How to care for the elderly without their caregivers burning out

There are lessons to be drawn from the way other nations have devised systems to care for their older citizens.

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Sarah is 69 and has had her hands full, caring for her 90-year-old mother who suffers from dementia. Her mother was recently admitted to hospital after suffering severe abdominal pain. Since then, the elderly woman’s appetite has been affected and she can eat only soft foods. Her health has worsened. All this has taken its toll on Sarah, who now finds herself spending twice the time caring for her mother as she did before.

Sarah shared: “I felt that she needed more attention. I have to do practically everything for her — previously, she could cook out of (her room) and feed herself, but now she cannot. She has become more dependent on my help and me. When she is in pain, she will groan and call for us. Help me, help me, I am in pain. She wants somebody by her side all the time, but we have household chores and other things to do. We feel stressed because we don’t know what else we can do for her even after giving her medication, a hot water pack, and doing our best to keep her safe and comfortable.”

Sarah said that she worries about her mother. She is stressed and trapped in a situation she cannot control. She is afraid she may feel resentment building up inside her. She does not know what she needs counseling or services such as respite care.

WHO CARES FOR THE CAREGIVER?

Sarah may be at risk of caregiver burnout — where the caregiver feels emotional exhaustion, depersonalization, and a reduced sense of meaning from the care she is leading. Our studies showed that caregiver burnout worsens when the health needs of the person they are caring for change — for example, if they are hit by a new, chronic ailment. Or if the caregiver herself may see her own health worsening, making it harder for her to care for others.

Matters get worse if there is lack of family support or money problems. It’s also not easy to balance work and caregiving responsibilities, and even harder when the person they are caring for constantly demands attention.

Both Sarah and her mother’s care needs are complex. To see how they can be helped, we could learn from how other older citizens in other countries are being supported.

DENMARK, FINLAND AND JAPAN

Denmark, Finland and Japan have been improving their eldercare for decades. Their systems are still evolving within the context of social welfare states — in the case of Denmark and Japan — and universal access to health and social care for older people, in the case of Japan.

Denmark started the Commission on Elderly in the 1990s to improve the lives of its elderly citizens without wishing growing costs. Through the 1980s and 1990s, it moved towards caring for them in their homes, instead of in institutions.

Independent, adapted homes were built for the elderly and assisted living facilities and services rolled out. Denmark also continues to emphasise self-reliance. This means the elderly can count on public services to maintain their independence and quality of life, and stay healthy in their own homes for as long as possible. Family members are neither expected, nor obliged, to care for the elderly.

There is a vast array of medical, psychiatric and specialised rehabilitation facilities available to the elderly. Social and health professionals work together in teams that include home helpers, home nurses, physiotherapists and occupational therapists to provide care.

Each elderly citizen who needs support also has a case manager assigned to them by the municipal government. The case manager is also the older person’s individual counsellor, who coordinates care services for them. Regardless of whether they are rich or poor, all citizens are entitled to home care and home nursing services, depending on their needs.

Like Denmark, Finland too moved away from institutionalised eldercare and social care services in the 1990s. Denmark’s responsibility for caring for the elderly lies largely with local municipalities. They offer home help, home nursing and health centre services.

The elderly are offered meals on wheels and help to do their laundry and clean their homes. Trained home helpers and volunteers assist older people with everyday chores and also help monitor the state of their health.

Unlike Denmark, family members in Japan play a big part in supporting the elderly. The municipality supports the family caregiver with an allowance for informal caregiving. The family caregiver is also entitled to at least one day off each month, when the municipality steps in to provide care.

Meanwhile, in Japan, a series of laws have helped eldercare services to evolve. It began in 1983, when older people in need were given access to public assistance-based nursing homes for the elderly. Another law in 1983 paved the way for home help services, day care services, and short-stay services.

Then, in 2000, a long-term care insurance system was introduced. This has opened doors to comprehensive care for the elderly in their homes, communities and institutions. And since everyone pays premiums towards this insurance, older Japanese citizens see such care as a right and not some kind of state benevolence towards the poor.

Managed by local municipalities, community-based care systems aim to enable older Japanese citizens to continue living in their own community by providing for housing, healthcare, long-term care, and living support. At the heart of the system are the long-term care centers, equipped with nurses and social workers, which provide support to elderly persons and coordinate home care services for them.

It has taken decades for such care systems to develop in Denmark, Finland and Japan — and they are still evolving.

WIDER RANGE OF CARE SERVICES NEEDED

In Singapore, the responsibility to care for the elderly still falls mainly on their families. The least we can do is to provide support to caregivers, so that they don’t suffer burnout.

To help caregivers, like Sarah and her mother, there is an urgent need to expand the range of care services for older people and caregivers before a broader, community-based system takes root.

Healthier SG aims to bring healthcare closer to the community. This could be an important step towards a system in which older Singaporeans are encouraged to age in their own homes or within their communities, with universal access to the care they need.

Through Healthier SG, I know I can count on a family general practitioner to co-create a care plan for me, as I reach my golden years. But knowing how to access and coordinate resources and services to meet the needs of the elderly “while respecting both the will and the fragility of another” is a real skill, a German feminist philosopher Eva F. Kittay puts it.

Denmark, Finland and Japan may have societies and systems that are very different from Singapore’s. But the one thing that they have all shown is that for the elderly to age in place with dignity, a nation requires comprehensive and coordinated care services tailored to an individual’s needs. We need more investments in the care sector to support caregivers at risk of burning out. We could even look at tapping the reach and resources of community development councils to help the elderly in need of care.