WHAT DOES (FE)MALE INFORMAL ELDERLY CARE MEAN FOR A SOCIETY? A SYSTEMATIC REVIEW

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Abstract. Informal longterm elderly care is necessary to ensure sustainable care supply and avoid unmet care needs in a society. Since caregivers are mainly female, this bears potential to contribute to gender inequality – e.g., regarding health outcomes or economic disadvantages. According to Gidden's Theory of Structuration societal conditions – such as gender relations – are on the one hand shaping, on the other hand (re)produced by human action – such as providing unpaid care. To identify gender-related societal outcomes of informal elderly longterm care in European societies, an interdisciplinary systematic review is conducted. The collected evidence is synthesized from a gender perspective, linking the findings to a holistic societal approach. The results will be of interest for developing measures to ensure sufficient supply of longterm elderly care whilst taking action against gender inequality.

Keywords: informal longterm care, elderly care, gender, theory of structuration

1 INTRODUCTION

According to the third UN Sustainable Development Goal, healthy lives and wellbeing are declared to be promoted at all ages [1] – including quality care. In Austria, ongoing challenges for the care system against the background of the population's *ageing* have been estimated to cause a rapid increase in care costs in the near future [2]. Additionally, a growing need for longterm care in combination with a lack of staff is expected to entail an unmet need in residential care [3], [4]. Since at a certain point of patient's limitations in daily life care needs cannot sufficiently be met by nursing relatives, the probability of a need for professional longterm care increases [5], [6]. At the same time, however, informal care work[1] – as a complement or even a substitute for professional care [5] – is often carried out by relatives, even if there is a need for professional care. There are various reasons – one of them of financial nature: Sometimes professional care is simply not affordable. [6], [8], [9] In such a

[1] *Informal care* is understood as unpaid care work performed by non-professionals on patients with an underlying need for – in the sense of a dependence on – (professional) care [7].

scenario the quality of life of caregiving relatives as well as patients suffers – including their interpersonal relationship [9]–[11].

It is well-researched that unpaid care work in Europe is mainly provided by women [9], [12]–[14] – contributing amongst others to a higher economic vulnerability [14], [15] or adverse health effects for the caregivers [16]. While the individual drivers towards the provision of informal longterm care (iLTC) (e.g., the quality of relationships [17], [18]) have been addressed in previous work, current research lacks a holistic societal perspective regarding outcomes of informal care provision in Europe. Apart from being aware of the mere fact that there is an unequal distribution of unpaid care provision towards female caregivers, it needs to be asked what this means for a society. Why and how is gender a factor that drives the provision of informal longterm care? What are possible effects of mainly female care provision on a societal level? And how should policy measures be designed to ensure sustainable provision of longterm care without discriminating against (mostly female) informal caregivers?

While desired and necessary to ensure a sufficient supply of longterm elderly care on the one hand, iLTC is – on the other hand – a factor that may contribute to gender inequality by bringing along adverse effects for (mainly female) caregivers. Therefore, the research question of the originating paper will be: *What are societal outcomes of a gender-related distribution of provision of informal longterm elderly care in Europe? – What does a gender-unequal distribution of unpaid care work for the elderly mean for a society?*

To provide a better understanding of this complex phenomenon various factors that are related to the provision of iLTC are included (i.e., economic, social and health aspects). Therefore, an interdisciplinary systematic literature review will be conducted. The findings will be presented within a systematic evidence synthesis [19], underlying a comprehensive societal perspective based on Anthony Gidden's *Theory of Structuration* [20], [21]. *Societal structures* (e.g., norms and expectations regarding attributions to the concept of masculinity and femininity) enable and limit social action. At the same time, these structures are (re)produced within social *action*. In other words: Human action on an individual level is not only shaped by societal structure but shapes it in turn. Within this dualistic, reciprocal understanding of society and action, agents reproduce the social order they are guided by [20], [21] – including gender relations and identities, which are being (re)negotiated within informal care situations [22].

2 METHODS

To capture societal outcomes of the gender-unequal distribution of the provision of iLTC for the elderly in European societies, a systematic literature review and evidence synthesis is carried out [19]. The review will include studies with European populations that operate at least on two levels: They examine the influence of *effects* of the provision of iLTC for elderly

patients from the caregiver's perspective and further differentiate the caregivers by *gender*, respectively regard gender as a mediating or moderating factor. To meet the inclusion criteria, papers need to contain empirical evidence concerning these outcomes. Based on the SPIDER model (Sample – Phenomenon of Interest – Design – Evaluation – Research type) a search query is created to be applied in the databases Medline (PubMed), EMBASE, NHS Economic Evaluation Database (EED) and EBSCO. The evidence will be organized according to the PRISMA guidelines [23] and synthesized against the background of a (possible) gender difference regarding outcomes of iLTC to link the results to a societal perspective.

3 OUTLOOK

The paper seeks not only to compile various gender-relevant outcomes of the provision of informal longterm elderly care, but to embed the findings in a theoretical framework addressing European society as a whole and therefore provide a more comprehensive understanding of the gender-unequal distribution of provision of informal elderly LTC. The findings will be of practical interest for policy makers developing measures to ensure sufficient supply of longterm elderly care whilst taking action against gender inequality.

This project will result in a paper that is part of a cumulative dissertation.

3.1 PRELIMINARY CONCLUSION

Ensuring sustainable care supply and avoiding unmet care needs are to be tackled on two levels: the *welfare state* and the *private* sphere. There are calls for strengthened, publicly funded, formal (out-patient) care supply and infrastructure (including well-paid professionals in better working conditions) as well as low-threshold access to information, support, financial compensation and possibilities to allocate time to care tasks for informal caregivers – both accompanied by encouragement, respect, and valuing of care work [9], [14], [18].

While most informal carers are women, setting the focus only on female carers bears the risk of leaving male carers underaddressed, leading to a *qualitative* discrimination of the latter. Male carers are for example facing an even bigger lack of support compared to female ones. [24] This might result in men providing even less care and therefore reinforce the *quantitative* discrimination towards women. In conclusion, besides strengthening different types of support of informal caregivers in general it is necessary to additionally provide forms of support that especially target male carers. Furthermore, men and women tend to approach similar care tasks differently, with women treating the care task like a household activity and men as a new task. In addition, female carers' sense of duty mostly stems from obligations as a daughter whereas men rather tend to be spousal carers. These findings need to be reflected in the distribution of information to empower informal carers as well as within offered support during the care process. [22]

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5 REFERENCES

[1] United Nations, “Transforming our world: the 2030 Agenda for Sustainable Development.” UN General Assembly, 2015.

[2] U. Famira-Mühlberger, M. Firgo, O. Fritz, and G. Streicher, “Österreich 2025 – Pflegevorsorge – Künftiger Finanzierungsaufwand und regionalwirtschaftliche Verflechtungen,” Österreichisches Institut für Wirtschaftsforschung, Wien, 2017. [Online]. Available: https://www.academia.edu/67055775/%C3%96sterreich_2025_Pflegevorsorge_K%C3%BCnftiger_Finanzierungsaufwand_und_regionalwirtschaftliche_Verflechtungen

[3] M. Firgo and U. Famira-Mühlberger, “Ausbau der stationären Pflege in den Bundesländern. Quantitative und qualitative Effekte des Einsatzes öffentlicher Mittel im Vergleich zur mobilen Pflege,” 2014.

[4] U. Famira-Mühlberger and M. Firgo, “Die Entwicklung des öffentlichen Aufwandes für Pflegedienstleistungen,” 2014.

[5] M. Firgo, K. Nowotny, and A. Braun, “Informal, formal, or both? Assessing the drivers of home care utilization in Austria using a simultaneous decision framework,” *Applied Economics*, vol. 52, no. 40, pp. 4440–4456, Aug. 2020, doi: 10.1080/00036846.2020.1736500.

[6] C. H. Van Houtven and E. C. Norton, “Informal care and health care use of older adults,” *Journal of Health Economics*, vol. 23, no. 6, pp. 1159–1180, Nov. 2004, doi: 10.1016/j.jhealeco.2004.04.008.

[7] P. Barrett, B. Hale, and M. Butler, *Family Care and Social Capital: Transitions in Informal Care*. Dordrecht: Springer Netherlands, 2014. doi: 10.1007/978-94-007-6872-7.

[8] M. Luppa, T. Luck, S. Weyerer, H.-H. Konig, E. Brahler, and S. G. Riedel-Heller, “Prediction of institutionalization in the elderly. A systematic review,” *Age and Ageing*, vol. 39, no. 1, pp. 31–38, Jan. 2010, doi: 10.1093/ageing/afp202.

[9] M. Nagl-Cupal *et al.*, “Angehörigenpflege in Österreich. Einsicht in die Situation pflegender Angehöriger und in die Entwicklung informeller Pflegenetzwerke,” Universität Wien, Bundesministerium für Arbeit, Soziales, Gesundheit und Konsumentenschutz, Wien, 2018.

[10] L. Kok, C. Berden, and K. Sadiraj, “Costs and benefits of home care for the elderly versus residential care: a comparison using propensity scores,” *Eur J Health Econ*, vol. 16, no. 2, pp. 119–131, Mar. 2015, doi: 10.1007/s10198-013-0557-1.

[11] A. P. Nieboer, X. Koolman, and E. A. Stolk, “Preferences for long-term care services: Willingness to pay estimates derived from a discrete choice experiment,” *Social Science*

& Medicine, vol. 70, no. 9, pp. 1317–1325, May 2010, doi: 10.1016/j.socscimed.2009.12.027.
[12] D. Craveiro, A. D. Matos, S. G. Silva, R. Martinez-Pecino, and M. J. Schouten, "Intergenerational support: the role of gender and social networks," in *Active ageing and solidarity between generations in Europe*, A. Börsch-Supan, M. Brandt, H. Litwin, and G. Weber, Eds. De Gruyter, 2013, pp. 359–368. doi: 10.1515/9783110295467.359.
[13] M. E. Estrada Fernández, A. I. Gil Lacruz, M. Gil Lacruz, and A. Viñas López, "Informal care. European situation and approximation of a reality," *Health Policy*, vol. 123, no. 12, pp. 1163–1172, Dec. 2019, doi: 10.1016/j.healthpol.2019.09.007.
[14] E. Dowling, *The Care Crisis. What Caused It and How Can We End It?* London, New York: Verso, 2021.
[15] N. Folbre, "The Care Penalty and Gender Inequality," in *The Oxford Handbook of Women and the Economy*, S. L. Averett, L. M. Argys, and S. D. Hoffman, Eds. Oxford University Press, 2018, pp. 748–766. doi: 10.1093/oxfordhb/9780190628963.013.24.
[16] J. Bom, P. Bakx, F. Schut, and E. van Doorslaer, "The Impact of Informal Caregiving for Older Adults on the Health of Various Types of Caregivers: A Systematic Review," *The Gerontologist*, Nov. 2018, doi: 10.1093/geront/gny137.
[17] C. Canta, P. Pestieau, and J. Schoenmaeckers, "Blood and Gender Bias in Informal Care within the Family?," Université catholique de Louvain, 2021.
[18] M. Plöthner, K. Schmidt, L. de Jong, J. Zeidler, and K. Damm, "Needs and preferences of informal caregivers regarding outpatient care for the elderly: a systematic literature review," *BMC Geriatr*, vol. 19, no. 82, Dec. 2019, doi: 10.1186/s12877-019-1068-4.
[19] A. Booth, D. Papaioannou, and A. Sutton, *Systematic Approaches to a Successful Literature Review*. 2012.
[20] J. H. Turner, "The Theory of Structuration *The Constitution of Society: Outline of the Theory of Structuration.* Anthony Giddens," *American Journal of Sociology*, vol. 91, no. 4, pp. 969–977, Jan. 1986, doi: 10.1086/228358.
[21] A. Giddens, *The Constitution of Society*. Berkeley, Los Angeles: University of California Press, 1984.
[22] I. Zygouri, F. Cowdell, A. Ploumis, M. Gouva, and S. Mantzoukas, "Gendered experiences of providing informal care for older people: a systematic review and thematic synthesis," *BMC Health Serv Res*, vol. 21, no. 1, p. 730, Dec. 2021, doi: 10.1186/s12913-021-06736-2.
[23] M. J. Page *et al.*, "The PRISMA 2020 statement: an updated guideline for reporting systematic reviews," *BMJ*, Mar. 2021, doi: 10.1136/bmj.n71.
[24] N. Greenwood and R. Smith, "Barriers and facilitators for male carers in accessing formal and informal support: A systematic review," *Maturitas*, vol. 82, no. 2, pp. 162–169, Oct. 2015, doi: 10.1016/j.maturitas.2015.07.013.