

PAULINA MOCZKOWSKA

University of Warmia and Mazury in Olsztyn

<https://orcid.org/0009-0009-8735-5034>

WIKTORIA ZIÓŁKOWSKA

University of Warmia and Mazury in Olsztyn

<https://orcid.org/0009-0004-0800-8565>

BEATA ANTOSZEWSKA

University of Warmia and Mazury in Olsztyn

<https://orcid.org/0000-0001-5250-3337>

LIFE SATISFACTION OF ADULT CHILDREN (INFORMAL CARERS) LOOKING AFTER THEIR ELDERLY AND/OR SICK PARENTS, AND SOME SOCIODEMOGRAPHIC VARIABLES*

Introduction: Research on adult children, caregivers for their ageing parents, demonstrates an intricate character of their life situation. Long-term care, especially for a sick parent lacks systematic and institutional support and creates numerous challenges related to one's family life as well as occupational and social roles.

Research Aim: Two research objectives were adopted: the first is to examine and determine the level of life satisfaction among adult children caring for their elderly and/or ill parents, and the second is to identify the relationships between the level of life satisfaction and selected socio-demographic variables.

Method: The study was conducted with the help of a diagnostic survey using a standardised research tool, that is the Satisfaction with Life Scale (the SWLS), and a questionnaire designed by the authors.

Results: Satisfaction with life among carers for their parents was rather low. The statistical analysis did not prove any significant correlation between the carer's age, gender, education, or duration of the care provided and their life satisfaction. However, significant differences were determined depending on the place of residence, professional activity of the carer, their self-as-

* Suggested citation: Moczowska, P., Ziółkowska, W., Antoszevska, B. (2026). Life Satisfaction of Adult Children (Informal Carers) Looking after their Elderly and/or Sick Parents, and Some Socio-demographic Variables. *Lubelski Rocznik Pedagogiczny*, 45(1), 219–239. <http://dx.doi.org/10.17951/lrp.2026.45.1.219-239>

assessment of health, or the amount of time devoted to caregiving.

Conclusions: There is an urgent need to create a diverse network of support for informal carers. It is recommended to create and promote dedicated applications and online platforms helping to provide care, and to strengthen hybrid and formal care offered by the state (including dissemination of information about availability of such forms of support). It is also important to provide help, both psychological and medical, to individual carers.

Keywords: care, informal carers, life satisfaction, senility

INTRODUCTION

Any society with an advanced age structure is characterised by high incidence of chronic diseases and acquired disabilities, which are typically a consequence of disease processes. As a result, many elderly people are less able to live independently, which forces them to act as recipients of care services, thus stimulating the demand for care (Atella et al., 2018; Dumurgier & Tzourio, 2020; Meng et al., 2024; Statistics Poland, 2023; Szostakowska, 2021). The most common chronic diseases diagnosed in senior patients are: hypertension, diabetes, rheumatism, cardiac, and spine diseases (Barrio-Cortes et al., 2021; Francisco et al., 2022; Gao et al., 2024; Jaul & Barron, 2017; Wróblewska et al., 2023), as well as neurodegenerative disorders, especially Parkinson's disease and Alzheimer's disease (Dumurgier & Tzourio, 2020; Meng et al., 2024). Aside from chronic diseases, elderly people experience other difficulties, concerning various areas of life (inability to perform independent everyday life activities unassisted (e.g., dressing, bathing, cooking); loneliness and social isolation; lack of architectural adaptations in the place of residence; financial shortages, etc. (see Amlak et al., 2025; Choi et al., 2015; García-Esquinas et al., 2016; Nedjat-Haiem et al., 2020; Nguyen et al., 2022). They all imply the need of providing long-term care for the elderly.

Informal care, usually provided free of charge by close family members or friends, is the most common form of care given to sick people (Broese van Groenou & De Boer, 2016; Herudzińska, 2022; Pyszkowska & Naczyński, 2015; Zajkowska & Rokicka, 2021). In Poland, as many as 85 % of people given care are benefiting from informal care (Baji et al., 2019; Furmańska-Maruszak & Heeger-Hertter, 2023; Garcia-Castro et al., 2021). There are many reasons why informal care prevails, including lack of knowledge – 70 % of informal caregivers do not have sufficient information about available forms of institutional support in providing care for someone who needs it (Furmańska-Maruszak & Heeger-Hertter, 2023); lack of financial resources to arrange care provided by formal carers, or institutional unavailability of care. It is also worth underlining that such significant prevalence of informal care in overall care provision is invariably associated with its 'romanticisation,' arising from the deeply rooted idealisation of care provision (Peterie &

Broom, 2024). The Civil Affairs Institute's report titled *Public opinion on carers for the elderly (Opinia Publiczna o opiekunach osób starszych)* suggests that a decision to provide constant care to an ill child or an old parent is driven by a strong sense of duty. Most caregivers are women, which is linked to the perception of caring as a typically female domain, as most older caregivers are women, although analyses of the research results obtained by Fernandez-Carro et al. (2025) reveal that the percentage of male caregivers among younger caregivers is on the increase (see Arpanantikul, 2018; Bhan et al., 2020; Kawczyńska-Butrym, 2008; Pyszkowska & Naczyński, 2015; Rexhaj et al., 2023; Zygori et al., 2021). Unpaid care is most often given to parents, parents-in-law, spouses, or siblings, with significant prevalence of care addressed to mother and father/mother-in-law and father-in-law (over 50%). Noteworthy is a high percentage of carers who are partners or spouses of people in need of care (nearly 40%) (see Baji et al., 2019; Kudłacik et al., 2022; Stojak et al., 2019).

Taking care of a family member entails a number of challenges. One is the financial difficulties as the carer needs to limit their professional activity in order to provide care, which significantly reduces the family's financial resources (Łyszczarz, 2019). Most often, informal carers are not paid for providing care services; meanwhile, next to their spouse or the senior family member who needs care, they become the main sponsor of various forms of patient support, such as over-the-counter medications, wound dressings, assistive devices (hospital bed, hoist, walking frame, etc.), home modifications supporting the disabled (handrails, grabrails, stair lifts, etc.), or a restrictive diet the patient must follow because of their illness (Moody et al., 2022).

Financial burdens, the need to limit one's professional career, or the lack of free time add up to a complex network of difficulties that informal caregivers must deal with in everyday life, and as a result they themselves begin to struggle with psychophysical problems. The most common and harmful ones are stress, anxiety and depression, which can cause sleep disorders, burnout, or abandonment of social contacts (Arnone, 2024; Cejalvo et al., 2025; Choi et al., 2024). Research shows a wide range of such problems and supplies worrying data. For example, one in four informal carers of patients with a neoplastic disease presents symptoms of depression (Pan & Lin, 2022) and 18% of carers helping people in need of care with routine activities, such as bathing or feeding, have numerous somatic difficulties (hypertension, ischaemic heart disease, backache or diabetes) (see Hiel et al., 2015; Janson et al., 2022; Malki et al., 2025). It is worth mentioning that these health problems do not translate into a higher mortality rate among informal carers; on the contrary, the mortality rate among these people is lower than among people who do not provide care (Mikkola et al., 2021; Miyawaki et al., 2019; Roth et al., 2015).

Results of the studies conducted to-date, related to the health, well-being, and life satisfaction of family carers are inconclusive. Some of the analyses demonstrate

benefits from providing care (e.g., Lakomy, 2020; Schulz & Sherwood, 2008). Yet there are others that suggest negative consequences for health, well-being, perceived life satisfaction, or its quality (Conway, 2019; Choi et al., 2024; Krämer & Bleidorn, 2024; Masternak et al., 2020).

The feeling of life satisfaction by family carers is important for the carers themselves and for the people they care for. In addition, its importance also reaches the social dimension (the spillover effect). The satisfaction felt by the carer translated into their functioning in social structures (family, work, etc.) and into performing their social roles. The higher the level of perceived satisfaction, the better the functioning of the carer in the family, as well as professional and social environments.

RESEARCH PROBLEM AND AIM

Two research objectives were defined: one is to diagnose and describe life satisfaction felt by adult children (informal carers) looking after elderly or sick parents, and the other is to determine the impact of selected sociodemographic variables on the carers' life satisfaction. The following research questions were asked:

1. What is the life satisfaction felt by adult children caring for their elderly or sick parents?
2. Which of the sociodemographic variables concerning adult children taking care of their parents (e.g., age, place of residence, education, professional activity, health of the respondents) differentiate life satisfaction?
3. Which of the sociodemographic variables related to parents (age, gender, health) differentiate life satisfaction of the persons submitted to the study?

The following hypotheses were put forth:

H1. Adult children caring for elderly and/or sick parents have low life satisfaction.

With respect to the last two research questions, we decided not to formulate hypotheses. This is due to the exploratory nature of the analysis and the lack of sufficient theoretical foundations to precisely predict the direction of the relationship.

MATERIALS AND METHODS

The research was carried out using a diagnostic survey with the inclusion of the Satisfaction with Life Scale (SWLS) tool and a questionnaire developed by the researchers. The Satisfaction with Life Scale (SWLS) modified by Juczyński consists of 5 statements, which are assessed on a seven-point scale. The outcome is an overall measure of the sense of life satisfaction. The scale is dedicated to testing adults, both healthy and ill. A study using the SWLS can be run individually or in

groups. The instructions explain the meaning of each score: 1 – strongly disagree, 7 – strongly agree (Juczyński, 2012). The reliability analysis showed that for the studied sample, Cronbach's alpha was .89.

The questionnaire designed by the researchers consisted of several questions (both semi-open and closed cafeteria); it included questions about the carers, sociodemographic characteristics of both the carers and the persons given care, difficulties encountered in caregiving and self-assessment of the health status of the carer. Respondents were asked the question: "How would you rate your physical health?" Participants chose one of five ordered response options: very good; good; average; poor; or very poor. This scale made it possible to assess the subjective evaluation of health, with response options ordered from the most positive to the most negative. The resulting score represented a measure of overall self-rated physical health, treated as an ordinal variable.

DATA ANALYSIS

To determine the characteristics of the surveyed group and summarise the results of the survey, numbers and percentages as well as descriptive statistics, such as the mean, standard deviation, median, mode, minimum and maximum were calculated. For the SWLS, the total of points assigned to each question was calculated. Analysis of differences between the groups distinguished according to sociodemographic characteristics was made with the help of non-parametric U-Mann-Whitney tests for two groups and the Kruskal-Wallis + post-hoc Dunn test for more than two groups. Correlations between quantitative variables were tested using the Pearson correlation test and the *t* test. The level of significance of $\alpha = .05$ was applied to all tests. The statistical analysis was conducted using Statistica 13.3 (TIBCO Software Inc., 2017).

RESULTS

Respondents were searched for based on the following selection criteria: aged over 18 years, at least 6-months of providing care to an elderly and/or sick parent. Each person included in the study gave consent to participate in the project. The research team declared to keep the data confidential and to use them only for scientific purposes. In total, 131 persons aged 24 to 68 who were caregivers of their parents took part in the research. Average age of the participants was 50.89 ± 9.87 years. The vast majority were women (92.37%). The respondents mostly declared higher (51.91%) or secondary (45.04%) education. The respondents most often lived in small towns (32.82%) and least often in medium-sized towns (14.50%).

The majority of the respondents were in employment (70.99%) and did not resign from work in order to take care of the parent (71.76%). Respondent characteristics are presented in Table 1.

Table 1
Characteristics of respondents

Variable	$M \pm SD$	Me	Min-Max	
age	50.89 \pm 9.87	52.0	24-68	
			n	%
sex	woman		121	92.37
	man		10	7.63
education	primary		3	2.29
	lower secondary		1	0.76
	upper secondary		59	45.04
	higher		68	51.91
place of residence	small town (up to 50 thousand population)		43	32.82
	medium-size town (up to 100 thousand population)		19	14.50
	big town (over 100 thousand population)		32	24.43
	village		37	28.24
in employment	yes		93	70.99
	no		38	29.01
resigned from employment due to caregiving of a parent	yes		37	28.24
	no		94	71.76

Note. Authors' research.

The parents who the surveyed persons took care of were 51 to 101 years old (average age 80.33 \pm 9.79). The respondents most often provided care for between a few months to 1 year (53.44%), 24 hours a day (38.93%). The majority look after their mother (71.76%), father (14.50%) or both parents (13.74%). The respondents reported different health issues their parents suffered from, but the most common

was Alzheimer's disease (22.90%). The respondents' parents were most often unable to make decisions independently (71.76%) and were only partially physically fit (61.83%).

The reasons why the research participants took care of their parents varied. Most often they were related to a parent's health status, which limited their independence and fitness (79.4%). Nearly half of the respondents indicated an advanced age of their parents (48.9%), and one in four declared their own willingness (without giving any justification) to look after their parents (41.2%). A third of the respondents (31.30%) underlined that caring for a parent is an expression of gratitude for the parental care in childhood.

Self-assessment of the respondents' health is quite optimistic, most often described as good (39.69%) or average (34.35%). Only 14.5% of the respondents admitted that their health was poor, and 2.29% – very poor. Half of the respondents could count on the help of other members of family in taking care of their parents (50.38%). A third of the respondents, however, did not receive such support (34.35%). Slightly more respondents shared the household with their parent (55.73%) than lived in a separate household (42.75%).

An average score on the SWLS in the surveyed group was 17.76 ± 6.69 , with half of the respondents scoring at least 18 points. Life satisfaction was declared to be low by half of the respondents (49.62%), average by nearly a third (29.77%), and high by a fifth of the group (20.61%). Overall, life satisfaction among parents' carers was relatively low (see Table 2).

Table 2

Life satisfaction of respondents on SWLS

Life satisfaction on the SWLS	n	%	Descriptive statistics						
			M	SD	Me	Q1	Q3	Min	Max
low	65	49.62							
average	39	29.77	17.76	6.69	18.0	13.0	23.0	5.0	35.0
high	27	20.61							

Note. Authors' research.

The statistical analysis did not reveal any statistically significant correlation between age and life satisfaction of people taking care of their parents. No statistically significant differences were determined in this respect between women and men ($p = 0.732$). However, significant differences in perceived life satisfaction were observed depending on the place of residence ($p = 0.043$). The post-hoc Dunn test showed differences between urban and rural residents. Satisfaction with life among village residents was demonstrably higher ($Me = 20.0$) than among those who lived in towns. Results of this analysis are collated in Table 3.

Table 3*Life satisfaction of respondents on SWLS depending on place of residence*

Place of residence	n	SWLS					Kruskal–Wallis test	
		<i>M</i>	<i>SD</i>	<i>Me</i>	Q1	Q3	<i>H</i>	<i>p</i>
small townab	43	18.19	6.29	18.0	13.0	23.0		
medium-size townab	19	16.68	5.47	16.0	13.0	21.0		
large towna	32	15.50	6.95	14.0	10.50	18.50	8.147	0.043
villageb	37	19.76	7.05	20.0	14.0	25.0		
Total	131	17.76	6.69	18.0	13.0	23.0		

Key: small town: up to 50 thousand population, medium-size town: up to 100 thousand population, large town: over 100 thousand population; post-hoc Dunn test: the same letter stands for lack of significant differences, different letters indicate statistically significant differences ($p < 0.05$)

Note. Authors' research.

No statistically significant differences in life satisfaction were determined depending on the carers' education ($p = 0.285$). The respondents with primary education ($n = 3$) and lower secondary education ($n = 1$) were excluded from the analysis. The statistical analysis demonstrated significant differences in the satisfaction with life declared by carers depending on their professional activity ($p < 0.001$). Those who were in employment were demonstrably more satisfied with their life ($Me = 18.0$) than the respondents who were not professionally active ($Me = 14.0$). The data are contained in Table 4.

Table 4*Life satisfaction of respondents on SWLS depending on professional activity*

In employment	n	SWLS					Mann–Whitney <i>U</i> test	
		<i>M</i>	<i>SD</i>	<i>Me</i>	Q1	Q3	<i>Z</i>	<i>p</i>
yes	93	19.03	6.76	18.0	14.0	24.0		
no	38	14.63	5.46	14.0	10.0	19.0	3.375	0.001
Total	131	17.76	6.69	18.0	13.0	23.0		

Note. Authors' research.

Those parents' caregivers who did not leave employment showed a significantly higher life satisfaction ($Me = 18.50$) than those who resigned from employment in order to take care of their parents ($Me = 14.0$). The data are contained in Table 5 below.

Table 5*Life satisfaction of respondents on SWLS depending on professional activity*

Resigned from employment to provide care for a parent	n	SWLS					Mann–Whitney <i>U</i> test	
		<i>M</i>	<i>SD</i>	<i>Me</i>	Q1	Q3	<i>Z</i>	<i>p</i>
yes	37	14.51	5.48	14.0	10.0	19.0		
no	94	19.03	6.72	18.50	14.0	24.0	-3.476	0.001
Total	131	17.76	6.69	18.0	13.0	23.0		

Note. Authors' research.

The statistical analysis revealed significant differences in the satisfaction with life of carers of their parents depending on their health status ($p < 0.001$). The post-hoc Dunn test showed that demonstrably lower life satisfaction is felt by those caregivers whose health is poor ($Me = 10.0$; see Table 6). The respondents with very poor health ($n = 3$) were excluded from this analysis.

Table 6*Life satisfaction of respondents on SWLS depending on health status*

Self-assessment of health status	n	SWLS					Kruskal–Wallis test	
		<i>M</i>	<i>SD</i>	<i>Me</i>	Q1	Q3	<i>H</i>	<i>p</i>
very gooda	12	24.83	5.41	23.50	21.0	30.0		
goodab	52	18.96	6.10	19.0	14.50	23.0		
averageb	45	17.29	6.01	16.0	13.0	21.0	32.716	0.001
poorc	19	11.21	5.17	10.0	9.0	13.0		
Total	128	17.77	6.75	18.0	13.0	23.0		

Key: the post-hoc Dunn test: the same letter signifies lack of significant differences, different letters indicate statistically significant differences ($p < 0.05$)

Note. Authors' research.

Duration of the provision of care for parents does not differentiate the satisfaction with life declared by the carers ($p = 0.547$; see Table 7).

Table 7*Life satisfaction of respondents on SWLS depending on duration of care provision*

Duration of care provided for a parent	n	SWLS					Kruskal–Wallis test	
		<i>M</i>	<i>SD</i>	<i>Me</i>	Q1	Q3	<i>H</i>	<i>p</i>
From a few months to 1 year	22	19.23	6.02	18.50	15.0	21.0	2.127	0.547
from 1 year to 5 years	70	17.34	6.73	16.50	13.0	22.0		
over 5 years to 10 years	24	17.08	7.67	17.0	10.50	23.0		
over 10 years	15	18.60	6.01	20.0	13.0	24.0		
Total	131	17.76	6.69	18.0	13.0	23.0		

Note. Authors' research.

Significant differences in the degree of life satisfaction reported by carers of parents were determined depending on the number of hours of provided care ($p < 0.001$). The post-hoc Dunn test showed that the highest life satisfaction is felt by those respondents who provide care a few times a week ($Me = 23.0$). No significant difference was determined only when care was provided a few times a month (see Table 8).

Table 8*Life satisfaction of respondents on SWLS depending to hours of care provided*

I provide care for my parent:	n	SWLS					Kruskal–Wallis test	
		<i>M</i>	<i>SD</i>	<i>Me</i>	Q1	Q3	<i>H</i>	<i>p</i>
24 hours a daya	51	16.37	6.86	16.0	10.0	22.0	24.132	0.001
up to 12 hours a daya	25	16.52	5.85	16.0	13.0	19.0		
up to 6 hours a daya	18	15.11	5.12	14.50	11.0	20.0		
a few times a weekb	31	22.94	5.87	23.0	20.0	26.0		
a few times a monthab	6	15.83	3.43	17.50	12.0	18.0		
Total	131	17.76	6.69	18.0	13.0	23.0		

Note. Authors' research.

No significant correlation was determined between the age of a parent and the life satisfaction of their carer ($p = 0.705$).

The statistical analysis did not demonstrate significant differences in the satisfaction with life of the caregivers depending on the physical fitness of the parents ($p = 0.087$).

Statistically significant differences were determined in the life satisfaction reported by the respondents on the SWLS depending on the degree of independence of the parents in making decisions ($p = 0.041$). The post-hoc Dunn test confirmed that life satisfaction was much higher among the carers of independent parents ($Me = 20.0$) than those who looked after dependent parents ($Me = 16.0$). The results of this part of the analysis are shown in Table 9.

Table 9

Life satisfaction of respondents on SWLS depending on degree of independence of parents in making decisions

Independence of the parent in making decisions	n	SWLS					Kruskal–Wallis test	
		<i>M</i>	<i>SD</i>	<i>Me</i>	Q1	Q3	<i>H</i>	<i>p</i>
yesa	39	19.97	6.73	20.0	14.0	24.0	6.411	0.041
nob	77	16.60	6.45	16.0	11.0	20.0		
difficult to sayab	15	17.93	6.80	18.0	13.0	23.0		
Total	131	17.76	6.69	18.0	13.0	23.0		

Key: post-hoc Dunn test: the same letter denotes lack of significant differences, different letters indicate statistically significant differences ($p < 0.05$)

Note. Authors' research.

DISCUSSION

Adult children who provide long-term care for their older and/or ill parents experience a wide range of consequences (Garcia-Castro et al., 2021). The starting point of these experiences is the diagnosis, which caregivers perceive as a profound disruption of the previously familiar biographical order. This diagnosis forces a sudden reorganisation of their lives and becomes the beginning of ongoing suffering, as illustrated by the statements: “the caregiver suffers even more than the person who is ill,” “the care is too heavy a burden for one person,” “constant overload,” “I can’t endure this any longer” (Szluz, 2022, p. 138).

Results obtained in the group of caregivers indicate a relatively low level of life satisfaction, which confirms the first hypothesis formulated in the research project. At the same time, it invites reflection on the disturbed sense of stability experienced by the care recipients themselves, especially when the illness is neurodegenerative in nature. Referring to individuals with Parkinson’s disease, Szluz and Jamrógiewicz (2024) describe this uncertainty as living in a state of “unusual everydayness,” whose inherent feature is permanent change. This change is the

primary cause of the “derailment” of the biographical trajectories that the ill person had previously used to construct their life story. Therefore, this “derailment” unfolds in two ways: it directly affects the ill person, disrupting continuity of their life and forcing them to exist within the aforementioned “unusual everydayness,” and it indirectly affects the informal caregiver, leading to a radical reduction of the social roles they previously fulfilled and to modifications of their own biography.

The research data suggest that the place of residence, professional activity of caregivers, and their self-assessment of health significantly differentiate life satisfaction felt by adult children providing care for their elderly and/or ill parents. Life satisfaction is demonstrably higher among countryside dwellers than town residents. It may be inferred that this stems from the distinctive character of social bond formation and maintenance in rural environments, which function as significant compensatory mechanisms in contexts marked by limited institutional support networks and underdeveloped services and infrastructure. Establishing relationships within the local, neighbourhood-based sphere can, to a large extent, offset these deficiencies (Błędowski, 2002).

People who continue their professional career are evidently more satisfied with life. The lowest life satisfaction is felt by people whose health is poor. The highest scores on the SWLS were achieved by the respondents declaring very good health.

Similar results were obtained by Grochowska (2014) in a study on informal caregivers providing unpaid care for an elderly person, aged over 65. The highest percentage of the surveyed carers (39%) declared that they felt satisfaction from the care provided at least sometimes, one in five always (20%), and only 5% never felt such satisfaction. In sum, almost 95% of caregivers at least sometimes felt satisfaction from providing care. Research conducted by Borg and Hallberg (2006) proves that being in paid employment had a positive influence on life satisfaction both among people providing care, more or less frequently, and those who were not caregivers. People who still had paid jobs declared a higher level of satisfaction with life than those who were out of employment. To some extent, this could be affected by the fact that the groups of carers in employment included younger and healthier persons. However, the regression analysis, which included such variables as age and gender, did not substantiate any explanations that could be attributed to age. There is a shortage of research concerning life satisfaction in the context of having paid employment in general, and particularly when providing unpaid care (Borg & Hallberg, 2006). Another study (Repka et al., 2019), although dealing with parents of children with oncological disease, indicate that working parents were less exhausted physically and mentally than unemployed parents or people who resigned from work in order to provide care.

Physical fitness of the parent does not differentiate significantly the level of life satisfaction declared by caregivers. However, significant differences were observed regarding the degree of decision-making independence of the parent. Carers of par-

ents who were more independent in this regard were characterised by higher life satisfaction. Furthermore, another factor differentiating the level of life satisfaction achieved by caregivers was the intensity of provided care, measured with time devoted to caregiving. The highest life satisfaction was definitely felt by the carers who looked after their parents a few times a week. Different conclusions were drawn from other studies, which demonstrated that the burden of care provision is linked to a low level of life satisfaction declared by family carers (Choi et al., 2024). Chappell and Reid (2002) showed that rise in the number of hours of unpaid care provided translates directly into a greater workload on the caregiver. A study on caregivers of stroke patients proved that the quality of life of people after a brain stroke and their carers is interrelated and to a large extent depends on changes in the physical ability of a stroke survivor (Pucciarelli et al., 2017). The greater the challenges the carers face, the higher their perception of life satisfaction (Garcia-Castro et al., 2021). In turn, Choi et al. (2024), who examined 183 family caregivers, indicate that mental burden reduces life satisfaction to the greatest extent. Borg and Hallberg (2006) noted that a higher level of care meant a lower level of satisfaction with life, that is persons providing care often felt a much lower level of life satisfaction than those who provided care less often or did not give care at all. Nearly half the respondents who provided care often achieved a result below 25 percentile, compared to a third of people giving care less often or not giving care at all.

In our study, it was shown that gender did not differentiate the level of satisfaction with life reported by the caregivers. Similar conclusions have also been drawn in other studies (see e.g., Garcia-Castro et al., 2021). These authors demonstrated that women taking care of demented patients had lower scores on the life satisfaction scale. Chappell and Reid (2024) concluded that the negative consequences of caregiving were more evident in women than in men, they were stronger and longer-lasting, and affected more aspects of well-being. Spending more time on care depressed the sense of well-being equally for men and women (Kramer & Bleidorn, 2024). Slightly different results were obtained in research on the quality of life of caregivers. Although life satisfaction is perceived as a component of life satisfaction, results of such research seem interesting. Masternak et al. (2020) focused on the conditions underlying the quality of life of informal carers of palliative care patients. These researchers showed that a lower life quality was more often determined for men, people with higher education and people in employment. Interesting conclusions were also drawn by Repka et al. (2019), who suggested that women manifested higher levels of physical and mental exhaustion as well as daily fatigue than men. Furthermore, data gathered from 17 European countries and Israel, under the framework of the project Survey of Health, Ageing and Retirement in Europe (SHARE), proved that carers aged 65 + looking after a spouse declared lower level of life satisfaction. Caring for an elderly spouse is associated with lower life satisfaction, but caring for a spouse and participating in social life is linked to

higher satisfaction with life (Barbosa et al., 2022). Scientific literature explains that the specific nature of providing care by elderly people increases their exposure to demanding care, which is linked to a lower level of life quality, perceived health, and general well-being. This negative impact of care provision results from the so-called 'double threat,' that is deterioration of functional efficiency caused by the ageing of carers can be exacerbated by the negative effect of the care they provide (Fernández-Carro et al., 2025).

CONCLUSIONS

Satisfaction with life of the surveyed caregivers is low. It is therefore necessary to pay attention to the physical and mental condition of caregivers. Below is a list of several most important conclusions from the present study.

1. Some demographic factors significantly differentiate the level of life satisfaction in the surveyed group of caregivers. Countryside dwellers declare higher life satisfaction than inhabitants of big towns. It is likely to be a consequence of stronger family ties characteristic of rural environments.
2. People in employment are clearly more satisfied with their life. The sense of financial autonomy, greater financial resources, and performance of roles outside the family environment are conducive to the feeling of life satisfaction. It is therefore essential to balance caregiving duties with activities enabling the carer to relax.
3. Self-assessment of respondents' own health significantly differentiates life satisfaction. The highest level of satisfaction is declared by people who assess their health status as very good. These results suggest that the health of a caregiver is one of the important areas that need support.
4. Physical fitness of a parent does not have a significant effect on the satisfaction with life of their carer, but the parent's independence in making decisions is a significant variable. This result indicates that the cognitive functioning of a parent can relieve some of the burden on the carer and affect satisfaction with provided care.
5. Frequency of care activities plays an important role in satisfaction derived from care provision. The highest life satisfaction was declared by people who provided care for their parents a few times a week, which can be explained by the fact that they were able to perform other social roles or had time for themselves (as in the case of caregivers who were in employment).

In view of the above, there is an urgent need to create diverse networks of support for informal carers. Forms of aid should include easier access to psychological and medical help for carers. Researchers suggest that family carers who participate in intervention programmes (such as stress management, strategies for alleviation

of the impact of concerning behavioural symptoms, etc.) have better chances to reduce the burdens (Choi et al., 2024) and derive satisfaction from giving care. Another form of support could consist of nursing consultations, the aim of which would be to instruct carers in performing basic nursing activities. Help can also come in the form of improvement of hybrid and formal care by the state (including social campaigns raising the awareness of such forms of support). Another area of support consists of special applications and online platforms focusing on helping carers to take care of their own well-being, which could add to improving the care provided and satisfaction derived from caregiving. Therefore, the most important goal is to promote a state preventive policy, the activities of which would focus on providing preventive support and enabling anticipation of potential negative consequences of long-term, informal caregiving. In particular, it concerns protection of caregivers from secondary “biographical derailment” and from giving up social roles, that, in their view, are central to maintaining psychological well-being (Szatur-Jaworska, 2016).

LIMITATIONS

This study has some limitations arising from the small research sample and the adopted methodological strategy. The sample of 131 informal caregivers was considered by the Authors as a methodological limitation due to the specificity of the studied population. The population of informal caregivers is highly heterogeneous in terms of age, caregiving burden, employment situation, family circumstances, health status, and the level of dependency of the parent requiring care. To capture the variability of outcomes within such a non-uniform group, larger samples are recommended to ensure the reliability of the statistical analyses.

The standardised measuring tool and the questionnaire used in this study enabled us to collect general data. Expanding the study by adding in-depth interviews and focus group interviews could contribute to more in-depth descriptions of individual experiences of people caring for elderly and/or sick parents. In other words, adding a qualitative research component would help ground the results further.

REFERENCES

- Amlak, B. T., Getinet, M., Getie, A., & Alemayehu, M. (2025). Functional disability in basic and instrumental activities of daily living among older adults globally: A systematic review and meta-analysis. *BMC Geriatrics*, 25(413), 1-20. <https://doi.org/20.2286/s12877-025-0656-8>

- Arnone, J. M. (2024). Caregiver burden and mental health: Millennial caregivers. *OJIN: The Online Journal of Issues in Nursing*, 29(3), 1-8. <https://doi.org/10.3912/OJIN.Vol29No03PPT21>
- Arpanantikul, M. (2018). Women's perspectives on homebased care for family members with chronic illness: an Interpretative phenomenology study. *Nursing & Health Sciences*, 18, 1-8. <https://doi.org/10.1111/nhs.12541>
- Atella, V., Piano Mortari, A., Kopinska, J., Belotti, F., Lapi, F., Cricelli, C., & Fontana, L. (2018). Trends in age-related disease burden and healthcare utilization. *Aging Cell*, 17(4), e12861, 1-8. <https://doi.org/10.1111/acel.12861>
- Baji, P., Golicki, D., Prevolnik-Rupel, V., Rotar, A., Rupel, V. P., & Brodzsky, V. (2019). The burden of informal caregiving in Hungary, Poland and Slovenia: Results from national representative surveys. *European Journal of Health Economics*, 20(Suppl 1), 5-16. <https://doi.org/10.1007/s10198-019-01058-x>
- Barrio-Cortes, J., Castaño-Reguillo, A., Beca-Martínez, M. T., Bandeira – de Oliveira, M., Lopez-Rodriguez, C., & Jaime-Sisó, M., A. (2021). Chronic diseases in the geriatric population: Morbidity and use of primary care services according to risk level. *BMC Geriatrics*, 21(278), 1-11. <https://doi.org/10.1186/s12877-021-02217-7>
- Barbosa, F. C. S., Delerue Matos, A. M., Voss, G. D. S., & Eiras, A. F. S. (2022). The importance of social participation for life satisfaction among spouse caregivers aged 65 and over. *Health & Social Care in the Community*, 30, e3096- e 3105. <https://doi.org/10.1111/hsc.13754>
- Bhan, N., Rao, N., & Raj, A. (2020). Gender differences in the associations between informal caregiving and wellbeing in low – and middle-income countries. *Journal of Women's Health*, 29(10), 1328-1337. <https://doi.org/10.1089/jwh.2019.7769>
- Błędowski, P. (2002). *Lokalna polityka społeczna wobec ludzi starych*. Wydawnictwo Szkoły Głównej Handlowej.
- Borg, C., & Hallberg, I. R. (2006). Life satisfaction among informal caregivers in comparison with non-caregivers. *Scandinavian Journal of Caring Sciences*, 20(4), 427-438. <https://doi.org/10.1111/j.1471-6712.2006.00424.x>
- Broese van Groenou, M. I., & De Boer, A. (2016). Providing informal care in a changing society. *European Journal of Ageing*, 13(3), 271-279. <https://doi.org/10.1007/s10433-016-0370-7>
- Cejalvo, E., Martí-Vilar, M., Gisbert-Pérez, J., & Badenes-Ribera, L. (2025). Stress as a risk factor for informal caregiver burden. *Healthcare (Basel)*, 13(7), 731, 1-14. <https://doi.org/10.3390/healthcare13070731>
- Chappell, N. L., & Reid, R. C. (2002). Burden and well-being among caregivers: Examining the distinction. *The Gerontologist*, 42(6), 772–780. <https://doi.org/10.1093/geront/42.6.772>
- Choi, S., Hwang, Y., & Cho, E.Y. (2024). Factors associated with life satisfaction among family caregivers of persons living with dementia. *Research in Community and Public Health Nursing*, 35(3), 254-263. <https://doi.org/10.12799/rcphn.2024.00612>

- Choi, H., Irwin, M. R., & Cho, H. J. (2015). Impact of social isolation on behavioral health in elderly: Systematic review. *World Journal of Psychiatry*, 5(4), 432-438. <https://doi.org/10.5498/wjp.v5.i4.432>
- Choi, J. Y., Lee, S. H., & Yu, S. (2024). Exploring factors influencing caregiver burden: A systematic review of family caregivers of older adults with chronic illness in local communities. *Healthcare*, 12(10), 1002, 1-17. <https://doi.org/10.3390/healthcare12101002>
- Conway, K. (2019). The experience of adult children caregiving for aging parents. *Home Health Care Management & Practice*, 31(2), 92-98. <https://doi.org/10.1177/1084822318803559>
- Dumurgier, J., & Tzourio, C. (2020). Epidemiology of neurological diseases in older adults. *Revue Neurologique*, 176(9), 642-648. <https://doi.org/10.1016/j.neurol.2020.01.356>
- Fernández-Carro, C., Faus-Bertomeu, A., Rodríguez-Blazquez, C., João Forjaz, M., Bernal-Alonso, A., & Ayala, A. (2025). The impact of caregiving on older caregivers' health: A scoping review. *Ageing International*, 50(34), 1-26. <https://doi.org/10.1007/s12126-025-09606-y>
- Francisco, P. M. S. B., de Assumpção, D., Bacurau, A. G. M., Neri, A. L., Malta, D. C., & Borim, F. S. A. (2022). Prevalence of chronic diseases in octogenarians: Data from the National Health Survey 2019. *Ciência & Saúde Coletiva*, 27(7), e22482021, 2655-2664. <https://doi.org/10.1590/1413-81232022277.22482021>
- Furmańska-Maruszak, A., & Heeger-Hertter, S. (2023). Fair working conditions for workers providing informal care for the elderly in Poland and in the Netherlands. *Utrecht Law Review*, 19(3), 25-43. <https://doi.org/10.36633/ulr.879>
- Gao, S., Sun, S., Sun, T., Lu, T., Ma, Y., Che, H., Liu, M., Xue, W., He, K., Wang, Y., & Cao, F. (2024). Chronic diseases spectrum and multimorbidity in elderly inpatients based on a 12-year epidemiological survey in China. *BMC Public Health*, 24, 509, 1-13. <https://doi.org/10.1186/s12889-024-18006-x>
- García-Castro, F. J., Hernández, A., & Blanca, M. J. (2021). Life satisfaction and the mediating role of character strengths and gains in informal caregivers. *Journal of Psychiatric and Mental Health Nursing*, 29(3), 1-13. <https://doi.org/10.1111/jpm.12764>
- García-Esquinas, E., Pérez-Hernández, B., Guallar-Castillón, P., Banegas, J., Ayuso-Mateos, J. L., & Rodríguez-Artalejo, F. (2016). Housing conditions and limitations in physical function among older adults. *Journal of Epidemiology & Community Health*, 70(10), 954-960. <https://doi.org/10.1136/jech-2016-207183>
- Grochowska, J. (2014). Poczucie satysfakcji oraz obciążenia obowiązkami nieformalnych opiekunów osób starszych w zależności od poziomu sprawności podopiecznych. *Medycyna Ogólna i Nauki o Zdrowiu*, 20(1), 46-50.
- Herudzińska, M. H. (2022). Seniorzy w Polsce – stan zdrowia, wsparcie instytucjonalne i opieka nieformalna. *Wychowanie w Rodzinie*, 27(2), 325-344. <https://doi.org/10.34616wwr.2022.2325.344>

- Hiel, L., Beenackers, M. A., Renders, C. M., Robroek, S. J., Burdorf, A., & Croezen, S. (2015). Providing personal informal care to older European adults: Should we care about the caregivers' health? *Preventive Medicine, 70*, 64-68. <https://doi.org/10.1016/j.ypmed.2014.10.028>
- Janson, P., Willeke, K., Zaibert, L., Budnick, A., Berghöfer, A., Kittel-Schneider, S., Heuschmann, P. U., Zapf, A., Wildner, M., Stupp, C., & Keil, T. (2022). Mortality, morbidity and health-related outcomes in informal caregivers compared to non-caregivers: A systematic review. *International Journal of Environmental Research and Public Health, 19*(10), 5864, 1-25. <https://doi.org/10.3390/ijerph19105864>
- Juczyński, Z. (2012). *Narzędzia w promocji i psychologii zdrowia*. Pracownia Testów Psychologicznych Polskiego Towarzystwa Psychologicznego.
- Jaul, E., & Barron, J. (2017). Age-related diseases and clinical and public health implications for the 85 years old and over population. *Frontiers in Public Health, 5*, 1-7.
- Krämer, M. D., & Bleidorn, W. (2024). The well-being costs of informal caregiving. *Psychological Science, 35*(12), 1382-1394. <https://doi.org/10.1177/09567976241279203>
- Kudłacik, B., Gniadek, A., Fraś, M., & Skoczylas, K. (2022). The burden of informal caregivers in providing care to patients with Alzheimer's disease. *Nursing Problems, 30*(1-2), 29-34. <https://doi.org/10.5114/ppiel.2022.119891>
- Lakomý, M. (2020). Is providing informal care a path to meaningful and satisfying ageing? *European Societies, 22*(1), 101-121. <https://doi.org/10.1080/14616696.2018.1547838>
- Łyszczarz, B. (2019). Indirect costs and incidence of caregivers' short-term absenteeism in Poland, 2006–2016. *BMC Public Health, 19*(598), 1-10. <https://doi.org/10.1186/s12889-019-6952-5>
- Malki, S. T., Johansson, P., Andersson, G., Andreasson, F., & Mourad, G. (2025). Caregiver burden, psychological well-being, and support needs among Swedish informal caregivers. *BMC Public Health, 25*(867), 1-11. <https://doi.org/10.1186/s12889-025-22074-y>
- Masternak, K., Bartoszek, A., Niedorsy, B., & Kardas, G. (2020). Uwarunkowania jakości życia nieformalnych opiekunów chorych leczonych paliatywnie, *Medycyna Paliatywna, 12*(3), 138-145. <https://doi.org/10.5114/pm.2020.99119>
- Meng, D., Wu, J., Huang, X., Liang, X., & Fang, B. (2024). Prevalence of Parkinson's disease among adults aged 45 years and older in China: A cross-sectional study based on the China Health and Retirement Longitudinal Study. *BMC Public Health, 24*(1), 1218, 1-9. <https://doi.org/10.1186/s12889-024-18653-0>
- Mikkola, T. M., Kautiainen, H., Mänty, M., von Bonsdorff, M. B., Kröger, T., & Eriksson, J. G. (2021). Age-dependency in mortality of family caregivers: A nationwide register-based study. *Aging Clinical and Experimental Research, 33*(7), 1971-1980. <https://doi.org/10.1007/s40520-020-01728-4>
- Miyawaki, A., Tanaka, H., Kobayashi, Y., & Kawachi, I. (2019). Informal caregiving and mortality – Who is protected and who is not? A prospective cohort study from Japan. *Social Science & Medicine, 223*, 24-30. <https://doi.org/10.1016/j.socsci-med.2019.01.034>

- Moody, E., Ganann, R., Martin - Misener, R., Ploeg, J., Macdonald, M., Weeks, L. E., Orr, E., McKibbin, S., & Jefferies, K. (2022). Out-of-pocket expenses related to aging in place for frail older people: A scoping review. *JBI Evidence Synthesis*, 20(2), 537-605. <https://doi.org/10.11124/JBIES-20-00413>
- Nedjat - Haiem, F. R., Cadet, T., Parada, H., Jones, T., Jimenez E., Thompson, B., Wells, K., & Mishra, S. (2020). Financial hardship and health related quality of life among older Latinos with chronic diseases. *American Journal of Hospice and Palliative Medicine*, 38(8), 938-946. <https://doi.org/10.1177/1049909120971829>
- Nguyen, V. C., Moon, S., Oh, E., & Hong, G. S. (2022). Factors associated with functional limitations in daily living among older adults in Korea: A cross-sectional study. *International Journal of Public Health*, 67, 1-10. <https://doi.org/10.3389/ijph.2022.1605155>
- Pan, Y. C., & Lin, Y. S. (2022). Systematic review and meta-analysis of prevalence of depression among caregivers of cancer patients. *Frontiers in Psychiatry*, 13, 1-12. <https://doi.org/10.3389/fpsy.2022.817936>
- Peterie, M., & Broom, A. (2024). Conceptualising care: Critical perspectives on informal care and inequality. *Social Theory & Health*, 22, 53-70. <https://doi.org/10.1057/s41285-023-00200-3>
- Pucciarelli, G., Vellone, E., Savini, S., Simone, S., Ausili, D., Alvaro, R., Lee, C., & Lyons, K. S. (2017). Roles of changing physical function and caregiver burden on quality of life in stroke: A longitudinal dyadic analysis. *Stroke*, 48(3), 733-739. <https://doi.org/10.1161/STROKEAHA.116.014989>
- Pyszkowska, A., & Naczyński, M. (2015). Wsparcie społeczne, samoocena i jakość życia nieformalnych opiekunów osób starszych. *Społeczeństwo i Edukacja*, 17(2), 265-276.
- Rexhaj S., Nguyen A., Favrod J., Coloni-Terrapon C., Buisson L., Drainville A-L., & Martinez D. (2023). Women involvement in the informal caregiving field: A perspective review. *Frontiers Psychiatry*, 14, 1-5. <https://doi.org/10.3389/fpsy.2023.1113587>
- Repka, I. B., Betka, P., Kuźmich, I., Pulo, G., & Zurzycka, P. (2019). Zmęczenie rodziców sprawujących opiekę nad dzieckiem z chorobą nowotworową. *Medycyna Paliatywna*, 11(2), 88-96. <https://doi.org/10.5114/pm.2019.86626>
- Roth, D. L., Fredman, L., & Haley, W. E. (2015). Informal caregiving and its impact on health: A reappraisal from population-based studies. *The Gerontologist*, 55(2), 309-319. <https://doi.org/10.1093/geront/gnu177>
- Schulz, R., & Sherwood, P. R. (2008). Physical and mental health effects of family caregiving. *American Journal of Nursing*, 108(9), 23-27. <https://doi.org/10.1097/01.NAJ.0000336406.45248.4c>
- Stojak, Z., Jamiolkowski, J., Chlabicz, S., & Marcinowicz, L. (2019). Levels of satisfaction, workload stress and support amongst informal caregivers of patients receiving or not receiving long-term home nursing care in Poland: A cross-sectional study. *International Journal of Environmental Research and Public Health*, 16(7), 1189, 1-9. <https://doi.org/10.3390/ijerph16071189>

- Szatur-Jaworska, B. (2016). Polityka społeczna wobec starzenia się ludności – propozycja konceptualizacji pojęcia. *Polityka Społeczna*, 1(1), 10–14. <https://doi.org/10.18559/SOEP.2016.9.1>
- Szluz, B. (2022). Nieoczekiwana zmiana miejsc... Opieka nad osobą z chorobą neurodegeneracyjną w biografiach opiekunów rodzinnych osób z chorobą Alzheimera. *Przegląd Socjologii Jakościowej*, 18(1), 132–148. <https://doi.org/10.18778/1733-8069.18.1.07>
- Szluz, B., & Jamrógiewicz, B. (2024). „Niecodzienna codzienność”. Świat społeczny osób z chorobą Parkinsona. *Annales Universitatis Mariae Curie-Skłodowska. Sectio J. Paedagogia-Psychologia*, 37(1), 107–128. <https://doi.org/10.17951/j.2024.37.1.107-128>
- Szostakowska, K. (2021). *Rodzinna opieka nad seniorem – trudna lekcja życia*. Wydawnictwo Akademii Pedagogiki Specjalnej.
- TIBCO Software Inc. (2017). Statistica (Version 13.3) [Computer software].
- Wróblewska, Z. M., Motyl, M., Król, H., Kowalczyk, M., & Wróblewska, I. (2023). Prevalence of chronic diseases among residents of care and treatment institutions in Wrocław. *Medycyna Środowiskowa*, 26(3-4), 72-78.
- Zajkowska, O., & Rokicka, M. (2021). Informal care for adults: a comparison of Time Use Surveys of 2004 and 2013. *Studia Demograficzne*, 179(1), 53-73. <https://doi.org/10.33119/SD.2021.1.3>
- Zygouri, I., Cowdell, F., Ploumis, A., Gouva, M., & Mantzoukas, S. (2021). Gendered experiences of providing informal care for older people: A systematic review and thematic synthesis. *BMC Health Services Research*, 21(730), 1-15. <https://doi.org/10.1186/s12913-021-06736-2>

SATYSFAKCJA Z ŻYCIA DOROSŁYCH DZIECI (OPIEKUNÓW NIEFORMALNYCH) OPIEKUJĄCYCH SIĘ STARSZYMI I/LUB CHORYMI RODZICAMI A WYBRANE ZMIENNE SOCJODEMOGRAFICZNE

Wprowadzenie: Badania naukowe nad dorosłymi dziećmi pełniącymi rolę opiekunów nieformalnych wobec starzejących się rodziców ujawniają złożony charakter ich sytuacji życiowej. Długotrwała opieka zwłaszcza nad chorym rodzicem pozbawiona systematycznego i instytucjonalnego wsparcia, wiąże się z licznymi wyzwaniem zarówno rodzinnymi, zawodowymi, jak i społecznymi.

Cel badań: Przyjęto dwa cele badawcze: pierwszym jest zbadanie i określenie poziomu satysfakcji z życia dorosłych dzieci opiekujących się starszymi i/lub chorymi rodzicami, a drugim jest ustalenie zależności pomiędzy poziomem satysfakcji a wybranymi zmiennymi socjodemograficznymi.

Metoda badań: Badania przeprowadzono za pomocą sondażu diagnostycznego z wykorzystaniem standaryzowanego narzędzia badawczego - Skali Satysfakcji z Życia (SWLS), oraz kwestionariusza własnej konstrukcji.

Wyniki: Satysfakcja z życia wśród opiekunów rodziców kształtowała się na dość niskim poziomie. Analiza statystyczna nie wykazała istotnej korelacji pomiędzy wiekiem, płcią, poziomem wykształcenia, długością sprawowanej opieki. Wykazano natomiast istotne różnice w satysfak-

cji z życia osób opiekujących się rodzicami w zależności od miejsca zamieszkania, aktywności zawodowej opiekuna, jego samooceny stanu zdrowia czy czasu sprawowanej opieki.

Wnioski: Istnieje pilna potrzeba tworzenia zróżnicowanej sieci wsparcia dla opiekunów nieformalnych. Promowanie specjalnych aplikacji i platform internetowych pomagających w realizowaniu opieki oraz wzmocnienie opieki hybrydowej i formalnej ze strony państwa (w tym także rozpowszechnianie informacji o istnieniu takich form wsparcia). Ważna jest również pomoc indywidualna – w tym psychologiczna oraz medyczna dla opiekunów.

Słowa kluczowe: opieka, opiekunowie nieformalni, satysfakcja z życia, starość