work. Such psychological measures helped them reduce their stress levels, which in the long run made the reconciliation process possible, and not merely a stressful and overburdening duty:

Interviewer: So is a dose of egoism…
Respondent: Necessary! Necessary. A little bit. Otherwise you'll go crazy, I guess (R 43, F, 44).

As almost all of the carers complained about the stress and constant worrying about the proper provision of help to the elderly; the need to reduce the stress level is one of the most beneficial approaches to the successful long-term provision of care. The carers were also trying to remain optimistic about the situation, think positively and avoid negative thoughts and worries:

I mean, I try to separate the time for my mother-in-law from the time that is just for me. I try not to think about things that stress me out, that she's getting more and more sick, that she moves less, that she'll need to be carried in a while, and … she won't get up on by herself. This is very stressful. And I try to set my mind on something else, leave those things behind. When I go out and handle my own things it's a little bit easier (R 49, F, 56).

Physical activities
One of highly successful strategies undertaken by some working carers is practicing different kinds of sports and other types of psychical activities, such as hiking, biking, travelling. The carers very often resorted to this type of activities since they felt they were beneficial to their wellbeing and were also easily accessible in terms of time and money: 'Sometimes I go out to play squash or for a jog and… It's just a moment, and I'm ready for the rest of my day' (R 52, M, 27).

Professional help
Few respondents reported that they needed to look for a professional psychological or medical (psychiatric) help for themselves when they realized they were no longer able to provide care effectively. Some of the working carers declared they would like to use such help, but they lacked the time for regular visits at the psychologist: 'I couldn't… I couldn't take it anymore mentally so I just went to see a doctor and I got some pills. I take them and try not to run out' (R 15, F, 51).

Work as balance
In view of the caregivers, the activities connected to work were of a decidedly different nature that the ones connected to care, and thus were considered stimulating, new, refreshing or even relaxing. The respondents declared they could not imagine their lives without the job, because it was the only "time out" of care that they had, and they appreciated it very much. In these cases, the most important impact of work was positive and was described as having contact with people, doing something valuable, or personal development. The work gave them power and energy to deal with the difficult caring tasks, since they were not thinking about the care at during these hours. In context of the handing their work and caring obligations, it is noteworthy that having a job and the possibility to work does not exclude such carers socially. It also shows that both tasks are treated and perceived as extremely important parts of the life of the working carer, and that the possibility to reconcile them needs to be guaranteed: 'And I go to work, calmly, I'll do what I have to do, anyway. And then I come back all positive. Calm. And it's all good' (R 41, F, 55).

The socio-demographic factors influencing the strategy choices

Gender, education level and occupation status
The strategies used by the caregivers were not exclusive, and therefore one person could utilize more than one strategy. Different instrumental strategies, being the fundamental to the caregiving process, could be observed in all the reports of respondents, whereas the psychological ones were only identified in cases of some respondents. The identification of gender patterns of differentiation between the strategies used by the caregivers is not simple, as there were only 11 men in the sample, varying in age, occupation and

education level. In general terms, no differences were found in the strategies used by the male and female respondents. The gender of the caregiver was less of a defining socio-demographic characteristic than education level, the family status or the occupational status. The men in our sample used the instrumental strategies at the same levels that women did, whereas in the case of psychological strategies, our research found that they were also successfully using this type of support, which is in contrast to the stereotypical image of men not seeking psychological help and being self-dependent. What seemed to be of greater importance to the usage of different strategies by the respondents was perhaps their education level, as well as their occupational status. The psychological strategies were utilized predominantly by the caregivers with higher levels of education. This could be interpreted as a more conscious and reflective approach to the problem of care, in cases in which there is enough room for psychological deliberations, and perhaps enough support and encouragement from the most immediate environment.

Part-time and full time employment.
With regard to the distribution of working hours, most of the respondents (N=39) worked fulltime (40 hours per week or more), and 16 respondents worked in part time jobs, while one caregiver worked occasionally, and two were economically inactive. The influence of the work hours on the type of strategies used was visible, since in situations of lower work burden, the caregivers were more flexible to find the optimal strategy to deal with the balancing their various responsibilities. In case of fulltime employed caregivers, the majority of carers could use good organization strategies, including good logistics and thinking ahead. However, the most pivotal aspect influencing the choice of strategies was the combination of two factors: the amount of hours worked and the amount of hours spent on care. In cases in which the amount of hours in care exceeded 40 (20 respondents), the caregivers were more prone to using organizational strategies more actively than those with lower burden of care.

Place of residence: rural-urban differentiation
The differences between the urban and rural areas were mostly visible in the context of access to formal care services offered by the local welfare centres. In urban areas, the provision of these services and their availability to the working carers was much more evident than in rural areas. This difference translated directly into the types of strategies they could use. Among the 14 carers who lived in rural areas, only three persons used institutional help, which meant that they needed to rely on the family support largely. Most of the caregivers utilized the family strategies, especially the family networking and supplementing/replacing strategies (10 caregivers). This choice was also related to the fact that more caregivers lived in households with the older person whom they cared for, which is a more common living pattern than in urban areas. Five caregivers from rural areas were using linking strategies more frequently, i.e. the support came mostly from outside the family structure, i.e. friends, neighbours, and had relatively high levels of support from work colleagues.

Conclusions and discussion

The strategies used by the caregivers were intertwining with each other, and thus the possibility to precisely draw relations between the strategies used and the socio-demographic characteristics of the respondents is problematic. The utilization of the different strategies was more visibly related to the resources available to the caregivers, such as members of family, financial support, accessibility of state support, as well as their work arrangements. The strategies presented here were identified as different patterns of using the possible resources in order to successfully reconcile the caring obligations with work. Our results are in line with other studies that found the negative impact of combining employment and care in terms of mental and physical health (Lee et al. 2007); interpersonal relationships (Mooney et al. 2002; Keck & Saraceno 2009), and financial and employment situations (Bernard et al. 2002; Crompton et al. 2003). Therefore, it needs to be highlighted that the success of reconciliation is an outcome of internal and external factors, as well as the utilization of available resources by the carers.

The instrumental and psychological strategies identified in this research are the conceptual and theoretical explanation of the ways the working caregivers deal with the situation of constant management of double obligations and the conflicts arising from it. They form an original input into the theoretical and empirical debates about the increasingly urgent problem of sustainable care arrangements in modern European countries.

The strategies developed by the caregivers were aimed at decreasing the stress resulting from multiple conflict situations in everyday life. What needs to be underlined here is that the potential of successful reconciliation of work and care lies within the working carers themselves. The respondents rarely expressed the willingness to resign from either of the tasks, and therefore the strategies recommended for them should not be aiming at proposal "either work or care", but rather "both work and care".

In order to successfully manage the situation of reconciliation of work and care for an older person, not only the carers need to be included, but also the policy makers, local agencies, central governments, employers, and other potentially interested organizations. Although, as found by Yeandle (2002, 2003), the line managers seem to be crucial to the process of reconciliation, the findings in Poland did not verify that. Whether or not the type of employment allows for the flexibility in work arrangements is also relevant. The burden of caring for an aging population left only on the shoulders of the working carers will not stand the test of time and sooner than later will collapse. The need to support the individual carers with official state policies is inevitable in the coming decades, or even sooner. This is not to say that there are no public policies directed towards the facilitation of the situation of the working carers, since the existing practices seem to be effective (Głogosz 2008). However, the results of this study, as well as other recent studies on comparable topics (Bojanowska 2008; Kotowska et al. 2008) show that there is a considerable deficiency of reflexive, systematic and efficient measures to meet the needs of working carers. The element lacking in most programs and policies is the voice of the carers themselves, which needs to be heard in order to successfully schedule reconciliation strategies.[9]

9 At the European level, the Eurocarers organisation aims to present and secure the carers' rights, see: www.eurocarers.org

Because there were no "non-working carers" in the project, it was not possible to distinguish or separate the strategies of working caregivers from the strategies of nonworking carers, which could be useful in seeing similarities and differences between carers based on their different employment status. This is certainly one of the limitations of the study. However, the results presented new issues that could deepen and enrich the current discussion and cast more light on the topic of reconciling being a carer and other obligations, as well as further analysis across various countries, especially in countries such as Poland where the change of the socio-political system (from a socialistic to free market economy) and rapid population ageing had an enormous impact on the reconciliation of work and care nowadays and even more so in the future.

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Povzetek

Prispevek se osredotoča na različne strategije usklajevanja zaposlitve in skrbi za starejšega človeka,ki jih uporabljajo oskrbovalci na Poljskem. Strategije v prispevku opredelimo kot zavestne in sistemizirane oblike spopadanja z vsakodnevnimi nalogami, s katerimi posamezniki uspešno usklajujejo svoje različne dolžnosti. Na podlagi intervjujev z zaposlenimi oskrbovalci (N = 58) so bile identificirane strategije, ki so jih uporabljali (namenoma ali nezavedno) za zmanjševanje stresa ki izhaja iz konfliktnih situacij usklajevanja dela in oskrbe. Idenfiticirane so bile specifične strategije vsakega posameznika, ki pa vendarle predstavljajo skupek nasvetov drugim oskrbovalcem na Poljskem in drugod.

KLJUČNE BESEDE: delo, oskrba, Poljska, usklajevanje

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