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Editorial

Contemporary health and social challenges increasingly demonstrate that human well-being cannot be understood independently of the social, institutional and environmental conditions in which individuals and communities' function. Vulnerability may emerge at different stages of life and in different contexts – through adverse childhood experiences, health risks, unemployment, caregiving responsibilities, extraordinary events or new forms of threat associated with technological development. At the same time, these challenges reveal the importance of prevention, preparedness, accessible support systems and effective institutional responses.

The present issue of *Health & Humanity* reflects this multidimensional perspective by bringing together contributions situated at the intersection of health, social sciences, law and helping professions. Despite their thematic diversity, the studies share an interest in factors that influence the capacity of individuals and communities to respond to risk, maintain quality of life and mobilise available resources.

Several contributions draw attention to vulnerability across the life course. The relationship between adverse childhood experiences and quality of life in young adulthood highlights the possible long-term relevance of early experiences for psychological and social well-being. Questions of responsibility and preparedness also emerge in the context of population ageing, where willingness to provide family care does not necessarily correspond with sufficient practical, financial or emotional preparedness. Similarly, the transition from unemployment to employment demonstrates that formal labour-market integration does not automatically eliminate social vulnerability, particularly during the period before financial stability is achieved.

Prevention and preparedness constitute another connecting dimension of this issue. The contribution addressing human papillomavirus vaccination points to the significance of health literacy, credible information and accessible preventive interventions. The analysis of emergencies in the Komárno district broadens this perspective from the individual to the community level and underlines the relevance of communication, institutional trust, social cohesion and psychosocial preparedness in crisis situations.

The changing nature of contemporary risks is further reflected in the analysis of cybercrime and its legal regulation. Digitalisation creates new forms of vulnerability and simultaneously places increasing demands on the adaptability of legal frameworks, international cooperation and mechanisms for securing and exchanging electronic evidence.

Taken together, the contributions illustrate that vulnerability is rarely determined by a single factor. Rather, it develops through the interaction of individual experience, social relationships, material resources, information, institutional arrangements and broader societal conditions. The studies presented in this issue therefore reinforce the importance of interdisciplinary approaches that connect prevention, evidence-based intervention, social support and institutional responsibility. Such perspectives are essential for understanding contemporary challenges to health and human well-being and for developing responses that are both professionally grounded and socially sustainable.

The Editorial Board
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Readiness to take Responsibility for Role of Family Caregivers

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Abstract

The aim of this research presented in the article was to figure out the readiness of middle-aged adults to assume future caregiving responsibilities for their ageing parents, identify factors influencing caregiving preparedness, and examine concerns and stereotypes related to family and institutional care. The findings revealed that participants generally perceived caring for ageing parents as a moral obligation and an expected family responsibility. Four patterns of caregiving readiness emerged: positive preparedness, conditional willingness, temporal distancing, and perceived unpreparedness. Although most participants expressed willingness to provide care, many reported insufficient caregiving knowledge and expected to require professional support. Family care was strongly preferred over institutional care and was primarily justified by family values, reciprocity, filial obligation, and moral responsibility. Positive parent-child relationships strengthened caregiving intentions; however, even participants with weaker relationships reported a sense of obligation to ensure adequate care. Major concerns included financial burden, deterioration of quality of life, lack of caregiving competencies, unequal distribution of caregiving responsibilities, role conflict between employment and caregiving, and fear of caregiver burnout. Participants also expressed negative stereotypes regarding institutional care, frequently associating it with abandonment of parents and transfer of family responsibility to the state.

Keywords: ageing parents, family caregiving, caregiving preparedness, intergenerational solidarity, family responsibility, long-term care

Introduction

Population ageing and increasing life expectancy have intensified concerns regarding the sustainability of family caregiving for older adults. While families remain the primary source of support for ageing parents in many European countries, social transformations such as labour market participation, migration, changing family structures, and economic pressures have complicated the ability of adult children to provide care. This qualitative study explores the readiness of middle-aged adults to assume future caregiving responsibilities for their ageing parents. Sixteen participants aged 45–50 years, all of whom had at least one living elderly parent potentially requiring future assistance, participated in semi-structured interviews. The research investigated perceptions of filial responsibility, willingness to provide care

Previous research among young people indicates that the majority perceive caring for ageing parents as a natural and expected part of family life (Dervišbegović & Šadić, 2012). Respondents who expressed reservations usually referred not to unwillingness but to objective barriers such as employment obligations, financial insecurity, housing conditions, migration, and limited support services. Although attitudes toward family caregiving have been widely studied among younger populations, less attention has been devoted to individuals approaching the life stage when caregiving responsibilities become increasingly realistic and immediate.

Adults aged 45 to 50 is often described as the "sandwich generation", simultaneously balancing employment, responsibilities toward their own children, and increasing support needs of ageing parents. This life stage represents a critical period for examining preparedness for future caregiving because many individuals begin anticipating parental dependency while still maintaining active professional and social lives.

The present study addresses this research gap by exploring the readiness of middle-aged adults to assume caregiving responsibilities for ageing parents. Particular attention is devoted to concerns related to employment, financial stability, social relationships, and personal well-being. Understanding these perceptions is essential for developing policies and support systems capable of sustaining family caregiving in ageing societies. Caregiving was often perceived as an activity that could significantly restrict personal autonomy and reshape everyday life. Such concerns were frequently linked to participants' observations of relatives, friends, or acquaintances who had previously cared for dependent family members. Many respondents anticipated a reduction in leisure opportunities, loss of personal freedom, emotional exhaustion, and increased stress.

Methods

The study sample consisted of 16 participants aged between 45 and 50 years who were identified as being at a life stage when they were increasingly likely to assume caregiving responsibilities for their ageing parents. At the beginning of 2026, all participants had at least one living elderly parent whose health condition, advancing age, or growing dependency suggested a potential future need for assistance and long-term care. Although most parents remained relatively independent, respondents anticipated that caregiving demands would become more significant in the coming years.

All participants were economically active and employed, representing a group balancing multiple responsibilities associated with middle adulthood. In addition to their professional roles, participants were established within their own family systems, living with a spouse or partner and/or raising children. Consequently, many occupied a "sandwich generation" position, simultaneously managing obligations toward their children and anticipating increasing responsibilities toward ageing parents.

All participants resided in urban environments, including towns and cities where access to healthcare and social services was generally more available than in rural regions. Nevertheless, participants frequently reported concerns regarding the future availability, affordability, and adequacy of formal care services should their parents become dependent.

Regarding living arrangements, seven participants (46.7%) shared a household with their ageing parents, allowing them direct daily contact and involvement in their parents' everyday

lives. These respondents often reported already providing occasional practical assistance, emotional support, transportation, or help with household activities. In contrast, nine participants (53.3%) lived separately from their parents, although most maintained regular contact through visits, telephone communication, and family activities. Participants living separately expressed particular concerns regarding the logistics of providing care, especially in cases of increasing dependency or emergency situations.

Participants were considered potential future family caregivers, reflecting cultural expectations and family norms prevalent in Slovak society, where adult children are commonly expected to care for ageing parents. The interviews explored participants' attitudes toward this anticipated role, perceived obligations, readiness to provide care, and concerns related to balancing caregiving with employment, financial responsibilities, family commitments, and personal well-being.

Data were collected through semi-structured individual interviews conducted between January and March 2026. Interviews lasted between 45 and 55 minutes. The interview guide focused on:

- Perceptions of responsibility toward ageing parents;
- Willingness to provide future care;
- Anticipated challenges and concerns;

The interview data were analysed using **thematic analysis** following the six-phase framework developed by Braun and Clarke (2006). This method was selected because it provides a systematic approach for identifying, analysing, and interpreting recurring patterns of meaning within qualitative data.

The first phase involved **familiarisation with the data**. All interviews were audio-recorded, transcribed verbatim, and read repeatedly by the researchers to gain a comprehensive understanding of participants' experiences and viewpoints. Initial observations and preliminary ideas were documented during this stage.

In the second phase, **initial codes** were generated. Relevant segments of text related to participants' perceptions of caregiving responsibilities, anticipated challenges, concerns, and preparedness were systematically identified and assigned descriptive labels. Coding was conducted across the entire dataset to ensure that all potentially relevant meanings were captured.

The third phase focused on **searching for themes**. Similar codes were grouped together and organised into broader categories representing common patterns across participants' accounts. Particular attention was given to recurring perceptions of family responsibility, employment-related concerns, anticipated impacts on personal life, and perceived needs for support.

During the fourth phase, the preliminary themes were **reviewed and refined** through continuous comparison between the coded extracts and the original interview transcripts. This process ensured that the themes accurately reflected participants' experiences and that meaningful distinctions between themes were maintained.

The fifth phase involved **defining and naming themes**. Each theme was clearly conceptualised and described, including the identification of relevant subthemes that captured specific dimensions of participants' perspectives. Through this process, four overarching themes were identified: (1) Readiness for Caregiving as part of Family Responsibility, (2) Fear of Future Caregiving, (3) Subjective prejudices about caregiving.

Results

The research analyse attitudes toward future caregiving among employed middle-aged adults who anticipate that their ageing parents may require increasing support in the coming years. Although participants differed in their levels of preparedness, coping confidence, and expectations regarding future caregiving,

Category: Readiness Caregiving as part of Family Responsibility

RQ1: Do you think that you are ready to take responsibility for full-time caregiving of your parents in the future?

The findings suggest that respondents generally did not feel fully prepared to provide long-term care for their ageing parents. Only two participants living with their parents reported having sufficient knowledge to manage caregiving responsibilities independently. Most respondents acknowledged possessing only partial knowledge and anticipated the need for external support, training, or professional assistance should their parents become dependent.

Participants living with elderly parents appeared slightly more confident in their caregiving abilities, likely due to their daily interactions and previous experience assisting their parents with practical needs. In contrast, respondents living separately expressed greater uncertainty regarding caregiving requirements and available support resources.

Table 1 Perceived Knowledge and Preparedness for Future Caregiving

Code	Axial Coding	Living with Elderly Parents (N = 7)	Living Separately (N = 9)
I have enough knowledge about it	High perceived caregiving competence and preparedness	2	0
I have a little knowledge and I will definitely need support	Limited knowledge and anticipated need for professional guidance	1	3
I know something but it is not enough to provide quality caregiving for my parents in the future	Partial preparedness and awareness of caregiving limitations	3	3
I think I have enough knowledge for the start and then I will need support	Initial preparedness combined with expectation of future assistance	2	2
I have a lack of knowledge at all; I feel lost in all things necessary to care for a dependent person	Perceived incompetence and uncertainty regarding caregiving responsibilities	0	1

RQ 1: How do you perceive your responsibility for caring for your ageing parent(s) if they require assistance in the future?

Code: Prepared for caregiving

The analysis identified four patterns of readiness for future caregiving. The first group, described as **"ready for caregiving,"** expressed confidence in their capacity to assume caregiving responsibilities when required. A second group demonstrated **conditional willingness**, indicating that their ability to provide care would depend on future circumstances such as health, financial stability, family support, and employment conditions. A third group adopted a form of **temporal distancing**, acknowledging the likelihood of future caregiving while perceiving it as a distant issue that did not yet require active preparation. Finally, some participants expressed **perceived unpreparedness**, characterized by uncertainty, anxiety, and doubts about possessing the emotional, practical, or financial resources necessary for caregiving. These differing patterns suggest that caregiving preparedness exists along a continuum rather than representing a simple dichotomy between willingness and unwillingness. Differences also emerged according to living arrangements. Participants who shared a household with ageing parents often described caregiving as an extension of existing support activities and believed they would likely become primary caregivers in the future. Although these respondents appeared more familiar with everyday care responsibilities, they also anticipated greater levels of burden. By contrast, participants living separately expressed equally strong feelings of obligation but were more concerned about practical issues such as geographical distance, coordination of care, and balancing caregiving with work and family commitments.

A thematic analysis of the interviews revealed four distinct patterns reflecting participants' readiness to assume future caregiving responsibilities for their ageing parents. These patterns illustrate varying levels of preparedness, confidence, and perceived capacity to cope with anticipated caregiving demands.

Code: Positive attitude and readiness for caregiving

The first code, **positive preparedness**, was represented by participants who perceived themselves as ready to undertake the caregiver role when needed. These respondents expressed confidence in their ability to adapt to changing family circumstances and viewed caregiving as a natural extension of their family responsibilities. Their narratives reflected psychological readiness, emotional commitment, and a belief that caregiving is an expected part of the life course. Participants within this category generally anticipated challenges but felt capable of managing them. As one respondent explained: *"If my mother needed help tomorrow, I think I would be able to manage it."*

Code: Showe willingness to take responsibility

A second code, identified as **conditional willingness**, characterized participants who expressed a clear intention to provide care but acknowledged that their future caregiving capacity would depend on various personal and structural circumstances. These respondents emphasized that factors such as employment obligations, financial security, health status, housing conditions, and family commitments could significantly influence their ability to become caregivers. While

their attitudes toward caregiving were generally positive, they recognised the uncertainty associated with future life situations. One participant stated: *"I hope I will be able to care for my father when the time comes, but it will depend on my work situation."* This pattern suggests that willingness to care and the practical ability to provide care are not necessarily identical.

Code: No thinking about future

The third code, referred to as **temporal distancing**, emerged among participants who acknowledged the likelihood of future caregiving but perceived it as a distant concern that did not yet require active planning. These respondents often emphasized that their parents were still relatively independent and therefore caregiving seemed remote and hypothetical. Although they accepted the possibility of assuming caregiving responsibilities in the future, they had not yet considered specific preparations or strategies. This perspective was illustrated by one participant who explained: *"My parents are still quite independent, so I don't really think about caregiving yet."* For these individuals, readiness had not yet translated into concrete planning or emotional preparation.

Code: Lack of preparedness to take responsibility

One code presents, **perceived unpreparedness**, included participants who openly expressed doubts about their ability to provide future care. These respondents reported feelings of anxiety, insecurity, and uncertainty regarding the demands associated with caregiving. Concerns related to emotional resilience, caregiving skills, time constraints, financial pressures, and the anticipated burden of long-term care frequently appeared in their narratives. Some participants questioned whether they would be capable of coping with the physical and emotional challenges associated with caring for a dependent parent. As one respondent admitted: *"Honestly, I don't feel ready to take care of someone full-time."*

Family Care Versus Institutional Care Preferences

Participants were asked about their preferred form of care should their ageing parents become dependent in the future. Analysis revealed that family care was generally perceived as the preferred and most desirable option, although respondents differed in their reasons for supporting family-based caregiving. Family care was most frequently justified by a sense of moral responsibility, family values, reciprocity, and the belief that adult children should assume primary responsibility for supporting ageing parents. Several participants also indicated that family caregiving would become necessary because they perceived few realistic alternatives within existing social service systems.

Among respondents living with their elderly parents, caregiving was often viewed as a natural continuation of their current support activities. These participants frequently described family care as both a practical necessity and an expression of family solidarity. Some also acknowledged that providing care themselves might represent the most economically viable solution, particularly if institutional services were unavailable or financially inaccessible.

Participants living separately from their parents similarly emphasized the importance of family responsibility, although they were more likely to discuss difficulties associated with distance, employment obligations, and coordinating support. Despite these challenges, most maintained that institutional care should be considered only when family care was no longer feasible.

Institutional care was generally perceived as a last resort rather than a preferred option. Respondents frequently associated residential facilities with situations involving severe dependency, advanced illness, lack of family resources, or caregiver exhaustion. Only a small number of participants considered institutional care a potentially preferable alternative due to professional expertise, continuous supervision, and relief from caregiver burden. Nevertheless, even among these respondents, institutional care was usually viewed as complementary to family involvement rather than a complete substitute for family responsibility (table 2).

Table 2 Preferences for Family and Institutional Care According to Living Arrangement

Code	Axial Coding	Living with Elderly Parents (N = 7)	Living Separately (N = 9)
Family care priority due to lack of alternatives	Care as necessity	3	2
Family care priority as a way of maintaining employment or household stability	Pragmatic caregiving	1	2
Family care priority as a value and family duty	Family values and solidarity	5	6
Family care priority as responsibility and moral obligation	Filial responsibility	6	7
Institutional care because there is no alternative	Last-resort institutionalization	2	3
Institutional care as preferred option	Preference for formal care	1	1
Institutional care only when family caregiving is no longer possible	Conditional acceptance of institutional care	5	6

Note. Frequencies represent the number of participants whose narratives reflected a particular category. Individual participants could express views corresponding to more than one category; therefore, totals exceed the sample size.

Participants' responses revealed a complex relationship between traditional family values and practical considerations regarding future elder care. Among respondents living with their elderly parents, family care was more frequently associated with everyday responsibility, moral obligation, and existing caregiving involvement. These participants often emphasized that caring for one's parents is a natural continuation of family reciprocity and gratitude for parental support received throughout life.

Respondents living separately from their parents also acknowledged family responsibility; however, they more frequently referred to practical limitations that might necessitate institutional care. Distance, employment obligations, and uncertainty regarding future caregiving demands influenced their perspectives on possible care arrangements.

Institutional care was generally not perceived as the preferred first choice. Instead, participants tended to view institutional placement as an option to be considered when caregiving demands

exceeded the family's physical, emotional, or financial capacities. Several respondents described institutional care as a "last resort," while only a small number considered it the preferred solution due to expectations of professional care and specialised services (table3).

Table 3 Preferences for Family Care and Institutional Care Among Participants

Interview question: *Would you prefer family care or institutional care? Why?*

Code	Axial Coding	Living with Elderly Parents (N = 7)	Living Separately (N = 9)
Family care priority – due to no other possibility	Family care perceived as the only realistic option	1	1
Family care priority – as a way of employment myself	Caregiving viewed as a potential source of employment or financial security	1	1
Family care priority – as a value and family duty	Strong commitment to family values and filial obligation	1	2
Family care priority – as responsibility and moral value	Caregiving perceived as a moral responsibility toward parents	1	1
Institutional care – no other choice	Institutional care accepted only when family care is not feasible	1	2
Institutional care – preferred priority	Institutional care viewed as the preferred care arrangement	1	1
Institutional care – only if I give up	Institutional placement considered only as a last resort after exhausting family resources	1	1

We analysed participants' readiness to provide future care. Most respondents described having a positive relationship with their parents, characterised by emotional closeness, mutual support, respect, and gratitude. These participants frequently reported that a good relationship strengthened their commitment to caring for their parents if support became necessary.

Participants with neutral relationships generally stated that they would still provide care despite the absence of strong emotional attachment. Their willingness was primarily rooted in a sense of family duty, social expectations, and moral responsibility rather than affection.

A small number of respondents reported a negative or distant relationship with their parents. Although these participants acknowledged that such experiences reduced their motivation for direct caregiving involvement, most still indicated that they would ensure their parents received adequate support. In these cases, respondents were more likely to consider combining family care with formal services or institutional care arrangements.

The findings in table 4 indicate that the quality of the parent-child relationship plays an important role

Representative statements included:

- **Positive relationship:** *"My parents have always helped me throughout my life, so I would naturally help them when they need it."*
- **Neutral relationship:** *"We are not particularly close, but they are still my parents and I feel responsible for them."*
- **Negative relationship:** *"Our relationship has never been very strong, but I would not leave them without help if they became dependent."*

Table 4 Influence of Parent–Child Relationship on Willingness to Provide Future Care

Interview question: *How would your relationship with your parent influence your decision to provide care?*

Code	Axial Coding	Living with Elderly Parents (N = 7)	Living Separately (N = 9)
Positive relationship with parents	Strong emotional bonds increasing willingness to provide care	5	6
Neutral relationship – not good but	Caregiving based on duty rather than emotional closeness	1	2
Negative relationship – weak	Limited emotional attachment influencing caregiving motivation	1	1

RQ2: What concerns or worries do you have about providing care for your parent(s) in the future?

In table 5, the most frequently reported concerns among respondents living with elderly parents were **deterioration of quality of life** (n = 5) and **lack of family support** (n = 5). Participants already sharing a household with their parents appeared more aware of the practical demands associated with caregiving and often anticipated that the primary responsibility would fall on them. They expressed concerns about reduced personal time, limitations in family activities, emotional stress, and a lack of support from siblings or other relatives. Financial concerns were also prominent. Four respondents living with their parents identified **insufficient financial resources for home-based care**, while three feared that caregiving would negatively affect their overall standard of living. Participants referred to anticipated expenses related to medications, assistive devices, home adaptations, transportation, and potential reductions in income resulting from caregiving commitments.

Among participants living separately from their parents, the most frequently mentioned concerns included **financial burden and reduced quality of life** (n = 4), **lack of funds to provide care at home** (n = 4), and **deterioration of quality of life** (n = 4). These respondents frequently anticipated difficulties associated with organising care from a distance while maintaining employment and their own family responsibilities. Several participants highlighted uncertainty regarding future care arrangements and the affordability of formal services. Knowledge deficits were another significant concern. Five participants overall reported lacking

sufficient competencies to provide quality care, and many anticipated a future need for professional training, information, or external support.

Table 5 Coding Structure Related to Fears and Concerns about Future Caregiving Responsibilities

Code	Axial Coding	Living with Elderly Parents (N = 7)	Living Separately (N = 9)
Lack of competences	Perceived insufficient knowledge and caregiving skills	2	3
Lack of finance to cover costs of taking care at home	Concerns about affordability of home-based care	4	4
Role conflict: caregiver and employee	Difficulty balancing employment and caregiving	2	1
Role strain and lack	Anticipated physical, emotional, and time burden	2	2
Financial concerns and poor qua	Fear of economic burden and reduced living standards	3	4
Fear	Fear of unequal distribution of caregiving responsibilities	5	2
Quick burnout and lack of emotional support	Anticipated caregiver fatigue and psychological overload	3	1
No understanding in family, job and society	Perceived lack of emotional and social support	3	3
Deterioration of quality	Concerns about reduced well-being and participation	5	4

Source: Authors' thematic analysis based on interviews with adult children of ageing parents (N = 16). They explained more than 1 factor-fear.

RQ3: What are most often prejudices linked to caregiving in family?

Category:: subjective prejudices

The findings reveal the presence of several subjective beliefs and stereotypes regarding caregiving and the use of institutional elder care services. Participants frequently associated institutional care with moral and social judgments rather than considering it solely a professional care option.

The most common perception among both groups was the belief that placement in a residential care facility represents a transfer of responsibility from the family to the state. This opinion was expressed by five participants living with elderly parents and seven participants living separately. These respondents often viewed elder care primarily as a family responsibility and considered institutional care as evidence of insufficient family involvement.

Another common prejudice was the belief that institutional placement may signify abandonment of parents who had previously cared for their children. This view was particularly

evident among participants living with their parents (n = 4), who appeared to have a stronger orientation toward family-based caregiving and intergenerational reciprocity.

Several respondents associated institutional care with financial constraints, suggesting that people select institutional services because they cannot afford alternative forms of support. Others perceived caregiving as a responsibility accepted primarily because there is "no other choice," reflecting a sense of obligation rather than personal preference.

Interview question: What negative stereotypes about caregiving have you encountered?

Table 6 Coding RQ3 about stereotypes

Statement - Caregiving is...	Axial Coding	Living with Elderly Parents (N = 7)	Living Separately (N = 9)
For people who are lazy to work and take care of parents	Negative stereotype of family caregivers and institutional care users	2	3
Way of supplying state responsibility	Perception that institutional care replaces family and state obligations	5	7
If you cannot afford to pay for care in a residential centre for seniors	Institutional care associated with financial disadvantage	3	1
You give up taking care of parents who raised you	Institutional care perceived as abandonment of family responsibility	4	2
You do it because you have to and there is no other choice	Caregiving perceived as an unavoidable obligation	1	1

Source: Authors' thematic analysis based on interviews with adult children of ageing parents (N = 16).

The findings reveal the presence of several subjective beliefs and stereotypes regarding caregiving and the use of institutional elder care services. Participants frequently associated institutional care with moral and social judgments rather than considering it solely a professional care option.

The most common perception among both groups was the belief that placement in a residential care facility represents a transfer of responsibility from the family to the state. This opinion was expressed by five participants living with elderly parents and seven participants living separately. These respondents often viewed elder care primarily as a family responsibility and considered institutional care as evidence of insufficient family involvement.

Another common prejudice was the belief that institutional placement may signify abandonment of parents who had previously cared for their children. This view was particularly evident among participants living with their parents (n = 4), who appeared to have a stronger orientation toward family-based caregiving and intergenerational reciprocity.

Several respondents associated institutional care with financial constraints, suggesting that people select institutional services because they cannot afford alternative forms of support.

Others perceived caregiving as a responsibility accepted primarily because there is "no other choice," reflecting a sense of obligation rather than personal preference.

Discussion

The present study explored the readiness of middle-aged adults aged 45–50 years to assume future caregiving responsibilities for their ageing parents. The findings reveal a complex relationship between normative expectations of family caregiving, personal willingness to provide care, and concerns regarding the practical sustainability of caregiving roles. Consistent with Intergenerational Solidarity Theory (Bengtson & Roberts, 1991), the majority of participants viewed caring for ageing parents as a natural family responsibility grounded in reciprocity, emotional attachment, and moral obligation. At the same time, their narratives highlighted concerns that correspond closely with contemporary discussions of the care crisis, particularly the growing discrepancy between societal expectations of family care and the resources available to fulfil these expectations.

Readiness for Future Caregiving

The results indicate that participants generally demonstrated a positive orientation toward future caregiving, although levels of preparedness varied considerably. While some participants perceived themselves as ready to assume caregiving responsibilities, others expressed conditional willingness, uncertainty, or a lack of preparedness. These findings support previous research by Dervišbegović and Šadić (2012), which found that younger adults overwhelmingly regarded caring for ageing parents as a natural and expected aspect of family life. Similar to their findings, respondents in the present study rarely questioned the principle of caregiving itself; rather, they questioned their future capacity to provide care effectively.

Participants living with their parents appeared more prepared for caregiving, likely because they already assisted with everyday support activities and were familiar with age-related needs. Nevertheless, they simultaneously anticipated greater future burden. This finding corresponds with Bundzelová, Ludvigh Cintulová, and Buzalová (2023), who emphasize that families remain key providers of support for older adults and that caregiving obligations often evolve gradually through increasing involvement in everyday assistance. Daily contact may therefore contribute both to greater preparedness and increased awareness of caregiving demands.

An important finding concerns the perceived lack of caregiving competencies. Only a small proportion of participants believed they possessed sufficient knowledge to provide future care independently. Most respondents indicated that they would require professional guidance, education, or formal support services. This finding is particularly relevant given the increasing complexity of elder care associated with chronic illness, dementia, neurological disorders, and declining functional abilities (Bednařík et al., 2010; Topinková, 2005). Family members may be willing to provide care but often lack the professional knowledge necessary to respond effectively to changing health needs.

The distinction observed between willingness and preparedness also supports the Care Crisis Perspective. Participants generally expressed strong commitment to caring for their parents but simultaneously recognized limitations related to finances, competencies, time availability, and caregiving skills. As argued by Zaviršek (2014) and Salić (2024), modern societies increasingly

rely on families to provide care while simultaneously creating conditions that reduce their caregiving capacity.

Family Care as a Dominant Norm

The preference for family care identified in this study reflects strong cultural expectations concerning filial obligation and intergenerational solidarity. Most participants viewed family care as the preferred option and institutional care as a measure to be used only when family care became impossible. Similar conclusions were reported by Dervišbegović and Šadić (2012), who found that caring for ageing parents was perceived as a moral responsibility deeply rooted in family values.

Participants frequently justified family care through reciprocity, gratitude, and family solidarity. These findings strongly support Intergenerational Solidarity Theory, particularly the dimension of normative solidarity, which refers to beliefs regarding obligations toward ageing parents. Respondents often linked caregiving with the support they had received during childhood, perceiving future caregiving as a natural return of parental investment.

The findings also correspond with the historical development of elder care in Slovakia described by Ludvigh Cintulová, Budayová, and Buzalová (2022). Despite the expansion of formal social services, families continue to provide the majority of practical and emotional support to older relatives. The persistence of strong family-oriented caregiving norms among participants suggests that this pattern is likely to continue in future generations.

Family members also recognized the limits of family caregiving. Institutional care was generally accepted when dependency became severe, when specialized medical care was required, or when family resources became exhausted. These findings support research demonstrating that contemporary elder care increasingly requires cooperation between informal family caregivers and formal care services (Bundzelová et al., 2023).

The Importance of Parent–Child Relationships

The study further demonstrated that the quality of the parent-child relationship influenced caregiving motivation. Participants reporting positive relationships expressed stronger emotional commitment to providing future care. These findings are consistent with Intergenerational Solidarity Theory, which assumes that affectual solidarity strengthens mutual support between generations.

Nevertheless, even respondents who described neutral or negative relationships stated that they would ensure their parents received adequate care. This finding suggests that caregiving decisions are not based solely on emotional attachment but are also influenced by cultural norms and moral obligations. Such results confirm Family Responsibility Theory, according to which caregiving is embedded within broader social expectations rather than exclusively within individual preferences.

The continuing influence of family norms observed in this study aligns with findings from Hromadžić et al. (2015), who documented strong social expectations regarding family responsibility for older relatives despite increasing challenges associated with caregiving. Participants often felt an obligation to provide care regardless of the quality of previous family relationships.

Fears and Concerns Regarding Future Caregiving

Although participants generally supported family caregiving, they simultaneously reported substantial concerns regarding its consequences. The most prominent concerns involved financial burden, deterioration of quality of life, lack of family support, insufficient caregiving knowledge, and fear of burnout.

These findings strongly support the assumptions of Role Theory. Participants occupied multiple social roles, including spouse, parent, employee, and future caregiver. Many anticipated significant role conflict resulting from the need to balance employment with caregiving responsibilities. Similar concerns have been identified in research examining the impact of caregiving on labour market participation and family well-being (Zaviršek, 2014).

Financial concerns emerged as particularly significant. Respondents worried about the costs of medications, home modifications, assistive technologies, transportation, and professional support services. These concerns are consistent with findings on poverty and social vulnerability discussed by Ludvigh Cintulová (2021), who emphasizes that economic insecurity can substantially affect families' ability to respond to care-related challenges.

The fear of deterioration in quality of life was another major finding. Participants anticipated reduced leisure opportunities, greater stress, limited social participation, and increased emotional burden. Such concerns mirror findings from studies examining caregiver burden and well-being among family caregivers (Šadić et al., 2025). The expectation of future caregiver exhaustion also reflects growing awareness of the psychological consequences associated with long-term caregiving.

Notably, participants living with elderly parents expressed stronger concerns regarding unequal distribution of caregiving responsibilities. Many expected that they would become the primary caregivers due to geographical proximity or existing caregiving involvement. This finding highlights the importance of family dynamics and corresponds with Rác and Ludvigh Cintulová (2020), who emphasize the importance of family functioning and support networks when families face demanding life situations.

Subjective Prejudices and Attitudes Toward Institutional Care

The findings also revealed the persistence of stereotypes regarding institutional care. Participants frequently associated residential facilities with abandonment, failure of family responsibility, or transfer of care obligations from the family to the state. Such perceptions were particularly common among respondents already living with their ageing parents.

These attitudes correspond with findings reported by Hromadžić et al. (2015), who described how institutional placement is often socially interpreted as evidence of weakened family solidarity. Participants in the present study similarly viewed institutional care through a moral lens rather than solely as a professional care service.

However, these perceptions may not fully reflect contemporary realities. Research on quality of life in residential care settings suggests that institutional environments can provide important benefits, including professional healthcare, social interaction, rehabilitation opportunities, and safety (Šadić et al., 2025). Similarly, active ageing programmes described by Štilec (2004) demonstrate that professional services can contribute positively to older adults' well-being when appropriately designed.

Recommendations and limits

The research was based on a relatively small sample of 16 participants, which limits the generalizability of the findings. Although qualitative research does not seek statistical representativeness, the experiences and perceptions of these participants may not fully reflect the diversity of attitudes toward future caregiving among middle-aged adults in Slovakia or other countries.

All participants were employed, lived in urban areas, and had their own families, which may have influenced their perceptions of caregiving responsibilities and challenges. Individuals living in rural areas, unemployed persons, single adults, or those without children may experience and perceive future caregiving differently.

We figured out anticipated rather than actual caregiving experiences. Most participants were not yet providing intensive care for a dependent parent and therefore described expectations, concerns, and assumptions about future situations. Their views may change once caregiving responsibilities become reality and they acquire practical experience. Participants were interviewed during a period when their parents remained largely independent. Consequently, some respondents adopted a form of temporal distancing and had not yet actively prepared for future caregiving. This may explain the relatively high levels of uncertainty regarding caregiving competencies, support systems, and care arrangements.

Family communication represents an important aspect of caregiving preparedness. Discussing future care needs and sharing expectations among family members facilitates clearer allocation of responsibilities and may reduce the risk of unequal caregiving burdens. Shared involvement in caregiving strengthens family support networks and decreases the likelihood that one family member becomes solely responsible for care.

Based on the findings, several practical recommendations can be formulated for future family caregivers.

1. Begin Preparing Before Care Is Needed

The study revealed that many participants felt insufficiently prepared for future caregiving and lacked confidence in their caregiving competencies. Family members should therefore seek information about ageing, chronic illness, dependency, dementia, and available care services before a crisis occurs.

Early preparation can include:

- learning basic caregiving skills;
- becoming familiar with available social and healthcare services;
- attending educational workshops and caregiver training programmes;
- consulting healthcare and social work professionals.

2. Plan Future Care Arrangements Together With Parents

Many participants had not yet discussed future care expectations with their parents. Open family communication can help reduce future stress and misunderstandings.

It is recommended that families discuss:

- preferred care arrangements;
- expectations regarding family involvement;
- financial planning for future care;

- housing adaptations;
- preferences regarding home care and institutional care.

Early discussions allow family members to make informed decisions before crisis situations emerge.

3. Share Caregiving Responsibilities Within the Family

One of the most frequently reported fears involved unequal distribution of caregiving duties. Family caregiving should not rely solely on one individual whenever possible.

Families should:

- discuss caregiving roles among siblings and relatives;
- divide responsibilities according to abilities and availability;
- create realistic caregiving plans;
- ensure emotional and practical support for the primary caregiver.

Conclusion

The findings of this study demonstrate that although middle-aged adults generally perceive caring for ageing parents as a natural family responsibility, many feel insufficiently prepared for the practical, emotional, and financial demands associated with future caregiving. Participants expressed strong willingness to provide care but simultaneously reported concerns regarding a lack of caregiving competencies, financial burden, role conflict between employment and caregiving, deterioration of quality of life, and the possibility of caregiver exhaustion. These findings suggest that preparedness for caregiving extends beyond positive attitudes and requires active planning, knowledge acquisition, and access to appropriate support systems.

Based on the results, greater attention should be devoted to preparing future family caregivers before caregiving becomes necessary. Families should be encouraged to discuss future care arrangements openly, including expectations regarding caregiving responsibilities, financial planning, housing adaptations, and the potential use of formal support services. Early planning may reduce uncertainty and facilitate more sustainable caregiving arrangements when parents become dependent.

The study further highlights the importance of caregiver education. Given that most participants reported only partial knowledge about caregiving or anticipated a need for professional guidance, educational programmes focusing on ageing, chronic illness, dementia, home care skills, and available support services should become more widely accessible. Such initiatives may increase caregivers' confidence, reduce anxiety, and improve the quality of care provided to older adults.

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