

The Psychological Well-being of Elderly Caregivers at the Elderly Social Welfare Service

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Abstract. Elderly caregivers are vital in supporting older adults, especially in social institutions, yet face emotional strain, heavy workloads, and limited support. This study explores the psychological well-being of individuals at the UPTD Elderly Social Welfare Service in Kupang using a descriptive qualitative approach. Data from five caregivers with over one year of experience were gathered through semi-structured interviews and analyzed thematically. Three key themes emerged: acceptance, caregiving challenges, and social support. Caregivers adapted emotionally, faced physical and emotional stress, and coped through spirituality and peer support. Family and institutional support were crucial in building resilience, highlighting the need for targeted support systems in elderly care environments.

Keywords: *psychological well-being, elderly caregivers, social institution, thematic analysis*

Abstrak. Pengasuh lansia memiliki peran penting dalam mendukung kehidupan lansia, terutama di lembaga pelayanan sosial, namun mereka sering menghadapi tekanan emosional, beban kerja yang berat, dan dukungan yang terbatas. Penelitian ini bertujuan untuk menggambarkan kesejahteraan psikologis pengasuh lansia di UPTD Pelayanan Sosial Lanjut Usia Kupang dengan pendekatan kualitatif deskriptif. Data dikumpulkan melalui wawancara semi-terstruktur dengan lima pengasuh yang memiliki pengalaman kerja minimal satu tahun dan dianalisis secara tematik. Tiga tema utama yang ditemukan adalah penerimaan, tantangan dalam merawat, dan dukungan sosial. Pengasuh mengalami proses adaptasi emosional, menghadapi kelelahan fisik dan mental, serta mengandalkan spiritualitas dan dukungan rekan sebaya sebagai mekanisme koping. Dukungan dari keluarga dan institusi terbukti memperkuat ketahanan psikologis, menunjukkan pentingnya pengembangan sistem dukungan yang lebih terstruktur di lingkungan perawatan lansia.

Kata kunci: *kesejahteraan psikologis, pengasuh lansia, lembaga sosial, analisis tematik*

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Introduction

Social welfare for the elderly is one of the government's primary concerns in ensuring that older adults can live a decent and dignified life. The elderly often experience physical and mental limitations, which require them to receive assistance in carrying out daily activities (Ab Ghani et al., 2022). Various efforts have been made to support the elderly, one of which is through services provided by the Regional Technical Implementation Unit (UPTD) for Elderly Social Welfare under the Department of Social Affairs. The UPTD for Elderly Social Welfare in Kupang City plays a role in providing services for elderly individuals in need, both those who are still independent and those requiring special care.

The UPTD in Kupang serves 76 elderly residents, with an increase from 65 in 2021 to 72 in 2023. Based on an interview conducted on January 7, 2025, these services are supported by 11 caregivers who are responsible for assisting the elderly in performing daily activities such as eating, bathing, dressing, and providing emotional support. Each dormitory, housing between 4 and 9 elderly individuals, is assigned one caregiver to ensure their basic needs are met, including clothing, food, shelter, and healthcare. The role of elderly caregivers is thus vital in ensuring the well-being of the residents.

In carrying out their duties, elderly caregivers often face various challenges, such as a high workload, limited rest time, and emotional attachment to the elderly under their care. Research by Izzati et al. (2023) shows that elderly caregivers are vulnerable to stress, anxiety, and even depression due to job-related pressures. This is further supported by a study by Podgorica et al. (2024), which found that nurses in elderly care homes face numerous difficulties and require greater support in legal, financial, educational, and emotional aspects.

The psychological well-being of caregivers is a critical aspect that must be addressed to ensure they can perform their duties optimally. According to Ryff (1989), psychological well-being is a dynamic concept that includes subjective, social,

and psychological dimensions and affects how individuals cope with stress and maintain emotional balance. Caregivers with good psychological well-being are better able to manage work pressures, understand the meaning of their caregiving work, and lead healthier and more productive lives (Aman et al., 2020).

Based on interviews with several caregivers at the UPTD Elderly Social Welfare Service in Kupang, it was found that many caregivers experience emotional pressure in carrying out their duties. GB (35), one of the caregivers, revealed that working with elderly individuals who have communication limitations due to hearing loss, confusion, or other cognitive impairments makes caregiving a challenging job. Similarly, AT (45) initially felt overwhelmed having to adapt to various elderly personalities with different needs. Additionally, many caregivers must divide their time between work and family responsibilities, leading to a dual burden that increases their stress levels.

Although many studies have discussed the physical and emotional challenges faced by elderly caregivers, there is still limited research specifically exploring their psychological well-being, particularly in social institutions like the UPTD Elderly Social Welfare Service in Kupang. In addition, given the importance of caregivers in providing optimal care for the elderly, this study aims to describe the psychological well-being of elderly caregivers at the UPTD and explore how deeper forms of support can enhance their well-being. Based on these issues, the authors were motivated to conduct this research titled “The Psychological Well-Being of Elderly Caregivers at the UPTD Elderly Social Welfare Service in Kupang”.

Method

This study employed a descriptive qualitative approach to gain an in-depth understanding of the psychological well-being experiences of elderly caregivers. This approach was chosen because it allows for capturing psychological phenomena within a complex and meaningful context. The research was conducted at the UPTD Elderly Social Welfare Service in Kupang, with data collection taking place from

January to April 2025. Data were collected through in-depth interviews with five out of eleven elderly caregivers who met the inclusion criteria. Ethical approval for this study was obtained from the Health Research Ethics Committee of the Faculty of Medicine, Universitas Nusa Cendana, as evidenced by the issuance of the ethical clearance certificate number: 000904/KEPK FKM UNDANA/2025.

The participants in this study consisted of five of the eleven elderly caregivers selected through purposive sampling based on specific criteria: having at least one year of work experience, being actively employed, residing in Kupang City, and being willing to serve as informants. Data were collected through semi-structured interviews, which were recorded and then transcribed verbatim. The interview guide was developed based on Ryff's dimensions of psychological well-being (Ryff, 1989).

To ensure data credibility, the researcher employed the member check technique by reconfirming the transcribed results with the participants. Data objectivity was maintained through peer debriefing with the supervising lecturer. Thematic analysis was used as the data analysis technique, which involved six stages: familiarizing with the data, generating codes, searching for themes, reviewing themes, defining and naming themes, and writing the report. Through this process, three main themes emerged that reflect the dynamics of caregivers' psychological well-being: acceptance process, caregiving experience, and social support.

Result

This study was conducted to describe the psychological well-being of elderly caregivers at the UPTD Elderly Social Welfare Service in Kupang. Data were collected through in-depth interviews with five caregivers of diverse backgrounds and work experiences. Thematic analysis revealed three major themes underlying the psychological dynamics of the caregivers: the process of acceptance, caregiving experiences, and social support. These themes interact and collectively form the psychological well-being framework for the caregivers in carrying out their daily roles.

The first theme is the process of acceptance. Initially, all participants experienced challenges in adjusting to the demands of elderly care. GB stated that during his first week on the job, he disappeared for several days because he felt physically and emotionally overwhelmed. He described having to clean up bodily waste and deal with unpredictable behaviors, such as elderly residents playing with their feces. These early experiences triggered a strong desire to give up. AT admitted that he was immediately placed in a unit with paralyzed elderly residents who were entirely dependent. He felt extremely pressured and even considered quitting. However, with continuous family support and prayer, he gradually accepted the role as a humanitarian duty.

DB, who has worked at the UPTD for over a decade, recalled how shocked she was to see some elderly individuals without family and in severe physical decline. She initially felt sad and confused about how to treat them, but over time, she developed emotional connections and realized her presence meant a lot to them. This helped her accept caregiving as a life calling. AF shared that in his early days, he was shaken after being assigned to two elderly people with advanced dementia. However, after many discussions with coworkers and encouragement from his older sister, AF began to see caregiving as a noble form of service. RA, who had only been working for a year, admitted she was initially scared and repulsed by the idea of cleaning elderly residents who could not care for themselves, especially when their behavior was erratic. However, after several months, she began to feel a sense of inner peace when the elderly smiled, laughed, or affectionately called her “child.” Such moments gave her a sense of meaning in her work.

The second theme is caregiving experience. GB explained that the job is not only physically demanding but also emotionally draining. He often felt stressed when dealing with uncooperative residents who refused to eat or screamed without cause. Still, he persevered because he could not bear to leave the elderly who had come to rely on her. AT said his most challenging experience was when all the elderly in his care fell ill at the same time. He had to move from room to room without rest, leaving her exhausted both physically and mentally.

DB emphasized that being a caregiver is not just about tending to physical needs; it is also about offering love and attention. She often engaged the residents in conversation or simply sat with them. This helped reduce their anxiety and strengthened emotional bonds, which in turn made her job feel lighter. AF noted that caregiving is mentally challenging because it demands constant patience. He once grew frustrated when a resident who had just been cleaned soiled the bed again. However, he learned to manage his emotions by taking deep breaths and reminding herself that the elderly were not acting consciously. RA found caregiving especially difficult during night shifts. The lack of sleep made it hard to concentrate the next day. She also felt emotionally affected when residents cried or expressed feelings of abandonment by their families. In such situations, she tried to comfort them with hugs or gentle words, though she often felt the emotional weight herself.

Regarding stress and psychological pressure, all participants admitted to feeling mentally exhausted at some point. GB revealed that early on, he drank alcohol before shifts to suppress nausea and anxiety, something he later replaced with healthier coping mechanisms. AT expressed guilt about missing time with his family, as he would stay at the UPTD for several days and miss important family moments. DB said her most significant emotional burden was coping with the deaths of elderly residents she had grown close to. It felt like losing a family member and left her with prolonged sadness. Still, she viewed death as a natural part of her duties. AF faced stress from insufficient rest and felt physically ill, yet was obligated to work. He lamented the lack of fair task rotation, which made him feel unappreciated. Nonetheless, he persisted, knowing many elderly depended on him. RA experienced stress when dealing with aggressive residents. She had been hit and scratched by a resident with mental illness, which left her not only physically hurt but emotionally shaken. She later learned caregiving techniques from senior colleagues to avoid emotional outbursts.

In terms of coping with stress, participants employed various strategies. GB preferred to talk to co-workers when feeling overwhelmed or angry. These

conversations brought him relief and moral support. He also began to reduce old habits he once used to manage stress. AT wrote in journals and listened to spiritual songs in his free time, which helped him process negative emotions. He also remained active in prayer, believing that spiritual devotion gave him strength and blessings for his and her family. DB sought calm through lighthearted chats with colleagues during breaks and enjoyed watching entertainment shows to shift her focus. She emphasized that having supportive co-workers helped her survive the job. AF liked to ride his bicycle to peaceful places during days off and reward himself with his favorite food or coffee. These small acts significantly lifted his mood. RA preferred solitude and prayer to calm herself. She viewed spirituality as her main source of strength, believing that God gave her this job for a reason and that enduring challenges would eventually bring wisdom.

The third theme is social support. All participants stated that family support played a vital role in maintaining their mental health. GB said he could endure her work because his mother regularly encouraged her by phone. He felt valued and loved despite being away from home. AT shared that his husband fully supported his job, never forbidding it, and even helped with household tasks so he could focus on work. This relationship was a source of strength during tough times. DB felt her coworkers were like a second family, always willing to help and cover for each other when sick. She described the work environment at the UPTD as warm and supportive, despite the heavy workload. AF received support from his older sister, who also worked in the social sector. His sister gave him advice and was a reliable confidant, helping him feel less alone and more motivated at work. He believed emotional support was crucial in this profession. RA said she felt fortunate to have a compassionate unit leader. When she felt exhausted, her superior allowed her to rest

without pressure. She felt acknowledged and heard. This kind of institutional support, according to RD, greatly contributed to her workplace comfort.

Discussion

The psychological well-being of elderly caregivers at UPTD Budi Agung Kupang is shaped through a complex and dynamic psychosocial system. This system is built on three key interrelated themes: role acceptance, caregiving experiences, and social support. These three factors are mutually reinforcing and form a psychological ecosystem that helps caregivers adapt and maintain emotional resilience in demanding work environments. This aligns with Ryff's (1989) model of psychological well-being, which views well-being as an active developmental process, not the mere absence of distress.

Role acceptance was revealed as the emotional foundation for resilience. Caregivers initially experienced rejection or hesitation, but over time, they reinterpreted their roles through personal reflection and spiritual conviction. According to Putri & Mariyati (2024), emotional regulation and self-acceptance are crucial dimensions for caregiver well-being. Ryff & Keyes (1995) similarly stated that psychological well-being involves accepting both positive and negative aspects of oneself, a process evident in the caregivers' personal growth.

Spiritual meaning-making played a significant role in transforming caregiver burdens into a sense of purpose. Participants mentioned that viewing their job as service to God gave them strength, confirming Marzban, et al. (2022) who linked spiritual intelligence with resilience among mental health caregivers. This is supported by research from Aljunaid, et al. (2024), which found that religious motivation enhances satisfaction and emotional endurance in eldercare.

Spirituality also emerged as a core coping mechanism for stress relief. Caregivers reported turning to prayer and reflection to restore emotional balance during difficult caregiving moments. Lee, et al. (2024) emphasizes that spirituality protects caregiver mental health, especially in emotionally draining contexts. Similar

findings are supported by Ahmad Zubaidi, et al. (2020) in the Malaysian context, where religious beliefs shaped caregiver motivation and endurance.

Despite spiritual strength, work-related stress remains a significant threat. Emotional fatigue, physical exhaustion, and the repetitive nature of tasks were common among participants. Izzati, et al. (2023) identified that caregivers of the elderly experience chronic stress and burnout due to prolonged emotional labor. This reinforces findings by Yun Yun Vinsur & Luhung (2023), who found symptoms of depression and anxiety were often hidden behind routine caregiving practices.

Social support, both institutional and interpersonal, emerged as a protective factor. Caregivers who felt appreciated by supervisors and emotionally connected with coworkers displayed better psychological endurance. Hwang & Kim (2024) support this by stating that positive workplace relationships reduce vulnerability to caregiver fatigue. According to Sharma, et al. (2024), this also improves job satisfaction and emotional resilience.

Informants also described mutual support with peers as vital in overcoming emotional challenges. Barrero-Mejias, et al. (2024) advocate for institutional interventions that strengthen peer bonds and foster psychological recovery after emotionally heavy shifts. This was similarly echoed in Brites, et al. (2024) who documented emotional spillovers among close caregiving teams.

Coping strategies were diverse, ranging from informal sharing to recreational activities. Many caregivers emphasized the value of “curhat” with coworkers, short walks, or light exercise after shifts. Damiyati, et al. (2024) highlighted that caregivers with flexible coping methods tend to experience lower emotional exhaustion and higher mental clarity. These strategies reflect cognitive and emotional flexibility in the face of chronic exposure to stress.

The emotional bond between caregivers and elderly residents was a double-edged sword. While this deepened commitment and purpose, it also made them vulnerable to grief, especially during the death or decline of care recipients. Podgorica, et al. (2024) emphasized the risk of unresolved grief among caregivers who

form long-term emotional attachments. Bongelli, et al. (2024) also found this to be true in family caregiving contexts in Italy.

The research adds empirical value by focusing on institutional caregivers in Indonesia, an area often overlooked. Most previous studies, such as Jannah, et al. (2020) emphasized informal family caregivers, while this study enriches our understanding of caregivers operating within formal settings. Cultural norms, religious orientation, and organizational structures uniquely influence their experience, as shown in studies by Tantami & Ambarwati (2024) and Aman, et al. (2020).

Moreover, the thematic findings reflect Ryff's six dimensions of well-being: self-acceptance, positive relations, autonomy, purpose in life, environmental mastery, and personal growth. Each dimension manifested in caregivers' stories from their struggle with internal acceptance to their coping through the workplace and spiritual environments. This intersectionality reflects a real-life adaptation of Ryff's theoretical framework into a culturally embedded reality.

Technological support may be a future avenue for strengthening caregiver well-being. Digital tools or mobile applications could provide psychological first aid, access to peer support, and stress tracking. Lee, et al. (2024) proposed a model for online mental health platforms tailored to caregiver needs. These innovations could modernize support systems in eldercare institutions.

Finally, this research, while limited to five participants, builds a solid foundation for further investigation. Hailu, et al. (2024) recommend expanding studies to include wider caregiver populations with diverse roles and institutions. Future research could adopt mixed methods or cross-regional comparisons to better understand the influence of religion, organizational culture, and local values.

Overall, this study reveals that caregiver psychological well-being is not merely a personal achievement but a systemic responsibility. When institutions commit to building a reflective, appreciative, and spiritually aware caregiving culture, both caregivers and elderly residents benefit. As Poerwandari (2007)

emphasized, qualitative insights such as these are crucial for shaping policies that resonate with real-world human experience.

Conclusion

This study reveals that the psychological well-being of elderly caregivers at the UPTD Elderly Social Welfare Service in Kupang is formed through a complex and dynamic process involving the acceptance of their caregiving role, direct caregiving experiences, and the social support they receive. The three main themes: acceptance process, caregiving experience, and social support interact and function as psychological pillars that enable caregivers to face the physically and emotionally demanding nature of their work. The acceptance process emerges as a form of adaptation to initial stress and unpreparedness, which gradually transforms into life meaning and gratitude. The caregiving experience reflects high physical and emotional pressure but also demonstrates healthy coping mechanisms and strong personal resilience. Meanwhile, social support from family, coworkers, and institutions serves as a critical protective factor in maintaining emotional stability and motivation. This study emphasizes that caregivers' psychological well-being is not simply the result of favorable work conditions but is built through their ability to manage stress, create meaningful perspectives, and cultivate positive relationships. Therefore, structured institutional interventions such as psychosocial support, spiritual empowerment, and coping skills training should be continuously developed to support elderly caregivers in performing their duties with dignity and mental well-being.

Suggestion

It is recommended that the UPTD Budi Agung Elderly Social Welfare Unit optimize its efforts in supporting caregivers' psychological well-being by providing stress management training, promoting empathetic communication, preparing access to counseling services, facilitating team-building activities, and giving regular appreciation. Elderly caregivers are encouraged to develop healthy coping strategies, share their

experiences with colleagues, maintain a balanced work-life routine, and nurture spiritual awareness as a source of inner strength. For future researchers, it is suggested to increase the number of participants, apply mixed methods, include direct observations, and consider comparative studies between institutional and family caregivers to gain broader and deeper insights.

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