

CARE WORK AND THE ECONOMY

Advancing policy solutions with gender-aware macroeconomic models

CARE POLICY NARRATIVE FROM SOUTH KOREA | 21 – 05

CARE NEEDS CARE:

CARE NEEDS FOR FAMILY CAREGIVERS OF THE ELDERLY

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“I am sick ever since I saw her like that. I cannot digest, I am vomiting and have diarrhea. I could not eat anything the whole day. I cannot sleep well either ... I am completely broken down.”

– ‘Goodbye diary’ (Humanitas, 2019)

POLICY HIGHLIGHTS

- Family caregivers of elderly persons have increased fatigue and illness over the last year (61%)
- ‘Seven days week, full-time work’. Care burden is not fairly shared among family members (25.1%)
- The most difficult disease to handle for caregivers is dementia
- Need to develop an index to monitor caregivers and provide individual counseling

This is a quote from ‘Goodbye diary’ by a care worker Hyunsook Choi (64). She wrote this book while taking caring of her mother who suffered from dementia. She often visited her mother in a silver town. Seeing her mother ill physically and mentally was difficult even for a daughter who is not young. She also wrote, “My oldest brother says he can barely sleep on the nights he visits her. ... We all (five siblings) feel depressed for a while after seeing her. It is worse for him because he is the first-born son.”

Elder care is an important issue in Korea, an aging society. Although social care systems are being settled since the adoption of Long-Term Care Insurance (LTC) in 2008, a considerable share of elder care is provided by family members such as spouses, sons, daughters, and daughters-in-law. As COVID19 made the use of external services such as nursing homes and day care centers harder for these families, the family care burden has grown.

We need to pay attention to the caregivers, spouses, sons, daughters, and daughters-in-law of elderly persons. Caregivers carry the physical, mental, and financial burden, and once this burden is accumulated, it grows to their own health risk. For this reason, family caregivers are sometimes called ‘The Hidden Patient’.¹

“I feel like I’ve lost my life”

¹ Fengler and Goodrich (1979)

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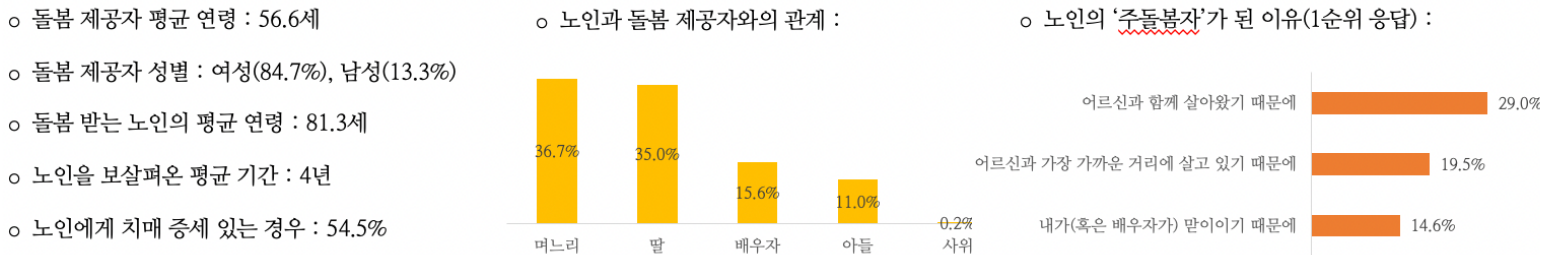
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Who are the family caregivers in Korea and what burden are they carrying? What are the decision factors for this burden? We analyzed Care Work Family Surveys (2018)² with a focus on 501 caregivers for elderly persons 65 years of age or older.

The average age of caregivers is 56.6 years, and most of them are women (84.7%). (Figure 1) 36.7% are daughters-in-law, 35% are daughters, 15.6% are spouses, and 10.8% are sons. The most common reasons for them to be the primary caregiver are because they are living together (29%) and they are the family member living in the closest distance (19.5%). 14.6% said that it is because they are the first-born. For daughters, the most common reason was that the parent wanted her care (18.4%), while proportions of sons and daughters-in-law who had the same answer were considerably lower (7.1% and 6% respectively). The average period of care is 4 years.

The average age of the elderly person is 81.3 years, and most of them are over 80 years old. More than half of them (54.5%) have dementia. Most of them have early to mid-stage dementia, as severe dementia patients are more likely to enter a care facility.

<Figure 1> Family Elder Care Status



Samples are 501 primary caregivers of elderly persons 65 years of age or older from Care Work Family Surveys

Most caregivers work on care 5 days a week (80.5%) or 7 days a week (76%). Many of them are by the side of the elderly every day. The daily average care time is 7 hours and 47 minutes which is practically like a full-time job. Only 32.2% answered that they use external care services from a care worker or a day care center. 19.8% of the primary caregivers think the care burden is fairly shared among family members, while 25.1% are not satisfied with their share of the burden.

Many are in a difficult situation with long hours of care every day without the external help of care services.

² 은기수·전지원·차승은·강은혜(2018)

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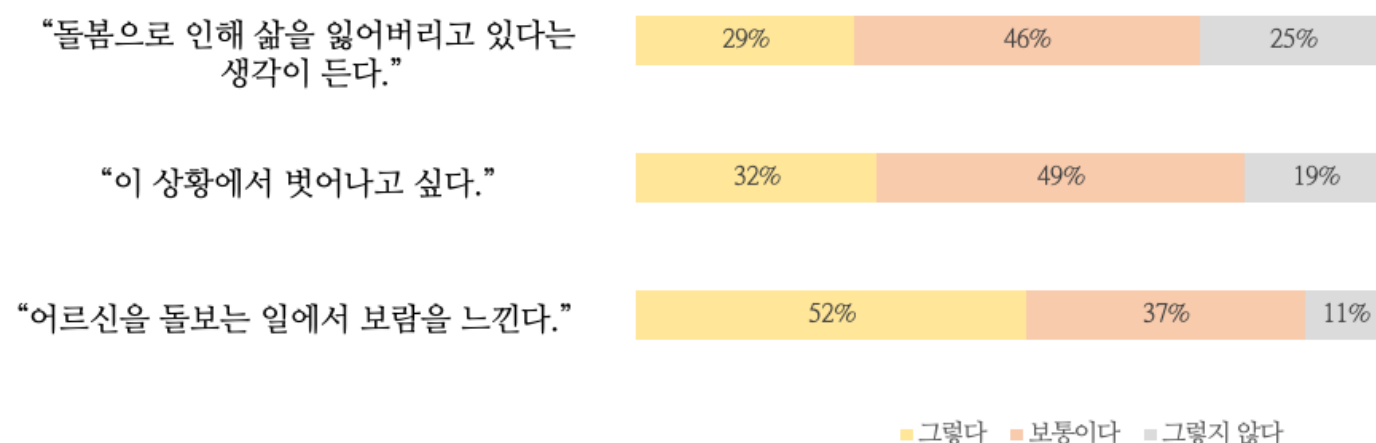
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51% of the respondents said they are home alone with the elderly, 52% said the care work is physically demanding, and 24% said they need to keep their eyes on the elderly all day. Many of them also said that they feel like they are losing their own life (29%) and they want to get away from this situation (32%). (Figure 2) Negative responses increase with worse health conditions of the elderly. 45.7% of the caregivers of Level 2 long term care patients say that they want to get away from this situation. Also, 45.4% of the caregivers for elderly persons who cannot perform any independent daily activities say they feel like they are losing their own lives.

Nevertheless, family caregivers place value on elder care. 52% of the respondents said care work is rewarding, while only 11% said it is not.

<Figure 2> Subject Evaluation on Care Experience



Stress level is two times higher for female caregivers than for male caregivers.

In this section, we look at the mental, physical, and opportunity cost side of care burden to describe the difficulty of care multi-dimensionally.

First, 64.5% of caregivers report that they feel stress from the care work. (Figure 3). Similarly, 58.6% feel mentally burdened. 43.1% feel greater stress, 23.8% feel depressed, and 10.6% report that they have trouble falling asleep. Women are more weighted mentally. The rate of female respondents who say they are stressed or depressed are nearly two times more than male respondents.

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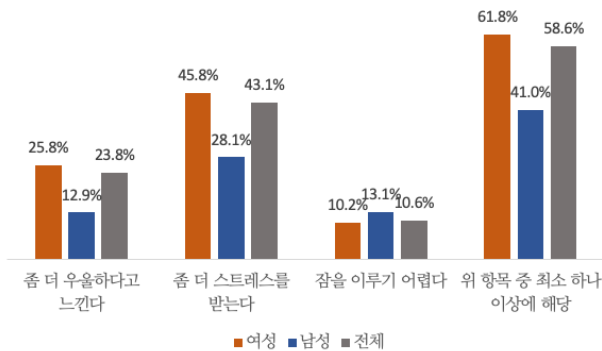
Once physical burden is accumulated from elder care, the probability of getting cardiovascular problems, back injuries, and high blood pressure increases.³ In this survey, 61.2% of respondents talked about their physical burden of elder care. 41.8% say they feel greater fatigue, 33.8% think the care work is physically demanding, and 4.2% report that their health condition has declined. Again, women have a larger physical burden compared to men (68.2% female, 50.6% male).

Lastly, these are the answers related to the opportunity costs of elder care. 27.7% think their economic condition is worse off. More people speak out about a lack of personal time for social interactions (57.3%) and leisure (52.3%).

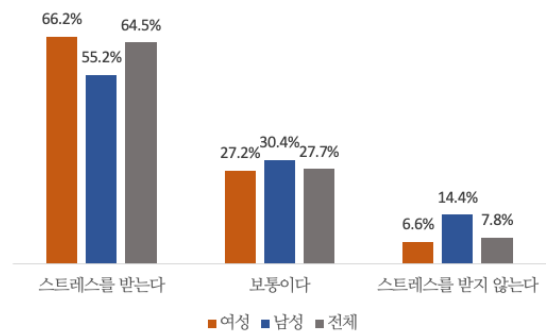
<Figure 3> Three dimensions of care burden

1. 정신적 측면

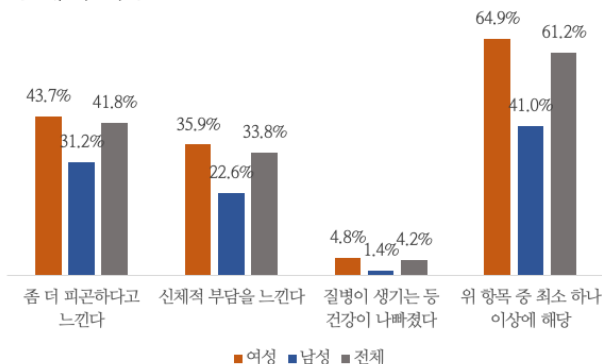
“지난 1년간 돌봄으로 인해...”



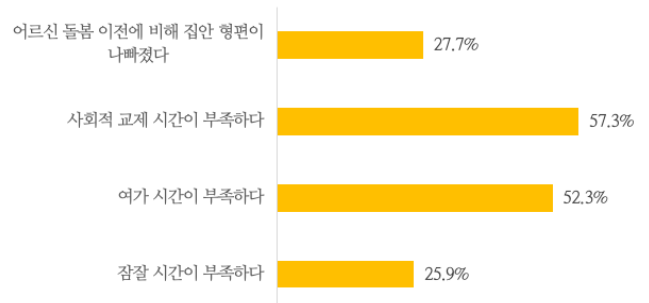
“어르신 돌봄으로 인한 스트레스는...”



2. 신체적 측면



3. 기회비용적 측면



³ Brouwer et al., 2004; Sawatzky and Fowler-Kerry, 2003; Zacharopoulou, Zacharopoulou and Lazakidou, 2015.

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The key is the care recipient:

What are the important factors for the weight of care burden? The answer for this question will also be the key to alleviate care burden. Based on the econometric analysis⁴, the most important factor is the care recipient's health condition. That is, the key factor is the care recipient rather than caregiver.

The probability that caregivers feel physical and mental burden decreases by 3.1%p and 4.2%p respectively (Figure 4) when care recipients can perform additional daily activities such as using the restroom, dressing themselves, and eating. For example, there is a 56.7% of chance that the caregiver is mentally burdened when care recipients can perform 5 or more daily activities independently, while the probability increases to 72% when care recipients need help on all of these activities. The probability of having a financial or time burden also decreases by 4%p and 2.8%p respectively.

Dementia is known as a disease that is especially difficult for a caregiver. This survey shows that dementia has impacts on every dimension of a caregiver's burden except for economic and time opportunity costs. Caregivers for elderly persons with mild dementia have a 16%p higher probability of mental stress compared to the caregivers of those without dementia. The probability of feeling a lack of time for social interactions is also higher with patients with mild dementia (9.9%p) and severe dementia (19.3%). The probability of being physically burdened is also higher by 16%p with patients with mild dementia.

<Figure 4> Decision Factors of Care Burden

노인 혼자서 할 수 있는 행동이 1개 증가할 때	심리적 부담 3.1%포인트 감소	신체적 부담 4.2%포인트 감소	
보다 독립적 활동이 가능한 노인을 돌볼 때	경제적 부담 4%포인트 감소	시간적 부담 2.8%포인트 감소	
경증 치매 노인을 돌볼 때 (치매가 없는 노인을 돌볼 경우와 비교해)	심리적 부담 16%포인트 증가	신체적 부담 16%포인트 증가	사회적 교류 시간 부족 9.9%포인트 증가
주당 평균 평일 돌봄일수가 하루 증가할 때	신체적 부담 5.2%포인트 증가	사회적 교류 시간 부족 6%포인트 증가	

⁴ Psychological, physical, and opportunity costs of care are derived by the following independent variables: the characteristics of caregivers (gender, age, education, family income, etc.); and the characteristics of care recipients (dementia and the care conditions (days, hours, and location of care)).

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Lastly, an additional day of care added a 5.2%p chance for physical burden and a 6%p chance for a lack of time for social interactions.

On the other hand, the probability of having physical (23.3%p) and mental (35.1%p) burden is higher for women than men. In relationships with the care recipients, sons have a higher probability of experiencing mental (24.6%p) and physical (23%p) burden compared to daughters. The probability of experiencing a worse financial condition is also higher for sons compared to daughters (36.7%p) or daughters-in-law (35.5%p). There was no significant difference between daughters and daughters-in-law except in a psychological dimension. Daughters-in-law have a higher probability (14.2%p) of having mental stress compared to daughters.

Increased care burden from COVID19:

Family care is built on love and devotion. Therefore, the quality of family care is expected to be superior compared to external care services. However, it is important to remember that care requires mental, physical, financial, time, and social costs.

The survey results show that 65% of respondents spoke out about their stress from care work. 61% said their physical burden, fatigue, or illness has increased over the last year and confirm that family caregivers are in serious care conditions. Considering this survey was conducted in 2018, the burden that caregivers are now carrying is expected to be much larger due to COVID19.

This research shows that caregivers also need care and support. And the health condition of the elderly is the most prominent factor in determining the weight of the burden. Based on the care literature and international examples, we suggest four policy recommendations.

First, an index to monitor the caregivers can be utilized. A lot of foreign research reports that long-term caregivers experience health problems such as depression, anxiety, drug abuse, and cardiovascular problems. Therefore, we need to develop an objective index to measure caregivers' stress and suffering to manage their health conditions.

Second, we need to develop an education program to build care capacity. For example, it will be useful to learn how to react to the aggression, whim, or irritancy of dementia patients or how to help elders physically without incurring back pains. Although caregivers' time use may not be flexible, online education programs can be especially beneficial.

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Third, psychological support programs can be actively used. Considering that the most common problem that a caregiver faces is feeling isolated, online and phone support groups that are ready to communicate whenever needed can be helpful.

Lastly, continuous support and help for a caregiver is needed after their role is finished. They may face difficulties in going back to their work and social life after long periods of time isolated taking care of an elder. Overwhelming sense of loss and emptiness may make their situation even worse. They deserve help to resolve the accumulated burden and to have a new start.

It is a blessing to start and finish our lives in family. The role of society is in understanding and supporting their burden rather than just applauding the devotion of family. We need to recognize that caregivers who care for their family members also need care, particularly with the increased care burden from COVID19. It is time to remember that we all will be old one day and will rely on our loved ones' care and devotion.

<<Note>>

본 브리프는 2020년 12월 한국노동연구원이 발간한 정책연구 <돌봄노동의 경제적 가치와 사회적 의미>의 제3장 '돌봄의 대가와 그 결정 요인 : 노인을 돌보는 가족의 정신적, 신체적, 기회비용적 부담 분석'(전지원, Elizabeth King)을 본 자료로 작성한 것입니다. 본 자료를 확인하시려면 [여기](#)를 클릭해주세요.

This brief is based on "Economic value and social meaning of care work" by the Korean Labor Institute (Jiweon Jun and Elizabeth King, Dec, 2020), Chapter 3 "Costs of care and the decision factors: psychological, physical, and opportunity costs of family elder care." Click [here](#) for the paper.