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Dominant personal values and stress-coping strategies in relation to health and social conditions of kinship foster carers aged 60+ providing care for their biological grandchildren

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Abstract

Background The subject of personal values prompts deep reflection in the context of foster care provided by kinship carers, in particular grandparents, towards their biological grandchildren. Taking over the care of their own grandchildren may play a confrontational role in the context of grandparents' personal values, causing a sense of failure in their parenting skills in relation to their biological children, which has various effects on the creation of attachment relationships and the methods of raising grandchildren, who are often already affected by traumatic experiences. Grandparents also have to face public deliberation whether they are in a position to provide proper care for their grandchild or grandchildren when they most probably made various mistakes while raising and caring for their own children.

Aim Identification of dominant personal values and stress-coping strategies in relation to the health and social resources of people aged 60 + providing kinship foster care for their grandchildren.

Methods This is a continuation of research conducted in 2018–2019 in north-western Poland. The target population comprised 189 families with kinship carers aged 60 + . Consent to participate was obtained from 78 carers, i.e. 41.27% of those eligible for the study. The study was conducted using the diagnostic survey method. The study used the following standardized scales and questionnaires: PVL, Mini-COPE and NEO-FFI, as well as nursing care sheets and an original survey to determine the profile of a kinship foster carer.

Results Over 75% of the respondents identified "good health, physical and mental fitness" as the dominant personal value. For 50% of the respondents "successful family life" was a symbol of happiness and for 45.16% of them it was "good health". As for the stress-coping strategies, the highest average rank of 4.84 was assigned to the "active coping" strategy, followed by a value of 4.56 for the "planning" strategy, and then "acceptance" and "positive reframing". The strategy which had the lowest rank of 0.08 was "using psychoactive substances", which did not receive a rank value higher than 2 and was assigned a value of 0 by 95.16% of the respondents. The dominant personality traits among kinship foster carers were: conscientiousness (mean ± SD = 3.34 ± 0.41), followed by agreeableness and extroversion. Neurotic personality traits were reported by the smallest number of respondents (mean ± SD = 1.12 ± 0.63).

Conclusions Studies have shown that grandparents taking on the responsible role of kinship foster carers for their grandchildren are guided by love. They point to their health as an important resource. They perform their duties

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conscientiously and are open to new knowledge. They are capable of dealing with stress constructively. Their resourcefulness and a sense of purpose could increase with improved housing and financial conditions.

Keywords Personal values, Foster care, Grandparents, Stress, Personality

Background

Values refer to the physical, mental, social and spiritual dimensions of life. They are criteria which constitute a basis for integral development and fulfilment of one's life aspirations. Values determine attitudes towards people and things, thus influencing emotional states, self-esteem and agency. People's choices and behaviours are regulated by their value systems which serve to express what they find particularly dear. Therefore, values constitute a regulator of conscious and deliberate action in various life situations, but only when they achieve a high position in one's personal hierarchy, and not just in the sphere of declarations [1]. Values are "everything that is considered important, valuable and worthy of desire for the individuals and the society, everything that is associated with positive experiences and is at the same time the goal of human aspirations" [2]. The structure of personal values is shaped from childhood by the educational process and by life experience. The parents' value system plays an important role, particularly in childhood, as it is related to the atmosphere in the family home and the educational methods applied. The subject of personal values prompts deep reflection in the context of foster parenting provided by kinship carers, especially grandparents, towards their biological grandchildren. In the aspect of foster care, biological families are perceived in terms of deepening dysfunctions (addictions, violence) as well as the parents' inadequacy and the decline of values. The kinship foster family is of particular importance as an educational environment different from the natural family, but closest to the idea of implementing the care and upbringing process in family conditions during the indisposition of biological parents. Grandparents taking on this role assume not only an obligation, but also responsibility, which is particularly demanding in view of their age. In most cases, biological grandparents are aware of their grandchildren's shortcomings, difficulties and disorders, which does not expedite provision of foster care, but is certainly more beneficial for the grandchildren due to the family bonds between them. Addressing the topic of personal values which guide kinship foster carers aged 60 + is also the authors' reaction to common beliefs that foster families are started for financial reasons. The claim that it is possible to make a good profit by provision of foster care is not true. In a kinship foster family, just as in any family raising children, money is needed so that the child and other family members can function in a decent way, with their human needs covered. However, it should be borne in mind that a child placed in foster care most often suffers from psychophysical deficiencies, is emotionally unstable, and requires treatment and rehabilitation activities, which can be very expensive. In natural families, basic needs are satisfied with varying degrees of success, while in a foster family, including a kinship foster family, which is subject to constant inspection, these needs must be met at an appropriate level—provided for by the legislator—which is verified by officials and the family court. Taking on the role of a kinship foster carer also involves a number of doubts and concerns on the part of the carers, especially in the case of senior citizens. The struggles include age-related health problems, parenting concerns resulting from the generation gap, role conflict connected with re-entering the role of a parent while simultaneously being a grandparent, as well as the need to report to social welfare institutions and the family court. There may also be concerns over finances and living conditions. Grandparents provide foster care in their homes where they must prepare conditions for sleep, play or study appropriate for the age and needs of their grandchildren. The carers are usually retired people living on old-age pensions or disability benefits. The fact of taking over the care of their own children's children may play a confrontational role in the context of personal values, causing a sense of failure in their parenting skills in relation to their biological children, which has various effects on the creation of attachment relationships and the methods of raising grandchildren, who are often already affected by traumatic experiences. Grandparents also face public deliberation whether they are capable of providing proper care for their grandchild or grandchildren when they have most probably made mistakes while raising and caring for their own children [3]. As all of the above circumstances are stress factors, the authors decided to examine, apart from personal values, also stress-coping strategies in relation to the health and social conditions of grandparents as foster carers. The study was aimed at identification of the dominant personal values and the most frequently chosen stress-coping strategies in relation to the health and social resources of people at the age of 60 + who take on the role of kinship foster carers for their grandchildren.

The basis for undertaking the topic is the family systems theory, according to which the family is perceived

as a complex, dynamic and constantly changing set of elements, subsystems and family members. The family system is characterized by order and coherence, cyclical causality, hierarchical structure and adaptive self-organization [4]. In the systems theory, families create recurring patterns of mutual interactions and behaviours. Changes in one element cause a change in the entire system. This means that a change in the behaviour of one family member affects the functioning of the entire family [4]. Grandparents are part of the family system and, as its members, naturally protect the well-being and durability of the family, replacing parents by taking care of grandchildren.

The importance of grandparents in Polish families, both historically and today, is considerable and might be expressed in four basic styles of functioning and four assumed roles, which are presented in Table 1.

According to CBOS research, 72% of the Polish owe their grandparents assistance in care and upbringing (65% of respondents) as well as the feeling of being loved (64% of respondents). Another important issue is the handing down of moral principles (57% of respondents) and qualities such as: dutifulness, diligence, self-discipline and strong will (48% of respondents). A total of 44% of respondents have learnt their grandparents' practical skills, e.g. housekeeping or DIY, and 25% of them follow their grandparents' interests and hobbies. According to 43% of the Polish, their grandparents have instilled in them patriotic values such as knowledge of important historical events and the love for their homeland. 10% of respondents inherited their apartments from their grandparents, and 6% of them claim to have received other kinds of inheritance [7].

Material and methods

Research questions

Detailed research process allowed the authors to provide answers to important questions which may be of practical use.

1. What are the dominant personal values of foster carers aged 60 + and what do they depend on?
2. What is the preferred happiness symbol of the respondents under study and what features determine this happiness?
3. What are the dominant stress-coping strategies of foster carers aged 60 + and what do they depend on?
4. Is there a relationship between personality traits, personal values and adopted stress-coping strategies?

Study procedure

The article is a continuation of research conducted within the framework of the research project: "Identification of problems in the medical, psychological and social sphere in people aged 60 years and older who – pursuant to a court decision – provide kinship care to their grandchildren". The study was carried out in 2018–2019 in north-western Poland. The target population comprised 189 families with kinship carers over the age of 60. Consent to participate was obtained from 78 carers, i.e. 41.27% of those eligible for the study. Each participant was given information about the aim and procedure of the study with a written assurance that they could withdraw at any stage of the research process, without having to provide information as to the reasons for their decision. Two inclusion criteria were selected for the study: 1) age of 60 years +, 2) at least one of the foster carers was

Table 1 Grandparent's styles of functioning in the family

1	Formal style	there is kindness and bond in the relationship, but the roles of grandparents and parents are clearly separated
2	Substitute parents	grandparents play a parental role towards their grandchildren, with a clear educational function
3	A source of wisdom and tradition	grandparents pass on family traditions
4	Friendly Santa Claus	infrequent contact between grandparents and grandchildren, combined with gift giving
Grandparents' roles in the family		
1	Anchor	grandparents' special role while dealing with difficult situations experienced by the family is to protect mutual relations and assist in recognition of values
2	Guard	grandparents play a significant role in family cohesion and stability by providing support in raising and caring for children as well as by providing financial assistance
3	Arbitrator	grandparents reduce tension in conflicts between parents and children, assist in their resolution and foster mutual understanding
4	Historian	grandparents pass on national values, family history and hand down family traditions

Source: authors' own research based on [5, 6]

a biological grandparent. The surveys were administered by a trained member of staff at the kinship family place of residence. The study design obtained the approval the Bioethics Committee of the Pomeranian Medical University KB-0012/166/03/18 on 29th March, 2018.

Methods

The study was conducted by use of the diagnostic survey method. In order to identify functional problems, the following tools were used:

1. PVL (Personal Values List—Polish adaptation by Zygfryd Juczyński), which is used to assess the value placed on health. It consists of two parts: the first part contains a description of 9 happiness symbols relating to human values and involves assigning rank values 1–5 to five of the nine happiness symbols, where rank 5 means the most important value. The second part contains 10 categories of personal values, including health, which is considered equivalent to physical and mental fitness. Similarly to the first part, the respondents select 5 of the 10 personal values and assign them rank values from 1 to 5. The reliability of the questionnaire was checked using the test–retest method at a two-week interval and was 0.78 and 0.76 for both parts of the PVL, while after six weeks it was 0.72 and 0.62, which indicates satisfactory stability of the method. [Juczyński Z. NPPPZ—Narzędzia Pomiaru w Promocji i Psychologii Zdrowia. Warszawa: Pracownia Testów Psychologicznych; 2009.]
2. Mini-COPE (Polish adaptation Zygfryd Juczyński, Nina Ogińska-Bulik), which is a measure of coping with stress. It consists of 28 statements included in 14 strategies (2 statements in each strategy). The method is most frequently used to measure dispositional coping, i.e. typical responses and feelings associated with severe stress (active coping, seeking instrumental support, planning, avoiding competitive activities, turning to religion, positive reframing and development, acceptance, concentration on emotions and venting them, denial, self-distraction, disengagement, use of alcohol and other psychoactive substances, sense of humour). The respondents answer using a four-point scale: 1 = I almost never do this, 2 = I rarely do this, 3 = I often do this, 4 = I almost always do this. The internal consistency of the Polish Mini-COPE version was based on a study of 200 people aged 25–60. The split-half reliability was 0.86 (Guttman index 0.87). Consistency was satisfactory for most scales [Juczyński Z. NPSR—Narzędzia Pomiaru w Stresu i Radzenia Sobie ze Stresem. Warszawa: Pracownia Testów Psychologicznych; 2009.]
3. NEO-FFI questionnaire (Polish adaptation Bogdan Zawadzki, Jan Strelau, Piotr Szczepaniak, Magdalena Śliwińska), which is used to diagnose personality traits included in a popular five-factor model known as the "Big Five" model. The questionnaire consist of 60 self-description items assessed by the respondents on a five-point scale. These items form 5 scales measuring: neuroticism, extroversion, openness to experience, agreeableness and conscientiousness. The highest reliability coefficients were found for the following scales: conscientiousness (0.82; original 0.81), neuroticism (0.80; original 0.86) and extroversion (0.77; original 0.77). Lower Cronbach's alpha coefficients were obtained for the openness to experience (0.68; original 0.73) and agreeableness (0.68; original 0.68) scales. The homogeneity of the scales of the Polish adaptation was satisfactory, although it was slightly lower than the original [Zawadzki B., Strelau J., Szczepaniak P., Śliwińska M. Personality Inventory of Paul T. Costa Jr and Robert R. McCrae, Polish adaptation, Warsaw: Pracownia Testów Psychologicznych; 2010.]

The identification of medical problems was performed by analysing the individual primary care nursing care sheets, in the form applicable in Poland, as provided for in Annex No. 8 to the order of the President of the National Health Fund No. 69/2007/DSOZ of 25.09 0.2007. The sheet contains the individual's personal details, information about their health, physical and mental condition, as well as members of the household and living conditions.

We used a survey of our own design in order to determine the profile of the kinship carer aged 60 +, including social background, education, occupational status, material status, marital status, having biological children, concerns and problems connected with the role of foster parent.

Participants

The study comprised 78 participants, 62 of whom completed the entire questionnaires. The mean and standard deviation of the respondents' age was 69.47 ± 6.37 years, with the age ranging from 61 to 97 years. Women constituted 85% of the group under study; the average age of women and men was similar and amounted to 69.3 and 70.44 years, respectively. Good health was declared by 55% of participants. The majority (60%) provided foster care to one child while the remaining 40% had two or more children in their care. The participants of the study were residents of north-western Poland. Detailed characteristics of the respondents is presented in Table 2.

The average number of grandchildren per grandparent in the sample equaled 1.56 (SD = 0.82). Out of the

Table 2 The number of respondents and the mean and standard deviations of their age in relation to gender, health and the number of children in foster care

Group of respondents	N	Age (Mean ± SD)	Age (min – max)
All respondents	62	69.47 ± 6.37	61 – 97
Gender			
Women	53	69.3 ± 6.33	61 – 97
Men	9	70.44 ± 6.89	61 – 81
Health			
Healthy	34	68.71 ± 5.45	61 – 83
Sick	28	70.39 ± 7.34	61 – 97
Number of children in foster care			
one child	37	68.24 ± 4.86	61 – 80
more than one child	25	71.28 ± 7.88	62 – 97

62 respondents, there were 97 children in foster care, including: 37 grandparents with 1 grandchild, 18 with 2 grandchildren, 4 people with 3 grandchildren and 3 people with 4 grandchildren. The average age of grandchildren in foster care was 14.05 years. The respondents assessed their housing conditions as very good (18 people, 29%), good (29 people, 46.8%) and average (15 people, 24.2%), while their financial situation was assessed as: very good (6 people, 9.7%), good (24 people, 38.7%), average (30 people, 48.4%) and bad (2 people, 3.2%). Out of the respondents, 4 people (6.5%) had higher education, 9 people had secondary education (14.5%), 9 (14.5%) technical education 25 vocational education (40.3%) and 15 people (24.2%) had primary education. A total of 71% the respondents, were or still are blue collar workers, the remaining 29% used to work or currently work as white-collar workers. Intelligentsia origin was declared by 16% of respondents, working-class origin by 71%, and peasant origin by the remaining 13%.

Statistical analysis

Quantitative data were presented as mean ± standard deviation, median ± quartile deviation and percentages. The Wilcoxon test was used to analyse differences between distributions. The significance level of 0.05 was adopted for all tests.

Results

The study results are interdisciplinary, combining disciplines such as geriatrics, psychology, family sciences and social welfare. Their significance is multifaceted as they refer to the areas of personality, emotions, resources and values as well as social, financial and living conditions. In the analysis of the first part of the Personal Values List (PVL) containing terms expressing happiness symbols, the highest average values of 4.15 and 4.16 were obtained for "successful family life" and "good health", respectively. For "successful family life", 50% of respondents indicated the highest value of the scale (5), while 25.81% indicated rank 4. This indicator of happiness was not omitted by any of the respondents. In the case of "good health", 45.16% of respondents indicated the highest value of the scale (5), 38.71% indicated rank 4 and no person indicated rank 1. This happiness symbol was omitted 3.23% of respondents. The lowest average value of 0.03 was obtained for the "fame, popularity". As many as 96.77% of respondents omitted this symbol in their linguistic assessment of happiness, and the remaining 3.23% of respondents assigned it rank 1. The detailed results of the PVL-1 survey are presented in Table 3.

When assigning ranks 1–5 to the categories relating to personal values in the second part of the PVL, the respondents considered "good health, physical and mental fitness" to be the most important—over 75% of respondents assigned this category the highest rank (5), and 11.29% indicated rank 4. The mean value and standard deviation of the rank in this case are 4.35 ± 1.45. The second highest mean value was in the "love, friendship" category, where the mean and standard deviation were 2.18 ± 1.89. Rank 4 and rank 5 were assigned by 29.03% and 9.68% of respondents, respectively. This category was not indicated as a personal value by 32.26% of respondents. The least important personal value was the "wealth, fortune" category, which was not indicated by any of the respondents. The second category that 75.81% of respondents did not rank as their personal value was "nice appearance, good presence". For this category, the mean and standard deviation were 0.52 ± 1.11. The results of the PVL-2 survey are presented in Table 3.

We conducted an analysis of the relationship between the respondents' answers and factors such as gender, health, the number of children in foster care, housing conditions and various concerns of the respondents. The Wilcoxon rank sum test was performed to analyse the results in terms of the happiness symbols to which respondents most often assigned ranks. By means of this test it was shown that a higher rank for the "good health" happiness symbol was assigned by respondents with one child in foster care than by those with more than one child and by carers who are not afraid of contact with representatives of institutions, compared to those for whom such contact causes anxiety. The average rank value for the "good health" category for respondents raising one child was 4.38 while for those with more than one child it was 3.84. For respondents not afraid of contacts with representatives of institutions, the average rank for this category was 4.29, for those afraid of such contact, the average rank was 3. The results of the Wilcoxon rank sum test also indicated that respondents with

Table 3 Results of the happiness symbol determination survey (PVL-1), the Personal Values Survey (PVL-2) presenting the ranks assigned by respondents and results of the Stress-coping Strategies Survey (MiniCOPE)

Personal value / Stress-coping strategies	Rank	Rank [%]						
	(Mean ± SD)	0	1	2	3	4	5	6
PVL-1 Happiness Symbol								
A large circle of friends	0.63 ± 1.03	64.52	17.74	11.29	3.23	3.23	0	-
Successful family life	4.15 ± 1.07	0	3.23	4.84	16.13	25.81	50	-
Performing one's favourite job/ profession	1.23 ± 1.3	38.71	24.19	22.58	6.45	6.45	1.61	-
Success in school or work	0.37 ± 0.98	83.87	6.45	1.61	4.84	3.23	0	-
Good health	4.16 ± 1.09	3.23	0	3.23	9.68	38.71	45.16	-
Being needed by others	2.50 ± 1.08	3.23	14.52	30.65	33.87	16.13	1.61	-
Good financial conditions	1.73 ± 1.34	25.81	17.74	24.19	24.19	6.45	1.61	-
A life full of adventures and travel	0.21 ± 0.55	83.87	12.90	1.61	1.61	0	0	-
Fame, popularity	0.03 ± 0.18	96.77	3.23	0	0	0	0	-
PVL-2 Personal value category								-
Love, friendship	2.18 ± 1.89	32.26	12.90	8.06	8.06	29.03	9.68	-
Good health, physical and mental fitness	4.35 ± 1.45	8.06	0	3.23	1.61	11.29	75.81	-
Sense of humour, wit	1.08 ± 1.33	50	16.13	19.35	4.84	9.68	0	-
Intelligence, sharpness of mind	1.27 ± 1.45	48.39	11.29	14.52	16.13	9.68	0	-
Knowledge, wisdom	1.42 ± 1.73	51.61	8.06	11.29	11.29	11.29	6.45	-
Joy, contentment	1.87 ± 1.5	25.81	19.35	16.13	20.97	16.13	1.61	-
Courage, decisiveness	1.27 ± 1.59	53.23	9.68	8.06	17.74	8.06	3.23	-
Kindness, gentleness	1.03 ± 1.34	54.84	12.90	11.29	17.74	1.61	1.61	-
Nice appearance, good presence	0.52 ± 1.11	75.81	9.68	8.06	1.61	3.23	1.61	-
Wealth, fortune	0	100	0	0	0	0	0	-
MiniCOPE—Stress-coping strategies								
Active coping	4.84 ± 1.23	1.61	0	1.61	8.06	25.81	24.19	38.71
Planning	4.56 ± 1.25	0	1.61	8.06	4.84	29.03	30.65	25.81
Positive reframing	4.06 ± 1.29	0	3.23	6.45	24.19	29.03	20.97	16.13
Acceptance	4.48 ± 1.17	0	0	6.45	11.29	33.87	24.19	24.19
Sense of humour	0.87 ± 1.21	54.84	20.97	11.29	9.68	1.61	1.61	0
Turning to religion	2.63 ± 2.32	30.65	12.90	8.06	3.23	17.74	11.29	16.13
Seeking emotional support	3.69 ± 1.73	4.84	9.68	9.68	16.13	22.58	20.97	16.13
Seeking instrumental support	3.00 ± 1.86	16.13	6.45	16.13	12.90	27.42	12.90	8.06
Dealing with something else	3.29 ± 1.69	9.68	4.84	12.90	29.03	14.52	20.97	8.06
Denial	1.53 ± 1.3	24.19	27.42	30.65	9.68	6.45	0	1.61
Venting of emotions	1.71 ± 1.44	24.19	22.58	29.03	12.90	6.45	3.23	1.61
Use of psychoactive substances	0.08 ± 0.38	95.16	1.61	3.23	0	0	0	0
Disengagement	1.11 ± 1.42	51.61	11.29	20.97	11.29	1.61	1.61	1.61
Self-blame	2.55 ± 1.75	16.13	16.13	17.74	16.13	16.13	16.13	1.61

good health (healthy) were more likely to indicate "successful family life" as a happiness symbol than respondents with numerous health problems (sick). The average rank value in this case for healthy people was 4.41, and for sick people 3.82. A statistically significant difference for this happiness symbol was also observed depending on the number of children in foster care. In the case of respondents with more than one child, the average rank value for the "successful family life" was higher and amounted to 4.48, while for respondents with one child it was 3.92. The Wilcoxon rank sum test showed a statistically significant difference in respondents' indications for happiness symbols considered to be less important. For example, men assigned a higher rank to the "performing one's favourite job/profession" happiness symbol than women. The tests showed higher ranks assigned to the "good financial conditions" category by respondents with financial and organisational concerns. Healthy people

assigned a higher rank to the "success in study and work" category than sick respondents. Detailed results of statistical tests regarding the evaluation of the happiness symbols are presented in Table 4.

The analysis of the categories of personal values showed that "good health, physical and mental fitness" was the highest personal value indicated by the respondents, with a higher rank assigned to this category by respondents who had concerns about responsibility than those who did not indicate such concerns. The next highly rated personal values were "love, friendship" and "joy, contentment". The "love, friendship" category received a higher average rank from people with no financial concerns while the "joy, contentment" category was ranked higher by people with financial and housing concerns. Additionally, higher ranks were assigned to the "knowledge, wisdom" category by healthy people than those with health problems. Statistical tests showed that the respondents' living conditions did not have a statistically significant impact on their selection of the happiness symbol or their indication of the personal values criterion. In the remaining cases, no statistically significant differences were observed between the respondents' answers. The results of the statistical tests are presented in Table 4.

In conclusion, the above analyses made it possible to answer the first research question, clearly demonstrating that the dominant values of people aged 60 + providing foster care for their grandchildren were: "good health, physical and mental fitness", which were valued highest by respondents expressing concerns over responsibility, as well as "love, friendship", which received highest ranks from carers who had no financial concerns. Respondents who subjectively defined their health as good more often indicated the "knowledge and wisdom" personal value. The "joy and contentment" value was most frequently mentioned by carers with financial and housing concerns. The study showed that "wealth, fortune" as well as "nice appearance, good presence" were not taken into account in the hierarchy of personal values.

As regards the question about the preferred happiness symbols, it was found that all respondents indicated successful family life and good health, with the highest rank assigned to these symbols by those who had one child in their care and by those who were not concerned over contacts with representatives of institutions. Men indicated performing their favourite job or profession as a happiness symbol more frequently than women. Respondents with financial and organisational concerns more often associated happiness with good financial conditions, while those who considered their health to be good with academic success.

Next, we examined the selection of the most frequently indicated stress-coping strategies in kinship foster carers aged 60 + caring for their grandchildren where the rating scale ranged from 0 to 6. The "active coping" strategy received the highest average rank of 4.84, followed by the "planning"—rank 4.56, "acceptance"—rank 4.48, "positive reframing"—rank 4.06, and "seeking emotional support"—rank 3.69. Only the "acceptance" strategy received a rank value higher than or equal to 2 from each of the respondents. The lowest average rank of 0.08 was assigned to the "use of psychoactive substance" strategy, which did not receive a rank higher than 2 and was assigned rank 0 by 95.16% of the respondents. The MiniCOPE Survey results are presented in Table 3.

The Wilcoxon rank sum test was used to examine whether the respondents' characteristics had a statistically significant impact on the value of the assigned ranks. In the case of the "planning" and "positive reframing" strategies, the rank values were statistically significantly higher for carers with no financial concerns, they amounted to 4.76 and 4.26, respectively. In four stress-coping strategies, the gender of the respondents affected the rank values. The "positive reframing", "seeking emotional support" and "seeking instrumental support" strategies were ranked higher by women and received average rank values of 4.25, 3.94 and 3.23, respectively. In the case of the "disengagement" strategy, the average rank for men was higher than for women and amounted to 2.22 and 0.92, respectively. The test showed a statistically significant difference for the "acceptance" strategy which was assigned a higher rank of 4.94 by carers who had problems with their child's conduct, compared to those who did not indicate this kind of problems (the average rank was 4.33).

In addition, a statistically significant difference was obtained for the "seeking emotional support" strategy between the results of people who had one child in foster care and those who provided care for more than one child. A higher rank value for this strategy was obtained for respondents providing care for one child (mean = 4.16) in comparison to those having more than one child in their care (mean = 3). In the case of the "doing something else" strategy, respondents who had concerns about contact with institutional representatives assigned it a lower rank value than those who did not have such concerns. Statistical tests showed that the respondents' living conditions did not influence their stress-coping strategies. The results of the MiniCOPE questionnaire according to the characteristics of the respondents are presented in Table 4.

With regard to the third research question, "active coping", then "planning" and "acceptance" were indicated as the dominant stress-coping strategies among kinship foster carers aged 60 +. Strategies such as "positive reframing" or "seeking emotional support" were mentioned

Table 4 Results of the happiness symbol survey (PVL-1) and the personal values survey (PVL-2) according to various characteristics of respondents

Personal value / Stress-coping strategies	Variable	Value	N	(Mean ± SD)	zval[a]	p
Happiness Symbol						
Successful family life	Health	healthy	34	4.41 ± 0.82	1.9902	0.0466
		sick	28	3.82 ± 1.25		
	Number of children in foster care	1 child	37	3.92 ± 1.14	−2.1821	0.0291
		> 1 child	25	4.48 ± 0.87		
Good health	Number of children in foster care	1 child	37	4.38 ± 0.98	2.2814	0.0225
		> 1 child	25	3.84 ± 1.18		
	Concerns – contacts with representatives	No	56	4.29 ± 0.93	2.1317	0.0330
		Yes	6	3 ± 1.79		
Performing one's favourite job/ profession	Sex	Woman	53	1.06 ± 1.17	−2.0879	0.0368
		Man	9	2.22 ± 1.64		
Good financial conditions	Concerns – financial	No	50	1.46 ± 1.2	−2.9723	0.0030
		Yes	12	2.83 ± 1.4		
	Concerns – organisational	No	53	1.55 ± 1.28	−2.3899	0.0169
		Yes	9	2.78 ± 1.3		
Success in school or work	Health	healthy	34	0.59 ± 1.18	2.3645	0.0181
		sick	28	0.11 ± 0.57		
Personal values category						
Good health, physical and mental fitness	Concerns – responsibility	No	45	4.18 ± 1.61	−1.9882	0.0468
		Yes	17	4.82 ± 0.73		
Love, friendship	Concerns—financial	No	50	2.46 ± 1.94	2.2535	0.0242
		Yes	12	1 ± 1.04		
Joy, contentment	Concerns—financial	No	50	1.62 ± 1.47	−2.6939	0.0071
		Yes	12	2.92 ± 1.16		
	Concerns – housing	No	53	1.7 ± 1.45	−2.0720	0.0383
		Yes	9	2.89 ± 1.45		
Knowledge, wisdom	Health	healthy	34	1.82 ± 1.85	2.0162	0.0438
		sick	28	0.93 ± 1.46		
Stress-coping strategy						
Planning	Concerns—financial	No	50	4.76 ± 1.14	2.3845	0.0171
		Yes	12	3.75 ± 1.42		
Positive reframing	Sex	Woman	53	4.25 ± 1.22	2.5348	0.0113
		Man	9	3 ± 1.23		
	Concerns—financial	No	50	4.26 ± 1.19	2.1595	0.0308
		Yes	12	3.25 ± 1.42		
Acceptance	Problems – child's attitudes	Yes	16	4.94 ± 1.06	1.9837	0.0473
		No	46	4.33 ± 1.17		
Seeking emotional support	Sex	Woman	53	3.94 ± 1.66	2.7402	0.0061
		Man	9	2.22 ± 1.48		
	Number of children in foster care	1 child	37	4.16 ± 1.5	2.4488	0.0143
		> 1 child	25	3 ± 1.85		
Seeking instrumental support	Sex	Woman	53	3.23 ± 1.8	2.2668	0.0234
		Man	9	1.67 ± 1.66		
Doing something else	Concerns – contacts with representatives	No	56	3.45 ± 1.67	2.3574	0.0184
		Yes	6	1.83 ± 1.17		
Disengagement	Sex	Woman	53	0.92 ± 1.3	−2.5242	0.0116
		Value	9	2.22 ± 1.64		

[a] Wilcoxon rank sum test

slightly less frequently, the latter being more often indicated by women with one foster grandchild. Respondents with no financial concerns assigned the highest rank to "planning" and "positive reframing". When coping with stress, men used the "disengagement" strategy more frequently than women. An important and very positive result of the study was the fact that respondents did not use psychoactive substances, including alcohol, as a stress-coping strategy.

Additionally, in order to provide a complete picture, we conducted a study on personality traits (NEO-FFI), in which the respondents were asked 60 questions with possible answers on a Likert scale from 0 to 4, including 12 questions for each personality trait (neuroticism, extroversion, openness to experience, agreeableness and conscientiousness). The highest mean value was obtained for conscientiousness (mean ± SD = 3.34 ± 0.41), followed by agreeableness, extroversion, openness to experience and neuroticism. Detailed results of the study on the personality traits of foster carers aged 60 + are presented in Table 5.

The correlations between the PVL and NEO-FFI as well as miniCOPE and NEO-FFI survey results were also examined. A statistically significant, weak positive Spearman's rank correlation was obtained between the "performing one's favourite job/ profession" and the "openness to experience" ($r = 0.26$, $p < 0.05$), between "large circle of friends" and "extroversion" ($r = 0.25$, $p < 0.05$) and between "courage, decisiveness" and "extroversion" ($r = 0.28$, $p < 0.05$). However, there was a weak negative correlation between „good financial conditions" and "extroversion" ($r = -0.30$, $p < 0.05$) and between "kindness, gentleness" and "agreeableness" ($r = -0.26$, $p < 0.05$).

The analysis of the correlation between the stress-coping strategies (MiniCOPE) and personality traits (NEO-FFI) demonstrated a statistically significant negative, moderate correlation for the "neuroticism" personality trait and the "active coping" strategy ($r = -0.5$, $p < 0.001$), "extroversion" and "desisting from action" ($r = -0.47$, $p < 0.001$), as well as "conscientiousness" and "sense of humour" ($r = -0.4$, $p < 0.01$). A statistically significant, positive moderate correlation was obtained for the "neuroticism" personality trait and the "self-blame" stress-coping strategy ($r = 0.41$, $p < 0.001$) and "neuroticism" and "venting of emotions" ($r = 0.4$, $p < 0.01$). Weak but statistically significant negative correlation was observed for "acceptance" and "neuroticism" ($r = -0.33$, $p < 0.01$), "Turning to religion" and "openness to experience" ($r = -0.33$, $p < 0.01$), as well as "self-blame" and "extroversion" ($r = -0.3$, $p < 0.05$). A statistically significant, weak positive correlation was obtained for "denial" and "neuroticism" ($r = 0.39$, $p < 0.01$), "planning" and "conscientiousness" ($r = 0.32$, $p < 0.05$), "seeking instrumental support" and "neuroticism" ($r = 0.26$, $p < 0.05$) as well as for "active coping" and "agreeableness" ($r = 0.25$, $p < 0.05$). No more statistically significant relationships were detected between stress-coping strategies (MiniCOPE) and personality traits (NEO-FFI). Detailed results of the correlation between the selected stress-coping strategies and personality traits are presented in Table 6.

The results of the study demonstrated that the dominant personality traits of kinship foster carers were conscientiousness understood as perseverance, organisation and motivation to act. It was followed by agreeableness, i.e. openness to other people's affairs, and extroversion defined as the inclination to experience social contacts, positive emotions and good energy. The smallest group was constituted by respondents with neurotic personality traits associated with experiencing negative emotions such as fear, anger, sadness or guilt. For these carers, the leading stress-coping strategy was venting of emotions or blaming themselves. The above provides an answer to the fourth research question.

Table 5 Personality traits of foster carers aged 60+

NEO-FFI values	Mean ± SD	Mean ± SD (normalized)
Neuroticism	13.47 ± 7.65	1.12 ± 0.63
Extroversion	26.76 ± 6.69	2.23 ± 0.56
Openness to experience	21.69 ± 7.9	1.81 ± 0.66
Agreeableness	33.74 ± 4.71	2.81 ± 0.39
Conscientiousness	40.10 ± 4.86	3.34 ± 0.41

Discussion

Health, personal values and stress-coping strategies are the subject of many scientific studies. However, in the context of kinship foster care, they are of special importance as they have an impact on raising and caring for children who are highly neglected by their own parents. The screening of grandparents in the context of provision of foster care to their children's children is slightly different than in the case of non-related foster carers. Grandparents most frequently take over the care of their grandchildren in situations of critical neglect or a threat to the safety of their grandchildren, after which the family court limits the parents' custody of their children and grants it to the grandparents, provided that they meet certain criteria. All of the study participants indicated "successful family life" and"good health" as the leading happiness symbols, and the most important value for them was "good health, physical and mental fitness", i.e. all aspects of well-being [8, 9]. Research Mansilla-Domínguez, J.M. indicates that grandmothers

Table 6 Spearman rank correlation of personality traits and stress-coping strategies

MiniCOPE	NEO-FFI				
Stress-coping strategies	**Neuroticism**	**Extroversion**	**Openness to experience**	**Agreeableness**	**Conscientiousness**
Active coping	−0.50 ***	0.21	−0.05	0.25 *	0.22
Planning	−0.12	0.04	0.19	0.10	0.32 *
Positive reframing	0.08	0.00	−0.07	−0.18	−0.16
Acceptance	−0.33**	0.12	−0.01	0.13	0.24
Sense of humour	0.23	−0.08	0.09	−0.09	−0.40 **
Turning to religion	0.18	−0.16	−0.33 **	−0.08	−0.25
Seeking emotional support	0.00	0.22	0.02	0.08	−0.03
Seeking instrumental support	0.26*	0.06	0.07	−0.10	−0.16
Dealing with something else	0.18	0.08	−0.15	0.05	−0.11
Denial	0.39 **	0.00	0.02	−0.18	−0.18
Venting of emotions	0.40 **	−0.16	0.08	−0.14	−0.09
Use of psychoactive substances	0.20	−0.32	0.13	−0.21	0.17
Disengagement	0.19	−0.47***	−0.03	−0.03	−0.14
Self-blame	0.41***	−0.30*	0.15	−0.17	−0.15

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

frequently become essential pillars in helping their children balance family and work responsibilities, driven by a strong sense of duty and generational responsibility. This caregiving role is influenced by traditional gender roles and societal expectations [10]. People over the age of 60 usually suffer from a number of physical ailments resulting from age and the multi-morbidities connected with it. Their health is a key factor shaping their image and affecting the assessment of their quality of life [11]. Kinship foster carers aged 60 + have a unique dual role of both grandparents and parents. Health enables them to meet their grandchildren's needs and partly also their adult children's needs – so as to keep the children in the family and not to "lose" them in the foster care system [12]. When discussing the results of this study, it is worth referring to the research conducted in the 1990s which placed the emphasis on practical wisdom acquired with age as an asset [13]. However, studies conducted by Heneszyn and Sęk suggested that hardships and crises experienced in the past could be considered as a person's future potential-reducing factors [14]. Another important concept is compensation for losses and limitations, aimed at adaptation to current personal and living conditions using the available resources [15]. Grandparents, as kinship foster carers, experience higher levels of stress than those who are unrelated [16]. In the study by Harnett et al. it was demonstrated that grandparent caregivers' stress is influenced by children's behavioral problems, difficulties in caregiver–child relationships, and challenges faced by caregivers in everyday life [17]. Eunju Lee's research indicates that grandparent caregivers experience higher levels of parental stress compared to other relatives in caregiving roles. The main sources of stress include financial difficulties, children's behavioral issues, navigating support systems, and complicated relationships with the children's biological parents [18]. It is important, however, how long foster care lasts. As it continues, the carers' subjective assessment of health improves. Researchers also point to the positive changes occurring in the foster children, who over time replace some of their difficult behaviours with socially safer and more predictable actions [3]. According to some authors, an additional factor that makes family relationships difficult is kinship carer's greater involvement in caring for foster grandchildren than other children in the family [8]. Finally, researchers also mention the aspect of the limited extent to which it is possible to separate the role of a grandparent from the role of a parent and how it restricts the freedom that grandparents enjoy in their traditional role [19]. As a result of the negative consequences of their own parenting experiences, kinship foster carers aged 60 + may experience a sense of loss, anger, and anticipation of failure in the role of foster parents [16]. The rate values indicated by kinship foster carers in our study confirmed the results of research by A. Łuczyński (2008) [20], who indicated the family bond as the main predictor of motivation to re-enter the role of a parent. In this study, we correlated the so-called "Big Five" personality traits with stress-coping strategies of kinship foster carers aged 60 + . Similar correlations were researched by Costa,

Somerfield and McCrae, who concluded that coping strategies always refer to stressful situations. They also emphasized that personality traits have significant implications for an individual's intrapsychic and interpersonal resources, which places them in one's range of options for coping with stressful situations [21].

Another interesting element is the research on people aged 60+, including foster carers during the COVID 19 pandemic, which shows that the pandemic situation did not lead to a decrease in self-efficacy levels or to the development of depressive symptoms. In comparison with other studies that compared the intensity of depression symptoms among young adults, middle-aged people and the elderly during the pandemic, the senior group was characterized by their lowest intensity [21, 23].

The child's parents as well as grandparents as kinship foster carers are an important link in the preventive actions taken. Their inclusion in the process increases the chances of effective implementation and consolidation of new life skills. The study clearly complements the existing literature with the issue of the importance of the family system-maintaining processes. On the one hand, there is a tendency to change, and on the other hand, there is a desire to maintain stability. It would be most optimal for families to achieve a balance between them. One of the signs of striving to maintain stability is resistance to introducing changes. Working through resistance requires involvement of the entire family, i.e. the family system.

Conclusions

1. Grandparents who take on the responsible role of kinship foster carers for their grandchildren are guided by love. They indicate health as an important resource. They are conscientious while performing their duties and open to new knowledge. Their resourcefulness and a sense of purpose might increase with improved housing and financial conditions.The treatment of grandparents as part of the family system and not just as foster carers by institutions such as the family court or social services might be crucial in restoring balance to families.The personal values and happiness symbols indicated by the respondents point to intangible reasons for taking on the role of foster carers for their grandchildren.
2. People with dominant neurotic personality traits do not use strategies to actively cope with stress.
3. In stressful situations, men are more likely to disengage, while women seek emotional support.
4. Conscientiousness is the dominant personality trait in kinship foster carers over the age of 60.

The above conclusions emphasize the significance of the conducted research as a valuable contribution to building a new quality in the field of kinship foster care. Referring to grandparents as part of the family system, and not only as foster carers, may be of key importance in restoring balance to the family through a set of educational activities. Additionally, providing grandparents with support from social welfare institutions in the psycho-educational and material areas could increase the effectiveness of these activities.

It would be worhwhile to conduct future research in order to compare the process of changes in kinship foster care provided by grandparents to their biological grandchildren following the implementation of the recommendations and conclusions.

Limitations

1. Significant limitations in the research process were posed by the multitude of tools applied, with extensive formulas, which in the case of carers aged 60+was problematic and required time and many additional explanations on the part of the interviewer.
2. Not all of the foster families who met the eligibility criteria agreed to have surveys conducted at their homes, claiming it was an infringement of their privacy.
3. Extensive interviews regarding the carers' health and financial situation raised concerns that the resources could be deemed insufficient to provide the care expected by representatives of the family court.
4. The lack of longitudinal studies in previous years prevents the observation or comparison of current studies with previous ones as regards the changes which have taken place.

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Authors' contributions
Conceptualization, M.G.; methodology, M.G., P.Z. and B.K.; validation, M.G., M.L., P.Z. and B.K; formal analysis, M.L.; investigation, M.G.; resources, M.G. and P.Z.; data curation, M.G. and M.L.; writing—original draft preparation, M.G.; writing—review and editing, M.G., P.Z. and B.K.; supervision, B.K. All authors have read and agreed to the published version of the manuscript

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Data availability
No datasets were generated or analysed during the current study.

Declarations

Ethics approval and consent to participate.
The study was conducted in accordance with the Declaration of Helsinki, and approved by the Bioethics Committee of the Pomeranian Medical University in Szczecin (KB-0012/166/03/18, 29.03.2018). Informed consent was obtained from all subjects involved in the study.

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

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