

Dilemma: An Analysis of the Contradictory Situation of Family Long-term Caregivers of the Disabled Elderly

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Abstract: With the continuous development of population decline and aging, the number of disabled elderly people increases. Family members, as traditional long-term caregivers, fall into a “dilemma” contradictory situation. The situation of family long-term caregivers of the disabled elderly “unwilling to go into” is formed by a variety of contradictions, such as the contradiction between care pressure and physical and mental health, the contradiction between caring for the elderly and supporting children, the contradiction between care time and social activities, the contradiction between care professionalism and the lack of care knowledge and skills, the contradiction between the need for disability care and insufficient social support. However, the “unable to leave” situation of family long-term caregivers of the disabled elderly is caused by a variety of factors, such as the caregivers being affected by the concept and emotion of filial piety, the contradiction between the supply and demand of care resources, the good quality of care relationship, the gender mismatch, and the caregivers suffering from “kindness abduction.” Therefore, to improve the dilemma of family long-term caregivers of the disabled elderly, people should further improve the relevant system, form a social support system for family caregivers of the disabled elderly with the core of the government, family, community, market and social forces, speed up the innovation of traditional family care model and strengthen the cultivation of professional family care service team.

Keywords: Disability; Old man; Family long-term caregivers; Dilemma

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1. Study the origin

The aging population and the disability of the elderly mean that the demand for family care for the elderly is increasing. Adult children are the main caregivers of daily life care and disease rehabilitation care for the elderly in China ^[1]. However, with the rapid growth of the elderly population, the continuous extension of life expectancy, the increase of the proportion of the elderly, the constant reduction of family size, and the delay of marriage and

childbearing, family resources that can be used for the care of the elderly become scarce or even face exhaustion [2-3]. Between 2010 and 2020, the number of elderly people in the country increased from 5.23 million to 6.18 million [4]. With the deepening of China's population aging, the number of disabled elderly is still growing. However, in the case of insufficient supply of socialized long-term care services, obvious cultural preference for family care, and limited family ability to purchase services, it is a common reality in China that the disabled elderly are mainly taken care of by family members at home [5]. Although family caregivers can better meet the needs of the elderly for family care psychologically, relieve the pressure of hired formal caregivers financially, and enhance the cohesion and intimacy of the family, they bring all kinds of pressure to the family members of long-term care, such as physiological pressure, psychological pressure, time pressure, social pressure, etc. [6-7]. Therefore, it is not conducive to their physical and mental health, and puts them in a dilemma. In order to improve the family caregivers situation for a long time, the central and local level issued relevant policy documents provide skills training for family caregivers for a long time, breathing service, nursing instruction and so on many aspects, but from the actual situation, the existing policy effect, unable to effectively alleviate the pressure of the family caregivers long-term care and improve their real situation. Based on this, this study attempts to analyze the dilemma of failed old man family caregivers over a long period of conflict situation, and puts forward the countermeasures to solve these problems, looking forward to further improve the elderly family caregivers situation for a long time, to promote the effective development of caregiving and providing valuable enlightenment to old man nursing homes.

2. The dilemma of family long-term caregivers of the disabled elderly

2.1. The dilemma of family long-term caregivers of the disabled elderly

2.1.1. The conflict between care stress and physical and mental health

According to Lazarus and Pearlin et al.'s stress process theory, providing continuous care for the elderly over a long period of time can be regarded as a potentially stressful event, which in turn has many negative and direct effects on caregivers [8]. This effect is more pronounced for female caregivers, who are often at a long-term health disadvantage and even suffer from care fatigue syndrome [9-10].

2.1.2. The conflict between caring for the elderly and supporting their children

Against the background of a low number of children and aging, Chinese families are faced with the reality of a lack of care resources, and caregivers are in a dilemma because of the anxiety that it is difficult to take care of the elderly and the young [9]. If they continue to care for the elderly, they will cause their children's complaints and dissatisfaction, which will affect their future care for themselves. Even if support for children, disabled elderly care turns into family problems, and this problem has not been properly solved, caregivers would still continue to care for them; otherwise, it would cause other family members' complaints.

2.1.3. The conflict between caregiving time and social activities

At present, the family caregivers of the disabled elderly in China are often the younger elderly. Studies have shown that older people with more social interaction and activities have better health status [12]. Caring for the disabled elderly is a long-term and uninterrupted work, which requires caregivers to invest a lot of time in taking care of the disabled elderly's daily life, diet and daily living, illness and hospitalization, etc., which will inevitably affect the social activities of caregivers, reduce social opportunities and social time, limit the scope of social interaction,

and reduce social enthusiasm. It is not conducive for caregivers to relieve the existing care pressure through entertainment and social activities. Caregivers are faced with the problem of how to balance care time and social activities.

2.1.4. The conflict between the professional nature of caregiving and the lack of knowledge and skills in caregiving

Oral care, skin care, diet care, and posture care for the disabled elderly are professional tasks that require specialized knowledge and skills. However, in reality, most family caregivers lack professional knowledge and skills of disability care, and have not received professional care training and guidance. In addition to daily care and company, they lack a real understanding and care for the needs of the disabled elderly, which affects the quality and effectiveness of care to a certain extent. In addition, in the event of some emergencies, the caregivers may be at a loss due to their unprofessionalism, which brings greater psychological pressure.

2.1.5. The conflict between the need for disability care and the inadequacy of social support

Disability elderly care demand tends to be comprehensive, including life care, rehabilitation nursing, psychological comfort, even “24 hours”, and it is very difficult for caregivers to have the energy to be staring at the old man, who also does not have care professional knowledge ^[13]. Therefore, both the disabled elderly and their caregivers need social support. Generally speaking, social support includes family support and social service support. In the country, family support has a long tradition, while social service support has just started, and has little effect on family care support for the disabled elderly ^[14].

To sum up, the situation of family long-term caregivers of the disabled elderly “unwilling to work” is a realistic situation formed by the aggregation of multiple contradictions, including factors within the caregivers and their families, as well as the disabled elderly and external social factors. In the aspect of caregivers and their families, mainly for the burden of care and family support. In general, the greater the burden of care, the lower the willingness to care. The more other caregivers, the stronger the willingness of the primary caregiver to care ^[15]. At the level of disabled older people, it is well known that the factors of disabled older people are irreversible. With the increase in the age of the disabled elderly, the degree of disability and dementia will gradually increase, the care needs will also increase, and the care burden of caregivers will also increase. At the external social level, it is mainly manifested as social service support. The greater the social service support, the lower the care burden and the stronger the care willingness of caregivers. In addition to the factors of the disabled elderly, the internal factors and external social factors of caregivers and their families are controllable. The contradictory situation of caregivers “unwilling to go into work” can be improved by improving the support policies for caregivers and their families, and increasing the external social support for family care of the disabled elderly.

2.2. The “unable to leave” situation of long-term family caregivers of the disabled elderly

2.2.1. The caregivers are affected by the concept and emotion of filial piety

The ancients believed that “filial piety is the first of all.” The core connotation of traditional filial piety is to raise and respect relatives. Raising relatives means to support and take care of parents in material terms, while respecting relatives means to please parents in spiritual terms. Research shows that traditional filial piety is still recognized by most people, which guides children to perform support behaviors for their parents and provides economic support, life help, and emotional comfort for their parents. In addition, studies by foreign scholars show

that most family members provide care mainly based on the expression of love and dedication to the elderly in need of help. But in China, due to the emotional expression of the implicit, filial love and responsibility, or returns are often mixed together, and it is difficult to distinguish between children care for their parents is due to the care of love is not for the care of love. For example, the situation of some family caregivers who are “unable to leave” is partly influenced by the traditional ideology and emotion of filial piety. They regard supporting their parents as their responsibility and outlook on life, and pass it on to their daughter through their words and deeds to achieve the goal of her personal family care in the future.

2.2.2. The contradiction between supply and demand of care resources

The miniaturization of the family scale and the flattening of the family structure have gradually weakened the function of family care and pension. At the same time, the development of market pension and childcare services lags behind, the distribution of resources is uneven, and the supply efficiency and quality affect the satisfaction of care service demand. As a result, the care responsibility for the existing pension and childcare is still borne by the family. Under the condition of limited resources in the family, people tend to follow the principle of “children first”, and prefer to give family resources for child care and education, and thus, the elderly having a long-term shortage of family care resources could trigger inter-generational conflict and influence family relationships.

2.2.3. Good quality of care relationship and gender mismatch

The better the quality of the relationship between the primary caregiver and the care recipient, the less likely the caregivers have the heart to quit. Studies have shown that in the main caregivers’ relationship dimension, the better relationship quality (whether from the caregiver’s angle or the elderly’s perspective), the main caregivers’ willingness to care. In addition, the division of China’s traditional family pattern which men go out to work, resulted in women being subjected to care work. In terms of elderly care, the first is the spouse of the elderly, followed by the daughter or daughter-in-law, and the son is more likely to provide financial support or auxiliary life care.

2.2.4. Caregivers suffer from “kindred abduction”

Family affection is an important emotional support in human society, which has a significant impact on the health and happiness of individuals. However, relationships become complicated and sometimes troubled hearts, especially in the process of care, body care, tend to suffer from moral kidnapping. Affection kidnapping is a reflection of kinship unequal distribution of power, while the main caregivers are out of the will of the disability, elderly care, but because of their family values is heavier, attach importance to human feelings and emotions, to family “by his continue care” put forward by the requirements of the indifferent attitude, do not know how to refuse, so willing to care is an overlooked phenomenon. It is also easy to care for the relationship between the subject and relative tension to maintain the harmony of a family.

It can be seen from the above analysis that the long-term elderly care home “back out” situation has two kinds: “to exit” and “do not quit.” “Unbearable to quit” refers to caregivers’ unwillingness to quit care due to their love and good relationship with the disabled elderly. However, in reality, the willingness of caregivers to “cannot bear to quit” is not very firm. It is often shaken over and over again due to realistic factors such as care burden and internal family support, and finally, may become unwilling to care. “Unable to quit” refers to a situation in which caregivers’ subjective will is to quit caring for the disabled elderly. However, due to the shortage of family

caregivers, traditional gender role concepts, and family abduction, they are unable to quit caring for the disabled elderly.

3. Countermeasures to improve the dilemma and contradiction of family caregivers for the disabled elderly

Studies have shown that family support was still the most common way to support the disabled elderly from 2010 to 2020, and 77.25% of the disabled elderly live with their families at present, and family members are the main caregivers of the disabled elderly. Therefore, many family caregivers of the disabled elderly are faced with a dilemma. In addition, with the continuous development of population decline and aging, the number of disabled elderly people increases, which will further stimulate the contradiction between family members as traditional long-term caregivers. Therefore, it is urgent to adjust the dilemma of family caregivers of the disabled elderly, so that caregivers are not only “willing to enter” but also “appropriate to exit.” The authors believe that this contradiction can be alleviated in two aspects. The general idea is to encourage and support family caregivers to continue caring for the disabled elderly, while respecting and allowing their appropriate withdrawal. Under the guidance of this idea, people can promote the family care of the disabled elderly from the following aspects, and actively improve the contradictory situation of family caregivers.

3.1. System improvement: Eliminate the worries of family caregivers of the disabled elderly

In order to solve the issues of disabled elderly family caregivers face, there is a need for family caregivers’ rights guarantee system, a financial support system, a service support system, and the improvement of these three aspects.

First, legislation should be enacted to protect the rights of family caregivers. At present, the International Labor Organization (ILO) and some countries have introduced relevant initiatives and legal systems to protect the rights of family caregivers. For example, the ILO Convention on the Protection of Family Caregivers and the Caregivers Act of the United Kingdom, etc. China can refer to and learn from foreign experience, give family caregivers legal recognition, revise the Law on the Protection of Rights and Interests of the Elderly, and add clear provisions on the role, social identity, care responsibility and legitimate rights and interests of family caregivers (such as social security treatment and care leave of caregivers) in Chapter II Family Support and Upbringing. In the form of laws and regulations, to effectively protect the rights of family caregivers and ensure the social and legal status of caregivers.

Second, people need to improve the economic support system. Combined with the pilot situation of China’s long-term care insurance system, “family care allowance” should be added to the long-term care insurance system in pilot cities, and the responsible department, cost source and main purpose of the family care allowance should be clearly defined, and the supporting policies such as the arrangement and use plan of family care allowance and the management system of family care allowance should be formulated accordingly. For the elderly who do not have long-term care insurance and need long-term care services from family members, they can be given family care subsidies if they meet certain conditions (such as economic difficulties, etc.). In addition, the “Interim Measures for Special Additional Deductions of Personal Income Tax” should be further improved, the deduction standard for children of long-term care of the disabled elderly should be clearly specified, and the support for children of long-term care of the disabled elderly should be strengthened by tax deduction.

Third, improve the service support system. The service support systems for family caregivers in Denmark, the United Kingdom, and Spain include a consultation service system, an information service system, a respite service system, and a training service system. Among them, the respite service system is widely used. In view of the specific situation in China, respite care should be given priority, followed by training services, consultation services, and information services. As soon as possible, from the legislative and institutional levels, the value function, operation logic, service content, funding source, organization and management, and guarantee mechanism of respite care should be standardized as a whole, and a “respite care law” should be formulated, so as to effectively reduce the burden of caregivers and enhance the attraction of family care. In addition, some cities such as Shanghai, Nanjing, Beijing, and other cities should be encouraged and supported to carry out pilots of home care training services. After repeated summing up the pilot experience, careful study, and then cautiously deciding to implement the family care training service system nationwide.

3.2. Multiple burdens: Do not let family caregivers of the disabled elderly “fight alone”

In order to reduce the burden of family caregivers and help them better cope with the care of the disabled elderly, it is necessary to form a social support system for family caregivers of the disabled elderly with multiple subjects, such as the government, family, community, market, and social forces as the core.

First of all, the government should play a leading and supporting role. The government plays an important role in the social support system for family caregivers of the disabled elderly. It is not only the initiator of the construction of the social support system for family caregivers of the disabled elderly, the maker of the legal system and development planning, but also the provider of subsidies and training for family caregivers of the disabled elderly. At the same time, the government also guides, encourages, and supports the family, community, market, and society to work together to solve the problems of family caregivers of the disabled elderly, improve their care quality and quality of life, and create a more friendly and supportive environment for them.

Second, people should give full play to the role of mutual assistance among family members. The mutual aid between family members is one of the core characteristics of the family, which can help, support, and care for family caregivers materially, emotionally, and cognitively, and appropriately reduce their care burden. It plays an indispensable role in the social support system for family caregivers of disabled elderly. Therefore, the culture of filial piety should be vigorously promoted, and the concept of “Thanksgiving to parents, filial piety to the elderly” should be advocated. Families should be guided to establish the values of mutual respect, love, and support, and create a harmonious and warm family atmosphere. Strengthen communication and exchange among family members to enhance mutual understanding and trust; Encourage family members to reasonably divide responsibilities and actively cooperate in caring for the disabled elderly, and provide necessary support and resources.

Third, people should give full play to the supporting role of the community. The support role of the community for family caregivers cannot be ignored. It can provide information, emotional and material help, alleviate the loneliness and helplessness of family caregivers, and improve their well-being and quality of life. Therefore, in the process of building a social support system for family caregivers of the disabled elderly in China, people should fully rely on the community as a carrier, widely establish community day care centers for the disabled elderly, and use community health service centers to provide “family bed” services for the disabled elderly. A family caregiver support team, including medical staff and social workers, should be established to provide psychological counseling, training courses, information consultation, and agency services for family

caregivers. Organize a variety of community activities to support family caregivers, such as family caregiver support groups, seminars, social activities, community health days, etc., so that family caregivers feel respected and supported and improve their self-confidence.

Fourth, people should give full play to the role of the market. As an important force, the market can exert its potential to provide support for family caregivers, help them better perform their care duties, and improve their quality of life. China should encourage and support enterprises to develop and provide high-quality and inexpensive products and services for the disabled elderly, such as intelligent nursing robots, smart mattresses, and intelligent walking aids, so that families of the disabled elderly can afford to use them well and truly meet the needs of family caregivers. People should further encourage enterprises to fulfill their social responsibilities through tax incentives and incentives, and provide family caregivers with flexible work arrangements, care leave and employment guidance, so that they can balance work and care responsibilities and promote personal development; Encourage and guide commercial insurance companies to design insurance products suitable for family caregivers to help them cope with the costs of care.

Fifth, play a complementary role in social forces. Compared with the government, social forces are more flexible and faster. They can better understand the specific needs of family caregivers of disabled elderly people and provide personalized support. Social power refers to the power of social organizations (including social groups registered by civil affairs departments at all levels according to law, private non-enterprise units, and foundations) and individuals (volunteers, young elderly people, social workers, community residents, etc.). In order to fully mobilize social support for family caregivers, China should display the stories and experiences of family caregivers through radio, television, magazines, and other media, so that society can better understand their work and contributions, and also increase social recognition and respect for them. Social organizations should be further encouraged and supported to provide family caregivers with information and resources, material help, training and skills upgrading opportunities, psychological support and social networks; People will actively prepare for the establishment of a family long-term caregiver development foundation to safeguard the rights and interests of family caregivers, consolidate the basic status of family old-age care, and promote the development of family caregivers. Individuals should be guided and encouraged to provide substantive help, emotional support, and time and space support to family caregivers.

3.3. Element support: To help the stable and continuous care of family caregivers of the disabled elderly

Innovative model and talent cultivation are the supporting elements in the construction of a social support system for family caregivers of the disabled elderly in China. With the interaction and interweaving of population decline and aging, the pressure of family care for the disabled elderly will also increase accordingly. It is necessary to pay attention to core elements such as innovation and talent cultivation.

First, it is necessary to accelerate the innovation of the traditional family care model. There are many problems in the traditional home care model for the disabled elderly, such as family caregivers bearing greater pressure and burden, being unable to provide high-quality care services, and unstable care services. Therefore, it is necessary to innovate the family care model. On the one hand, the telecare model should be implemented. The remote care model uses modern technology to remotely cooperate with the daily care of the disabled elderly through video calls and intelligent device monitoring. Through these technical means, family caregivers can communicate and guide doctors and nurses in real time, so that family caregivers can better deal with all kinds of

emergencies, and can also hand part of the care work to professionals, so as to share their time and energy. The implementation of remote care mode requires the online telemedicine service platform and home care service information platform as the carrier, the offline combination with community day care center and community health service center, and the use of WeChat, elderly care service app, and other ways to provide remote services and guidance. On the other hand, the family care joint model should be implemented. The family care joint model refers to the care responsibility of the disabled elderly being borne by multiple families, and a collaborative team is established to jointly shoulder the care responsibility and provide support and help for caregivers by sharing the financial burden, sharing the care responsibility, providing social support, and promoting information sharing and other mutual assistance and cooperation. Shanghai, Nanjing, Beijing, and other cities can take the lead in entrusting social service agencies to carry out “joint home care projects for the disabled elderly” by means of government purchase of services, and the government is responsible for guidance, supervision, and evaluation.

Second, people should strengthen the cultivation of professional family care service teams. With the development trend of population aging, aging and disability, the demand for long-term home care is increasing. However, the current professional degree of the home care service team is low, and there are problems such as insufficient training and incomplete skills. Therefore, how to strengthen the cultivation of a professional family care service team has become an urgent problem to be solved. First of all, it is necessary to establish a sound home care training mechanism for the disabled elderly. At present, training centers for home care services have been established in some regions to provide related training courses. However, the number and scale of these training centers are still insufficient to meet the growing demand. More support should be given to training centers to increase the number of trainers and improve the quality and effectiveness of training. Secondly, people should formulate skills standards for home care services for the disabled elderly, establish a professional skills evaluation system, evaluate and certify home care service personnel, and set up salary matches according to professional skill levels to enhance career attractiveness. Thirdly, an evaluation system for home care services for the disabled elderly should be established. The evaluation system can include the performance evaluation of home care service personnel, the evaluation of service quality, and the evaluation of user satisfaction. Finally, middle and higher vocational colleges and universities are encouraged to continue to increase the number of enrollments in elderly care, nursing, rehabilitation, home economics, and other majors, and strengthen the cultivation of elderly care talents to meet the increasing care needs of the disabled elderly.

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