

“Where do we come from and where are we going?” a study about the transformation of knowledge related to long-term care.

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DECLARATION OF CONFLICTING INTERESTS

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AUTHOR CONTRIBUTIONS

All authors have fulfilled the conditions required for authorship. All authors designed the study. The first author conducted the data collection and performed the data analysis. The other authors provided critical guidance throughout the data collection and analysis process. The first author wrote the draft and all authors finalised and approved the final version of this article.

ETHICAL STATEMENT

The ethical committee of the University of the Basque Country approved the study before starting the fieldwork (M10_2018_228). Furthermore, all the participants gave their voluntary written consent and were informed about their rights related to the research process. Participation was voluntary, and there were no incentives or compensation for their involvement.

DATA AVAILABILITY STATEMENT

The current article is accompanied by the relevant raw data generated during and/or analyzed during the study, including files detailing the analyses and either the complete database or other

relevant raw data. These files are available in the Figshare repository and accessible as Supplemental Material via the SAGE Journals platform. Ethics approval, participant permissions, and all other relevant approvals were granted for this data sharing.

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Abstract

The care crisis manifests the tensions and profound changes which are taking place in contemporary long-term care systems, leading to new care views and modalities in society. Through 26 interviews conducted with caregivers, family members, and elderly people with care needs, this study aims to make visible the transformation in the conceptions of care in the Basque Country. First, the results show the displacement of familiarist ideas and values. Second, we describe the daily management of the social and moral tensions associated with outsourcing and the meaning of care work. Third, the findings indicate the emergence of new perspectives on the modalities of care. The contribution of cognitive polyphasia toward analysing the management and integration of new knowledge associated with care in a specific socio-cultural context is discussed. Finally, we consider the applicability of our findings in terms of relevant solutions for care management and innovation in this field.

Keywords: cognitive polyphasia, long-term care, social representations, care transition.

Introduction

Long-term care systems in modern societies are in a process of deep change and restructuring (Ranci and Pavolini, 2015; Spijker and Zueras, 2020). Changes in family structures and gender values in recent decades, combined with an increase in care needs due to growing longevity, call into question traditional forms of care, followed by "breadwinner man" and "homemaker woman" model (Martínez-Bujan, 2019). In a global context where care for the older adults tends towards greater outsourcing and marketisation of services, care is no longer conceived as a fundamental family duty and a job "made for love", but as a growing public and professional issue (Deusdad, Comas d'Argemir and Dziegielewski 2016; Finch and Groves, 1993). This transformation entails current care management, combining traditional family care, semi-informal migrant care work in households, and formal skilled care work (Bettio, Simonazzi and Villa, 2006; León, 2010; Vega-Solis, 2009).

Under the framework of the European strategy for social transition and the demographic challenge, different institutions, and organisations in the Basque Country (northern Spain) are starting to support a change in care models that provide a solution to the growing long-term care demands and the preferences of citizens for more homelike, personalised and proximate attention (Gipuzkoa Provincial Council, 2022; Spasova et al., 2018; Martínez-Rodríguez, 2013; Wiles et al., 2012). In this sense, as the Covid-19 crisis has recently shown, the institutionalization of older people and the change of care models in nursing homes are currently under discussion in the society (Anttonen and Koarsio, 2016; Deusdad, 2020). In order to manage transitions and move towards new care paradigms, it is important to understand how people integrate and make sense to the socio-cultural changes and controversies that currently have taken place, providing

keys to understanding where we come from, where we are and where we are going in terms of care views and practices.

Although the literature sheds light on the challenges posed by demographic, cultural, economic, and technological changes, there is a need to understand how these dynamics of change and transformation are reflected in people's views of care in their everyday lives (Priego-Hernandez, 2017). To this end, the present study is based on the theoretical framework of social representations, specifically on the concept of cognitive polyphasia (Jovchelovitch and Priego-Hernandez, 2015; Moscovici, 1961).

Social representations are the set of ideas, values and forms of knowledge that are shared within a community in relation to socially relevant topics (Moscovici, 1988; Wagner and Hayes, 2005). Social representations equip people with cognitive resources to deal with care in everyday life, guiding behaviour and being able to act creatively in response to it. Just as ideas and values typically associated with care such as love, family, femininity, patience, and health are shared and deeply embedded in culture, they are also subject to debate and tension, whereby authors point to the fluid and changing nature of social representations (Hedler et al., 2016; Jovchelovitch, 2007). In this vein, studies show that social representations of care differ from one cultural context to another, depending on the place of the family, the state, the market, and the community in the care provision (Brito et al., 2018).

Social representations are constructed, circulate, and transformed in a dialogical way in relation to the socio-cultural and relational context in which people are situated, so that, within this plurality, the actors involved with care adopt different knowledge, voices, and positions with respect to the representational object (Doise, 1984, Jodelet, 1989; Marková, 2003; Renedo and Jovchelovitch, 2007). The concept of Cognitive Polyphasia

widely used in the theory of social representations refers to the coexistence and conflict between different types of knowledge, which makes it possible for different ways of reasoning to coexist within the same group and the same person at the same time (Moscovici and Marková, 2000; Provencher, Arthi and Wagner, 2012). Following Moscovici's thesis (1961/2008), cognitive processes are not linear, but malleable and context-sensitive, whereby states of cognitive polyphasia demonstrate that knowledge is always incomplete because it is constantly embedded in processes of social exchange and adaptation (p.180). Likewise, understanding how knowledge is constructed, circulated, and transformed in societies is a highly relevant issue to consider in the field of psychology in general and social representations in particular (Jovchelovitch, 2002; Moscovici, 1961).

Jovchelovitch and Priego-Hernandez (2015) offer an innovative theoretical tool to operationalise and analyse cognitive polyphasia processes and determine how people deal with transformations in knowledge related to health and social issues in specific cultural and relational contexts. The authors identify and classify three types of Cognitive Polyphasia, each defined by a specific mode of tension and coexistence of different types of knowledge. Firstly, through Displacement, one type of knowledge is favoured and defended over other simultaneous knowledge, rejecting alternative representations. Secondly, through Selective Prevalence, people use different types of knowledge separately at different times and in different spaces to respond to changing social situations. Thirdly, through Hybridisation, multiple forms of knowledge are used simultaneously, resulting in the merging and blending of different types of knowledge. Considering the potential presence of these three types of cognitive polyphasia in the social representations of long-term care, this study aimed to analyse the dynamics of change and transformation reflected in the knowledge that caregivers, family members,

and older people have about the object of study. Therefore, the objective is to explore the processes of cognitive polyphasia from three different positions towards the object of representation to observe the various ways in which the transformation of knowledge is expressed in these groups.

These three types of Cognitive Polyphasia have been analysed in several studies published in recent years. Priego-Hernandez's (2017) pioneering study on social representations of sexual health in young indigenous Mexican women shows how traditional ideas marked by the culture of secrecy and folk medicine are being challenged and combined by conventional medicine and more urban visions and lifestyles. On the other hand, Panagiotou and Kadianaki (2019) focus on the three types of Cognitive Polyphasia to understand the psychological and cultural inconsistencies of eating meat in Western countries. These studies emphasise the important role that social norms and representations, which are shared and contested in the socio-cultural context, play in explaining how people think, argue and act in various social situations. . In this study we expect to show the transformations and movements taking place in the forms of knowledge associated with long-term care, considering the weight of familialist culture and the emergence of the new ways of conceiving and managing care activities and institutions in urban and increasingly marketized societies (Beck and Beck-Gernsheim, 2002; Deusdad, Pace and Anttonen , 2016; Scott and Braun, 2006). Thus, analysing how varieties of Cognitive Polyphasia operate can provide a valuable tool for understanding how people manage and integrate processes of social change that lead to new scenarios and ways of managing care practices in the Basque Country.

Method

Study settings

This study was conducted in the Basque territory of Gipuzkoa, located in the north region of Spain. Gipuzkoa is an urban/semi-urban territory with a prevailing industrial socioeconomic structure and growing service and tourism-oriented activity. Being an increasingly ageing territory, care related professional sector and policies are significantly expanding (Larrañaga et al., 2019). Following the snowball technique, people were recruited according to age (more than 18 years), care experience (more than one year), equal gender distribution, and preservation of cognitive and communicative abilities (Kirchherr and Charles, 2017). The sample included eleven participants who experienced the care of an older adult in the family, seven paid home care workers, and eight older adults residing in nursing homes, which had some degree of legally recognised dependency. Among the participants, 16 were women, and ten were men, with the youngest being 25 years old and the oldest 93 years (see Table 1).

Table 1
Sociodemographic characteristics of the participants

Participants	Gender	Age	Origin
1. Relative (daughter of older adult)	Woman	25	Spain
2. Relative (daughter of older adult)	Woman	40	Spain
3. Relative (grandchild of older adult)	Woman	25	Spain
4. Relative (grandchild of older adult)	Woman	28	Spain
5. Relative (grandchild of older adult)	Woman	38	Cuba
6. Relative (son of older adult)	Man	57	Spain
7. Relative (son of older adult)	Man	63	Spain
8. Relative (son of older adult)	Man	66	Spain
9. Relative (son of older adult)	Man	67	Spain
10. Relative (grandchild of older adult)	Man	39	Spain
11. Relative (nephew of older adult)	Man	42	Spain
12. Home care worker	Woman	29	Nicaragua
13. Home care worker	Woman	31	Nicaragua
14. Home care worker	Woman	39	Nicaragua
15. Home care worker	Woman	41	Nicaragua
16. Home care worker	Woman	52	Bolivia
17. Home care worker	Woman	36	Spain
18. Home care worker	Woman	36	Spain
19. Older adult	Woman	77	Spain
20. Older adult	Woman	87	Spain
21. Older adult	Woman	91	Spain
22. Older adult	Woman	91	Spain

23. Older adult	Man	70	Spain
24. Older adult	Man	78	Spain
25. Older adult	Man	85	Spain
26. Older adult	Man	93	Spain

The initial sample was recruited through a general call for participation in the study on the Castelo's social networks (Facebook and Gmail). These participants were people who had some family experience of caring for an older adult, and through the contacts they provided, the sample of family members was gradually expanded. Then, contact with the caregivers was made through a personal contact of Castelo through whom more caregivers were recruited. Lastly, to collect older adults' experiences, we contacted a gerontology research institute. Recruitment from institutions ensured that the participants were officially/juridically regarded as people in need of assistance. All participants were living in Gipuzkoa at the time of the study and were provided with an information sheet that outlined the nature of the research project, after which they provided signed informed consent. Participation was voluntary, and there were no incentives or compensation for their involvement.

Although gender equity was pursued in the three groups, in the case of caregivers they were all women, since this is still a highly feminized sector (Adams, 2010). Regarding nationality, participants of Latin American origin reflect the fact that this group is strongly represented in the informal domestic and care work sectors (Díaz and Martínez-Buján, 2018). There was no family or professional relationship between the participants. The reason for selecting these three groups for interview was to analyse the lay thinking about long-term care as opposed to an expert or professional discourse. Studying these participants also allowed us to adopt a general approach toward the current public debate on the issue from the perspective of the relevant actors. This approach also helps us to determine how social representations are dialogically shared and constructed from

individuals with diverse positions, voices, and experiences, analysing how meanings of long-term care are collectively constructed and transformed in the community.

Data collection

The data analysed in this study were collected through semi-structured interviews (Kallio et al., 2016). The use of this type of interview allowed the interviewer to lead the dialogue around a central structure, while allowing for flexibility and improvisation of the questions according to the characteristics of the participants. The interviews were conducted individually using a previously prepared interview guide, structured in three parts: 1) Personal experience with dependency and care (i.e., how do you experience dependency and care on a daily basis? 2) Social relationships (i.e., how are your relationships with family/caregivers/the older person? 3) Preferences and expectations about care (i.e., what does the increase in long-term care needs suggest to you? How and where would you like to be cared for?). These general questions were adapted according to whether the interviewee was a family member, caregiver, or an older person, while also considering the cultural capital and the cognitive and reflective capacities of each individual. Castelo conducted all the interviews either in the participant's homes or in public spaces, that is, in community sites or nursery homes. In the case of older adults living in nursing homes, the interviews were conducted in their rooms, or the private spaces provided by the centres. If participants gave their approval, the interviews were recorded, and for the two participants who refused to be recorded, information was collected in writing. All the participants were free to speak either in Basque or Spanish. The interviews lasted between 30 and 45 minutes and were conducted during May 2018 and January 2019.

Data analysis

Data analysis was based on the theory developed by Jovchelovitch and Priego Hernandez (2015) regarding Cognitive Polyphasia. From a constructivist and dialogical approach, the analysis of polyphasic processes allows us to identify the ways in which people manage and discuss the different meanings about care, which fits with the theoretical basis of social representations that are constructed in dialogue (Marková, 2003; Priego-Hernandez and Jovchelovitch, 2015).

This study adopts a new approach to the data obtained and analysed in a previous thematic analysis conducted and published by the authors, which examined the tensions and contradictions in the social representations of dependency in old age (Castelo et al., 2022). By elaborating seven themes, we showed the cultural and moral tensions that people experience in their everyday lives when dealing with dependency needs. The first theme "*Familism vs. Individualism*", showed the tensions related to family obligations when it comes to care; the second theme "*Production vs. Reproduction*", referred to the difficulties individuals experienced in balancing employment and time for care and the own life; the third theme "*Dependency vs. Autonomy*" illustrated the weight of the negative views about dependency, understood as synonymous with health decline, lack of autonomy and burden on others; the fourth theme "*Natural vs. Professional labour*", showed the coexistence and tension between naturalised views of care, associated with femininity and labour performed "for love", and its orientation towards professionalisation; the fifth theme "*Home care vs. Nursing homes*", illustrated the ambivalent views and debates about institutionalisation; the sixth theme "*Communal vs. Market pricing*" showed the difficulties of dealing simultaneously with affective-based and market-based relationships; in the seventh and last theme, "*Instrumental vs. Emotional care*" the tension was associated with the establishment of limits and the degree of emotional involvement the caregiver should hold towards the cared person.

Based on the contents of these themes, this study focuses on identifying the processes of transformation in knowledge modalities. To this end, the way in which cognitive polyphasia became visible in the seven themes was analysed using a deductive and theoretical approach (Boyatziz, 1998; Braun and Clarke, 2006; Joffe and Yardley, 2004). The analytical procedure consisted of the following stages. The first step involved re-familiarisation with the data, making an in-depth reading and review of the twenty-six interviews, while also reviewing the codes generated for the development of the themes. Second, all the quotations derived from the themes and sub-themes were analysed, and a coding procedure was initiated by identifying the processes of displacement, selective prevalence, and hybridisation in each of them. The coding process was conducted using the Atlas-ti software programme, which facilitates the organisation and interpretation of qualitative data (Soratto, Pires and Friese, 2020). Third, once the coding process was complete, we analysed how the themes and sub-themes were associated with the processes of displacement, selective prevalence, and hybridization. To facilitate the interpretation of the data, a table was drawn up showing the connection of the themes and sub-themes with each process (see Appendix I). Finally, the emergence of each process derived from the themes and sub-themes was analysed according to the position that people adopt towards care, exploring the processes of cognitive polyphasia on the basis of whether the people who mentioned the topics were caregivers, family members, or older adults. To present the results, the most significant extracts were classified and translated from Basque and Spanish into English.

The entire procedure used to analyse and interpret the data was developed and consensually discussed within the research group. Recognising that subjectivity and the position of the researcher are at the heart of the research process, some criteria were considered to ensure the quality and trustworthiness of this qualitative research (Haraway,

1988). To ensure the quality of the study, a systematised and transparent description of how the methodological and analytical procedure has been conducted is provided, showing the theoretical coherence of this process (Bauer and Gaskel, 2000).

Results

The analyses showed the presence of the polyphasic processes of displacement, selective prevalence, and hybridisation in the views and ideas that family members, domestic care workers, and older people had about long-term care. The findings showed which types of knowledge were displaced, which were considered and contested according to the care situation, and which new meanings are emerging (see appendix II).

1) What type of knowledge is displaced?

The process of displacement refers to the rejection of alternative forms of knowledge that challenge the ideas and values that the person holds. The family members who participated in the study referred to a changing context of traditional care practices, arguing that nowadays caring for an older person in the family context is difficult and implies a personal and social cost for the caregivers. In this sense, it was mainly the family members who expressed that there has been a change in values and that nowadays care is not provided in the same way as it was done by previous generations. This implies a process of displacement, as these people are not willing to care and be cared for as previous generations did. The voices of family members questioned and rejected the traditional family model, evoking other care resources more oriented towards professional services that could "liberate" them from the cost of care, as expressed in the following quote:

"I would like all the people in my family to live their lives. I would like them to come and visit me, to go on trips from time to time, but I would like them to be able to live their own lives."
(Woman, 25, relative) (Theme 1: Familism vs. Individualism)

On the other hand, domestic care workers from Latin American cultures were critical and rejected how the families cared for the elderly, attributing a lack of commitment, attention, and care for their loved ones. These women hoped to return in the future to their countries and be cared for by their families and children, fearing the loneliness and abandonment of old age that they perceive in their jobs. From this position, the more individualistic practices are rejected, displacing this knowledge for those that better fit with the views and values they hold, such as family obligation and intergenerational responsibility for care. Participants reflected an attachment to their cultural values, both symbolically and emotionally. The following quote illustrates this:

“I am not a native, and I will go back to my family. Where we come from, everybody likes to get old in the family and at home. Because it is more familiar, is not like being an old person and a burden. There an old person enjoys his ninety years and is still contributing, expressing, and offering affection.” (Woman, 52, care-worker) (Theme 1: Familism vs. Individualism)

2) What type of knowledge is selectively considered?

Selective prevalence processes reflect how people use different knowledge to adapt to different social situations. In our case, on the one hand, family members mentioned the difficulty of balancing employment and care, arguing that this means that they must look for other care options, such as hiring domestic services, attending a daycare center, or nursing homes. So, relatives often have to deal with the contradictions and guilt of delegating care to other people and institutions, while at the same time they appreciate their own life and autonomy, as expressed in the following quote:

“It seems that the older people are abandoned, as if they were an old rag. However I don't think that's the case, I don't think that children wish that for their parents. “In the current situation, we have to work, and there is not enough time to take care of a dependent person and assist him/her in the conditions we would like to do.” (Woman, 25, relative) (Theme 2: Production vs. Reproduction)

In the case of the care workers, the processes of selective prevalence were identified concerning the knowledge systems operating in the care practices, at the intersection between domesticity, servitude, and qualification (Hansen and Kamp, 2016). In tension

with these ideas, the protagonists defended their years of experience in the care sector, even though they are not professionally recognised. In the same line, they make sense of the work they do in emotional terms, adapting their discourse about care to their experience and living situations. This is reflected in the following quote:

“Yes, because I also have a job that is not easy to do, it is not easy. Many of us have an economic need and we launch ourselves into this, don't we? Maybe we can do other tasks, but I think that people from other places do well, and also because we put a degree of affection into the situation, you know what I mean? We don't conceive of a job just to earn money, without our feelings being involved..” (Woman, 41, care-worker) (Theme 7: Instrumental vs. Emotional care)

The negotiation of autonomy and power is a constant in care relationships. The priority of autonomy and self-sufficiency was an idea held by all participants, so that the acceptance of help from third parties and/or institutions is often a source of conflict when it comes to managing and making care decisions. The processes of selective prevalence are reflected in the case of older people with care needs, when they accept the vulnerable situation in which they find themselves, adapting to the environment that provides external help, or going to a nursing home as valid and desirable options. Moreover, in some cases we see that the positive experience of institutionalisation redefined the view that these people previously held about the nursing home, rejecting going back to live at home, given that this meant that they felt a burden for their families and the lack of adequate conditions to continue living autonomously:

“I wouldn't go back home now, because on the one hand I was alone and Mr. Rajoy - the Spanish president - gives me 637 euros a month for my pension. In the first house I lived in they had to throw me out because it was too old, they moved me to some new houses they built. There I had to pay 215 euros rent, 74 euros for the stairs, then I had to pay for electricity, water, and you have to eat. And then the heating...you couldn't afford it. I was never one to complain, until my nephew realised and I came to the residence.” (Woman, 77, older adult) (Theme 5: Home care vs. Institutions)

3) What new type of knowledge is emerging?

In the process of hybridisation, the individual uses multiple representations simultaneously, leading to innovative representations. Our results showed that in the

discourses of the family members there was a mixture of different forms of knowledge that provide alternatives to the difficulties they have in dealing with the care of the older adult. On the one hand, hiring care services within the family was mentioned as an option to meet care needs. Older people also mentioned hiring care services in these cases as an option that made it easier for them to socialise and to be accompanied at those times when the family is not available. The options and decisions mentioned by the participants were aligned with the search for different forms of care, evoking an orientation towards mixed and hybrid forms of care involving the family and professional services derived from the market and public institutions. The following quote shows a hybrid mix of both "family" and "professional" knowledge in the day-to-day management of care:

“As I live with my parents, I spend my evenings with them. Then my sister, for example, comes in the mornings, because she is employed as an assistant. We couldn't get anything else at the town hall, and we decided that as long as she didn't have a job she would care for her parents. So it's not the same for my parents if someone from outside cared for them or if it's their daughter. Of course, but what happens with that, too? Well, my sister doesn't know how to separate her work and her family.” (Woman, 36, relative) (Theme 6: Communal vs Market pricing)

All the people consider the field of dependency and care to be a growing professional field, where migrants women are increasingly the ones who carry out these tasks. In this sense, care workers perceived it as a sector in which they could progress and develop professionally, improving working conditions and the undervalued professional identity.

This is mentioned in the following quote:

“Now that I'm studying for my degree, the doors open a bit more towards companies or a private company, or a day centre... I feel that it's the same field, but it's more rewarding. You go there... and you give a bit of support and that, but it's not like at home, well at home it's a bit closer and everything, but I don't see myself in the other. In this sense, I don't see myself at home anymore, because it's not well valued and I see myself more in an organisation or in a company for example.” (Woman, 29, care-worker) (Theme 4: Natural vs Professional labour)

On the other hand, the participants' views about institutionalisation suggested knowledge oriented towards developing new models of care as an alternative to the traditional forms of care in the family and in residential care facilities. Residential care

homes were in most cases perceived as being depersonalised and separated from their own social and community environment. In this sense, personalisation, flexible schedules, and good treatment were valued and demanded by older people living in residential care homes, which evokes a criticism of the way people are conceived within institutions:

“What I would change the most here is that perhaps eight o'clock is too early to go to sleep. The timetable might be a bit more flexible. And maybe the only thing is that people who are very dependent, you leave them in one place and they stay there. Perhaps I would like a little more understanding. Logically we know that there are people who are not empathetic, so logically we need to look at the characteristics of the person, that's what is needed in principle.” (Man, 70, older adult) (Theme 7: Instrumental vs Emotional care)

Discussion

This study shows the transformations that are occurring in the conceptions of long-term care held by caregivers, family members, and older people in care situations. Through an exploration of the presence of cognitive polyphasia in ideas and discourses about care, we have revealed the impact of socio-cultural transformations and modernisation on social representations. In this vein, our results show how the participants of this study face the challenge of dealing with contradictory visions and practices regarding traditional and emerging care models.

On the one hand, through displacement process we show that movements and transformations are taking place in the conceptions that family members and care workers have about family moral duties, giving indications of the debate that individualisation generates in a cultural context coming from a familialist culture (Moreno-Colom et al., 2017). In line with international literature in this field, the obligation towards care and filial piety is a characteristic of previous generations that has been abandoned due to the difficulty of reconciling work and personal life, along with changes in lifestyles (Guberman et al., 2012). However, we show that from the

approach of Latin American care workers, this conception is displaced following their own cultural tradition that gives priority value to family relationships and the authority of older people (Ruiz, 2007). Consequently, the influence of cultural origins and values on the dynamics of knowledge about care is evident, showing also that the displacement of familialist values, far from being linear and universal, is cyclical and context-dependent. As Jovchelovitch (2007) suggests, the displacement of these ideas and cultural practices does not mean that they have vanished, but rather that they are subject to change and return depending on the sociocultural and historical context in which they are used. In this sense, some authors claim that there is currently an increase in familialist views in Spain, which has become pronounced due to the impact of the Covid-19 crisis on the care system along with previous flaws in public policy (Comas d'Argemir and Bofill-Poch, 2021; Comas-Herrera et al., 2020).

On the other hand, through selective prevalence process we show that in a context where care work tends to be outsourced to public services, market services and domestic workers, people have to deal with contradictory and dilemmatic visions on a daily basis in order to adapt to the needs of the context. As the literature suggests, acceptance of the need for help and institutionalisation are the feared aspects of old age, but people nevertheless resort to them when continuing to live at home becomes increasingly difficult (Chen, 2015; Daniel et al., 2019; Torres et al., 2015). In line with this idea, in this study we show that both families and older people begin to consider and accept services such as day centres and nursing homes when the situation of dependency intensifies, through selective prevalence processes. In the case of care workers, the tension between professional and lay visions of care can be seen, linked to an altruistic and feminised culture of care; although care work is undervalued, they give meaning to the work in emotional and experiential terms. In line with what the literature suggests,

we show that the conflict between the different visions that families, care workers and older people manage makes sense in a context where care straddles the line between familism and the externalisation of services and between the professional and the profane (Bettio, Simonazzi and Villa, 2006; Vega-Solís, 2009).

Finally, we show how through hybridisation new forms of knowledge are developing in relation to the new modalities and services that are used to respond to care needs.

According to the literature, the form and modality that care beyond the family and informal networks can take varies greatly and is subject to change in the context of contemporary capitalism, giving rise to mixed and/or hybrid forms of care provision (Cerri and Alamillo-Martinez, 2012). At the same time, the expansion of the professional sector means that migrant domestic workers are beginning to see care as a way to develop and improve their social and work conditions, while native women delegate care activities to them. As the literature suggests, although the contracting of domestic and care work is not new, what is new is the magnitude it is acquiring at the international level, giving way to a new global domestic order (Comas-d'Argemir, 2019; Ehrenreich and Hochschild, 2003). In this study we show that participants are beginning to consider care modalities that go beyond family and informal networks, looking for care alternatives in the market (Fine and Davidson, 2018). Alongside this, and in line with new personalised and community-integrated care approaches, we show how visions, expectations and demands emerge that advocate for greater personalisation of the flexibility of care services and times in institutions (Koren, 2010; Martínez-Rodríguez, 2013). These visions imply rethinking care by prioritising life itself, autonomy and the ways in which people want to continue living in situations of frailty in old age, so that considering the processes of hybridisation can open doors to analyse future debates on care that imply an important cultural change. In this sense, examining

how individuals and communities integrate new knowledge in changing cultural contexts may be necessary to drive processes of improvement and innovation in social policy.

At a theoretical level, in line with what previous studies suggest, we show the potential and usefulness of studying the way in which cognitive polyphasia operates to analyse the potential transformations that are taking place around long-term care-related views and practices (Panagiotou and Kadianaki, 2019; Priego-Hernández, 2017). Even more so for understanding how individuals and groups understand and integrate new phenomena and needs that are a challenge for the 21st century (Comas d'Argemir, 2014; Fine, 2007). On the other hand, in this study we highlight the importance of considering the voices of family members, care workers and older people who are directly involved in the debate, in order to understand how the different tensions and transformations are expressed and embodied in each of the subjectivities. This shows that the changes in the conceptions of care are expressed in different ways depending on the positioning of individuals concerning the representational object (Renedo, 2010). Moreover, as highlighted from the relational and dialogic perspective of care, all people are dependent and need care throughout our lives and not only in situations of illness and at the beginning and end of life; therefore, people move and exchange multiple voices and positions depending on the vulnerable condition and the role they assume as a care providers and/or recipients of throughout life (Bakhtin, 1984; Legarreta, 2014). This idea is relevant when it comes to understanding that the diverse identities, networks and knowledges that are constructed around care, beyond being fixed and stable, are fluid and changing according to the voices and positions in the representational field (Breakwell, 1993; Renedo and Jovchelovitch, 2007).

Based on this framework, the present study offers an insight into understanding the impact of socio-cultural processes and transformations on everyday visions of care, considering the interrelationship between the socio-cultural context and socio-cognitive processes, i.e. the interdependence of the context with the object and the thinking subject (Moscovici, 1961/2008). These transformations are identified at the discursive level, that is, showing the presence of cognitive polyphasia in social representations. Furthermore, the processes of hybridisation could give some indication of the new knowledge or innovations that are taking place in the care field.

As Jovchelovitch (2002, 2007) states, people are not characterised by a unified and linear model of reasoning, as the Cartesian idea states, but by variable and open systems of knowledge, where different types of knowledge coexist to give meaning to the same object of representation. Given that the results of this study respond to a specific socioeconomic and cultural positions of participants, in future studies it would be interesting to delve further into the different actors, conceptions and experiences that coexist and are disputed in the context of the Basque Country about the topic. This would help to understand in greater depth and breadth the debates raised by the changing social organisation of care from a holistic and inclusive perspective. In this sense, in this study we argue that a culturally situated and dynamic approach to social representations is essential to understand how people manage their visions and behaviours related to long-term care (Jovchelovitch, 2007).

Finally, this study has several social and practical implications. On the one hand, it could help to understand the debates and social communication that is taking place around long-term care in a context where institutions and organisations are beginning to talk about and advocate for a change in care systems. To this end, it could be important to capitalise on the transformations that are already occurring in society on the subject,

providing keys to direct future strategies and proposals. On the other hand, it could help to understand the knowledge that is at stake and in transition, providing a vision that helps to understand what future care scenarios will be like. Given that innovation and progress do not only occur in the field of technology, we already anticipate that new proposals for the organisation of care will continue to be developed, such as mixed care arrangements between the family, public institutions, and the market; care cooperatives, small co-housing units, public-community initiatives, and digitalisation.

In this regard, tools for predicting how and in what direction transformations are taking place in relation to the field of care could provide important guidelines for a global interpretation of the phenomenon, and inform the design and implementation of intervention programmes that could be effective in the new social organisations of care. The design of new services, programmes and policies in this field should consider how these processes and cultural changes affect the development and improvement of care relationships and practices.

Limitations

The limitations of this study concern the generalisability of the findings. Since social representations are culturally and historically situated, processes of cognitive polyphasia and transformations of knowledge systems must be understood accordingly. We consider that extending the sample and analysing other voices in relation to care could help to obtain a broader view on how the conceptions of care are changing. For this reason, it would be interesting to explore conceptions of long-term care in professionals and lay people from the perspective of older people living at home or those using voluntary services.

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