

Research on Elderly Care Talents' Willingness to Work and Its Influencing Factors

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Abstract: With the intensification of global population aging, the demand for elderly care talents is increasing day by day, but this field is facing a severe shortage of talent. Employment intention is a key precursor variable in predicting talent selection and retention. This paper aims to systematically review the research on the willingness of elderly care talents (including nurses, nursing staff, rehabilitators, etc.) and their influencing factors at home and abroad. The review found that the intention to work is complexly affected by multiple factors such as personal background, professional cognition, job characteristics, organizational environment, and social policies. Most of the existing research is based on the framework of social cognition career theory and planned behavior theory. Future research should focus more on the driving role of positive psychological capital, explore cross-cultural comparisons, and strengthen longitudinal tracking of intervention effectiveness.

Keywords: Elderly care workforce; Employment intention; Influencing factors

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1. Introduction

Elderly care medical and nursing talents are the core human resources to implement the strategy of “healthy aging” and “combination of medical and elderly care”^[1]. However, there is a widespread dilemma of “unable to recruit and retain” talent in this field around the world^[2]. The World Health Organization (WHO) has repeatedly warned of a huge gap in long-term care manpower. In this context, it is of great significance to explore why practitioners choose to enter or leave the industry, that is, the formation mechanism of their “willingness to work,” for formulating effective talent attraction and retention strategies^[3]. This review aims to integrate existing research findings, construct a systematic model of influencing factors, and provide direction for future research and policy practice.

2. The current situation of population aging

According to the National Bureau of Statistics, by the end of 2024, our country's population aged 60 and above

will reach 310.31 million, accounting for 22.0% of the country's total population, and the population aged 65 and above will reach 220.23 million, accounting for 15.6% of the country's total population. China has become the country with the largest total elderly population in the world ^[4].

From the perspective of age composition, as of the end of 2024, our country's population aged 16–59 will be 857.98 million, accounting for 60.9% of the national population. The population aged 60 and above has reached 310.31 million, accounting for 22.0% of the national population, of which 220.23 million are aged 65 and above, accounting for 15.6% of the national population. According to international practice ^[5], the proportion of the population over 60 years old in a country is between 20% and 30% of the total population, which is moderate aging. Obviously, China has entered a moderately aging society, and the level of aging is deepening, and the situation is grim. At the same time, chronic diseases account for 88% of deaths, and chronic diseases ^[6] such as cardiovascular and cerebrovascular diseases and cancer have become the main “killers” that threaten health.

Population aging is a common trend in the development of human society, but it is not only about the elderly ^[7]. About 10 million new elderly people are added to our country every year. Research data show that nearly 75% of the elderly population has at least one chronic disease, while 1/5 of the elderly have three or more chronic diseases. Due to work pressure, sedentary lifestyles, and other lifestyles ^[8], the age of onset of chronic diseases such as hypertension and diabetes has been significantly advanced, making more and more people face the dilemma of “getting sick before getting old” ^[9]. The economic burden and health risks have moved forward, putting the occupational group under double pressure, and also making the requirements for continuous and full-cycle health management more urgent.

It is expected that around 2033, our country's elderly population will double to 400 million, and by 2050, the elderly population will reach 1/3 of the country's total population. Such a rapidly developing population aging situation will inevitably lead to a blowout growth in the demand for elderly care services, especially elderly care medical care services, in our country now and in the future ^[10]. However, the number and quality of our country's existing elderly care service personnel, especially the elderly care medical care professionals related to the health management of the elderly, are far from meeting the growing demand for elderly care services, and the insufficient number and quality of elderly care medical care professionals have become an important constraint on the development of our country's elderly care service industry.

3. Theoretical basis and core concepts

The study of the willingness of elderly care talents mainly relies on the following classical theoretical frameworks.

3.1. Social cognitive career theory

This theory believes that an individual's career choice is influenced by the interaction of self-efficacy ^[11], outcome expectations, and personal goals. In the field of elderly care, an individual's confidence in their ability to care for the elderly (self-efficacy) and their expectation of the economic and social returns that can be brought by engaging in this profession (outcome expectation) jointly determine their intention to practice.

3.2. Planned behavior theory

This theory states that behavioral intention is determined by attitudes ^[12], subjective norms, and perceived behavioral control. Applied to this study, it refers to the individual's perception (attitude) towards elderly care

work, the evaluation of the occupation (subjective norms) by significant others (such as family and friends), and the perceived difficulty of engaging in the job (such as qualification requirements, employment opportunities), all of which affect their willingness to work.

3.3. Job requirements-resource model

This model divides occupational characteristics into “job requirements” and “job resources”^[13]. High work demands (e.g., physical exertion, emotional exhaustion) may lead to burnout and reduced willingness. Abundant work resources (such as social support and career development) can stimulate work engagement and enhance willingness.

4. Multi-dimensional influencing factors of practitioner willingness

Through the review of the existing literature, the influencing factors can be summarized into the following five levels.

4.1. Individual factors

4.1.1. Demographic characteristics

Research shows that age^[14], gender, education, family background, etc., are correlated. For example, older practitioners with experience caring for family members have higher stability. Female practitioners are the majority but are also more likely to face burnout. Highly educated talents are more inclined to choose clinical positions with higher technical requirements and less pressure than first-line elderly care institutions.

4.1.2. Personality traits and motivations

Individuals with empathy, altruism, patience, and responsibility have a stronger willingness to work^[15]. Among the initial career motivations, “stable employment” is driven by reality, while “helping others” and “realizing social value” are deeper and more lasting spiritual drives.

4.2. Professional cognition and attitude

4.2.1. Professional stigma and social status

This is one of the most prominent negative factors. Elderly care work is often regarded as synonymous with “dirty, tired, and poor”^[16], with low social recognition, and the traditional concept of “serving people” has seriously hit the professional pride of practitioners, and is an important psychological barrier that hinders the entry of talents.

4.2.2. Occupational risk perception

Concerns about physical fatigue, psychological stress, and occupational exposure risks (such as being attacked and infected) significantly reduce the willingness to practice^[17]. In particular, the care of the elderly with dementia has a huge emotional consumption and can easily lead to “compassion fatigue.”

4.2.3. Career development expectations

Clear career advancement channels, continuous training opportunities, and professional skill recognition are strong motivating factors^[18]. On the contrary, “not seeing the future” is the main reason for the loss of talent, especially young talent.

4.3. Work itself and organizational factors

4.3.1. Salary and benefits

Low salary is recognized as a core constraint. When labor effort and economic returns are seriously mismatched, the willingness to work will drop sharply. Comprehensive social security and competitive benefits packages are the basis for attracting talent.

4.3.2. Workload and working environment

Excessive workload caused by high work intensity, shift system, and insufficient manpower is the direct cause of burnout and resignation^[19,20]. A safe, supportive, and team-friendly work environment enhances retention.

4.3.3. Leadership support and organizational culture

Respect, recognition, and support from managers are crucial^[21]. An organizational culture that advocates “people-oriented” and cares for employees can significantly enhance employees’ sense of belonging and loyalty^[22].

4.4. Education and training factors

4.4.1. On-campus education exposure

Whether nursing or medical students have been exposed to geriatric nursing courses and participated in internships in high-quality elderly care institutions during school has a decisive impact on their positive career cognition and willingness to work^[23,24].

4.4.2. Quality of continuing education and training

Whether they can obtain systematic and professional pre-job training and continuous skill improvement opportunities after joining the company directly affects the sense of competence and professional confidence of practitioners^[25].

4.5. Social policy and macro environment level

4.5.1. Long-term care insurance system

The establishment and improvement of this system provides a stable payer for elderly care services^[26–28], which can indirectly improve the payment capacity of institutions, thereby creating conditions for improving the treatment of employees and positively affecting the willingness of practitioners.

4.5.2. Policy support and public opinion guidance

Direct incentives such as job subsidies and tax incentives provided by the government^[29], as well as positive publicity and outstanding model commendations through the media, will help enhance the social image of the profession and attract more people to join.

5. Review of the current research status and future prospects

5.1. Current situation comment

5.1.1. Generalization of research objects

Existing studies mostly focus on elderly care workers as a whole^[30], and lack subdivided research on different professional roles, such as nurses, rehabilitators, and social workers, and their influencing factors may be different.

5.1.2. Limitations of research methods

Most of the cross-sectional questionnaires are surveys ^[31], and there is a lack of longitudinal follow-up research, which makes it difficult to reveal the dynamic change trajectory and causal relationship of practitioner intention.

5.1.3. Insufficient theoretical integration

Most studies only list factors and lack the inclusion of multi-level factors into an integrated theoretical model for mechanism discussion ^[32,33].

5.1.4. Lack of positive perspective

Existing research mostly focuses on “problems” and “obstacles” ^[34], and does not pay enough attention to the “protective factors” and “positive experiences” that make people willing to stick to it for a long time and gain a sense of accomplishment from it.

5.2. Future research directions

5.2.1. Deepening differentiation research

Compare and study the willingness models of talents with different professional backgrounds, different generations (such as “Generation Z” caregivers), and different types of institutions (public vs. private, urban vs. rural).

5.2.2. Introducing a positive psychological perspective

Explore how positive variables such as psychological capital, professional mission, and job shaping can buffer negative factors and improve practitioner willingness and resilience.

5.2.3. Enhancing intervention research

Design and evaluate interventions aimed at increasing practitioner willingness (e.g., immersive internship programs, mindfulness stress reduction training, leadership training) and track long-term effects.

5.2.4. Exploring the impact of technology

Study how the application of smart elderly care technology (such as nursing robots and remote monitoring) can change the content of work, which in turn has an impact on the skill needs and professional identity of practitioners.

6. Conclusion

Healthy aging is the means and way to implement the national strategy to actively respond to population aging, with the lowest cost and the best benefits, and is an important starting point for promoting the Healthy China strategy. Moving the threshold forward, focusing on prevention first, multi-disease co-examination, multi-disease co-management, and multi-disease co-prevention, building a full-life cycle health service system, improving the ability of the elderly and all people to take the initiative to health, and promoting healthy aging will be an important direction for the whole society to participate and promote together.

The willingness of elderly care talents to work is a complex psychological and behavioral result of multi-dimensional and multi-level factors. It is not only a matter of personal career choice, but also a systemic issue involving career prestige, organizational management, education system, and social policy. Future research needs

to adopt a more refined perspective, a more rigorous design, and a more active theoretical orientation, deeply analyze its internal mechanism, and provide a more targeted scientific basis and practical path for solving the global problem of elderly care talent shortage.

Disclosure statement

The authors declare no conflict of interest.

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