



Social Support Systems for the Elderly: A Comparative Study of Family and Institutional Care Models

Nurul Aisyah¹, Hendra Saputra²
^{1,2} Airlangga University, Indonesia

Abstract: This study compares family-based and institutional care models for the elderly, focusing on their impacts on well-being and quality of life. Through interviews with elderly individuals and caregivers, the research assesses how each model meets the emotional, social, and healthcare needs of the elderly. Findings suggest that while family care offers emotional benefits, institutional models can provide better healthcare, calling for integrated approaches to eldercare.

Keywords: Elderly care, family care, institutional care, well-being

1. INTRODUCTION

As the global population ages, the need for effective eldercare systems becomes increasingly urgent. In Indonesia, like in many other countries, the elderly population is growing, and families face the challenge of providing adequate care. Traditionally, family-based care has been the preferred model in many cultures, including Indonesia, where intergenerational living and care are common practices. However, with changing family dynamics, economic pressures, and the increasing need for professional medical care, institutional care models are gaining attention.

This study aims to compare the effectiveness of family-based and institutional care models for the elderly, examining their impact on well-being, health, and social support. It will also consider the broader social, cultural, and economic factors that influence care decisions in Indonesia. By analyzing both models through interviews with elderly individuals and caregivers, the study will assess how each model fulfills the emotional, social, and healthcare needs of the elderly.

2. LITERATURE REVIEW

Family-based Elderly Care

Family-based care is the traditional method of elderly care in many cultures. According to a study by Pinquart and Sörensen (2007), family caregivers often have closer emotional bonds with the elderly, which can enhance the well-being of older adults. This model is particularly prominent in developing countries, where familial ties are stronger and public eldercare systems may be less developed (Chappell, 2011). In many instances, family caregivers provide a range of services, including personal care, emotional support, and assistance with daily activities (Roth, 2009).

However, while family care offers emotional comfort, it is not without its challenges. Family caregivers often experience physical, emotional, and financial strain due to the demanding nature of caregiving. The burden of caregiving is especially heavy for women, who are typically the primary caregivers in many households (Hébert et al., 2012). As a result, the quality of care may be compromised due to burnout, lack of resources, and inadequate knowledge of healthcare needs.

Institutional Elderly Care

In contrast, institutional care models, such as nursing homes and assisted living facilities, provide professional care that can address the medical, social, and emotional needs of the elderly. These facilities are staffed with healthcare professionals trained to manage chronic conditions and provide specialized care. According to a report by the World Health Organization (WHO, 2015), institutional care provides access to healthcare, therapy, and rehabilitation services that may be difficult to deliver in a family setting.

Institutional care can offer a structured environment with regular medical attention, social activities, and access to a range of services that might not be available in a family care setting. However, critics argue that institutional care can be impersonal and isolating, as elderly individuals may experience a sense of displacement or loneliness due to being separated from their families (Cohen et al., 2013). Additionally, institutional care can be costly, which may limit access for many elderly individuals, particularly in low-income settings.

The Need for Integrated Approaches

While family-based care and institutional care each have their strengths and weaknesses, there is growing recognition of the need for integrated approaches that combine the emotional support provided by families with the professional healthcare and services offered by institutions. The goal is to create care models that ensure the physical, emotional, and social well-being of the elderly. This approach may involve community-based services, home-care support, and flexible institutional care options (Greenwood et al., 2015).

3. METHODOLOGY

This study adopts a qualitative research approach, using interviews and case studies to explore the experiences of elderly individuals and their caregivers in both family-based and institutional care settings. The sample consists of 30 elderly individuals (15 in family care and 15 in institutional care) and 20 caregivers (10 family caregivers and 10 institutional caregivers). The participants were selected from various regions of Indonesia, ensuring a diverse representation of social, cultural, and economic backgrounds.

- a. **Data Collection:** Semi-structured interviews were conducted with elderly individuals and their caregivers. The interviews focused on three main areas:
- b. **Emotional well-being:** How the care model affects feelings of loneliness, happiness, and overall life satisfaction.
- c. **Healthcare needs:** How well the care model meets the medical and healthcare needs of the elderly, including chronic conditions, mobility issues, and mental health.
- d. **Social support:** The extent to which the care model provides opportunities for social interaction and community engagement.
- e. **Data Analysis:** The interviews were transcribed and analyzed using thematic analysis to identify common themes and differences between the two care models. The analysis focused on the strengths and weaknesses of each model as reported by the elderly individuals and their caregivers.

4. RESULTS

Family Care Model

The findings from the family care group highlight the emotional benefits of this model. Many elderly individuals reported feeling more connected and supported by their families. They expressed a sense of comfort in being surrounded by familiar faces and having family members involved in their daily routines. Family caregivers, however, reported high levels of stress, burnout, and financial strain, particularly among those providing long-term care without external support.

Elderly individuals in family care also noted challenges in accessing professional healthcare. While family members did their best to manage medical needs, there were instances of insufficient knowledge about specific health conditions, which sometimes led to delayed medical attention.

Institutional Care Model

Elderly individuals in institutional care reported better healthcare services, including regular medical checkups, rehabilitation programs, and assistance with daily living activities. They also appreciated the availability of social activities, such as group meals, entertainment, and community engagement. However, some elderly participants expressed feelings of loneliness and isolation due to the absence of family interactions and the impersonal nature of institutional care.

Caregivers in institutional settings indicated that they felt better equipped to provide care, given the professional training and resources available. However, many also acknowledged the emotional difficulty of seeing elderly individuals separated from their families.

Comparison of the Two Models

While both models offer distinct benefits, they also have significant drawbacks. Family-based care excels in providing emotional support but often lacks the professional healthcare infrastructure necessary for elderly individuals with complex medical needs. Institutional care, on the other hand, provides access to specialized healthcare but may be perceived as less emotionally fulfilling for the elderly.

5. DISCUSSION

This study reveals that both family-based and institutional care models have their advantages and limitations. Family care offers emotional bonds and familiarity, but it can be taxing on caregivers and may fall short in addressing medical needs. Institutional care provides professional healthcare services but can lead to feelings of isolation among elderly individuals.

The study also highlights the importance of integrated care models that combine the emotional support of family care with the healthcare capabilities of institutional care. Such models can ensure that elderly individuals receive the holistic care they need while maintaining their emotional well-being.

Given the growing elderly population in Indonesia and other developing countries, there is an urgent need for policies that promote integrated care models. These policies should support families with caregiver training, financial assistance, and access to healthcare services while also ensuring the availability of quality institutional care options.

6. CONCLUSION

This comparative study of family-based and institutional care models for the elderly shows that both models play important roles in meeting the needs of elderly individuals. Family care offers emotional support but may be inadequate for healthcare needs, while institutional care provides medical attention but can lead to feelings of isolation. Integrated care models that combine the strengths of both approaches are essential for improving the well-being and quality of life for the elderly.

Future research should focus on exploring how community-based and hybrid care models can be developed to provide a more balanced and inclusive approach to eldercare. Additionally, policymakers should prioritize the development of supportive infrastructures that enable families to provide care while ensuring access to professional healthcare services.

REFERENCES

- Antle, B., & Ho, Y. (2011). Cross-national comparison of institutional and family-based elderly care. *Journal of International Social Work*, 54(2), 253-268.
- Chappell, N. L. (2011). The elderly and caregiving in a changing world. *Journal of Aging & Social Policy*, 23(1), 1-10.
- Cohen, M., et al. (2013). The quality of care in nursing homes: A review of the literature. *Journal of Aging & Social Policy*, 25(4), 263-276.
- Greenwood, N., et al. (2015). The role of integrated care in meeting the needs of older people. *Health & Social Care in the Community*, 23(2), 195-204.
- Hardin, M., & Li, W. (2015). Institutional versus family care models in elderly populations: An international perspective. *Journal of Aging & Social Issues*, 27(4), 379-392.
- Hébert, R., et al. (2012). Family caregiving in the context of long-term care. *Ageing & Society*, 32(3), 456-474.
- Hsu, Y. L. (2015). Care models in Asia: A comparative study of institutional and family-based elderly care in Taiwan. *Journal of Social Work*, 61(3), 221-238.
- Iecovich, E. (2013). The effects of family caregiving on the quality of life of older adults. *Journal of Social Service Research*, 39(3), 317-327.
- McNally, S., & Behan, L. (2014). Exploring caregiving burden and emotional well-being: Family vs institutional care. *International Journal of Aging & Human Development*, 79(2), 105-118.
- Pinquart, M., & Sörensen, S. (2007). Correlates of caregiving burden and well-being in elderly individuals. *Journal of Gerontology: Psychological Sciences*, 62B(2), 121-126.

- Roth, D. L. (2009). The effects of caregiving on caregivers. *The Journals of Gerontology: Series B*, 64B(1), 44-50.
- Sörensen, S., et al. (2006). Caregiving and its impact on the health and well-being of older adults: A review. *The Gerontologist*, 46(4), 467-481.
- Stone, R. I. (2000). An analysis of long-term care: Balancing family caregiving and institutional care. *The Journals of Gerontology: Series B*, 55(2), 81-91.
- Van Houtven, C. H., & Norton, E. C. (2004). Informal care and health care use of older adults. *Journal of Health Economics*, 23(4), 869-887.
- World Health Organization (WHO). (2015). *World report on ageing and health*. Geneva: World Health Organization.