

The Burdens of Cross-Culture Elderly Caregiver

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“I just need a break.” “I am overwhelmed!” “Care for her is just too hard!” “I feel guilty and selfish that I can’t help out more!” These statements can go on and on as many deal with the fact of becoming, the person we may someday need for ourselves, caregivers. Many questions are arising as the need for caring for an elderly person grows all over the world.

All over the world it's becoming increasingly known that many are living well into their 60s, 70s, 80s, 90s and even 100s! Life expectancies has grown due to many factors. People are taking better care of their health, the world has expanded to having medication that cure, stop and/or slow the process of certain illness, which in turn has increase the longevity seen in the older generations. Kids are living with and getting to know not only their grand relative, but also their great, great family member.

However, with all of this wonderful news, there is also an increase of a need to care for these elders and sometimes it can take a toll not just on formal caregivers likes doctors, nurse and home health aide, but also the informal caregivers: sons, daughters, grandchildren and other loved ones. The sacrifices of family members to take care of elderly family can indeed cause a burden to increase as they learn to balance their own lives and as well as that aged loved one.

In my search I found that this is not just subject to one part of the globe, but across almost all seven continents, on-going studies are being conducted to find help for the weary helper.

Economic Struggles

There are a few things to consider when it comes to financial issues and caring for an elderly love one; economic status is on the top of that list. Questions like: does the elderly one has financial security and does the caregiver have their own finances in order to care for

themselves, their family and if needed also for their elder? One thing is for sure the more you have the better your chances of having top notch healthcare for your aged family member.

However, when you don't have the ability to make ends meet, buy the essential things for survival and you have others to care for; worry can settle in on a caregiver. In many countries' poverty is prevalent and having funds to buy needed things for one person is difficult enough. According to Grossman & Webb (2016), "Family caregiving in the United States was valued at an estimated \$470 billion, assuming an hourly equivalent rate of \$12.51 hour for the nearly 37 billion hours provided in 2013 (Reinhard et al., 2015)". These are unpaid wages and a lot of hours that are dedicated to caring for an elderly person that so many struggles with financial.

When you add the pressure of caring for an aging person it can be a big stressor. Mayston et al., (2017), took the time to investigate the economic effects of caring for an elderly person and they looked at the social and economic factors that come into play when caring for an older person. They looked to understand the different ways that economic weakness affected families in Peru, Mexico, China and Nigeria. This study showed that "Governments were largely uninvolved in the care and support of older dependent people, leaving families to negotiate a 'journey without maps'" (Mayston et al., 2017). This is a serious ramification for many families as they must figure out on their own how to make ends meet.

The economic hardships are not exclusive to Peru, Mexico, China and Nigeria, but other countries have this issue as well. Getting the government more involved with offering more services for the families would help. Mayston et al., (2017) believe that "...community-based and residential care services, disability benefits and carers allowances" are just a few things that can be given to help support the caregiver.

Education and Support

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Whenever the people are well-informed, they can be trusted with their own government. (Thomas Jefferson) and “It is an eternal obligation toward the human being not to let him suffer from hunger when one has a chance of coming to his assistance.” (Simone Wei). These are true statements that embodies what it means to a caregiver that has taken on the new role of caring for an elderly family member. As it will take education to learn how to govern the care of the elderly and support to not leave anyone starving for hope.

When there is a lack of educational resources and support for those that have to take care of an elderly dependent the caregiver may experience anxiety, frustration and/or burnout. A mother, father grandparent or any family member over the age 60 has always been the caregiver and provider. Seemingly, they have done those things with great ease, as it is seen through a child’s eyes. They have always been the adult and the one that took care of family, but now the roles have to reverse. That transition can be difficult to move into as the parent does not want to lose their independents. Likewise, the new position of caregiver on the shoulder of the child is hard to comprehend.

In places like the Pacific Islands, Fernandes et al. (2013), found that they should treat the training of family caregivers as a top priority. They have a Pacific Islands Geriatric Education Center, at the University of Hawaii, were the help educate and train family’s in geriatric care to improve healthcare of the elderly (Fernandes et al. 2013). A program like this will help to take some of the fear away from the caregiver as they learn about the aging process, the health issues that may come with aging and how to help their loved one cope with the change. Caregivers that are educated in the care of their elderly dependent will have less stress because they will be able to get the training for things that they handle often such as: monitoring the medication intake per

day for their elderly dependent, hygienic responsibility, physical range of motion, keeping track of doctors' appointments and many other day to day care moments.

Ageing in and of itself is a strange and sometimes scary change for an individual, as they have no control over what is happening to them. From physical changes to mental changes, they are all debilitating, but this is especially the case when the changes are mental as in the development of Dementia and Alzheimer's. Support for such changes will give a caregiver a listening ear and if need be a shoulder.

Heath, Carey, & Chong, (2018), whose study was done in Victoria, Australia, emphasize just how important support for informal caregivers is for the growing need of them. There are also other concerns that must be met according to Heath, Carey, & Chong (2018) such as" the need of having appropriate practical support, better case management, organizational transparency and greater recognition of the role of informal carers".

Education and support are not just for the one country or continent, but is a global necessity as the world continues to age. There are talked about and shared stresses and challenges that will require further "accountability and improved organization" (Heath, Carey, & Chong, 2018) throughout the world. Also, an increase in government presence in helping to fund some of the necessary educational and support system needs would help make some of these endeavors more reachable for all.

It's a Family Effort

There is a saying that goes "one mother can take care of many children, but many children can't take care of one mother". This statement becomes increasingly true when in many cultures the care for the elderly family member has rested on the shoulders of mostly the female child of that person (Mayston et al., 2017).

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And depending on the number of female children in the household the care can rest on either the eldest or left for the youngest. However, this kind of burden of care can bring up so many emotional pains that the daughter cannot and will not bring up. With this in mind, we have to see that the call to all the family taking part in caring for elderly family members is of great importance. Caring for elderly dependents should not only be as a female dominate horizontal move, but open to a vertical move with every gender and generation taking a part.

In a family effort many try to honor what they have been taught through religion, cultural traditions and feelings of obligation to care for their elders. This effort can be daunting and take a toll on the member when they have to also weigh in the time that they have to care for their own family or simply work outside the home to put food on the table.

In Palau, Seniors are honored and shown respect on a special day called, Senior day (Fernandes et al., 2013). They want to show the importance of honoring elders. In Carlsen & Lundberg (2017) study of the Scandinavian culture, there is an obligatory feeling that they find meaningful when they care for an elder. One of the subjects in study stated” Well, it’s because you love that person and want to do the best. The last phase of life, it should be as good as possible. And when you start to sort things out, then you get the feeling of obligation because you don’t have the conscience to not do it” (Carlsen & Lundberg, 2017). “In all cases, the caregivers showed a high degree of resilience towards being a care provider. The caregivers often mentioned the reciprocity principle (i.e., the mutual obligation of the members from the same family to look after each other at different moments in life). They take on this role, especially when the caregiver is a child of the dependent older person” (Willemse et al., 2016).

What all these have shown us it that is it really not the obligation of one member but of many to care for the well being of that elder. Everyone must pitch in so that the burden does not

fall on one shoulder. Some solutions maybe part of this research to make sure all in the family are taken care of well.

Working from Burden to Benefit

In middle age and later years of life, family caregivers can make the best and most important informal support for older members and especially to those with disabilities who are aging.

In this study focus will be on finding governmental support sources to help fill in the gaps of the economic issues. We will also make look for ways that will educate and support families in caring for the dependents. Last, but not least we will help families learn to help each other in caring for the aging person.

Family caregiving involves a lot of care, service, and support provision; it includes a variety of relationships between the elderly person and the caregivers; bearing the understanding of caring for the senior persons physical, mental and overall health; most importantly it includes all races, culture and ways of living. This is a global work and we all have to take part in it to take care of the ones that aged and are full of wisdom.

Method

A mixed method was used to collect, process and analyze to get the most in-depth information to help this research. Interviews were conducted across all participating countries with caregivers. The interview will be conducted with the primary care giver as well as those that assist at least half of the time. This will help give a clear picture of the day to day care, the beliefs in why and how one should be cared for and most of all what is needed to affectively care for the elderly family member.

Recruitment Process

The recruitment took place in 7 of the most populated countries across the globe: China, India, United States, Indonesia, Pakistan, Brazil and Nigeria. Simple surveys were given out to 300 families in each country. The population was not only diverse in country and culture, but also socioeconomic status. A mutual understanding was established across research teams that no matter the financial status of the recruits, everyone can use some sort of help when providing care to the ageing. The request for participants was made in both urban and rural areas. The participants had to be at least 18 years old and was a caregiver at least 6 months total out of the year. The person that received the care had to be 65 years old or over and needed assistance on a daily basis (ex. Cooking, house chores, self-care, medical, etc.).

The caregivers were mostly recruited from senior daycare centers, places of worship and word of mouth. Those that completed the surveys and met some of the criteria was called in to be screened further to see if they fit all the criteria for the research. The total families that met the requirement was as follows: China – 256, India – 207, United States – 289, Indonesia - 127, Pakistan - 234, Brazil – 103 and Nigeria – 198. Bringing this research total participants to 1,414 families with elder care concerns.

The participants were given lists of all available services in their local areas as well as country. These lists were given free of charge and with some step by step instructions on who to contact. For those of a low economic status they were also given a small travel stipend to get to some of the offices for services.

Caregivers and Care-recipients

With the recruitment pool nearly half of them had more than one elder person to care for (650). 900 care providers were in middle adulthood, age 40-60, with some having diminishing

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health themselves. Many of the families had small next generation pools to draw from. This was mostly due to the over population of the country as a whole and in some place's high poverty levels. Education played a roll in some of the recruits lives as well. Half of the participants were educated the other was not. All of these factors played a role in how the participants followed through with the information given to them from the recruiting teams.

Procedures

The care providers were questioned about why they became caregivers and how does that affect their personal goals. The care recipients were asked to describe the care they received and who provided help. All data was processed and analyzed. From physical services needed to mental health counseling, the data was used to find were the most critical help was needed. This procedure spanned over a year.

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RESEARCH STUDY **Become a Participate!**

**HELP US...
...HELP YOU.**

THOUGHTS ON OUR AGENDA...

- ❖ **Are you caring for someone you love?**
- ❖ **Are you feeling burned out?**
- ❖ **What services and help do you need?**

**All these questions and more are
apart of our goal orientated study!**

**We are looking for participates 18
years and older that currently care
for their aging family member.**

NO PAYMENT REQUIRED TO PARTICIPATE.



**All
participants
will receive a
\$50 Target
Gift card as a
thank you!**



This research study is presented to you by:
Nyack College
Alliance Graduate School of Counseling

To Participates Contact Us @
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RESEARCH CONSENT FORM

Name of Researcher(s) <i>Nyack College – Alliance Graduate School fo Counseling</i>
Title of study <i>Cross Culture Elderly Care Burden</i>

Please read and complete this form carefully. If you are willing to participate in this study, ring the appropriate responses and sign and date the declaration at the end. If you do not understand anything and would like more information, please ask.

- I have had the research satisfactorily explained to me in verbal and / or written form by the researcher. **YES / NO**
- I understand that the research will involve: Interviews with my self, fellow caregivers and the care recipient. **YES / NO**
- I understand that I may withdraw from this study at any time without having to give an explanation. This will not affect my future care or treatment. **YES / NO**
- I understand that all information about me will be treated in strict confidence and that I will not be named in any written work arising from this study. **YES / NO**
- I understand that any auto or video material of me will be used solely for research purposes and will be destroyed on completion of your research. **YES / NO**
- I understand that you will be discussing the progress of your research with others at Nyack College. **YES / NO**

I freely give my consent to participate in this research study and have been given a copy of this form for my own information.

Signature:

Date: