

Exploring Views on Caregiving for Older Persons among Formal Social Care Workers in Malaysia: A Qualitative Study

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Abstract: The rapid ageing process experienced by many developing countries, lead issues and challenges to deal with the highly demanding social care sector. This qualitative study aimed to explore the understanding and views of the formal caregivers in Malaysia towards social care for older persons. Series of focus group discussions were conducted among 57 institutional social care workers at four public residential care in Peninsular Malaysia based on the identified zones. Two groups of participants involved, those aged less than 40 years old and 40 years old and above, divided based on the mean age. The interview was transcribed *verbatim* and inductive thematic analysis was conducted to identify the related coding and themes. Three themes were identified to explain the views and understanding of the participants related to social care for older persons namely, religious values, health impact and knowledge. Although many participants emphasized on the negative impact of caregiving for older persons on physical and mental health of the caregivers, they also viewed the job as noble and a useful platform to gain knowledge and enrich their personal experiences related to the later life. Acknowledgement of the negative impacts on health of the carers by the relevant authorities are very important to ensure productivity and quality of work, healthy and safe workplace environment and maintaining the rights of workers.

Keywords: Social care; views; older persons; caregivers; Malaysia

1 Introduction

The world is ageing rapidly and brings along health, social and economic implications, which include demands for paid care services for older persons. Similar to other developing countries, the number of older persons in Malaysia increased from 1.4 million, or 6.3% of the total population, in 2000 to 2.4 million, 8.2% of the total population, in Mat [1].

Caregivers, either formal or informal are essential sources of support for older persons. They are self-identified individuals who provide unpaid or informal care for sick, disabled and/or cognitively impaired older adults, typically family members or friends [2]. A caregiving relationship can be satisfying as well as burdensome to the individuals providing care, with negative impacts on their physical and mental



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health have been reported [3], especially among those caring for persons with multiple conditions or disabilities. Caregiver burden is generally defined as the extent to which caregivers perceive that caregiving has had an adverse effect on their emotional, social, financial, physical and spiritual functioning [4].

Additionally, high workloads and lack of resources were also commonly reported stressors contributing to poor working conditions among the formal caregivers including the social care workers. Concern regarding stress levels and poor working environment among social workers are not a new phenomenon and have been explored and researched extensively in many developed countries, such as in the United Kingdom (UK). It has been reported that almost two-thirds (61%) of social work practitioners and managers surveyed in the UK were looking to leave their current position in 2018 particularly among those working with children and families; compared to 52% in another survey conducted in 2017 [5]. Earlier, a similar survey in 2015 among 2000 qualified social workers in the UK indicated that they were moderately or very stressed, with only 16% had been given training or guidance of how to address work related stress and less than one-third being offered counseling through work [6]. The high levels of stress were predominantly attributed to complex caseloads, workplace bullying, and fear that something might go wrong.

In Malaysia, the old folks' homes were originally conceptualized as home-based shelters for elderly who were single and without children. Until today, the old folks' homes in Malaysia are still largely bound by the concept of welfare and charity, mainly managed by the non-governmental organizations (NGOs), welfare-based voluntary organizations or the religious faith-based organizations. They mainly run based on donations and support from the local communities with majority of the occupants or residents are elderly who are abandoned by the family members and the destitute. In line with the norms and values of the eastern culture, the operation of such residential facilities has reinforced the negative stereotypes of the abandoned older people. The provision of homes for the elderly in Malaysia has been considered as a different social policy programme under the community and family development allocation, managed by the Ministry of Women, Family and Community Development (MWFCDD) [7]. At the state level the management of elderly people in Malaysia is organized by the Department of Social Welfare (DSW).

Social care work mainly takes place in care homes (including care homes providing nursing care), group homes, home (domiciliary) care and day centers [8]. With high workload, insufficient support, risks for burnout and high turnover rate, the social care work has become less attractive especially among the younger age group. By using focus group discussions, this study aimed to explore the views of the formal social caregivers towards the social care sector for older persons in Malaysia.

2 Methods

2.1 Design

This study was a qualitative study involving series of focus group discussions with the formal social carers who work at the public welfare-based social care homes for the older under the Department of Social Welfare.

2.2 Setting

The data was collected at four welfare-based social care homes identified from 4 different zones in the peninsular Malaysia (north, south, middle and east zones) based on the highest number of social care workers.

2.3 Participants

The social carers at the selected centers were divided into two aged categories which were young (less than 40 years old) and old (40 years old and above) workers based on the mean age of the participants.

Separate series of focus group discussions were conducted according to these age categories to allow detail closure and more accurate information discussed. The participants were identified by the manager in charge of individual center who were approached via letter, email and telephone calls.

2.4 Data Collection

Each focus group discussion was conducted in a quiet room. The discussions were professionally facilitated by experienced research officers using pre-tested and structured questions following an agreed protocol, but with flexibility given to the presenters to deviate from the protocol and follow interesting leads. The discussions were started with a brief introduction about the study and focus of the discussion. Participants were requested to introduce themselves and wrote their name on allocated boards provided to ease the discussions. All focus group discussions were audiotaped. The data were anonymized, and code numbers allocated to each case.

2.5 Ethical Issues

Approval from the Department of Social Welfare, Malaysia and the Ethical Committee, University Putra Malaysia were obtained prior to data collection. Individual informed consent was also obtained from the participants on the day of data collection. Appropriate standards for ethical research were adhered to throughout the project. Because of the sensitivity of the topic of working life, we emphasized both verbally and in the written material that participants had the right to not answer questions which they were uncomfortable discussing and/or leaving the discussion altogether. Participants were also offered the opportunity to talk with either the facilitator or principal investigator individually to talk about issues which they were uncomfortable talking about in a group setting.

2.6 Analysis

Inductive thematic analysis was performed to identify the coding and themes within the data. This approach utilizes five related steps of: familiarization, coding, theme development, defining themes and reporting [9]. During the process of familiarization, all interview data were reviewed and all sections of the interviews relating to issues, challenges, perceptions and responses towards ageing workforces in the social care sectors were extracted. Emergent themes were identified from the data, defined and reported through an iterative process of theme development. Specialist software was not used with the primary data coder was HSM. To address issues of analytical rigor and trustworthiness, a subset of transcripts was double coded by HH, who is an external researcher with well experience in qualitative research. The analysis was further tested and discussed during meetings with the rest of the research team, including the moderators, rapporteurs, and also the co-researcher.

3 Results

3.1 Background of the Participants

Total of 8 focus group discussions were conducted at four different centers involving 4 groups of young and old workers each, with a total of 57 participants. The FGDs were lasted from 45 to 60 minutes each. The mean age of the participants was 41.43 [SD = 9.97] years old. Based on the mean age, the participants were divided into young (less than 40 years old) and old (40 years old and above) social care workers in order to explore the views on the subject matter from two different perspectives. Equal distributions of participants according to age and gender were found (Tab. 1). The mean working duration was 15.70 [SD ± 10.05] years and was dominated by Malay ethnic participants.

3.2 Views Towards Social Care Services for Older Persons

The analysis identified three themes which are religious values, health impacts and knowledge as elaborated separately below. The responsibility theme was found to be dominated among the older

workers, with the remaining themes equally agreed in both age groups. Both young and old social carers perceived social care work for older persons is a challenging and risky job particularly to their health, but at the same time an avenue to obtain valuable later life related knowledge and to create sense of responsibility towards old parents.

Table 1: Characteristics of respondents (n = 57)

Variable	Frequency (%)	Mean (SD)
Age		41.53 (9.97)
Age category		
<40 (young workers)	29 (50.9)	24.00,39.00 ^a
≥40 (old workers)	28 (49.1)	40.00,59.00 ^a
Gender		
Male	28 (49.1)	
Female	29 (50.9)	
Race		
Malay	53 (93.0)	
Indian	2 (3.5)	
Orang Asli	2 (3.5)	
Working period		15.7(10.05)

^aAge range of participants in the age category

Abbreviation: % = Percentage; SD = Standard deviation; <40 = Less than 40 years old; ≥40 = 40 years old and above.

3.2.1 Religious Values

Majority of the participants especially among the old workers viewed social care work as noble and rewarding which at the same time cultivates a sense of responsibility towards older persons especially their own old parents. At the same time, one of the participants among the old workers also emphasize the potential to many sins if the job was not performed with appropriate values and ethics.

“To me, this is an important and good post. An opportunity for you to help other people and to be rewarded in the later days, but at the same time a pathway to many sins when work is done insincerely. It requires a lot of patience dealing with elderly with various behaviors and needs. Some were demented and many more.”—Old worker

“Many people say it is a place to do good and be rewarded in the hereafter. This what kept me to stay doing this work despite the workload and challenges...”—Old worker

“Looking after the elderly in this institute is like looking after our own old parents. Things that we do at home, we also do it here. Hence it is a big challenge to us, the responsibility to serve the clients like our own parents because it is like performing duty and responsibility to our own parents...” —Young worker

3.2.2 Health Impacts

Despite the religious values previously agreed among the participants, in both age groups, the participants frequently stating the negative impact of the job on health of the caregivers, physically and mentally. Older workers are reported to experience greater negative impact particularly the physical impact due to the nature of the job. Among the commonly reported health problems related to the scope and nature of the works are chronic back pain, skin diseases and mental torture from the clients and also their family members.

“It is a fun but very challenging job at the same time. At the very beginning, it was really fun. But after a while, when we are getting older, we can't complete the tasks like we used to. Longer time needed to complete the tasks, because of less energy and we are getting weaker.”—Old worker

“When we started this career, we were very healthy, young and full of energy despite the heavy workload. But as we get older, we are exposed to many more risks, particularly to our health. We have to look after elderly, lifting and bathing them but yet we are also getting old with reduced physical workability and at the same time putting risks to our health.”—Old worker

“It was once happened here, where we received an HIV patient, but we were never informed about the status of the resident and we were conducting the duty and tasks as usual without precautions. We only found out about him being an HIV patient the day he died. It was really shocking and frightening, thinking about the risks we were exposed to and also to our family members.”—Young worker

“The most common is back pain, because we have been lifting bed-ridden elderly residents manually, almost every day. If we do it wrongly, we'll get injured. Sometimes the physiotherapy services which available in some centers are not only for the residents but also being utilized by workers with chronic back pain.”—Young worker

3.2.3 Knowledge

The valuable experience dealing and providing care for older persons serves as an avenue for the social care workers to understand better the needs and problems of older persons. It also create self-awareness on issues related to later life.

“The working experiences give us guidance to deal with the future life. It gives good understanding on the changes experienced when you become old.”—Old worker

“The longer we are involved in the work sector, the better we know about being an older person. It really helps and guide us to deal with our own old parents and also to deal with later life issues.”—Young worker

4 Discussion and Conclusion

Malaysia is experiencing a rapid ageing population due to declining fertility rate and increasing life expectancy. By 2035, Malaysia is expected to become an aged nation with more than 15% of the population will be those 65 years old and above. Being in the third phase of the demographic transition with both fertility and death rates are continuing to drop, the population growth decelerates, with steady increase in the proportion of older persons aged 60 years and above.

The rapid ageing population has created an increasing demand towards the care sector of folder persons as well as to cope with the caregiving challenges among the caregivers. This qualitative study reflects mixed views towards the social care sectors among the formal social care workers. Despite the negative impact on health, social care sector also linked with religious values and a platform understand the needs of older persons better.

The physical and mental impact of the caregiving task on health have been frequently reported in previous researches. Clinical observation and early empirical research showed that assuming a caregiving role can be stressful and burdensome [10]. Among others, factors linked to caregiver's physical health include the care recipient's behavior problems, cognitive impairment, and functional disabilities; the duration and amount of care provided; vigilance demands (such as constantly having to watch a person with Alzheimer's disease to prevent self-harm); and caregiver and patient co-residence [11]. Feelings of distress and depression associated with caregiving tasks also negatively affect the caregiver's physical health [12].

The absence of integrated care for older persons in Malaysia, with medical and social care being served independently creating grey area related to the scope of jobs of the caregivers. The so-called social care

workers involved in this study were working at the welfare-based long-term care under the Department of Social Welfare, which not only served abandoned elderly without support from family members but also those of various medical conditions which include dementia, bed-ridden and very frail elderly. Although they have been receiving periodic training pertaining to care work including nursing task, lack of assistive devices to perform the daily tasks may put them at risk of physical health problems such as back pain. Nursing is among the tasks ranked highest in work-related low back pain (LBP) with hospital nurses reported a 35% point prevalence and 55% annual prevalence of LBP [13]. The most prominent causal factor was patient lifting and transfer, which requires lift/transfer devices, no-lift policies, and ergonomic assessments strategies [13].

Additionally, the social care workers were also reported to experience mental health impact which were not only contributed by the mental tortures from the clients and family members but also the stressful nature of the job scopes. A study on mental health impacts of health and human service work reported that, lower skilled caregivers and support workers were more likely to be exposed to psychosocial job stressors, had poorer mental health than other workers and were more vulnerable to declines in their mental health when exposed to psychosocial job stressors [14].

Despite the health impacts, the work is still viewed noble with many religious values which cultivate the sense of responsibility to serve the older persons like their own parents. The long-term relationship is also playing a role towards cultivation of sense responsibility among the workers. Caring of the older persons has been viewed as a sense of mutual support as other people may also look after their parents or grandparents [15,16]. According to Murphy [17] caring, the need to 'know the person' and to be able to provide emotional care is vital components of delivering quality care to older persons.

The sense of responsibility and religious values are components of cultural competency in the provision of care services. Cultural competency in care delivery has been emphasized in literatures as one of the strategies to ensure the delivery of high-quality care services. Cultural competence is the ability of health providers and organizations to deliver health care services that meet the cultural, social, and religious needs of patients and their families [18]. The presence of strong sense of responsibility was also reported in a study conducted among Chinese caregivers in Shanghai, China [19]. Additionally, passion for the job and feeling able to make a difference were reported among the main reasons for care workers to remain working in the aged residential care [20]. Nevertheless, a good support system is needed for the caregivers not only to ensure a high quality services being delivered but also to guarantee the well-being, welfare and health of the caregivers.

On the other hand, social care work was also linked with the opportunity to obtain knowledge and understanding related to needs and problems of older persons. The awareness that is developed from the knowledge plays an important motivating factor to the workers to continue serving the elderly clients with dedication and sincerity. It has been reported in previous research that caregivers retention in social work was influenced by the ability to use care knowledge and opportunity to practice care [20,21]. Self-awareness and reflection have been described as the cornerstone of professional development in social care practice [22] and ability to engage in reflection play an important role to build competence, prevent burnout and to create life-long learning within professionals [23,24].

The findings of this study emphasized the positive views of the caregivers towards the social care sector despite its negative impact on health. The job is viewed as noble and rewarding and serves as a platform to improve knowledge related to the later life. The negative health impact should be intervened accordingly in order to create a healthy and safe workplace. The current working culture and environment need to be revised to ensure a healthier workplace for the workers which not only benefit the workers but also the clients and organization to sustain the provision of continuous high quality care.

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