Proceedings of ICEMGD 2025 Symposium: Digital Transformation in Global Human Resource Management
DOI: 10.54254/2754-1169/2025.LD25426

The Phenomenon of "Nursing Poverty" from a Global Perspective: The Ethical Dilemma of Family Structure Changes and Institutionalized Elderly Care

Xinze Liu

School of Business Administration, Beijing Normal-HongKong Baptist University, Zhuhai, China
balloonmailbox@qq.com

Abstract. This study addresses the ethical dilemmas arising from changes in family structure and institutionalized elderly care, systematically exploring the increasingly prominent phenomenon of "care poverty" in the context of globalization. The study explores the contradictions between population aging, labor migration, and increased care demands. It identifies the root cause of care poverty as the conflict between weakening traditional caregiving functions due to family structure changes and lagging development of institutionalized elderly care systems. Drawing on successful experiences from countries like Japan and Germany, the research proposes targeted multi-level solutions to address care poverty, offering new theoretical perspectives.

Keywords: Nursing poverty, Changes in family structure, institutionalized elderly care, ethical dilemma, Caregiver training

1. Introduction

The global population aging is a significant challenge in the 21st century, with Asia becoming one of the regions with the largest elderly population.According to the United Nations' "World Population Prospects 2022," the proportion of the global population aged 65 and above is expected to rise from 6.8% in 2000 to 16.3% in 2040, with Asia becoming one of the regions with the largest elderly population [1]. Care poverty, a social risk, refers to difficulties individuals face in accessing appropriate and affordable care services. This includes a lack of material resources, deficiencies in mental, cultural, and social support, such as shortages of caregivers, poor service quality, and insufficient social attention. The study defines care poverty in three dimensions: absolute insufficiency of care resources, substandard service quality, and ethical and moral deficiencies in the care process. The research aims to clarify differences in driving factors of care poverty across different cultural backgrounds and propose targeted policy interventions and market solutions based on empirical case studies. The study's contributions include breaking away from traditional welfare system comparison, constructing a multidimensional research framework that integrates care quality assessment and labor market analysis, and exploring the employment potential of low-education groups in the care industry.

DOI: 10.54254/2754-1169/2025.LD25426

2. Changes in family structure and the contradiction of care needs

2.1. Current characteristics of family structure changes

In today's society, becoming a parent is increasingly seen not as a religious, national, or familial obligation and responsibility, but rather as a personal choice regarding family roles. More and more people are opting to have fewer or no children [2]. These shifts in social thought have led to a global transition in family structures from large to small. For example, in China, families have traditionally played a primary role in supporting the elderly, providing both financial support and care-giving [3]. The "4-2-1" family structure is becoming more prevalent, causing intergenerational pressure and large-scale labor migration. Urbanization has led to a rise in migrant workers, with 299.73 million working in 2024, an increase of 2.13 million from the previous year and a growth of 1.2%. The average age of migrant workers is 39.0 years, highlighting the issue of elderly people lacking caregivers [4]. Current migration patterns alter family structures and reshape intergenerational relationships in the context of elderly care. The traditional concept of elderly care is difficult to sustain under the dual pressures of spatial separation and economic independence. The data indicates a clear upward trend in labor migration in recent years.

2.2. The surge in demand for home care

In stark contrast between the declining efficacy of family-based eldercare, there is an explosive growth in the demand for home care for the elderly. According to the medium variant projection by the United Nations, China's old-age dependency ratio (65+/15-64) is expected to soar from 17.8% in 2020 to 43.6% by 2050, meaning each working-age adult will support 2.3 working-age individuals will need to support one elderly person. Notably, the prevalence of chronic diseases among those over 60 years old is as high as 69.1%, accompanied by high rates of disability and mortality. Furthermore, due to the complex causes, prolonged course, and recurrent nature of chronic diseases, the elderly typically require long-term, professional, and meticulous medical care and daily life assistance [5]. This situation not only poses a significant challenge to the energy and time of family members but also places higher demands on the family's economic conditions and social support networks.

3. Ethical dilemmas of institutionalized elder care

3.1. Multidimensional analysis of caregiver abuse of the elderly

Institutional elder care settings have seen caregiver abuse emerge as a profound ethical dilemma. International research indicates that 36% of elder care staff have witnessed at least one incident of physical abuse, while 40% have admitted to engaging in psychological abuse. Surveys in China show that 62.55% of caregivers have potential abusive tendencies. The World Health Organization categorizes elder abuse into five types: physical abuse, psychological abuse, economic exploitation, sexual abuse, and neglect. In institutional settings, psychological abuse and neglect are predominant. From an individual perspective, caregivers often lack systematic training and knowledge of geriatric psychology, which leads them to use rough methods when dealing with dementia patients. From an institutional perspective, factors such as overwork, low pay, and the lack of supervisory mechanisms (such as independent complaint channels) serve as catalysts for abusive behaviors. Notably, WHO’s fivefold classification of elder abuse underscores the multifaceted nature of this issue. In care facilities, caregiver misconduct toward seniors predominantly manifests as psychological harm and

DOI: 10.54254/2754-1169/2025.LD25426

neglect. At the individual level, caregivers' personal traits and professional skill gaps directly drive this ethical crisis.

3.2. Analysis of the consequences of low-quality care

The ramifications of substandard care services, such as "caregiver abuse," extend from the individual level to affect families and even society as a whole. For elderly individuals who suffer abuse, it directly accelerates the deterioration of their physical functions. Caregivers' failure to administer medications punctually or overlook and underreport abnormal symptoms can lead to chronic diseases spiraling out of control, deteriorating health conditions, and a heightened risk of hospitalization. Furthermore, inadequate care significantly raises the incidence of complications like pressure sores, causing great physical pain to the elderly and reducing their quality of life and life expectancy. Compared to physical harm, psychological harm warrants even more attention. As people age, levels of neurotransmitters such as dopamine, serotonin, and norepinephrine in the brain decrease, which is linked to mental illnesses like depression and anxiety. Additionally, the burden of chronic diseases, idleness, or "empty nest" family structures inherently predispose the elderly to negative emotions like feeling "useless." If they remain in a low-quality care environment for a prolonged period, these negative emotions are more likely to be amplified, leading to more severe psychological issues such as anxiety and depression. The elderly may experience profound neglect, loneliness, and helplessness as a result of caregivers' indifference, impatience, or verbal abuse, causing their psychological defenses to crumble over time.

4. The employment challenges of low-education groups and their link to "care poverty"

4.1. Analysis of the employment challenges of low-education groups

As AI and other emerging technologies continue to evolve, traditional labor-intensive occupations are steadily losing ground, replaced by capital- and technology-intensive industries that demand an increasingly skilled and qualified workforce. Meanwhile, the number of college graduates has been on the rise in recent years, creating a significant imbalance in the job market's supply and demand dynamics. Constrained by their educational backgrounds, this group not only encounters substantial challenges in the job search process but also has limited prospects for career progression, often finding their professional development at a standstill.

In contemporary society, there are biases and stereotypes about certain professions, viewing jobs performed by individuals with lower education levels as low-end and undignified, such as cleaning, security, and delivery services. Influenced by these societal perceptions, the professional identity and confidence of low-education groups are weakened, restricting their employment choices and making it difficult for them to enter industries perceived as more advanced and lucrative. Beyond the constraints of educational background and insufficient skill levels, some individuals with lower education lack clear plans and goals for their career development, exhibiting a high degree of randomness in their job search. They are prone to blindly follow trends or focus solely on immediate benefits, or they may inaccurately assess themselves, overestimating their qualities and abilities, and have overly high expectations of society and the workplace. They may aim too high without being grounded or willing to endure hardship [6]. These factors make it difficult for low-education groups to find stable jobs suited to them and to enhance their professional competitiveness through continuous learning and effort.

DOI: 10.54254/2754-1169/2025.LD25426

4.2. Potential absorptive capacity of the nursing industry

In stark contrast to the employment challenges faced by low-education groups, the elderly care industry is experiencing a severe shortage of human resources. According to forecasts, this industry is expected to become one of the most promising sectors in the job market. The potential of the nursing industry to absorb low-education workers has been validated in several countries. The nursing industry is particularly inclusive for low-education workers due to its accessibility of skill requirements, strong age inclusivity, and localized employment. Basic nursing skills can be acquired through short-term training, with 80% of junior high school graduates capable of basic tasks after 3-6 months. The industry requires experienced, patient individuals who can endure hardship, unlike industries like technology and finance. In Japan, 45% of caregivers are over 40 years old, and some positions prefer workers around 50 years old. Localized elderly care can reduce labor outflow by over 30%, making nursing positions unaffected by global competition and providing stable employment opportunities for the county's economy.

5. Strategies for addressing the "care poverty" phenomenon

Research analysis underscore that care poverty involves multifaceted core issues and widespread manifestations. In terms of care resources, the global shortage of caregivers and the lack of family care workforce result in many individuals with care needs being unable to receive adequate services. Regarding service quality, issues such as caregiver abuse of the elderly, non-standard practices, and lack of professional training frequently occur in institutional and home care settings. On the ethical level, the conflict between family responsibility and social elder care is becoming increasingly prominent, exacerbating intergenerational tensions. In the labor market, the difficulty in recruiting for the care industry and the employment limitations faced by low-educated groups coexist, further aggravating market imbalance. To tackle these issues, future research could adopt a multi - pronged approach. First, by broadening the scope of research samples, scholars can gain a more in - depth understanding of the nuances of care poverty across diverse socio - cultural landscapes. Second, focusing on how cultural disparities shape care models can drive institutional innovation and technological enablement. Third, increased research into the ethical deployment of artificial intelligence in long - term care, coupled with efforts to reshape societal attitudes and recognize elder care as a fundamental obligation, can help foster an inclusive society where "the elderly receive proper care," thus effectively reducing the prevalence of care poverty.

5.1. Reconstruction of the caregiver training system

Upgrading caregivers' professional competencies and occupational ethics is a key pathway to alleviating nursing shortages. In response to the current fragmented and low-standardized caregiver training, the layered training model of Japan's "Kaigo Fukushi-shi" (elderly care workers) offers valuable insights for constructing a comprehensive and systematic training framework.

Regarding curriculum design, it is necessary to integrate skill training and ethics education modules. On one hand, short-term skill courses such as geriatric physiology and pathology, basic nursing operations (including pressure ulcer prevention and feeding assistance), and first aid skills should be offered, requiring trainees to pass rigorous practical assessments to obtain professional qualification certification. On the other hand, geriatric psychology and communication skills should be included as compulsory content, combined with scenario-based teaching using typical cases of "caregiver abuse" to strengthen ethical awareness. Research has demonstrated that systematic ethics

DOI: 10.54254/2754-1169/2025.LD25426

education can significantly enhance caregivers' ability to identify and intervene in abusive behaviors, effectively reducing ethical risks in nursing [7].

Given the rapid evolution of knowledge and service models in the field of elderly care, a continuing education mechanism is indispensable. The professional skills and service concepts in elderly care are constantly evolving, and caregiver skills must closely align with the actual needs of the elderly care industry [8] A continuing education mechanism should be established for caregivers, requiring them to complete advanced training hours annually. This system can adopt a government-market collaborative approach, providing subsidies for low-income groups and market-based courses based on demand.

5.2. Technological empowerment and precise matching

Recently, the deep integration and application of new-generation information technologies such as 5G, AI, big data, and the Internet of Things in the elderly care industry are enabling various elderly care enterprises to explore new business models of smart elderly care through technological innovation [9]. Digital tools can improve resource allocation efficiency in traditional care methods. An intelligent caregiver matching and quality supervision system can bridge the gap between supply and demand in an aging society. This system uses AI questionnaires and collaborative filtering algorithms to achieve precise matching. Blockchain technology records caregiver service history and monitors key care parameters, reducing neglect risk. The platform also provides targeted skill training and online expert Q&A, enhancing caregivers' capabilities.

5.3. Policy coordination and ecosystem building

Relevant data indicates that between 2020 and 2025, China will encourage various regions to introduce more incentive policies in areas such as elderly education, healthcare, and care services to address the issue of population aging, thereby providing more development opportunities for the elderly care industry [10]. Breaking "care poverty" requires institutional guarantees and a multi-dimensional policy coordination system. A universal care guarantee system should be established, focusing on care recipients. An assessment standard for elderly disability should be formulated, offering different levels of care based on varying conditions. In Germany, low-income individuals can benefit from premium reduction opportunities. The care industry ecosystem should be strengthened through professional skills training certification linked to industry service ratings. Institutional constraints should be used to compel elderly care institutions to improve service quality, such as stipulating the proportion of certified personnel on duty and regular retraining requirements. To address the current employment difficulties faced by low-education groups, employment incentive policies can be implemented simultaneously, actively promoting industry-related information, and breaking the current societal occupational biases. This not only provides a talent supply path for the "care poverty" phenomenon caused by manpower shortages but also helps solve the social issue of employment for low-education groups. Through the investigation, it was found that Germany reduces social security contributions for nursing companies by 50%. Drawing inspiration from this practice, similar welfare incentives could be extended to elder care institutions where low - educated workers constitute over 30% of the workforce.

In short, creating a synergistic effect through policy standard guidance and supply incentives at multiple levels is expected to achieve the dual goals of improving service quality and expanding employment.

DOI: 10.54254/2754-1169/2025.LD25426

6. Conclusion

In the context of accelerated global population aging, "care poverty" has become a cross-border social challenge. This study systematically analyzes the ethical dilemmas between changes in family structure and institutionalized elderly care, revealing the multiple causes of care poverty: the weakening of traditional family care functions, structural shortages in the supply of care services, ethical crises triggered by low-quality care, and the conflict between employment difficulties faced by low-education groups and the manpower gap in the care industry. The research indicates that care poverty is not only a matter of resource allocation but also a comprehensive reflection of the failure in the coordination of social values, institutional design, and technological application. To address the care crisis, a "training-technology-policy" trinity solution is proposed, combining a standardized caregiver training system, technological advancements like intelligent matching, and policy support for care security and employment incentives, aiming to create a more resilient aging response system. Although this study provides a relatively systematic exploration of the phenomenon of "nursing poverty," it still has certain limitations that need to be addressed in future research. The study relies on secondary data, lacks in-depth interviews, and has insufficient coverage, which limits the generalizability of the conclusions. The feasibility of the proposed solutions remains to be tested; in the future, it is necessary to broaden the scope and explore applications to promote multi-party collaboration.

References

[1] Molly. (2024-11-26). Population Aging: A Shared Global Challenge, Financial Times, 005.
[2] Zhang Chunni & Xie Yu. (2022). Changes in Family Structure and Social Stratification (Part 1): Integrating Research Perspectives. Journal of China Women's University, 34(05), 13-21.
[3] Cao, Ran & Su, Hui. (2024). The Impact of Family Structure Changes on the Utilization of Medical Services by the Rural Elderly. Population and Development, 30(02), 52-61.
[4] 2024 Migrant Workers Monitoring Survey Report (2025-05-06). China Information News, 002.
[5] Qiu Jiazheng & Zhou Jianfang. (2022). Analysis of Gender and Age Differences in the Impact of Living Arrangements on Chronic Diseases among the Elderly in China. (Eds.) Collection of Studies on Actively Responding to Population Aging in the New Era · 2022 (pp. 374-385). School of Economics, Nanjing University of Posts and Telecommunications; Institute of Population Research, Nanjing University of Posts and Telecommunications;
[6] He Longhai. (2024). Exploring the Employment Challenges and Solutions for Vocational College Graduates. Employment and Security, (10), 13-15.
[7] Karl, Pillemer, David, Burnes, Catherine, & Riffin, et al. (2016). Elder abuse: global situation, risk factors, and prevention strategies. Gerontologist.
[8] Guo He, Liu Ning, Kong Jing, Guo Juan & Tian Xi. (2024). An Exploration of Training Models for Elderly Care Professionals in Vocational Colleges from the Perspective of Industry-Education Integration. China Contemporary Medicine, 31(32), 141-145.
[9] Zhai Panning. (2025). An Analysis of the Current State and Development Trends of China's Elderly Care Industry in the New Era. Market Weekly, 38(09), 31-34.
[10] Jiao Haixiang, Chen Zihang, Lai Chunrong & Chen Xili. (2023). An Analysis of Entrepreneurial Opportunities for University Students in the Elderly Care Industry. Science and Technology Entrepreneurship Monthly, 36(05), 82-85.