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Exploring the meaning of old age from the Czech adult perspective: A quantitative research study

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Abstract

It is believed that age is just a number, meaning that it does not dictate how to feel or how to act. However, empirical studies, on a representative sample, describing old age boundaries in terms of longevity and in words that best describe old age are, to our knowledge, lacking in the Czech environment. This article is, therefore, methodologically grounded in the quantitative approach, applying a descriptive design in the investigation of the interrelationships of the self-reported data taken from a representative Czech adult population perspective (*n* = 1,040). The research shows that most respondents consider age 70+ to be old age and associate it with illness, experience or wisdom. The majority of respondents wished to end their life at home. On the other hand, the ability of respondents to imagine life in a home for the elderly grows with increasing age, with women more often admitting this possibility. Women are also more likely to provide home care to a dependent family member. The willingness to provide informal care continues to increase, depending on age, higher level of education, and better living conditions. Besides gender and education, participants' willingness to move to a retirement home if necessary made the strongest contribution to the likelihood of their willingness to be a family caregiver. Based on the cluster analysis, respondents living in the Central and North Bohemia regions manifested a lower willingness to live in a retirement home and to provide home care.

Keywords: Family caregiver; Home care; Old age; Retirement home

Introduction

It is an indisputable fact that the world's population is aging. The proportion of older people in the population is increasing. According to the available statistics (Czech Statistical Office, 2018), as of 31 December 2015, persons aged 65+ formed 19.2% of the European population (in the 28 EU countries) and persons aged 80+ formed 5.4%. In the Czech Republic, the people aged 65+ formed 18.3% of the population, i.e. almost 1% below the European average. People aged 80+ accounted for 4% of the Czech population, i.e. their share was also below the European average. Life expectancy of those born in 2015 was 78.7 years on average in the Czech Republic (81.6 years for women and 75.7 years for males), and it is interesting that compared to 2014 it fell by 0.2 years. The average life expectancy in the Czech Republic in the examined period was almost 2% below the European average – it was estimated at 80.6 years in the 28 EU countries. According to the latest available statistics, more than 2 million people aged 65+ lived in the Czech Republic at the end of 2017 – these persons accounted for 19.2% of the Czech population (Czech Statistical Office, 2017a).

The time limit of old age is hard to determine. The process of aging is very individualized, and it is hard to find the precise chronological age that we can see as the imaginary boundary dividing late adulthood from old age. In connection with the aging of not only the European population, the issue of aging and, in general, the life of older people, is dealt with by social scientists – especially in developmental psychology (among Czech authors, see Blatný, 2016; Farková, 2017; Říčan, 2014; among others, see Ashford et al., 2018; Rogers, 2016; Shalit, 2017) and other researchers. These researchers often associate the age limit for investigating older people with economic non-activity. In the European population, the imaginary limit is usually linked to the retirement age. In the Czech Republic, it is usually 65 years.

The perception of old age as a certain stage of life is also related to its image presented and accepted by the majority society based on the historical and socio-cultural context of particular countries. If older people are considered to be those with life experience and the necessary sense of perspective which they may share with the new generations, their status in society and their subjectively perceived quality of life are higher than in cases where the concept of age has negative connotations. Thus, the concept of old age can be understood as a bio-psycho-social construct whose perception in the population is influenced by particular discourses. In view of the above-mentioned context, we were interested in how the Czech adult population perceives the time limit of old age and what terms it most frequently associates this life stage with.

The time period of dependence on the assistance of others, which is often linked to the final phase of the lifetime terminated by death, is also an important part of aging. Older people often depend on the support and assistance of others because of health problems associated with old age. They cannot always choose the form of support, whether it is provided by family members or other informal caregivers or social services (the field one, the outpatient or residential ones). The social services are provided in the Czech Republic pursuant to Act No. 108/2006 Coll., On Social Services. This so-called informal care provided in the natural social environment, especially by family members, has been paid special attention to in the Czech Republic in the last five years (see Janečková et al., 2017; Truhlářová et al., 2015; Vávrová and Vaculíková, 2017). Long-term care for the elderly in their natural social environment also attracts the attention of foreign experts (Hedman et al., 2013; McSweeney-Feld and Oetjen, 2012) who, in agreement with Czech experts, emphasize its importance, especially for the persons in care. However, each approach (institutional vs. home-based care) has both positive and negative aspects. As mentioned by Knight and Stewart (2013), working with older people is not regarded as high-status employment, and often there is a poor staff-to-patient ratio. Furthermore, the system of care for aging persons and existing health institutions is not, in most cases, sufficiently flexible and equipped to meet the needs of seniors around the world (Jeon and Kwon, 2017; Muir, 2017). On the other hand, home care deals with its implementation, problematic adaptation to the environment, out-of-pocket costs and the possibilities of family members and friends to provide informal care or the reach of a particular social service. The question of spending old age in need of long-term care and service is still very problematic, even in today's society, and therefore requires special attention.

The issues of aging and old age are closely related to other examined topics, namely the theme of dying and bereavement. The questions of accompanying the dying and good death are often discussed in the late modern Western societies (see Czech authors such as Funk, 2014; Opatrný, 2017; Špatenková et al., 2014) or others e.g. (Byock, 2013; Campbell, 2012; Despelder and Strickland, 2011; Kübler-Ross, 2014). Even if most of us want to die in the circle of our closest ones, few of us will achieve that. In the Czech Republic, the reported death statistics show that the most frequent place of death was, in 2016, inpatient care facilities with 65.5% of all deaths. At home, there were 20.9% of all deaths. Another more frequent place of death was social services facilities with 7.3% of deaths. Comparable data are available from 2013 onwards, and there have been no significant shifts in the structure of the deceased according to the place of death in these four years. The difference of more than one percentage point related only to the share of deaths in social service facilities, where by more than 1.7% points of people died compared to 2013 (Czech Statistical Office, 2017b).

In the following section, hypotheses considering the Czech adult population attitude to the final stage of life, its importance and the possibilities of home-care are tested. First, descriptive analyses covering the characteristics of the sample and nominal variables processing are presented. Secondly, interrelationships amongst measured variables are analysed with the following research questions:

(1) What are the basic attitudes of the Czech adult population towards old age? What age (i.e., 50+, 60+, 70+, etc.) and word (i.e., wisdom, experience, illness, etc.) the best express old age?

(2) Is there a relationship between the participants' move to a retirement home if needed, and their willingness to provide home care for a family member (parent, spouse, partner, or child) in need? Are those associated with respondents' age, gender, education, household, residence, and type of housing?

(3) Is there a presence of subgroups of respondents that can be distinguished according to their preferences in social and home-care and the region respondents live in? What classification of the similarity of units that characterize multiple variables is presented within the data?

(4) To what extent do the presented variables (i.e., retirement home, age, gender, education, and type of housing) contribute to our understanding of variation in respondents' willingness to provide home care for a family member (parent, spouse, partner, child) in need?

Materials and methods

Measurement

The online survey included socio-demographic characteristics in the form of gender, age (expressed in years), education, professional status, type of household, place of residence and geographic region. Specific variables considering tested hypothesis were of nominal and interval nature. More specifically, respondents were asked to rank the following questions: (1) At what age do you consider a person to be old? (i.e., age specification); (2) What is the best word to describe the old age of a person? (i.e., word specification); (3) Can you imagine to live in a retirement home if you are in need of constant support and personal assistance in old age? (i.e., retirement home); (4) Would you provide home care to a family member (parent, spouse, partner, or child) who is in an acute or chronic condition and needs assistance to manage a variety of everyday tasks? (i.e., family caregiver); and (5) If you could choose where to die, where would it be? i.e., (place to die).

Data collection was based on the computer assisted personal interviewing method implemented in the autumn of 2015. Quota sampling method gathering the representative data from the Czech adult population was used. More specifically, quotas for age, gender, educational attainment level, place and region of current residence were set. The data matrix was further screened in order to ensure its usability, reliability, and validity for testing the theory.

Participants

497 (47.8%) males and 543 (52.2%) females participated in the research. All participants (n = 1,040) were of Czech nationality with age ranging from 18 to 89 years and with the mean age of 46.42 years (SD = 16.83). About one-third of respondents had achieved secondary education without a school-leaving examination – apprenticeship (35.6%) or with a school-leaving examination (34.9%). 15.5% of the respondents achieved elementary education and the smallest proportions of respondents had achieved university level education (14%). More than half of respondents were employed (55.2%), and on the other hand, 4.3% were unemployed. 24.6% of the respondents were transferred to pensions, 7.3% were self-employed, and 5.7% were students.

According to the household type, couples or more person households without children were the most frequent current type of living (43.2%), followed by parents with children aged less than 18 or with children aged more than 18 with student

status (33.6%). 41.2% of the respondents lived in family houses and 58.7% in flats. Most of the respondents (50.9%) lived in cities, however, not in the city centres. The city centre was the place of residence of 10.8% of the respondents. 12.8% lived in city outskirts, suburbs and townships within 5 km from the big cities, and 25.5% of the respondents were village residents. The most heavily represented regions included South East (15.9%) and North East (14.5%). The other region coverage of respondents' places of residence ranged from 10.5 to 12.3%.

Data analysis

At the level of variables, a descriptive analysis computing frequencies of the selected item categories was carried out. Although descriptive statistics provide valuable information, we are also interested in how variables are involved in interactions. Next, a correlation analysis was used to show the associations between pairs of tested variables.

At the level of respondents, a cluster analysis was chosen to explore emerging subgroups of respondents within the Czech Republic's regions. On the basis of the cluster membership, a test for differences between two independent groups was carried out. In addition, to investigate how selected significant variables contributed to the willingness of participants to provide home care to a family member in need, a multiple regression analysis was conducted. The analyses were performed using IBM SPSS v. 25.

Results

Descriptive analysis

399 (38.4%) of respondents consider age 70+ to be the best age category describing old age (see Table 1). Age of 60+ was chosen by 232 (22.3%) respondents and age 80+ by 211 (20.3%) of respondents. Moreover, lower age (50+), and higher age (90+), were not favoured age description categories. Also, the opinion that old age cannot be defined by age was rarely selected.

Illness (277, 26.6%), experience (225, 21.6%), and wisdom (134, 12.9%) were the most often selected words to describe old age of a person. On the other hand, the lowest frequency accounted for stupidity (7, 0.7%). Furthermore, more than half of respondents (619, 59.5%) would prefer to die at home. 151 (14.5%) of respondents do not know where would be the best place to die and 107 (10.3) prefer hospital. Not surprisingly, a public place was the last selected option selected only by 5 respondents (0.5%).

Table 1. Descriptive statistics of the old age characteristics (i.e., age and word specification) and preferred place to die					
Variable	*n*	%	Variable	*n*	%
What age do you consider a person to be old?			Gullibility	47	4.5
50+	55	5.3	Helplessness	104	10.0
60+	232	22.3	Balance	57	5.5
70+	399	38.4	Insanity	52	5.0
80+	211	20.3	Stupidity	7	0.7
90+	33	3.2			
Unable to limit by age	100	9.6	*Where would you like to die?*		
I do not know	10	1.0	Home	619	59.5
What is the best word to describe old age?			Hospital	107	10.3
Wisdom	134	12.9	Hospice	34	3.3
Insight	68	6.5	Retirement home	26	2.5
Experience	225	21.6	Public place	5	0.5
Illness	277	26.6	Nature	98	9.4
Death	69	6.6	I do not know	151	14.5

Correlation analysis

The pairwise correlations among the sets of variables are shown in Table 2. As can be seen, the answers of those respondents who can imagine their life in a retirement home if in need of constant support and personal assistance in old age (retirement home) are significantly and positively correlated ($r = 0.139$) with respondents' willingness to provide home care to a family member who is in an acute or chronically bad condition and needs assistance to manage a variety of every-day tasks (family caregiver). Further, respondents' ability to imagine their life in a retirement home increases with age ($r = -0.119$) and is more specific for female than male respondents ($r = -0.066$).

Providing home-care to family members (family caregiver) is significantly and negatively associated with respondents'

age, gender, education, and positively associated with type of housing. More specifically, high levels of willingness of providing home care to a family member in need (family caregiver) is correlated with a higher age ($r = -0.076$) and more specific for females ($r = -0.178$) with a higher level of education ($r = -0.092$) and those living in the family house ($r = -0.074$). Moreover, only small strengths of the correlations were found with variables such as type of household (living with/without children) and type of residence (living in a city and out of a city) making no statistical and material (practical) significance.

Cluster analysis

A hierarchical cluster analysis using between groups linkage method was calculated using the respondents' declared degree of willingness to move to a retirement home if need be in old

Table 2. Zero-order correlation analysis

Variable	Description	Retirement home	Family caregiver
Retirement home	A metric variable: if definitely yes = 1; definitely no = 4	–	–
Family caregiver	A metric variable: if definitely yes = 1; definitely no = 4	**0.139[b]**	1.00
Age	A metric variable for age of respondents in years	**–0.119[b]**	**–0.076[a]**
Gender	A categorical variable for household head: male = 0; female = 1	**–0.066[a]**	**–0.178[b]**
Education	A categorical variable for education: elementary and secondary without school-leaving examination = 0; secondary with school-leaving examination and university = 1	–0.013	**–0.092[b]**
Household	A categorical variable for household: without children = 0; with children = 1	0.024	–0.029
Housing	A categorical variable: if family house = 0; flat = 1	–0.035	**0.074[a]**
Residence	A categorical variable: if city = 0; out of city, village = 1	–0.051	–0.035

[a] $p < 0.05$; [b] $p < 0.01$

age (retirement home), willingness to provide home care for a family member in need (family caregiver), and the region characteristic (a set of region categories is presented in Table 4).

The aim was set to explore the presence of subgroups of respondents that can be distinguished according to their preferences in social care and the region respondents live in. A simple two-cluster solution was obtained with the further exploration of the significant differences of the clusters by comparing their means (see Table 3).

Table 3. Cluster solution and mean differences results

Variables	Cluster 1: High M (SD)	Cluster 2: Low M (SD)	U	z	p
Retirement home	3.16 (0.28)	3.44 (0.39)	11	–1.276	0.240
Family caregiver	2.23 (0.37)	3.36 (0.38)	1	–2.687	**0.004**

The cluster analysis differentiated the Czech adult population into two groups of respondents: those who are more likely willing to spend the rest of their life in a retirement home in case of need and are highly willing to provide home care for a family member in need (cluster 1 – labelled as High) and those respondents who are less likely willing to move and provide home-care (cluster 2 – labelled as Low). Based on the group membership, the two clusters differed significantly in the family member home-care providing variable (family caregiver). The presence of the clusters in the family caregiver variable according to the region is presented in Table 4. Central and North Bohemia region represents respondent's higher disagreement with living in a retirement home and with willingness to provide home care to a family member. On this basis, the clustering empirically underlines diverse Czech regions and the population's attitudes.

Table 4. Cluster solution of the family caregiver variable within the Czech Republic's regions

Region	M (SD)	Cluster	Region	M (SD)	Cluster
Prague	3.10 (2.52)	1	Olomouc	2.64 (1.74)	1
South Bohemia	2.84 (2.27)	1	Zlín	3.49 (2.12)	1
Pilsen	3.15 (2.05)	1	Moravian-Silesian	3.42 (2.54)	1
Karlovy Vary	3.13 (2.90)	1	Central Bohemia	3.64 (2.79)	2
Ústí nad Labem	3.28 (2.29)	1	Liberec	3.82 (3.16)	2
Vysočina	3.49 (1.65)	1	Hradec Králové	2.93 (3.67)	2
South Moravia	3.10 (2.25)	1	Pardubice	3.37 (3.43)	2

Regression analysis

The following section presents the results of the multilevel models regarding the impact of a number of factors on the likelihood of the respondents' willingness to be a family caregiver. A descriptive linear multiple regression analysis was carried out to test the predictive power of a set of significant variables and to assess the relative contribution of each of them.

First, the assumptions of the analysis were checked with no presence of a serious violation. Second, the model fit was evaluated explaining 11% (*Adj*. R^2 = 0.106, Durbin–Watson d = 1.948) of the variance and reached statistical significance

($F_{(5, 1032)}$ = 25.606; $p < 0.001$, f^2 = 0.497). Out of the tested variables (see Table 5), the participants' willingness to move to a retirement home if need be in old age (retirement home) made the strongest unique contribution (β = 0.275, $p < 0.001$) accounting for 7% of variance. In addition, gender (β = –0.125, $p < 0.001$) and education (β = –0.095, $p = 0.001$) also significantly contributed to the model. On the other hand, age and type of housing were not significant predictors of respondents' willingness to provide home care for the family member in need.

Table 5. Linear multiple regression predicting willingness to provide home care to the family member in need (family caregiver)

Model	Unstandardized		β	t	p	95% Confidence interval for B		Collinearity statistics	
	B	SE (B)				Lower	Upper	Tolerance	VIF
Retirement home	0.286	0.031	0.275	9.250	**0.000**	0.225	0.346	0.975	1.026
Age	−0.004	0.004	−0.031	−1.045	0.296	−0.012	0.004	0.968	1.033
Gender	−0.552	0.130	−0.125	−4.228	**0.000**	−0.808	−0.296	0.984	1.016
Education	−0.417	0.130	−0.095	−3.199	**0.001**	−0.673	−0.161	0.983	1.017
Housing	0.158	0.132	0.035	1.198	0.231	−0.101	0.418	0.989	1.011

Discussion

What old age really means in terms of its quality is not the subject of the presented research. However, it represents a good starting point for answering such a question in the form of concentrating our primary attention on an analytic description of old age using a representative sample of the Czech adult population. As it can be said, the older you get, the more life experience you have. For most people, a higher age brings more developed skills and professional capabilities on the one hand, but depression and losses, mainly when falling ill, on the other hand (Bjørkløf et al., 2015; de Freitas et al., 2010).

As a result of the conducted representative survey of the Czech population, most respondents (almost 40%) consider age 70+ to be old age, and for more than 20% of respondents it is 80+. What is most surprising, however, is that more than 22% of respondents chose age 60+, as the life expectancy of the Czech population reaches an average of nearly 79 years. It would follow from that that the period of old age will, according to this group of respondents, cover more than a quarter of human life. This situation – the perception of the age limit by the Czech population – signals that it is necessary to start to see the old age in accordance with the European trends and the state policy of preparation for the aging of the Czech population in a new way (Ageing Policy in the Czech Republic, 2015). A higher proportion of older people in the population, when it is estimated that in 2050 the seniors will account for up to one third of our population, required the creation of a permanent advisory body, the Government Council for Seniors and Population Aging in 2006 (Ministry of Labour and Social Affairs, 2006). One of the main goals of this advisory body is to promote lifelong preparation for a healthy, active and dignified life in older age and to involve older people in society (Ageing Policy in the Czech Republic, 2015). These goals are in contrast with the opinions of the Czech population found within the conducted research which associate the concept of age with "illness" (almost 27%). In the second place is "experience" (almost 22%) and in the third place "wisdom" (almost 13%), the potential of which is not yet sufficiently made use of in practice. Even in the document entitled Ageing Policy in the Czech Republic, the area of lifelong and intergenerational learning, in which the "experience" and "wisdom" should bring benefits, is considered to be the key one, and for this reason it is necessary to strengthen it in seniors. Through various forms of education and employment, including volunteer activities of senior citizens, it is possible to increase the active participation of seniors in the life of society, which in turn supports their mental and physical health (Ageing Policy in the Czech Republic, 2015).

Attitudes toward ageing on the part of older people living in institutions and their caregivers was explored by Janečková et al. (2013). A connection with wisdom and phrases such as "fruits of life", acceptance and a better ability to cope with life were effective in the positive attitudes of both groups of respondents. On the other hand, negative attitudes toward ageing (experience of illness, loneliness or helplessness) were expressed mainly by very old people (Bužgová and Klechová, 2011). Attitudes toward age, whether expressed in words or by the age limit, are often examined in the research literature in individual segments covering a specific part of the population (Randler et al., 2013), especially within the medical and nursing professions (Bahadir-Yılmaz, 2018; Darling et al., 2018; Wilson et al., 2018). However, a holistic view of the population on attitudes towards old age within one empirical study is, to our knowledge, lacking.

Another important issue is that the old stage of life is also characterized by many fundamental changes including seniors' moving to retirement homes if they are in need of constant support and personal assistance. Provision of home-care to a family member (parent, spouse, partner, or child) who is in an acute or chronically bad condition and needs assistance to manage a variety of every-day tasks is also common. Therefore, descriptive and bivariate analyses of the above mentioned variables along with the exploration of the sociodemographic characteristic of the representative sample of the Czech adult population were conducted. The aim was not only to describe but also explain the influencing factors, subgroups and basic attitudes to the old stage of life.

The research shows that with the increasing age the ability of respondents to imagine their life in the home for the elderly grows. This hypothetical idea is gender-based, with women more often than men admitting this possibility. This can also be affected by differences in the life expectancy between women and men, which implies a higher proportion of women in the elderly population. Women are also more likely than men to provide home care to a dependent family member. The willingness to provide informal care continues to increase, depending on the age, the higher the level of education and living conditions, i.e. in connection with living in family houses. Informal care is currently gaining importance in the Czech Republic, emphasizing the need for a higher level of support of family caregivers by social work institutions (Hubíková, 2017). In this context, we consider the outputs of the presented representative research of the Czech population to be important because they give us an idea of preferences and willingness to take care of a close person in the time of his/her dependence on the help of others because of old age. As mentioned by Lüdecke et al. (2012) in the context of the Eurofamcare study, in which 1,003 family caregivers were in-

terviewed, the use of support services aimed directly at family caregivers was reported to be very low. Therefore, the major challenges for society are to sustain, promote and support these informal resources. In order to achieve this, the authors stressed the importance of situation-specific services provided to family caregivers, which support them and relieve their burden of care and competing priorities. Although willingness to provide home care exists within the Czech population, increasing evidence shows that caregiving is being provided at a significant physical, emotional, and financial cost to caregivers (Brémault-Phillips et al., 2016; Charles et al., 2017; Hollander et al., 2009), and it remains a challenge worldwide.

In connection with the period of dependence and the terminal stage of life, we were also interested in the preferences of the Czech population about its termination. Most respondents (nearly 60%) wished to end their life in a natural social environment, i.e. at home. Nearly 15% of the respondents could not answer the question and 10% preferred death in hospital. Compared to the reported statistical data, when only 21% of people die in their homes, this option was chosen by the respondents almost three times more. This is where another important question arises, namely the "deinstitutionalization of dying" based on the wishes of the Czech population. If the citizens' views are heeded, as they should be in a well-functioning society, then it follows that the mobile hospice care should be supported. This would also be a suitable support for informal caregivers in the final phase of their caring. However, even though a majority of people would like to die at home, the practice is different. Many of them land in hospitals getting unwanted care (Pillet et al., 2018). For example, an even larger proportion (70%) of US citizens on the West Coast prefer to die at home. However, 32% of deaths occurred at home, 42% in a hospital, and 18% in a nursing home (California Healthcare Foundation, 2012). Greenwood et al. (2018) further identified older people's (65+) experiences of dying in nursing and care homes from the perspectives of the older people themselves, their families or staff. A narrative systematic review highlighted the physical discomfort of dying in an institution, along with negative psychosocial experiences such as loneliness and depression, with limited support for residents' spiritual needs.

Findings of the cluster analysis pointed out that the Czech adult population is divided into two groups of respondents who are more likely willing to spend the rest of their life in the retirement home in case of need and are highly willing to provide home care for a family member in need and vice versa. This corresponds to the previously mentioned results of the correlation analysis showing that respondents who can imagine to be recipients of social care in the form of placement into the retirement home are also willing to secure the role of provider of social care to a family member. It could be interesting to empirically explore factors that influence such an attitude. For example, Rijnaard et al. (2016) conducted a systematic review on factors influencing the sense of home in nursing homes from the perspective of their residents. Although these results come from answers of respondents who are already social care recipients, the sense of home in the social care environment is of considerable importantance. This sense of home was influenced by (1) psychological factors (such as autonomy and control, coping, acknowledgement); (2) social factors and activities (such as interaction and relationship with staff, residents, family members and friends); and (3) the built environment (location, private space, personal belongings, etc.). Most likely, for respondents who see such factors as being fulfilled, their willingness to age in the retirement home might be more positive. It should be noted that the researched variables include

only the situation when respondents are in need of constant support and personal assistance in old age. This means that living in a natural home environment is no longer possible for the most common reason, which is acute and chronic health problems and medical treatment convenience (Johnson et al., 1994; Huang et al., 2014; Tomiak et al., 2000).

Limitations
The study has some common limitations that will be pointed out. The first limitations are related to a basic drawback of the self-report, and the second relate to the nature of the analysed data set. In relation to the measurement technique, the survey provides data from an individual's perspective. Therefore, dishonesty, and the feeling of responding in a certain (socially) accepted way is always an issue. However, since the research does not cover very sensitive topics or the collection of detailed personal information, such a distortion is not largely expected. Another weakness of the presented data set is related to the time of data collection and the period between publication of the presented findings. However, we believe that the investigated attitudes are of a permanent nature and do not change rapidly or without a particular initiative, and therefore no further significant data distortion is expected. Moreover, there were no major changes between the mentioned time periods in the social care system in the Czech Republic. Therefore, the presented results should remain unchanged. In conclusion, we believe that non-publication of the presented findings would represent a more fundamental error than their publishing with the time delay discussed above.

Second, the study limitations are tied to the nature of the analysed data set. Due to the fact that the research items should correspond to the responding possibilities of the whole population, their wording had to be simple, clear and without any complex additions. Respondents of any age, educational level, occupation or labour status should be able to respond. The formulation of such survey questions is always a challenging phase of planning every research project, including potentially sensitive parts of the research (Karabenick et al., 2007). Thus the formulation of additional questions was not desired, even though they (might) bring interesting findings.

Implications
Although the research-based implications are already outlined in the discussion of results, needed support and situation-specific services provided to family caregivers deserve further attention. In fact, family caregivers often feel isolated and unprepared for the intensive commitment to caregiving they are expected to undertake over the long term. Therefore, a growing gap between the number of old people in need of constant support and the number of family members able and willing to support them is not that surprising. Nevertheless, the current family care system cannot be adopted overnight; examples of evidence-based good practice models exist, especially (but not only) in Western countries, and are relevant to different social settings (Hughes, 2008; National Academies of Sciences, Engineering, and Medicine..., 2016). However, if we only look for differences, obstacles or excuses, and do not accept such opportunities for advancing high-quality care, then even great practice results will not be fully utilized.

Recommendations for future research
Based on the presented research, besides gender and education, participants' willingness to move to a retirement home if

need be in old age made the strongest contribution to the likelihood of the respondents' willingness to be a family caregiver. However, the tested model explained only 11% of the variance, leaving a relatively large room for other intervening variables. Moreover, respondents living in the Central and North Bohemia region manifested lower willingness to live in a retirement home and to provide home care to a family member. Therefore, further research is needed to determine the strongest predictor, if the perspectives of the various involved stakeholders differ, and what can be improved in practice.

It could also be interesting to investigate the change in the attitude of the Czech adult population to the final stage of life, over some investigated period of life in which the life experiences of individuals were comprehensively taken into account. However, such an intention requires the inclusion of a qualitative methodological approach, for example in the form of the implementation of situational analysis, widely used in health research and medicine (Clarke, 2015). In addition, the respondents' wealth could also help our understanding of what effects the respondents' experiences and perceptions of ageing. Likewise, the health state seems to be the most important variable concerning the feeling of aging for the majority of the respondents. Therefore, its inclusion in the future research could be of benefit, too.

Conclusions

This paper presents the main results from exploring the meaning of old age from the perspective of a Czech adult. Attention was focused on three main areas, covering: (1) specification of old age in the form of attained age in years, and the best word to describe old age; (2) consideration of living in a retirement home if in need of constant support and personal assistance in old age, and willingness to provide family caregiving for elderly dependents; and (3) preferred place to end the final stage of life. Based on a quantitative approach, descriptive statistics and interrelationships amongst the measured variables gathered from a self-reported survey were specified. In addition to one-dimensional data analysis, inference statistics and hypothesis testing were applied and discussed.

Although the main results are not entirely surprising, their utilization is greatly needed within the present population. Making individuals feel respected, and valued as people with their own needs and preferences, is the way to contribute to greater satisfaction with their life, especially towards its later stage. As a future step, we envision examining the presented conclusions and their implementations.

Conflict of interests
The authors have no conflict of interests to declare.

Zkoumání významu stáří z perspektivy české dospělé populace: kvantitativní výzkum

Souhrn
Když říkáme, že věk je jen číslo, myslíme tím, že věk není určující pro to, jak bychom se měli cítit nebo chovat. Empirické studie reprezentativního vzorku, které by popisovaly hranice stáří z hlediska dlouhověkosti a užívaly vhodné pojmy pro popis stáří však, podle našeho povědomí, v českém prostředí chybí. Tento článek tedy popisuje výsledky kvantitativní analýzy, kdy byla pro zkoumání vzájemných vztahů použita data získaná od reprezentativního vzorku české dospělé populace (*n* = 1 040). Výzkum ukazuje, že většina respondentů považuje věk 70+ za stáří a spojuje ho s nemocemi, zkušenostmi a moudrostí. Většina respondentů si přeje prožít konec svého života doma. Se stoupajícím věkem se však zvyšuje jejich ochota představit si své stáří v domově pro seniory, přičemž tuto možnost si častěji připouštějí ženy. Ženy také častěji poskytují domácí péči rodinnému příslušníkovi, který je na ní závislý. Ochota poskytovat péči se zvyšuje s věkem, vyšší úrovní vzdělání a lepšími životními podmínkami. Přijetí možnosti života v domově pro seniory, pokud by to bylo nutné, je, kromě věku a pohlaví, ovlivněno ochotou pečovat o někoho v rodině. Respondenti žijící ve Středočeském a Severočeském kraji projevili, podle shlukové analýzy, nižší ochotu žít v domově pro seniory a poskytovat domácí péči.

Klíčová slova: domácí péče; dům pro seniory; rodinný pečovatel; stáří

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