Received: 14 March 2023 / Accepted: 08 June 2024 / Published online: 30 June 2024

DOI 10.34689/SH.2024.26.3.011

UDC 616-083:613.98:614 (053.9)

PERCEPTIONS OF INFORMAL CARE FOR OLDER ADULTS BY HEALTHCARE AND SOCIAL WORKERS IN KAZAKHSTAN: A QUALITATIVE STUDY

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Abstract

The demographic landscape of the world is undergoing significant changes, characterized by an increase in the elderly population. This demographic shift can impose a burden on informal caregivers, who play a key role in providing care for this age group. The aim of the study is to investigate the perceptions of healthcare and social care workers regarding informal care for older adults in Kazakhstan. We employed a qualitative thematic approach and implemented purposive sampling within healthcare institutions and social service organizations. The research data was analyzed using the approach of content analysis. A total of ten interviews were conducted from November 22, 2021, to January 17, 2022. The findings of our study show that healthcare and social care workers perceive their roles as predominantly reactive, with a primary focus on older adults rather than on the caregivers themselves. Despite recognizing the challenges inherent in caregiving, the participants of the study did not acknowledge the necessity for the implementation of support measures. Instead, they generally perceive informal caregiving as a familial duty, typically entrusted to adult children. Social welfare is provided exclusively to those caring for disabled individuals, while medical and psychological support remains the same as that provided to ordinary patients. This emphasizes the need for reforms in healthcare and social care policies aimed at identification and supporting informal caregivers in the care of older adults.

Keywords: *caregivers, primary health care, social support.*

Резюме

ВОСПРИЯТИЕ НЕФОРМАЛЬНОГО УХОДА ЗА ПОЖИЛЫМИ ЛЮДЬМИ СОТРУДНИКАМИ ЗДРАВООХРАНЕНИЯ И СОЦИАЛЬНЫМИ РАБОТНИКАМИ В КАЗАХСТАНЕ: КАЧЕСТВЕННОЕ ИССЛЕДОВАНИЕ

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Демографические тенденции в мире претерпевают значительные изменения, выражающиеся в росте доли пожилого населения. Лица, осуществляющие неформальный уход, играют ключевую роль в обеспечении заботы о данной возрастной группе, что может стать значительным бременем для них. Цель данного исследования состоит в изучении восприятия работников здравоохранения и социальной сферы относительно неформального ухода за пожилыми людьми в Казахстане. Для проведения нашего качественного исследования мы использовали тематический анализ. Исследование было проведено на базе учреждений здравоохранения и организаций социального обслуживания с использованием целенаправленной выборки. В период с 22 ноября 2021 г. по 17 января 2022 г. было проведено десять интервью. Результаты исследования показывают, что работники здравоохранения и социальной защиты воспринимают свою роль преимущественно как реактивную, с упором в первую очередь на пожилых людей, а не на лиц, осуществляющих уход. Несмотря на признание существования проблем, связанных с уходом, участники исследования не выявили необходимость в реализации мер поддержки. Неформальный уход чаще воспринимается как семейная обязанность, возлагаемая на взрослых детей. Социальная помощь предоставляется исключительно лицам, осуществляющим уход за инвалидами, тогда как медицинская и психологическая поддержка осуществляется на уровне обычных пациентов. Эти данные подчеркивают необходимость реформирования политики в области здравоохранения и социальной помощи, направленных на выявление и поддержку неформальных лиц, осуществляющих уход за пожилыми людьми.

Ключевые слова: *лицо, осуществляющее уход; первичная медицинская помощь; социальная поддержка.*

Түйіндеме

ҚАЗАҚСТАНДАҒЫ ДЕНСАУЛЫҚ САҚТАУ ЖӘНЕ ӘЛЕУМЕТТІК ҚЫЗМЕТКЕРЛЕРДІҢ ҚАРТТАРҒА КҮТІМ ЖАСАУ ТУРАЛЫ ҚАБЫЛДАУЫ: САПАЛЫ ЗЕРТТЕУ

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Әлемдегі демографиялық жағдай айтарлықтай өзгеруде, бұл егде жастағы халықтың көбеюінен көрінеді. Бейресми күтушілер осы жас тобына күтім көрсетуде маңызды рөл атқарады, бұл оларға айтарлықтай жүктеме түсіруі мүмкін. Бұл зерттеудің мақсаты – Қазақстандағы егде жастағы адамдарға бейресми күтімге қатысты денсаулық сақтау және әлеуметтік қорғау қызметкерлерінің көзқарасын зерттеу. Сапалы зерттеу жүргізу үшін тақырыптық талдауды қолдандық. Зерттеу денсаулық сақтау және әлеуметтік қызмет көрсету ұйымдарында мақсатты таңдау арқылы жүргізілді. 2021 жылдың 22 қарашасы мен 2022 жылдың 17 қаңтары аралығында он сұхбат жүргізілді. Зерттеу нәтижелері көрсеткендей, денсаулық сақтау және әлеуметтік қорғау қызметкерлері өз рөлін негізінен реактив ретінде қабылдайды, бірінші кезекте күтушілерге емес, қарт адамдарға назар аударады. Күтіммен байланысты қиындықтардың бар екенін мойындағанымен, зерттеуге қатысушылар қолдау шараларының қажеттілігін анықтаған жоқ. Бейресми күтім көбінесе ересек балаларға жүктелетін отбасылық жауапкершілік ретінде қабылданады. Әлеуметтік көмек тек мүгедектерді күтушілерге көрсетіледі, ал медициналық-психологиялық қолдау қарапайым пациенттер деңгейінде қамтылады. Бұл тұжырымдар егде жастағы адамдарға бейресми күтім көрсетушілерді анықтау және қолдау үшін денсаулық сақтау және әлеуметтік қамсыздандыру саясатын реформалау қажеттілігін көрсетеді.

Түйінді сөздер: *бейресми күтуші; алғашқы медициналық-санитарлық көмек; әлеуметтік қолдау.*

For citation:

Koshmaganbetova G.K., Zhylkybekova A., Grjibovski A.M., Glushkova N. Perceptions of informal care for older adults by healthcare and social workers in Kazakhstan: a qualitative study // Nauka i Zdravookhranenie [Science & Healthcare]. 2024. Vol.26 (3), pp. 99-107. doi 10.34689/SH.2024.26.3.011

Кошмаганбетова Г.К., Жылкыбекова А., Гржибовский А.М., Глушкова Н.Е. Восприятие неформального ухода за пожилыми людьми сотрудниками здравоохранения и социальными работниками в Казахстане: качественное исследование // Наука и Здравоохранение. 2024. Т.26 (3). С. 99-107. doi 10.34689/SH.2024.26.3.011

Кошмаганбетова Г.К., Жылкыбекова А., Гржибовский А.М., Глушкова Н.Е. Қазақстандағы денсаулық сақтау және әлеуметтік қызметкерлердің қарттарға күтім жасау туралы қабылдауы: сапалы зерттеу // Ғылым және Денсаулық сақтау. 2024. Т.26 (3). Б. 99-107. doi 10.34689/SH.2024.26.3.011

Introduction

The global demographic landscape is presently undergoing a substantial transformation, marked by an extraordinary surge in the elderly populace. The World Health Organization indicate that by 2050, the demographic cohort aged 60 and above will witness a twofold increase, thereby presenting distinctive challenges to societies worldwide. This demographic transition holds particular significance for low- and middle-income countries, where the formal infrastructure for long-term care is often underdeveloped. Consequently, this places a substantial burden on informal caregivers who play an essential role in addressing this deficiency [39].

Informal caregivers, typically family members or close friends, play a crucial role in supporting the health and well-being of elderly individuals, working in conjunction with the formal healthcare system. However, this valuable caregiving work can have negative effects on the physical and mental health of caregivers [19]. The caregiving can lead to lower productivity, job abandonment, financial strains, emotional stress, and strained family relationships. [3 , 24]. These challenges are become even more challenging due to complicated family relationships and a lack of support, both within the family and from government assistance [26].

Informal caregivers, who play a vital role in caring for people with serious illnesses in their communities, often don not receive the recognition and integration they deserve within the healthcare system. They are frequently responsible for providing care, and in some instances, even performing medical procedures, without proper training or supervision. Recognizing the urgency of this matter, Janice F. Bell has emphasized the challenges faced by family caregivers of the elderly, highlighting the immediate need to include caregivers in practical guidelines. This includes providing them access to necessary resources and advocating for workplace policies that support flexible working arrangements [6].

Support for caregivers is usually fragmented across different healthcare and social care sectors. This presents challenges for them in finding resources and understanding the healthcare system due to their lack of information [2]. Therefore, it is crucial to recognize the needs that caregivers have yet to have met, especially in aspects like social support, mental and physical health, and law and financial concerns [10]. Implementing screening tools for family caregivers is essential in effectively identifying and assessing their subjective burden [5 , 34]. Recognizing the significance of informal caregiving, healthcare providers should take it into account when shaping healthcare and social care policies and services.

Enhancing the well-being of patients, particularly their satisfaction, relies on adequately educating caregivers to understand the patient's condition and provide practical assistance, like guidance on medication adherence. In turn, caregivers greatly benefit from taking an active role and having relevant information, which can significantly reduce stress and alleviate emotional strains. Personalized interventions are essential in empowering caregivers, improving patient outcomes, and addressing caregiver challenges [16]. It is worth mentioning that caregivers who have received supportive educational training have exhibited a markedly improved quality of life [4].

Although most primary care workers understand the importance of treating patients in primary care settings, they often face challenges in doing so effectively because of heavy workloads and the involvement of different medical specialties [36]. Additionally, healthcare teams consider themselves crucial parts of the healthcare system, recognizing both the patient and the caregiver as vital parts of care. However, they also encounter issues in communicating and working together with other healthcare providers, emphasizing the need for improved coordination [20].

A critical finding in the realm of informal caregiving is the strong and statistically significant link between a decreased caregiving burden and higher levels of perceived social support. This connection underscores the pivotal role of social support networks and resources in easing the challenges and duties experienced by caregivers. Caregivers who report lower caregiving burdens tend to draw strength from their social connections and resources, potentially improving their overall well-being and their capacity to provide effective care to their loved ones. This underscores the intricate interplay between caregiving responsibilities and external support systems that can alleviate their impact [27]. It is important to note that community-based formal support does not always replace familial support [12].

This study aimed to investigate the perceptions of healthcare and social care workers in Kazakhstan regarding informal caregiving for the elderly. In a time when the population is changing and healthcare is evolving, understanding these perspectives is important for developing policies and practices that can offer better assistance to both caregivers and elderly individuals who require care.

Methods

Study Design

This study employed a research design based on the qualitative thematic content analysis method. We conducted semi-structured interviews and employed a purposive sampling approach. The research was carried out at two public health centers and one social service center in Aktobe, Kazakhstan.

Study Participants

Our study encompassed a total of ten participants, specifically one manager, two general practitioners, one district nurse, two social workers, two psychologists, and two social care managers. Each of these individuals possessed at least five years of experience in roles that involved interacting with older adults and their families. Each participant was invited to participate in the study through a face-to-face meeting at their respective institutions. All participants provided written informed consent before conducting the interviews.

Data Collection

The interviews were conducted from November 22, 2021, to January 17, 2022. The interviews were conducted by the first two authors, both of whom are female and possess formal training in qualitative research methodologies, as well as substantial prior experience in conducting qualitative research studies. Notably, both interviewers were proficient in both the Kazakh and Russian languages and had no pre-existing personal relationships with the study participants.

Before each interview began, the interviewers emphasized the utmost importance of maintaining confidentiality to the participants. The primary topics explored during the interviews related to the role of caregivers within the community, the various types of support offered by healthcare and social care services, and the perceptions of participants on the most effective approaches to support caregivers within their homes. All interviews took place in a face-to-face format and were recorded to ensure accurate data collection.

Furthermore, field notes were meticulously taken during each interview to document non-verbal cues and expressions displayed by the participants. Each interview had a duration of 30 to 45 minutes and was conducted in a comfortable office setting for the participants. Data collection was concluded when data saturation was reached, following established research guidelines [25].

Trustworthiness of the study

Lincoln and Guba's criteria [23] were employed to establish the credibility and methodological robustness of this study. To ensure the trustworthiness of the research, two fundamental types of triangulation were utilized: data source triangulation (which involved examining perspectives from different groups, including healthcare providers and social care workers) and investigator triangulation (involving multiple researchers during the analysis phase, namely AZh and GKK). Additionally, member checking of transcripts and synthesized data was performed to validate whether the study's findings were consistent with the experiences of the participants. Given the qualitative nature of our study, the primary objective was to gain a comprehensive understanding of healthcare providers and social workers in caregiving management, rather than seeking a single definitive truth or making broad generalizations.

Data Analysis

All interviews underwent a rigorous transcription process to ensure an exact record of the discussions. Following that, transcripts in the Kazakh language were translated into Russian to establish a standardized dataset for comprehensive data analysis. Stringent measures were implemented to ensure the accuracy of this translation; specifically, the first and second authors cross-verified interview transcripts for thorough validation. Moreover, transcripts underwent a meticulous anonymization process, involving the removal of any identifiable characteristics of the participants to protect their confidentiality.

We conducted qualitative thematic content analysis on the transcribed texts, following an inductive approach. This method enabled the systematic categorization of content into thematic patterns. We utilized MAXQDA2022 software to assist in this analysis [30]. The analytical process consisted of multiple stages, beginning with coding, where distinct segments of content were assigned codes while preserving their contextual relevance. Subsequently, these codes underwent comprehensive analysis, leading to their organization into coherent categories that shared similar themes. Ultimately, these categories were synthesized into subthemes and overarching main themes, providing a structured framework for an in-depth understanding of the qualitative data.

Throughout this rigorous analytical process, we strictly adhered to the guidelines outlined in the Consolidated Criteria for Reporting Qualitative Research (COREQ) to ensure the practice of sound data management and presentation [35].

Results

Participant characteristics

Table 1 provides a detailed summary of the key characteristics of the ten participants who participated in interviews for this study. All participants were female (n = 10), with three in managerial positions, and the remaining seven in non-managerial roles. Their ages ranged from 29 to 57 years (M = 40.3, SD = 11.89), and they were intentionally selected to represent a diverse range of positions and levels of experience in the field of caregiving.

Table 1.

Characteristics of healthcare and social care workers in Kazakhstan.

Participant	Age	Gender	Position/Job title	Years of experience in current position
1	55	Female	Manager	32
2	54	Female	Manager	29
3	55	Female	Manager	27
4	30	Female	Psychologist	8
5	56	Female	General practitioner	30
6	30	Female	Social worker	10
7	57	Female	General practitioner	28
8	32	Female	Psychologist	7
9	45	Female	Social worker	15
10	29	Female	District nurse	12

Themes. The analysis revealed four primary themes:
1) Absence of caregiver identification,
2) Filial responsibility,
3) Healthcare system challenges,
4) Mismatch between formal care and informal caregivers.

The primary classifications of medical and social support available in Kazakhstan, as perceived by healthcare and social workers, are illustrated in a Fig 1.

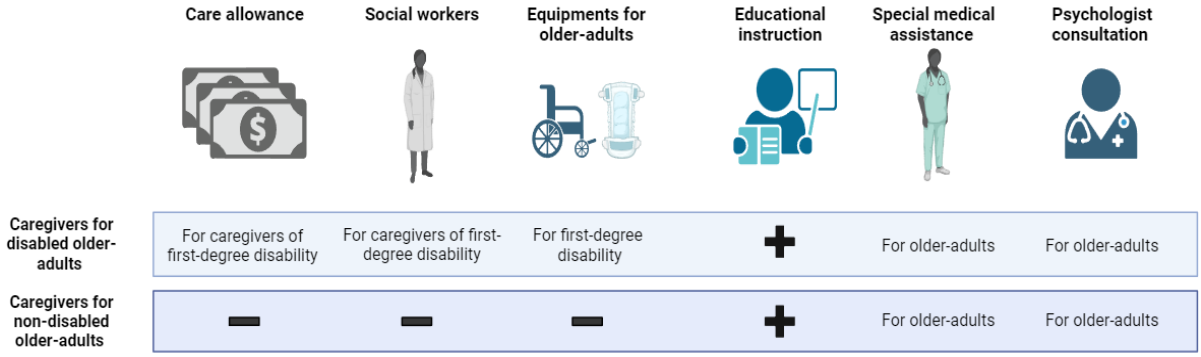

Figure 1. Medical and social support available in Kazakhstan, as perceived by healthcare and social care workers. The figure was made with the ©BioRender software.

Absence of caregiver identification

All participants concurred that individuals with disabilities in the first and second degrees, individuals who have cared for those with disabilities in the first degree, individuals with chronic illnesses, isolated elderly individuals, and those unable to work are recognized and receive support from healthcare and social care services. Simultaneously, the identification of caregivers for elderly individuals at home is not conducted and is not within the scope of their responsibilities.

"The responsibility of identifying elderly individuals and maintaining specific lists falls upon the general practitioner and a district nurse. However, there is no equivalent list dedicated to those who offer care to older adults at their homes" (Participant 2).

"Our registers contain information only concerning isolated elderly individuals and people with disabilities" (Participant 3).

We identified several barriers to the recognition of caregivers: healthcare and social care primarily oriented older adults with chronic illnesses or disabilities rather than the caregivers themselves; caregivers are not included in the healthcare and social care agenda; there are no established mechanisms for identifying caregivers.

Filial responsibility

In Kazakhstan, the legal responsibility for providing care to elderly parents is assigned to their employed adult children. In instances of non-compliance with this regulation, parents have the option to seek legal recourse.

"According to the Marriage and Family Code, gainfully employed children and grandchildren are obligated to provide care for their disabled parents and grandparents" (Participant 3).

"The daughter of an elderly man has employed a woman residing in the same apartment building to take care of her father, as she is employed and needs to work. He does not qualify for a social worker because he has an employed child. Our support is exclusively offered to elderly individuals living alone, provided in the form of a social worker" (Participant 6).

In this context, certain participants hold the perception that offering social support to caregivers is not legally sanctioned, and that the responsibility for caring for elderly parents falls upon their children.

"The state is under no legal obligation to furnish aid for the care of aging parents. I am unable to comprehend why the state should extend such aid when, just as their parents cared for them, it is the responsibility of children to care for their parents" (Participant 10).

"I maintain that it is the obligation of all offspring to provide care for their parents throughout their lifetimes. Everyone should be prepared to fulfill this duty." (Participant 2).

Social services offer the chance to formalize care arrangements for the elderly, but do not encompass any financial or social incentives from the government. The sole advantage is exemption from military service or access to social housing.

"The elderly person lodges a declaration to designate a guardian. Any individual, even their offspring, is eligible for selection in this capacity. However, the formalization of caregiving agreements does not yield discernible advantages, as it does not entail governmental financial support. This procedure finds primary application among individuals bereft of parents who aim to formalize caregiving agreements for elderly family members, especially when confronted with military conscription and a dearth of appropriate guardianship choices for their grandparents" (Participant 1).

Healthcare system challenges

Certain workers, particularly those engaged in direct interaction with older adults and those responsible for their care, acknowledged the inherent challenges in caregiving. They concurred that there was a perceived necessity for bolstering informal caregivers, primarily through non-monetary means, including healthcare provisions and psychological counseling. Nonetheless, they exhibited staunch resistance to the provision of financial assistance to caregivers.

"Certainly, it is imperative to provide support for caregivers. Being in prolonged isolation with a chronically ill or elderly individual can present significant challenges. Caregivers are exposed to a wide range of emotions and behaviors associated with fluctuations in the patient's psychological state. The caregiving responsibilities can exact a toll on their physical and emotional well-being, underscoring the necessity for counseling services to aid them" (Participant 4).

"It is noteworthy that the capacity of nursing care facilities is constrained, and the hospitalization process poses certain challenges. These challenges encompass identifying the factors prompting the referral, ascertaining the location and participation of the patient's offspring, and elucidating the

underlying causes for their inability to furnish care" (Participant 10).

Simultaneously, there was a recognition of the insufficiency of time and healthcare workers available to assist informal caregivers. The consensus among these workers was that the allocation of time and resources would be more judiciously directed toward patients and isolated elderly individuals in need of healthcare support rather than focusing on caregivers for the elderly.

"It appears that addressing the well-being of caregivers poses a significant challenge within the healthcare domain. It is our preference to extend assistance to those who lack a support network, particularly individuals afflicted with chronic diseases" (Participant 2).

Mismatch between formal care and informal caregivers.

Within the framework of the public healthcare system, medical and social support is administered by a multidisciplinary team that encompasses a general practitioner, district nurse, social worker, and psychologist. This comprehensive assistance is primarily oriented toward individuals dealing with chronic ailments, persons with disabilities, and elderly individuals residing either independently or with their families. Healthcare workers dispense guidance to family members concerning fundamental caregiving principles for elderly parents, furnish psychological counseling to deliver psycho-emotional sustenance to the elderly, and facilitate the enhancement of familial relationships.

"Our social workers undergo specialized training, enabling them to instruct family members on the appropriate management of decubitus ulcers and the proper procedure for changing bed linens" (Participant 2).

"We offer caregivers instructions on the management of their elderly parents' well-being. As individuals advance in age, they may exhibit increased emotional sensitivity, akin to that observed in young children, often internalizing experiences and emotions. Accordingly, there is an amplified demand for psychological support in such instances" (Participant 4).

Healthcare services do not officially designate individuals providing care to the elderly as caregivers. As a result, they extend support to such individuals exclusively upon their explicit request. General practitioners do not typically make referrals for psychological intervention on behalf of caregivers, and caregivers themselves tend not to actively pursue treatment for their own psychological welfare.

"We exclusively offer consultations in response to specific requests; consultations are not initiated proactively" (Participant 4).

"Caregivers frequently lack awareness regarding their accessibility to psychological support. Certain individuals may exhibit reluctance in pursuing counseling due to a perception of self-sufficiency, wherein they consider themselves entirely healthy and, therefore, do not perceive a need for such assistance" (Participant 9).

"It is crucial to acknowledge the constrained bed capacity within nursing facilities. Furthermore, there are complexities linked to the hospitalization process, encompassing the determination of referral motives, the location, and participation of the patient's offspring, and the underlying causes for their incapacity to administer care" (Participant 10).

The existing social services in Kazakhstan have been purposefully structured to cater to the requirements of three discrete categories: solitary elderly individuals, individuals with disabilities, and caregivers entrusted with the care of the initial group of individuals with disabilities.

"Isolated elderly individuals, individuals with profound disabilities, disabled adults over the age of 18, and children afflicted with psycho-neurological disorders or musculoskeletal system disorders are recipients of dedicated social services" (Participant 3).

"Individuals with disabilities, including elderly individuals with disabilities, are entitled to receive diapers, wheelchairs, and other necessary equipment, as well as a monetary allowance from the government, in accordance with the specifics of their individualized rehabilitation program" (Participant 3).

Discussion

This study provides insights into the perceptions of healthcare and social care workers concerning the support infrastructure available to informal caregivers of older adults in Kazakhstan. Our findings illuminate a deficiency in healthcare and social care support for informal caregivers. There is a lack of mechanisms for identifying and supporting caregivers, both those caring for individuals with a disability and those without a disability. The study shows that healthcare and social care workers perceive the responsibility for caring for the elderly as resting primarily upon the shoulders of their adult children. This perception underscores the prevailing cultural and familial norms within the caregiving context in Kazakhstan, where the care of older adults' family members is deeply rooted in filial duty.

The absence of caregiver identification within the context of older adults' care in Kazakhstan gives rise to a substantial and complex issue, underscoring a fundamental deficiency in the understanding and response of the healthcare and social care systems toward the dynamics of caregiving. This issue's significance prompts a series of inquiries related to the equitable allocation of resources and emphasizes the immediate need for the development of explicit policies and guidelines that officially recognize and bolster caregivers. The complexity arises from the necessity to strike a balance between cultural norms, which frequently assign caregiving responsibilities to family members, and the practical demands placed upon caregivers. Nevertheless, the recognition and appreciation of caregivers' contributions hold paramount importance, not only for their own well-being but also for ensuring the quality of care provided to elderly individuals. Despite the substantial responsibilities, ethical commitments, and technical obligations inherent in caregiving, the role of informal caregivers remains largely unacknowledged within formal channels. The willingness of caregiving individuals is often taken for granted, with a conspicuous absence of future planning for this role in current assessment practices [9 , 14 , 21]. The existence of well-defined protocols for assessing caregivers within social welfare practices does not consistently align with the willingness of healthcare workers to recognize and provide support to those engaged in caregiving [31]. In a separate study, experts suggest that practical tools, such as standardized questionnaires and checklists, could serve as invaluable resources in extending support to young caregivers and young adults involved in caregiving. These tools enable self-identification and ensure the provision of appropriate support [22]. Identifying caregivers, involving them in ongoing needs assessments, and enhancing their access to appropriate

support services can significantly alleviate the psychological and emotional burdens they encounter [37]. These findings collectively underscore the imperative of recognizing, supporting, and facilitating the pivotal role of caregivers in elderly care provision, while concurrently addressing the multifaceted challenges inherent in this responsibility.

The concept of filial responsibility within the framework of elderly care in Kazakhstan delineates a unique cultural and legal paradigm that assigns the caregiving burden to employable offspring and grandchildren. This legal mandate is reinforced by the Marriage and Family Code, which stipulates that employable progeny are obligated to provide care for their disabled parents and grandparents [40]. It is noteworthy that some participants in the study expressed the belief that social support for caregivers is unnecessary and even illegal, asserting that caring for elderly parents is a familial duty that should not necessitate state intervention. This perspective aligns with the enduring cultural values and anticipated roles of family members in supporting and tending to their elderly relatives, mirroring a deeply ingrained cultural tradition within Kazakh society. The concept of legal responsibility for the care of elderly family members, mandated to be fulfilled by their adult offspring, is a customary practice acknowledged in multiple nations, including China, Bangladesh, India, Singapore, Brazil, Mexico, Russia, Turkey, Algeria, Argentina, Chile, and Singapore. This alignment with our study's findings underscores the widespread recognition of this practice [15,32]. In contrast, Scandinavian countries like Sweden, Denmark, the Netherlands, and Norway have recognized long-term care as a societal risk factor since 1980, leading to the state assuming primary legal responsibility for elderly care. This has resulted in a relatively lower reliance on family-based care compared to countries where family caregiving prevails. Conversely, countries such as Austria, Belgium, Canada, Germany, France, Switzerland, the United Kingdom, and the United States adopt a shared responsibility for caregiving between the state and the family. Their systems incorporate universal government-provided benefits alongside means-tested caregiver's allowances [1]. The concept of filial responsibility in Kazakhstan places caregiving duties on employable children and grandchildren, reflecting cultural values shared by several countries. Scandinavian nations have shifted to state-based care, while others adopt a mixed approach. Adaptable policies are crucial to meet the evolving needs of aging populations.

The provision of caregiver support poses a significant challenge to the healthcare system, carrying profound implications. Caregivers, often family members or close associates, play a pivotal role in assisting individuals dealing with chronic illnesses, disabilities, or elderly care, facilitating their preservation of independence and overall quality of life. However, the substantial demands and responsibilities placed on caregivers are not consistently acknowledged or evaluated by healthcare and social services. This challenge is further exacerbated by the lack of formal recognition and support for caregivers within healthcare systems. Several factors contribute to this deficiency, including workforce shortages [11], the substantial workloads of healthcare personnel [7,36], as well as reports of communication difficulties and challenges in collaborating with other healthcare service providers. Pertinent information is unevenly shared among service providers during interactions with healthcare institutions, and delays or unspecified reasons for inaction may result in adverse outcomes [20].

Furthermore, it's crucial to emphasize that the provision of services to informal caregivers falls beyond the scope of a physician's responsibilities [28]. While physicians acknowledge the elevated risk of physical and mental health challenges faced by caregivers due to their caregiving responsibilities, they do not consistently implement proactive interventions to address the needs of this vulnerable group [7]. These findings are in alignment with previous research, although some variations exist, as evidenced in Ploeg's study, where healthcare workers recognized the essential role of family caregivers in supporting older individuals with multiple chronic conditions in the community and advocated for their support and respect [29]. Importantly, general practitioners acknowledge the significance of advancing care planning [33]. Enhancing the communication skills of general practitioners and healthcare personnel is critical for providing improved support to caregivers. Enhanced communication fosters a deeper understanding between healthcare providers and caregivers, resulting in enhanced trust and the capacity to more effectively identify caregivers' concerns and burdens. Additionally, comprehensive patient care within the healthcare system is essential for addressing the challenge of integrating various workers and maintaining strong relationships between general practitioners and their patients.

Formal care services are conventionally designed to meet the requirements of patients or individuals in need of professional medical attention, adhering to standardized protocols and procedures that may not adequately address the specific issues encountered by informal caregivers. Informal caregivers, often family members or close friends providing care to their loved ones, frequently experience a dearth of adequate support. This gap exists primarily because healthcare workers often fail to identify and acknowledge the caregivers, thereby underestimating their physical and psychological needs. It is paramount to recognize that caregivers require psychological counseling to alleviate the perceived burden and sustain their emotional well-being [36,38]. However, caregivers are often hesitant to seek psychological assistance from general practitioners or psychologists [8]. This hesitancy may be attributed to the discomfort associated with discussing their concerns when healthcare providers are fatigued or engrossed in other obligations [18], aligning with the outcomes of our study. Research has shown that the presence of perceived social support plays a pivotal role in mitigating the psychological stress experienced by caregivers. This indicates that the availability of a supportive social network can positively impact the well-being of those responsible for caregiving [13,17]. The disparity between formal care services and the needs of informal caregivers underscores the significance of a more inclusive and caregiver-centered approach within the healthcare system. Recognizing and addressing this discrepancy is indispensable for alleviating the challenges faced by caregivers and ultimately enhancing the quality of care provided to individuals in need.

Strengths and limitations

This study entails certain limitations that warrant acknowledgment. Firstly, the research was carried out within a particular geographic region and cultural framework, which might restrict the generalizability of the findings to alternative settings. Nevertheless, it is pertinent to observe that the

mechanisms of healthcare and social care support exhibit consistency across various regions in Kazakhstan, thus partially mitigating this constraint.

A potential limitation of this study is the relatively modest number of participants, which might impede the broad applicability of the study findings. However, it is pertinent to recognize that, given the qualitative nature of this research, the participant count aligns with the chosen methodology. Furthermore, this restricted number of interviews enabled a comprehensive examination of each participant's viewpoint and experiences, fostering a nuanced comprehension of the perspectives of healthcare and social care workers concerning informal elderly care. Additionally, it's noteworthy that this sample size is considered adequate for qualitative research, as it was satisfactory in reaching data saturation.

Notwithstanding these constraints, it is imperative to emphasize the importance of this study as a pioneering qualitative exploration into the perspectives of healthcare and social care workers regarding informal elderly care in Kazakhstan. The outcomes of this research hold the promise of illuminating the intricacies of offering social and medical support, not only within the context of Kazakhstan but also within other Central Asian nations, owing to the shared nature of support systems among post-Soviet countries.

Conclusions. This study provides valuable insights into the perceptions and experiences of healthcare and social care workers in Kazakhstan as they navigate the landscape of elderly care. The findings underscore the prevalent challenges and the lack of support encountered by caregivers, who play a pivotal role in assisting elderly individuals dealing with chronic illnesses and disabilities. The research underscores the critical need for the identification and formal recognition of caregivers within the healthcare system. It also emphasizes the necessity for improved communication and collaboration among healthcare providers. Furthermore, it highlights the issue of insufficient attention to the psychological and emotional well-being of caregivers and underscores the importance of developing policies and recommendations to support this group. Despite the inherent limitations of this research, it serves as a foundational step for future studies and policy initiatives aimed at enhancing the well-being of caregivers and improving the quality of care provided to elderly individuals, both in Kazakhstan and other post-Soviet nations.

Ethical approval and consent to participate

This study was approved by the Ethics committee of West Kazakhstan Marat Ospanov Medical University (Protocol no. 9 from November 19, 2021). All participants provided written informed consent before conducting the interviews.

Availability of data and materials

Original data can be provided by West Kazakhstan Marat Ospanov Medical University upon reasonable request.

Conflict of interest

The authors declare no conflicts of interest.

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