

WORK-FAMILY BALANCE: REFLECTIONS ON ELDERLY CAREGIVERS

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ABSTRACT. In this work, the objective was to understand the meanings of the search for balance in the work and family relationship, according to the perception of 25 caregivers of the elderly, formal or/and informal, married or in a stable relationship and with at least one child up to 18 years of age. For evaluation, a semi-structured interview was carried out to analyze the changes, difficulties, strategies and adjustments made since the birth of the children. The interpretation of results took place from Bardin's content analysis. From this, eight categories were constructed: quality of life; care for children and the elderly; wedding; work and family: positive and negative spillovers; strategies and adjustments; genre; social support and working hours. In the results, it was observed that work-family balance can be stressful and tiring, especially when you have newborn children, long hours and lack of support. However, making adjustments, strategies, use of social skills and family and social support are facilitators of work-family balance. It is concluded that new family, organizational and social arrangements are made that can contribute to the performance of professional and family roles being satisfactory and promoting well-being.

Keywords: Work-life balance; caregivers; aged.

EQUILÍBRIO TRABALHO-FAMÍLIA: REFLEXÕES SOBRE CUIDADORES DE IDOSOS

RESUMO. Neste trabalho, objetivou-se compreender os significados da busca do equilíbrio na relação trabalho e família, conforme a percepção de 25 cuidadores de idosos, formais ou/e informais, casados ou em união estável e com pelo menos um(a) filho(a) com até 18 anos de idade. Para a avaliação, foi realizada uma entrevista semiestruturada para analisar as mudanças, dificuldades, estratégias e ajustes realizados desde o nascimento dos filhos. A interpretação dos resultados ocorreu a partir da análise de conteúdo de Bardin. A partir disso, foram construídas oito categorias: qualidade de vida; cuidados com filhos e idosos; casamento; trabalho e família: transbordamentos positivos e negativos; estratégias e ajustes; gênero; suporte social e jornada de trabalho. Nos resultados, observou-se que a conciliação trabalho-família pode ser estressante e cansativa, principalmente quando se tem filhos recém-nascidos, jornadas extensas e ausência de suportes. Porém, a realização de ajustes, estratégias, uso de habilidades sociais e apoio familiar e social são facilitadores do equilíbrio trabalho-família. Conclui-se que sejam realizados novos arranjos familiares,

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organizacionais e sociais que possam contribuir para que o desempenho dos papéis profissionais e familiares seja satisfatório e promotor de bem-estar.

Palavras-chave: Equilíbrio trabalho-vida; cuidadores; idoso.

EQUILIBRIO TRABAJO-FAMILIA: REFLEXIONES SOBRE LOS CUIDADORES DE PERSONAS MAYORES

RESUMEN. En este trabajo, el objetivo fue comprender los significados de la búsqueda del equilibrio en la relación trabajo y familia, según la percepción de 25 cuidadores de ancianos, formales y/o informales, casados o en relación estable y con al menos un hijo hasta los 18 años. Para la evaluación se realizó una entrevista semiestructurada para analizar los cambios, dificultades, estrategias y ajustes realizados desde el nacimiento de los niños. La interpretación de los resultados se basó en el análisis de contenido de Bardin. A partir de ello, se construyeron ocho categorías: calidad de vida; cuidado de niños y ancianos; Boda; trabajo y familia: efectos indirectos positivos y negativos; estrategias y ajustes; género; apoyo social y horario de trabajo. En los resultados se observó que la conciliación trabajo-familia puede ser estresante y agotador, sobre todo cuando se tienen hijos recién nacidos, jornadas largas y falta de apoyo. Sin embargo, la realización de ajustes, estrategias, uso de habilidades sociales y apoyo familiar y social son facilitadores de la conciliación trabajo-familia. Se concluye que se realizan nuevos arreglos familiares, organizacionales y sociales que pueden contribuir a que el desempeño de los roles profesionales y familiares sea satisfactorio y promueva el bienestar.

Palabras clave: Equilibrio entre vida personal y laboral; cuidadores; anciano.

Introduction

As populations age, individuals often seek to balance paid employment with responsibilities for caring for children (under 18) and the elderly, in the so-called sandwich generation. This combination of roles is shared by approximately 10% of women in developed countries and is expected to become even more common in the coming decades (Evans et al., 2019).

Caregivers who perform care functions only in the workplace are referred to as health professionals or formal caregivers. These workers may also care for individuals outside the workplace, as informal caregivers, including children (dual-duty caregivers) and elderly (dual-duty caregivers), or older adults and children (triple-duty caregivers). Traditionally, formal and informal care has been studied separately, but this research expands on the emerging literature by addressing the experiences of both categories in caring for children and the elderly (Depasquale, Polenick, Davis, & Berkman, 2018).

Multigenerational caregiving responsibilities have been linked to challenges in balancing family with the responsibilities of paid employment, household chores, intimate relationships, social interactions, and leisure. Thus, role balance can be defined as a subjective state in which the individual is satisfied with having achieved an appropriate balance within and between a range of important roles, with the recognition that this role balance is dynamic and occurs along a continuum (Evans et al., 2019; Shen, Chen, Xue, Li, & Zhang, 2019).

To understand the experiences of formal and informal caregivers in balancing roles, the role scarcity and expansion theories are applied. From the first perspective, it is understood that individuals have limited time, energy, and other resources to invest in certain functions since the multiplicity of roles creates competition so that resources are zero-sum. Thus, those who are involved in many activities end up exceeding the availability of resources and may experience tensions related to demands-rewards or find it difficult to meet role demands. Thus, applying this logic, caregivers may experience more difficulties in balancing roles than those who perform the care function only at the workplace due to task additives (Medeiros, Aguiar, & Barham, 2017; Depasquale et al., 2018; Savla, Zarit, & Almeida, 2018).

On the other hand, scholars in role expansion claim that the multiplicity of functions is more beneficial than stressful since resources are abundant and flexible, and can sustain or generate varied occupations. Thus, resources from one role can compensate for the resource deficit in others; positive experiences in one function can buffer negative experiences in another role; positive aspects of one domain can have additive effects, improving other experiences in another. Based on this premise, dual- and triple-duty caregivers would be more successful or would obtain results close to those who work only in the work environment (Medeiros et al., 2017; Depasquale et al., 2018).

In this context, there is also the spillover effect, which refers to the influence that experiences in the family domain have on the work domain, and vice versa. In other words, there is a transmission of mood, affection, skills, and behaviors between these spheres, which can be called positive spillover (satisfaction at home increases contentment at work) or negative spillover (conflicting interactions at work are counterproductive in the family). In this sense, for example, the perceived support of the spouse in the family sphere can reduce the stress and overload experienced at work, providing a positive work-family spillover (positive spillover). However, a conflictive and unsupportive family environment produces a negative family-work spillover (negative spillover) (Medeiros et al., 2017; Depasquale et al., 2018).

Thus, few publications analyzed the daily difficulties experienced by formal and/or informal caregivers of elderly people and children simultaneously, their strategies and adjustments to face adversities, and support for the balance between work and family. Thus, the present study aimed to understand, in an exploratory and cross-sectional design, the meanings of the search for balance in the work-family relationship, according to the perception of caregivers of the elderly regarding the difficulties, conflicts, strategies, and satisfactions in involvement in work and family. For this, the target audience chosen were men and women who provided formal and/or informal care for elderly people and children, who had at least one child up to 18 years of age, and who were married or in a stable relationship for at least six months.

Understanding the involvement in work and family, the strategies and adjustments (professional, marital, parental, and filial) to be used in each are believed to enable understanding of what support can be offered to formal and/or informal caregivers of the elderly and children, as well as enabling interventions that can guarantee quality of life.

Method

This was a cross-sectional, exploratory, qualitative study.

Place and population

The study was conducted with individuals who were formal and/or informal caregivers for the elderly. These caregivers participated in an Open University for the Elderly (UATI), located in the municipality of Bauru, in the interior of the state of São Paulo. The UATI is on the campus of the University of São Paulo (USP), linked to the Bauru School of Dentistry (FOB/USP), as an extension project, called the “Reviving USP Program”. The program has been in existence since 1993 and serves approximately 230 elderly people, of both sexes, from the external and internal community of the university. Most of the enrolled participants receive a monthly income above two minimum wages and, at least once a week, perform self-care activities, such as visits to the physician, physical therapy, pilates, and going to the gym. In addition, at UNATI, they have access to painting and gymnastics classes twice a week and circular dance once a week, taught by professionals in the areas of art education, physical education, psychology, and social work, among others. The weekly meetings allow for closer bonds of friendship between members, because, after they finish, the elderly go to other places to extend contact with their group colleagues.

To develop this study, after caregivers agreed to participate in the research and signed the Informed Consent (IC), a face-to-face or online meeting was scheduled to apply the semi-structured interview. The inclusion criteria were: being 18 years of age or older; being a formal and/or informal caregiver for an elderly person; being married or in a stable relationship for at least six months; and having at least one child aged 18 or under who lives with the caregiver. The exclusion criterion was: having a child over 18 years of age or who does not live with the caregiver.

Procedures

Ethical aspects

Initially, the study was approved by the Human Research Ethics Committee of the Federal University of São Carlos (CAAE 88157118.0.0000.5504), opinion number 2,877,545/2018, under Resolution 466/12, and all research participants signed the Informed Consent (IC) after clarification of all rights and guarantees.

Data collection

As it is exploratory research, it was decided to use interviews to collect data from the participants. Thus, the semi-structured interview technique was chosen, as it allows flexibility for other questions to arise, respecting the dynamics established between the participant and the researcher (Minayo, 2010).

A six-item guide assessed the changes, challenges, strategies, and adjustments to reconcile work and family. Using this instrument, we sought to evaluate what the participant changed in their life to balance both work and family responsibilities, the impact of having a child on their work and domestic routines, and the dynamics of the marital relationship. In addition, we aimed to assess time management for leisure, domestic, family, and work activities. Finally, we assessed satisfaction with the distribution of time for each of these activities.

The interviews were conducted at places and times chosen by the participants, in person or online, coordinated by the researcher, and lasted an average of 15 minutes.

Data analysis

Initially, we transcribed the interviews. After that, the material was subjected to content analysis in three stages, according to Bardin (1977). The first stage consisted of a pre-exploration of the material, skimming the corpus to grasp and organize in an unstructured manner the fundamental ideas and their general meanings. The second stage consisted of the selection of the units of analysis, that is, excerpts aligned with the objectives of the study in question. Finally, in the third stage, categorization was carried out. In this stage, we sought large statements that covered several related themes, enabling new knowledge about the theme under analysis in the study.

Results and discussion

The sociodemographic data showed that 25 individuals participated in the study, 23 women (92%) and 2 men (8%). All were married (100%) and had at least one child up to 18 years of age (100%). The participants' ages ranged from 28 to 57 years and the length of marriage was between six months and 35 years. Most participants had two children (44%), followed by those with one child (28%), three children (20%) and four children (8%). As for the level of education, eight participants had completed higher education (32%), three had incomplete higher education (12%); eight had completed high school (32%), two had incomplete high school (8%), two had completed primary education (8%), and two had incomplete primary education (8%). The family income ranged from BRL 1,000 to 12,000. Concerning employment status, 14 (56%) worked in a long-term care facility (LTC) and 11 (44%) provided formal and/or informal care without employment status. Of the total participants, 19 were formal caregivers (76%) and 6 informal caregivers (23%). Weekly working hours ranged from 24 to 114 hours per week. In addition, 22 participants never changed their work shift (88%), two changed their shift weekly (8%), and one changed it three times a month (14%). Regarding work done on Saturdays, 10 reported working on Saturdays (40%), nine said they never worked on Saturdays (36%) and six worked twice a month (24%). About Sundays, 14 never worked on that day (56%), four worked every week (16%), one worked once a month (4%) and six participants worked twice a month (24%).

The categories obtained from the analysis of the cases were: quality of life; care for children and the elderly; marriage; work and family: positive and negative spillovers; strategies and adjustments; gender; social support and working hours, which are discussed below.

Quality of life

Quality of life can be understood as the individual's perception of their position in life, in the context of the culture and value systems in which they live, and about their goals, expectations, standards, and concerns; this concept is subjective, multidimensional, and addresses positive and negative elements in the assessment addressed by the group that named and attempts to explain this concept (Tavares et al., 2016).

Several participants reported having little time for leisure: "I can't seem to stop and have some time just for myself [...]" (P1); "Leisure doesn't exist" (P19). However, when they have free time, they use it to rest, forget about work, and replenish their energy to return to work: "When I have time, I try to relax a little" (P1); "(At the end of the night), I try to forget and relax to sleep" (P4). Thus, when faced with difficulties, they seek release valves for exhaustion to be able to disconnect, which occur within their own home or involve very specific and time-limited outings (Casademont, 2019; Silveira & Silva, 2020).

Unforeseen circumstances often arise that require flexibility and impact the implementation of leisure activities: “I would like to take Saturday and Sunday off, but there is always some maintenance work at my father’s house” (P20). According to Savla et al. (2018), even seemingly routine assistance to an elderly parent, such as help with shopping, transportation, and home repairs, is associated with psychological distress, with implications for the adult child’s marital relationship, varying in intensity depending on the frequency and motivation for the support. The authors suggest that middle-aged adults prefer to invest energy and resources in the generation they consider most in need, such as children. Furthermore, offering support to elderly parents can be challenging, as it involves delicate negotiations around the elderly’s independence, which takes time and can culminate in conflicts. Thus, the relationship between adult children and their elderly parents can be ambivalent and emotionally charged, and therefore offering support to the older generation to the detriment of the younger one can be more stressful.

According to Casademont (2019), caregivers end up getting used to not having an active social life, accepting it with resignation. Thus, with limited time, they prioritize family: “I prioritize others, I don’t have much time for myself” (P16). According to Casademont (2019) and Silveira and Silva (2020), the condition of the caregiver implies a process of social isolation, the disappearance of certain spaces of support, socialization, and leisure, beyond the domestic sphere. They focus on the needs of the elderly, ceasing to live their interests and their life, which implies greater overload and emotional discomfort.

With limited time, caregivers reported feeling impacts on their quality of life: “I feel bad, I have anxiety attacks [...]” (P15); “I have lost a lot of sleep” (P17). Stress also makes it difficult to carry out activities that could alleviate it: “It was so much stress that I missed therapy dates. I neglected my own time” (P7). Thus, they experience the so-called “caregiver syndrome”, in which there is a decrease in self-care in people who live with dependent individuals, with repercussions on their overall quality of life (Fernández, Lacruz, Lacruz, & Vinãs López, 2018; Casademont, 2019; Shen et al., 2019; Silveira & Silva, 2020).

In some cases, the difficulty of balancing work and family can produce a feeling of being at the limit: “I don’t know what’s better: screaming because I don’t want my children to see and think this is normal, or holding it in and feeling bad, as if I were physically ill [...]” (P15); “I feel like I’m going to explode at some point, my body is tired. My body can’t handle it” (P9). In the research by Souza et al. (2021), the extremely tiring routine of caregiving can culminate in physical and mental exhaustion and, in some cases, burnout syndrome, especially among those who are responsible for elderly people with dementia. The term burnout can be translated as exhaustion and refers to something that has stopped working due to energy exhaustion. This concept originated in the United States in the 1970s, based on analyses of the worsening health care of workers in institutions. This syndrome is also called Burnout Syndrome and is categorized as a work-related mental and behavioral disorder, according to the International Classification of Diseases (ICD-10) (Bakof, Schuch, & Boeck, 2019).

According to studies conducted by Fernández et al. (2018) and Oshio and Kan (2018), regardless of whether they are caregivers or not, the health of those who live with dependent people is worse than those who do not have dependents at home, whether they are men or women. However, as the elderly person gets older, the adverse effects on caregivers intensify, as healthcare costs become higher, there is mental fatigue due to the situation having been endured for a longer time, in addition to the increased intensity of care. Furthermore, according to the theory of role scarcity, the juggling act of reconciling work and

family activities increases negative affect and increases caregivers' stress (Savla et al., 2018).

In an attempt to reconcile the daily demands, some caregivers reported feeling guilty for not being able to achieve the planned goals: "When I look, the day has passed and I haven't done what I wanted with them, so I already feel guilty [...]" (P15); "On the weekend, I can't play cards, because it's not fair to my wife and my children, to have fun" (P20). Concomitantly with the love they feel for their family member, caregivers experience guilt for not being able to do more for their loved one due to the extreme overload they experience, as they are responsible for the excessive care of the elderly, managing household and financial activities, and caring for the children, so they find themselves confined at home fulfilling the various daily demands (Silveira & Silva, 2020).

Another factor that impacts stress occurs when caregiving is not voluntary, as reported by some participants: "We didn't choose to be caregivers, but we have nothing else to do. It's stressful, but we have no other option" (P7). According to Kim, De Bellis, & Xiao (2018), when the choice to be a caregiver is not voluntary, managing the care activities of the elderly can be very stressful. Therefore, the authors suggest that there should be awareness about the voluntary choice to be a caregiver and the ability to balance the gains and losses during caregiving.

There is also the issue of values and social pressure not to institutionalize the elderly, which causes psychological suffering: "Psychologists suggested placing them in an LTC, but I don't have the courage. Today, I get tired of it, I even see pressure from the family" (P15). Institutionalization is commonly viewed with suspicion, as being an impersonal and cold place, the opposite of the home environment. Family conflicts also arise due to differences in personality and values regarding care, especially regarding whether or not to institutionalize. Thus, many caregivers give up personal and professional aspirations due to their dedication to care (Hwang et al., 2017; Casademont, 2019).

Considering all these factors, caregivers must be supported through psychosocial interventions so that the psychological suffering of individuals is mitigated and they can return to social life and leisure activities. A caregiver with quality of life will be able to offer care that will also provide quality of life to the recipients of care (Casademont, 2019; Silveira & Silva, 2020).

Care for children and the elderly

Children represent a priority and a responsibility for caregivers, as one participant said: "I stopped going out, going to parties, drinking. Today, my priority is her (daughter)" (P5). Responsibility towards the family, especially towards children, was also observed in the study by Silva, Comin, and Santos (2017). In fact, it is one of the main reasons for maintaining a marriage, with the need to fulfill the duties of husband/wife, father/mother, and the emotional bonds between family members (Silva et al., 2017).

When caring for children, it is important to differentiate between the stages of development, as each stage has its own demands. Right after they are born, the constant attention that babies require can lead to people choosing not to work to be closer to their children, as one participant reported: "After she was born, I stayed with her for a year, then I went to work" (P11). On the other hand, another interviewee who takes care of her newborn daughter and works as a caregiver for an elderly woman reported suffering after her daughter was born: "I am so tired. It has become more difficult, it has become more hectic, I have gained weight, I am getting tired easily!" (P9). However, with their children out of the

preschool stage, the participants reported greater ease in balancing work and family demands: “Now that she is a little older, she doesn’t miss me as much [...]” (P11); “Now I have more help, the children are older, it is smoother” (P21). In addition to age range, the number of children also impacts routine: “When the second daughter was born, household chores increased, there were more things to do” (P8).

Medeiros et al. (2017) show that intense involvement with children and the elderly can make participation in work more complex, contributing to work-family conflict. If there is still overload in the home environment, with greater dedication to household chores and little social support, there will be greater negative spillover from family to work.

Dedication to children and the elderly also impacts work. “I stopped taking some courses that are outside, in another city” (P3). According to Feijó and Júnior (2017) and Jolanki (2015), dedication to improvement courses reduces the time dedicated to family life. On the other hand, when one is unable to complete them, one feels guilty and apprehensive about being disqualified in the job market and, consequently, compromises one’s career, income, and work-family balance.

Despite the difficulties, the relationship with children and elderly people provides satisfaction to caregivers, cushioning the challenges experienced at work: “I always wanted to be a mother, it was a life goal. Being a mother did not deprive me of my dreams, because I chose it, I do not see it as a loss, because it is within what I planned for myself!” (P7). These results were also presented by Hwang et al. (2017) and Sakka et al. (2016), who observed that the imbalance between work and family demands was minimized by the positive aspects of caregiving, with positive spillover from family to work based on feelings of accomplishment, meaning in the caregiving role, personal satisfaction, meaning in life, and a greater appreciation of family. The authors also found that the positive elements spilled over into other family relationships, such as marital and intergenerational.

Thus, participants reported wanting to spend more time with their children, whose demands changed according to their age group and the number of children. To meet all the demands, many caregivers made adjustments to their routine, prioritizing their children over their own needs. However, even with the difficulties experienced in caring for them, participants demonstrated satisfaction and well-being in their relationship with their children, as well as minimizing the impact of problems faced at work.

Marriage

Due to their work schedule and the need to care for their children and the elderly, several participants reported having little time for their marriage: “If I had time, I would do more things together with him (husband) [...]” (P5); “I need to leave things behind and go out with my husband like we did (before the child was born)” (P15). In addition to having little time dedicated to their marital relationship, the birth of their children led to some people becoming distant: “I ended up distancing myself from my husband because I wanted to dedicate more time to the children” (P6). On the other hand, other participants reported positive effects of having children on their marriage: “The relationship has changed, I have matured more. The man gets a little scared. Now, we deal with it better” (P13).

In the work of Silva et al. (2017), the authors also observed results similar to those obtained in this study, with statements that having children brought joy, and cohesion and strengthened the conjugal bond in marriage. For others, it was a period of stress and adaptation to the new reality. Thus, it is clear that parenthood impacts conjugality, providing

an important moment for the couple to mature and satisfactorily manage conflicts arising from situations experienced with children (Silva et al., 2017).

The birth of children also affected the participants' sexuality: "We are no longer intimate" (P9); "It ends up affecting our sex life a little" (P20). According to Mendonça and Matos (2015), intimacy is a protective factor for couples, as it allows spouses to be emotionally close, in a relationship of respect, attention, companionship, empathy, assertiveness, and in resolving difficulties through dialogue.

Caring for an elderly person at home also influences the marriage: "At first it was difficult because soon after I got married, she (mother) came to live with me. The marriage matured, things happened and he understood well" (P7). Thus, the presence of one or more dependent members in the family affects all family members in the household. In this context, changes occur in family dynamics due to the adoption of new roles along with the loss of others, assuming unexpected responsibilities (Fernández et al., 2018).

Thus, several effects have been felt in marriage over time, especially with the birth of children and the inclusion of elderly people in the domestic environment, but the reconciliation between work and family through social skills can contribute to marital satisfaction.

Work and family: positive and negative spillovers

One participant expressed that she enjoyed being a caregiver for elderly women, but complained about the fatigue and overload: "Yes, I like them (elderly women), but there are days when I am very tired and can't wait to leave because of the overload that care requires, but, in general, the family is very nice" (P1). It is important for the caregiver that the family is supportive of their work, welcoming them without prejudice, and making them participate in their daily life as if they were part of their own home. Even though they are in a welcoming environment, caregivers experience an ambivalence at work: on the one hand, they appear satisfied, on the other, they are dissatisfied with the conditions and characteristics of the work, which constantly leads them to feel overloaded (Casademont, 2019).

One of them stated that the fatigue from work spilled over into the family: "I can balance my work well, but I can't at home. I'm very agitated, stressed, and I demand a lot from those who live with me. I take the fatigue from day to day out at home" (P1). In this case, there was work-family conflict, although Savla et al. (2018) stated that family stressors more commonly influence other domains compared to work stress in family dynamics, with repercussions on physical and mental health.

Among formal caregivers, some like the work but are not satisfied with the amount they receive: "I am happy with the work, but I am not happy with the salary" (P22). Dissatisfaction with salary was also found by Casademont (2019), in which most caregivers reported being poorly paid but were unable to negotiate a salary increase, as previous attempts had resulted in stress, low willingness from employers, and a negative and hostile interpretation of the request, with the accusation that there was only financial concern.

In line with this argument, for one participant, the negative aspects of involvement in work and family have predominated, with negative spillover between work and family: "It's difficult, the elderly woman relies on me a lot, it has affected me a lot, a lot of pain in my back, a lot of overload. This work-family relationship is very difficult to reconcile" (P9). However, social skills can contribute to positive involvement in work and family: "I try to be flexible, I divide things up well" (P10).

Reducing activities when responsible for caring for the elderly and children can be positive or negative for caregivers, depending on their connection to each domain. Limiting the number of responsibilities, such as quitting a job, for example, can reduce exposure to work-related stress. Other caregivers may reduce participation in other domains (leisure and social activities) but continue to work due to financial situation or because work represents a break from caregiving. For those who benefit from parental care, considering it enjoyable and rewarding, cutting out activities can be negative for reducing stress (Savla et al., 2018).

Thus, participants showed that there are positive and negative aspects to balancing work and family. Overload and stress experienced at work spilled over negatively into the domestic sphere due to impatience, irritability, and stress in living with family members. Nevertheless, for some caregivers, organization, and planning facilitated the occurrence of work-family balance.

Strategies and adjustments

Stressor can be understood as any problem, physical condition, or situation that a person finds themselves in that is perceived as stressful. In the case of occupational stress, its symptoms arise from a complex physical-psychological state from the demands and inadequacies of the environmental, organizational, and human elements in the context. The consequences of high levels of stress include sick leave and absenteeism, decreased productivity, lack of concentration, irritability, demotivation, relational conflicts, and physical and psychological illness (Feijó & Júnior, 2017).

An effective way of coping with stressors is through the use of strategies, adjustments, and social skills, which are fundamental for work and family involvement to be satisfactory and promote well-being (Mendonça & Matos, 2015; Feijó & Júnior, 2017; Hwang et al., 2017; Savla et al., 2018).

In order to meet all daily demands, many participants demonstrated they used strategies to organize, plan, prioritize, and seek support: “I have little time, but I try to manage everything properly with the help of my family [...]” (P2); “I try to divide up the tasks and duties as best I can” (P3). The ability to juggle several activities at the same time becomes more evident when it is necessary to care for the elderly and their children: “I had to juggle all the activities: taking my daughters to appointments with my mother. While she (the elderly mother) was in the waiting room, she (the daughter) did her homework” (P2).

Another important strategy for mental health is self-care: “On Saturday nights I do a hydration treatment” (P8). In addition to self-care, another coping tactic is to talk to someone close, share and laugh about daily problems in leisure time, maintaining a good mood (Alpass, Keeling, Allen, Stevenson, & Stephens, 2017): “I like going out with my sister, we laugh about our daily challenges” (P7).

Self-care can come from religion, as some participants reported: “What helps me is prayer, this half-hour of prayer has made me feel better” (P9). Religion is a motivational and supportive element in times of anguish, loneliness, and hopelessness. It is a very common coping strategy, as it can be done within one’s own home and at any time (Silveira & Silva, 2020).

Other changes made by participants included not seeking perfection, lowering expectations and demands, adapting, and using assertive communication: “I no longer have the idea that I’m going to fix everything and keep everything in order [...]” (P5); “So, I try to adapt to all these changes – which are many!” (P7); “We always talk about everything, I’m a super mom” (P7). In the study by Casademont (2019), caregivers frequently resort to the

adaptation strategy, not imposing drastic changes in the routine, acting with prudence, respect, and listening in daily care.

Self-monitoring of physical and mental health was mentioned by some participants, as it minimized the worsening of psychological suffering: “I am trying to take care of myself because I was neglecting myself [...]” (P15); “I am aware that if we do not treat ourselves, do not take care of ourselves, we become incapable of caring for, serving others. If not, we enter a process of depression” (P21).

Therefore, caregivers’ coping strategies and skills are important so that they can have a better quality of life and a satisfactory work-family balance (Shen et al., 2019).

Gender

According to the literature (Lee & Tang, 2015; Fernández et al., 2018; Savla et al., 2018), historically, care has been delegated to women and therefore there is a higher prevalence of women caring for the elderly and children compared to men, in addition to the female overload due to the lower male participation in care and household tasks, which were also observed in this study.

The low participation of men in household chores and care for children and the elderly was evident in some statements: “My husband has more difficulty because he has not experienced this very closely in the family, I have been living with him since I was very young when my mother took care of my grandmother [...]” (P2); “I have a brother, but he is a man, I don’t think it would be nice to go through everything we do” (P15). These reports demonstrate the process by which women become caregivers. The choice of women as being responsible for care is socially normalized, in many cases not being an option, which will possibly have negative impacts on well-being (Casademont, 2019). On the other hand, some husbands are companions in caring for children and the elderly: “I have a very supportive husband, so we take turns doing everything very well” (P5).

However, while men are supporting actors in care and domestic duties, taking on instrumental and recreational daily tasks, women are protagonists, as they deal with the greater burden of care (personal needs, bathing, going to the bathroom, and getting dressed). If there were effective support from the partner, there would be less marital suffering, which would allow the woman to feel more energized to carry out daily activities, as well as obtain emotional resources that neutralize negative work experiences (Depasquale et al., 2018; Silveira & Silva, 2020).

Therefore, interventions among caregivers must consider gender inequalities so that they can promote the equitable distribution of family responsibilities among its members (Fernández et al., 2018; Shen et al., 2019).

Social Support

Support from partners, children, and other relatives was mentioned in the interviews as being essential for balancing work and family: “They (children and husband) help me a lot, a lot!” (P7). One caregiver said that he did not cooperate with household chores, but contributed in other ways: “With the money I earn, I help pay someone to take the burden off. It’s not fair for her (wife) to take on all the pressure” (P20). According to Casademont (2019) and Savla et al. (2018), an important aspect is having the support of family members, both to maintain a cordial and attentive relationship and to provide support with everyday problems, some of which involve difficulties inherent in caregiving.

In addition to support from others, training courses are also important for elderly caregivers: “I took a course that opened up new paths for me, I see it as a survival course” (P7). According to Casademont (2019), Silveira e Silva (2020), and Wolff, Spillman, Freedman, and Kasper (2016), the activities and tasks of caregivers are increasingly complex and require diverse skills, knowledge, and competencies. Therefore, they must be included in education and support programs offered on flexible and permanent schedules, which provide information about the care and support services available.

Hiring someone to help with household chores can also be a very important support to facilitate the reconciliation between work and family: “I pay a cleaning lady and we keep things in order” (P17). Savla et al. (2018) state that families can benefit from practical help services, such as cleaning ladies, nannies, and caregivers to help with routine tasks, which would alleviate the stress caused by excessive daily demands.

Community service for the elderly would also be beneficial for caregivers: “For my mother, now that she is 60, there are some things for the elderly, but before there was nothing for her” (P15). According to Shen et al. (2019), social support is a coping strategy for caregivers. Thus, institutional and community services offered by the government to support family care are essential for work-family balance.

Therefore, support from partners, children, and other relatives, training courses, and hiring third parties were cited as important for work-family balance, allowing greater satisfaction and health among participants.

Working time

Several participants commented on the excessive weekly working hours and how they would like to reduce them: “I think it’s a bit too much, it should be less (hours)” (P16). However, financial issues prevented this from happening: “I would like to dedicate less time, but I still can’t (financially) [...]” (P3); “I’m not satisfied, I would like to have more time off during the week. It’s too much work, the elderly woman is 93 years old and has Alzheimer’s” (P23). Similar statements were also reported by Jolanki (2015), in which participants considered reducing their working hours to continue providing care, but leaving work and becoming a full-time caregiver was not considered a viable option due to financial needs.

According to Fernández et al. (2018), people with lower incomes have worse health status, in addition to restricted access to private health goods and services, which lead to repercussions on physical and mental health. Based on this, government subsidies from public policies to benefit elderly caregivers would significantly alleviate physical and psychological stress, meaning that caregivers would not need to work as many hours per week to cover all family expenses. In addition, flexible work policies would also alleviate some of the pressure that adults feel in caring for elderly people (Alpass et al., 2017; Casademont, 2019).

In addition to financial issues, women have turned to work as a means to achieve personal goals associated with self-esteem (Silva et al., 2017). However, some participants went against this argument, prioritizing family over personal and professional growth goals: “If I had a husband who earned a good salary, I wouldn’t need to work and would have more time” (P11); “If I could afford it, I would quit my job” (P9). Therefore, despite the transformations in social and family roles, there is a coexistence of traditional and contemporary beliefs, with the crystallization of roles associated with gender and the patriarchal model (Silva et al., 2017).

When working at night, from Monday to Saturday, the routine can be very exhausting and impact the balance between work and family, especially after having children and with the husband unemployed: “I go from home to work, from work to home. I have been working at night since I was 19. My body can’t handle it, so I take the day off to rest” (P18). In addition, a heavy workload can affect the marriage and the relationship with the children: “My husband is not happy with the marriage. I work a lot [...]” (P18); “I have always worked, so they (daughters) have been raising themselves” (P18).

Associated with the gender issue, the overload and inflexibility of work are also reasons for wanting to quit it. When care is paid, caregivers are treated according to the criteria of a contractual relationship. The commercialization of care tasks implies a power relationship between those who hire and those who are hired and, within this unequal relationship, some families understand that caregivers must be permanently performing all types of tasks in the domestic environment, without the flexibility to make adjustments that allow the worker to reconcile work and family, especially when they have newborn children (Feijó & Júnior, 2017; Savla et al., 2018; Casademont, 2019).

In short, in addition to supplementing family income, an exhausting workday was associated with the spouse’s unemployment and working night shifts. Impacts on marriage and relationships with children were found among those who reported working many hours per week.

Final considerations

As proposed, this study made it possible to evaluate the characteristics and challenges of work-family balance among 25 formal and/or informal caregivers of elderly people, married or in a stable relationship and having at least one child up to 18 years of age. The data revealed that caregivers have special characteristics, but similar to most other studies on the subject.

Not only is the feminization of care evident, but also the precariousness of this occupational activity, that is, the low level of education of caregivers, the fragility of training in the country, and the scarcity of regular employment contracts. Commonly, the services are performed without a formal work contract, and when they are, they are performed under the employment contract of a domestic employee. Thus, given the significant number of caregivers working informally and illegally, it is necessary to regulate this profession, which is so fundamental for the assistance and care of the elderly.

Therefore, this study highlighted the need for new family arrangements (fair distribution of domestic and care tasks between close and distant family members), organizational arrangements (flexible work policies, offering leave and subsidies to caregivers and training courses), and social arrangements (establishment of care and coexistence institutions for children and the elderly) that can contribute to the effective performance of professional and family roles and to promote well-being.

Furthermore, limitations of the study include the small number of interviewees and the centralization of data collection in a single location, which made it difficult to generalize the data. In this sense, more studies should be conducted on the reconciliation between work and family life among workers who care for the elderly and children at the same time, especially with comparative investigations with other national and international realities. From this, new variables inherent to the issue of long-term care can be exposed that may influence the development of policies for the care of the elderly and their caregivers.

With the aging population, this will be an increasingly frequent reality in Brazil and will require public policies to support the families of elderly people who work and have children under 18 years of age, especially among the most vulnerable group - middle-aged women with low-income and education.

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