

Review Article

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The Current Situation and Challenges for Caregivers in Japan

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1. Objective

The total population of Japan is 125.5 million (as of October 1, 2021). Of this population, 36.21 million are aged 65 and over, accounting for 28.9% of the total population (aging rate). This is unprecedented in the world. The age of the main caregivers living with a person requiring nursing care in Japan is 72.4% for men and 73.8% for women aged 60 or older. This indicates that there are a considerable number of cases of so-called "aged care. Therefore, in this study, the authors focus on caregivers and examine cases from the viewpoint of family support for the current state of caregiving that has emerged.

2. Method Case study

The case study consisted of interviews and case studies conducted by public health nurses. This study will be conducted with the consent of the individual in writing, in such a way that the individual cannot be identified, and with the approval of the Ethical Review Committee of Wayo Women's University.

3. Results

3.1 Case 1: Male in his 70s

He is caring for his mother, who is in her 90s and lives with him after retirement at the age of 65. Although his mother has not suffered any significant decline in cognitive function, her weight gain has put a strain on her knees, and she is unable to move as much as she would like. She can barely use the toilet by herself with the help of a handrail. In other daily activities, she is able to eat by herself, but is unable to prepare meals. She can take a bath only in the shower with the assistance of her family members, and she requires nursing care 1. The mother has refused all home nursing, helpers, day care services at the facility, and moving into the facility, etc. This situation has continued for more than 5 years, but the care manager and public health nurse have not been able to intervene, and without support from other family members, the burden has continued to fall solely on the caregiver. The caregiver

has told those around her that she feels depressed, but has not yet seen a doctor. The mother lives on her mother's national pension and the caregiver's welfare pension.

3.2 Case 2: Woman in her 70s

Her husband in his 80s had significant cognitive decline. Every night around 2 am, he woke up and walked around the house. He told his caregiver, a wife in her 70s, "You took my money. The money is gone," he yelled at her, and all hell broke loose. The caregiver was diagnosed with insomnia, depression, and anxiety angina. Her husband's wandering, delusions, and loud and strange noises were interfering with her daily life. However, since his level of care required was 1, she consulted with a care manager and a public health nurse, but was not able to move into a facility. The caregiver felt that she was in danger and consulted an acquaintance. The acquaintance consulted a special nursing home, and the husband was admitted on an emergency basis as a special case. Their financial situation is such that they live on the national pension of the husband and the caregiver. In the future, the caregiver, a wife in her 70s. She is worried that her husband's level of care will increase and the financial burden will increase.

3.3 Case 3: Woman in her 60s

Her mother in her 80's has suffered significant cognitive decline, such as throwing things, and has been diagnosed as requiring nursing care 3. She requested to move into a special nursing home, a public facility. However, there were no vacancies and the mother entered a private nursing home. The mother's survivor's pension alone is not enough to pay the bills, so she applies her caregiver's savings and pension. Since that is still not enough, she works full time every day at a part time job to pay the facility fees. The caregiver is under strong stress from her mother's prolonged facility fees and is suffering from menopausal disorders and other health problems. She also said that there are no government services to consult regarding financial matters, such as payment when her care needs rise from 3 to 4.

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4. Consideration

In Case 1, the mother's cognitive function has not deteriorated and she is firm, so the caregiver's opinion is not respected, and the caregiver burden is increasing year by year; Ms. A had consulted a public health nurse, but this has not resulted in a fundamental solution because the mother refuses to use the facility. As a symptomatic treatment, Ms. A goes swimming 2 to 3 times a week to take care of her own physical condition. In terms of the problem of elderly care and the relationship of the main caregivers from the perspective of those who need care, 54.4% of the caregivers are people who live together. Looking at the main breakdown, 23.8% were spouses, 20.7% were children, and 7.5% were spouses of children. Regarding gender, 35.0% of the respondents were male and 65.0% were female. In Case 2, the patient's cognitive function declined only during the nighttime, and it can be assumed that she was assessed as Level 1 in terms of nursing care. We believe that in the future, financial burdens will arise due to changes in the level of nursing care. Case 3 is a case in which the financial burden increased because the person requiring nursing care was unable to move into a special nursing home due to lack of vacancies. In Japan, it is estimated that the percentage of the population aged 75 or older in the total population will reach 25.5% in 2065, and that approximately 1 in 3.9 persons will be aged 75 or older. This is a clear example of the challenges that need to be addressed, such as improving facilities and caregivers, reviewing facility fees, reducing the burden on caregivers, and opening a consultation service.

The author or. We believe that this case has helped to examine the state of administrative services in Japan.

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