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Urban–Rural Differences in Caregiver Burnout and Family Financial Readiness in Indonesia: A Systematic Literature Review

Dinni Agustin*, Thika Marliana, Yeti Patiroh, Ignatius Erik, Titik Widayati
Universitas Respati Indonesia, Indonesia
Email: dinniagustin@urindo.ac.id*, perawathika@yahoo.co.id, yetipatiroh@urindo.ac.id, erik@urindo.ac.id, titik@urindo.ac.id

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Abstract
Population aging has become a major global challenge that increases the demand for sustainable elderly care systems and places significant pressure on caregivers. In Indonesia, the growing elderly population has intensified caregiving responsibilities within families and healthcare institutions, resulting in increased risks of caregiver burnout and financial strain. This study aims to examine caregiver burnout and family financial readiness among caregivers in Indonesia by comparing urban and rural caregiving contexts and identifying factors influencing caregiver well-being. This research employed a systematic literature review (SLR) approach following the PRISMA 2020 guidelines. Relevant studies were collected from the Scopus, PubMed, Google Scholar, and Dimensions databases using predefined inclusion and exclusion criteria. The findings indicate that caregiver burnout is a multidimensional issue influenced by emotional exhaustion, limited healthcare access, inadequate caregiving knowledge, availability of social support, and financial pressures. Urban caregivers tend to experience work–family conflicts, occupational stress, and higher living expenses, whereas rural caregivers face greater structural barriers, including transportation challenges, limited healthcare facilities, and insufficient financial resources. Previous studies also demonstrate that family financial readiness and social support play essential roles in reducing caregiver burden and improving caregiving sustainability. This study concludes that caregiver support policies in Indonesia require an integrated approach involving mental health interventions, financial protection programs, caregiver education, and community-based healthcare services. The findings contribute to the gerontology and public health literature by providing a comprehensive understanding of urban–rural disparities in caregiver burnout and family preparedness for elderly care.

INTRODUCTION

Population aging has become one of the most significant demographic transformations worldwide. According to the World Health Organization (WHO), the proportion of people aged 60 years and older is increasing rapidly, particularly in low- and middle-income countries (World Health Organization [WHO], 2021). Indonesia is currently experiencing demographic aging, characterized by increasing life expectancy and growth in the older adult population. Statistics Indonesia reported that the proportion of older adults in Indonesia continues to increase annually, generating major implications for healthcare systems, social protection, and long-term caregiving services (Badan Pusat Statistik [BPS], 2024).

The growing older adult population has increased the demand for caregiving services within both healthcare institutions and family settings. Caregivers play critical roles in supporting older adults' physical, emotional, and social well-being. In Indonesia, caregiving systems are commonly divided into formal and informal caregiving structures. Formal

caregivers include professional nurses, social workers, home-care providers, and healthcare personnel who receive financial compensation for caregiving services. Informal caregivers generally consist of family members, spouses, children, relatives, or neighbors who provide unpaid support for older adults.

Although caregiving contributes significantly to older adults' well-being, prolonged caregiving responsibilities may negatively affect caregivers' psychological and physical health. Caregiver burnout refers to emotional exhaustion, depersonalization, stress, and reduced personal accomplishment resulting from continuous caregiving demands (Maslach et al., 2001). Previous studies have shown that caregivers frequently experience anxiety, depression, sleep disturbances, social isolation, fatigue, and chronic stress (Roth et al., 2015).

In Indonesia, caregiver burnout is strongly influenced by cultural values, family expectations, gender roles, and socioeconomic conditions. Collectivist traditions emphasizing filial responsibility continue to shape caregiving practices within Indonesian families. However, rapid urbanization, economic transitions, migration, and changing family structures have transformed caregiving patterns and increased caregiving pressures.

Urban and rural caregiving systems demonstrate important differences in terms of healthcare access, financial readiness, employment conditions, and availability of social support. Urban caregivers often experience work–family conflict, occupational stress, and high living costs, whereas rural caregivers frequently encounter transportation barriers, limited healthcare infrastructure, and inadequate caregiving resources.

The increasing demand for elderly care has intensified concerns regarding caregiver burnout, which represents a major global public health issue. Caregiver burnout is characterized by prolonged emotional exhaustion, psychological stress, reduced personal accomplishment, and physical fatigue resulting from continuous caregiving responsibilities (Maslach et al., 2001). Global evidence indicates that caregivers of older adults, particularly those caring for individuals with dementia and chronic illnesses, experience higher risks of depression, anxiety, sleep disturbances, social isolation, and reduced quality of life compared with non-caregivers (Roth et al., 2015; Pinquart & Sörensen, 2003). The burden becomes more complex in low- and middle-income countries where formal long-term care systems remain underdeveloped and families continue to serve as the primary providers of elderly support. Therefore, caregiver burnout should not only be understood as an individual psychological issue but also as a consequence of structural limitations involving healthcare accessibility, socioeconomic inequality, and insufficient caregiving policies.

Indonesia represents one of the countries experiencing rapid demographic aging, creating emerging challenges for sustainable elderly care management. Data from Statistics Indonesia (Badan Pusat Statistik [BPS]) indicate that the proportion of older adults in Indonesia continues to increase annually, generating significant implications for healthcare services, family responsibilities, and social welfare systems (BPS, 2024). Unlike countries with established institutional elderly care systems, Indonesia's caregiving structure remains strongly influenced by family-based traditions, where children, spouses, and relatives commonly assume caregiving responsibilities. Although this cultural orientation provides important social support for older adults, it may simultaneously create hidden burdens for caregivers, particularly when caregiving responsibilities are combined with employment demands, household obligations, and limited financial preparation. The increasing complexity of elderly care in Indonesia

highlights the need to examine how caregivers experience burnout and how family financial readiness influences their capacity to sustain long-term caregiving responsibilities.

The Indonesian caregiving context is further complicated by differences between urban and rural environments. Urban caregivers generally have better access to healthcare facilities, professional services, and information resources; however, they often encounter occupational stress, work–family conflict, high living costs, and limited time availability. Conversely, rural caregivers frequently experience structural disadvantages, including limited healthcare infrastructure, transportation barriers, fewer professional caregivers, and higher indirect costs associated with accessing medical services. Previous research by Widyastuti et al. (2023) demonstrated that caregivers in semi-rural areas faced difficulties accessing dementia care services due to distance, inadequate knowledge, and financial pressures. Similarly, Putri et al. (2022) found that caregiver burden among Indonesian dementia caregivers was associated with social support, caregiver characteristics, and patient-related factors. These findings indicate that geographical location plays an important role in shaping caregiver experiences and coping capacity.

Previous studies have contributed valuable insights into caregiver burden; however, several limitations remain within the existing literature. Research conducted by Bahari et al. (2024) identified emotional challenges, stigma, inadequate support systems, and negative experiences among family caregivers caring for individuals with severe mental disorders. Meanwhile, Gemini et al. (2026) revealed that caregiver knowledge and attitudes toward home-based geriatric care were influenced by caregiving duration and family communication. Rahmi et al. (2023) further demonstrated that coping strategy interventions could reduce caregiver burden among dementia caregivers. However, most existing studies have examined specific caregiver groups, single healthcare contexts, or limited geographical areas. Many studies have focused predominantly on urban populations or hospital-based samples, resulting in insufficient understanding of rural caregiving experiences and the broader interaction between burnout and family financial readiness.

Despite growing recognition of caregiver burden, an important research gap remains regarding the integration of psychological, socioeconomic, and geographical dimensions within Indonesian caregiving studies. Existing research frequently discusses caregiver stress, burden, or coping mechanisms separately, while limited attention has been given to family financial readiness as a determinant influencing caregiver resilience and sustainability. Financial readiness includes not only economic resources but also family preparedness in managing healthcare costs, caregiving time allocation, transportation expenses, and long-term elderly care planning. Moreover, limited comparative evidence exists regarding how formal and informal caregivers experience burnout differently across urban and rural settings. This gap restricts the development of comprehensive caregiver support policies because interventions designed without considering geographic and socioeconomic differences may fail to address the actual needs of caregivers.

The urgency of this research is strengthened by the increasing demand for sustainable elderly care systems in Indonesia. Without adequate caregiver support, prolonged caregiving responsibilities may generate negative consequences, including declining caregiver mental health, reduced employment participation, financial instability, and decreased quality of elderly care. This issue is particularly important because informal caregivers often provide unpaid

services while receiving limited institutional assistance. At the same time, formal caregivers face occupational pressures, compassion fatigue, and workplace-related burnout. Understanding the relationship between caregiver burnout and family financial readiness is therefore essential for designing integrated interventions involving healthcare providers, government institutions, communities, and families. Evidence-based strategies are required to strengthen caregiver capacity while ensuring that older adults receive continuous and sustainable care.

This study introduces several important contributions and novel perspectives to the existing caregiving literature. First, this research integrates evidence from both formal and informal caregivers rather than focusing on a single caregiver category. Second, it provides a comparative perspective on urban and rural caregiving environments in Indonesia, addressing the geographical imbalance identified in previous studies. Third, this research incorporates family financial readiness as a central analytical dimension, expanding traditional discussions of caregiver burnout beyond psychological factors. Fourth, by applying a systematic literature review approach based on the PRISMA 2020 guidelines, this study synthesizes multidisciplinary evidence from gerontology, public health, psychology, nursing, sociology, and social policy to develop a more comprehensive understanding of caregiving challenges.

Based on these considerations, this research aims to systematically examine caregiver burnout and family financial readiness among caregivers in Indonesia while identifying differences between urban and rural caregiving contexts. Specifically, this study seeks to identify factors contributing to caregiver burnout, explore the influence of financial readiness on caregiver well-being, compare caregiving challenges across geographical settings, and analyze the psychological, social, and economic consequences associated with caregiving responsibilities. Through systematic evidence synthesis, this research aims to provide a broader conceptual understanding of caregiver vulnerability and resilience within Indonesia's aging population.

The findings of this study are expected to provide theoretical and practical benefits for multiple stakeholders. Academically, this research contributes to the development of gerontology, caregiving, and public health literature by offering an integrated framework linking caregiver burnout, financial preparedness, and geographical disparities. Practically, the findings may support policymakers in developing caregiver assistance programs, financial protection mechanisms, community-based elderly care initiatives, and healthcare strategies that address urban–rural inequalities. Furthermore, healthcare institutions may utilize the findings to improve caregiver education, psychological support, and long-term care planning. Ultimately, this research contributes to building a more sustainable elderly care ecosystem in Indonesia by recognizing caregivers not merely as service providers but as essential partners requiring protection, empowerment, and continuous support.

METHOD

Study Design

This study employed a systematic literature review (SLR) approach following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020) guidelines (Page et al., 2021). The review applied the Population–Exposure–Comparison–Outcome (PECO) framework.

Table 1. Framework of Review

Component	Description
Population	Formal and informal caregivers, especially family caregivers caring for older adults, people with dementia, or persons with severe mental disorders in Indonesia
Exposure / Issue	Caregiver burnout, burden, stress, coping, family financial readiness, social support, service access, caregiver knowledge, and preparedness
Comparison	Urban versus rural or semi-rural caregiving contexts; hospital-based versus community/home-based caregiving settings
Outcomes	Caregiver burnout/burden, emotional distress, financial strain, family readiness, caregiving knowledge, coping capacity, support needs, and access-related disparities

Search Strategy

A comprehensive literature search was conducted between January and March 2026 across four primary electronic databases: Scopus, PubMed, Google Scholar, and Dimensions. To identify relevant studies examining the specified disparities, the search strategy employed a combination of targeted keywords and Boolean operators, utilizing the following core string: ("caregiver burnout" OR "caregiver stress" OR "caregiver burden") AND ("formal caregivers" OR "informal caregivers" OR "family caregivers") AND ("urban" OR "rural") AND ("Indonesia" OR "Indonesian ageing"). Furthermore, to ensure literature saturation and minimize the risk of missing pertinent data, this electronic search was supplemented by a manual screening of the reference lists from the retrieved articles and other related publications

Table 2. Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Empirical studies conducted in Indonesia	Studies conducted outside Indonesia
Studies involving formal, informal, or family caregivers	Studies focused only on patients without caregiver outcomes
Studies reporting caregiver burden, burnout, stress, coping, financial strain, knowledge, readiness, or support	Editorials, commentaries, protocols, and opinion papers
Quantitative, qualitative, mixed-method, phenomenological, cross-sectional, or case study designs	Non-empirical publications
Studies in urban, rural, semi-rural, hospital, community, or home-care settings	Studies with no clear Indonesian caregiving context
Full-text articles in English or Indonesian	Abstract-only publications or inaccessible full text

Screening and Eligibility Process

Duplicate records were removed using EndNote and Mendeley software. Two reviewers independently screened titles and abstracts before conducting full-text eligibility assessment.

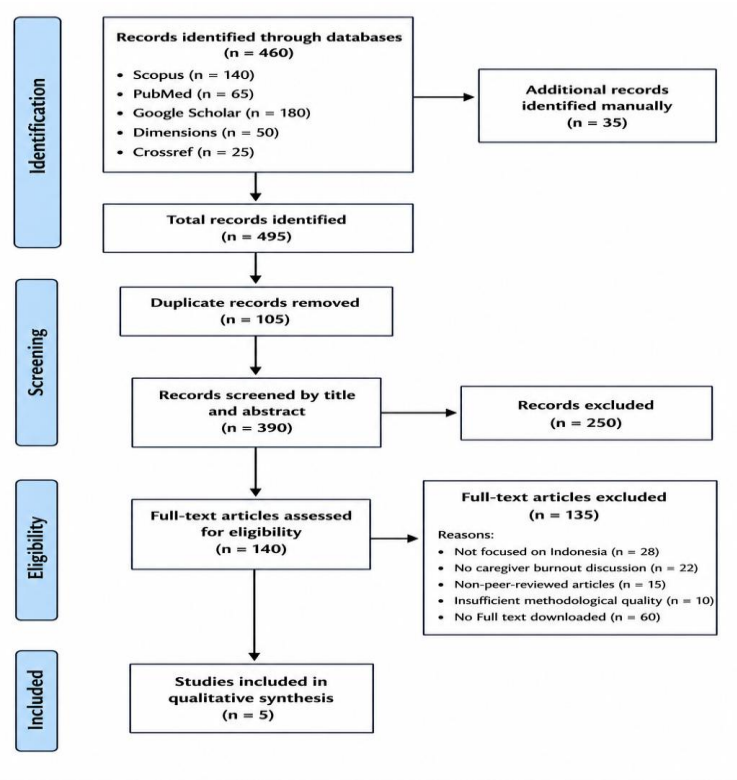

Figure 1. PRISMA 2020 Flow Diagram

Quality Appraisal

To rigorously evaluate the evidence concerning urban-rural disparities in caregiver burnout and financial readiness, the methodological quality of the included studies was assessed using criteria adapted from the Critical Appraisal Skills Programme (CASP) and the Joanna Briggs Institute (JBI). Because the reviewed literature encompassed heterogeneous research designs, specific appraisal tools were applied tailored to each study type: the JBI Critical Appraisal Checklist for Qualitative Research for phenomenological studies, the JBI Checklist for Analytical Cross-Sectional Studies, and the JBI Checklist for Case Reports and Case Studies for case-based intervention evidence. This comprehensive appraisal systematically evaluated seven key domains across all articles: research clarity, methodological appropriateness, sampling adequacy, data collection quality, analytical rigour, ethical considerations, and overall relevance to the review topic. Ultimately, the assessment revealed that the majority of the included studies demonstrated moderate-to-high methodological quality, thereby ensuring the reliability of the synthesized findings.

Data Analysis

To systematically map the evidence regarding caregiver burnout and family financial readiness across different geographic contexts in Indonesia, the extracted data were analysed utilizing thematic analysis and narrative synthesis following the framework outlined by Braun and Clarke (2021). This robust analytical approach yielded nine key thematic categories central to the review's objectives: emotional exhaustion, financial burden, occupational burnout, work–life imbalance, urban–rural disparities, the gendered caregiving burden, coping mechanisms, digital adaptation, and social support. Together, these synthesized themes provide

a comprehensive structural framework for understanding the complex intersections of caregiving stress and economic preparedness within both urban and rural settings.

RESULTS AND DISCUSSION

Characteristics of Included Studies

The included studies employed qualitative, quantitative, mixed-methods, and case-study designs. Most studies focused on informal family caregivers, while fewer studies discussed professional or institutional caregivers.

Table 3. Characteristics of Included Studies

No	Author / Year	Location and Setting	Design	Sample	Caregiver Type	Main Focus	Key Findings	Urban–Rural Relevance
1	Widyastuti et al. (2023)	Central Java, Indonesia	Descriptive phenomenology	15	Family caregivers of older adults with dementia	Barriers and support in dementia caregiving	Caregivers faced inadequate knowledge, stigma, low community awareness, limited healthcare services, and limited provider knowledge. Family, peer, and NGO support reduced burden.	Directly relevant to semi-rural/rural access issues; caregivers living far from major cities discontinued treatment due to distance, exhaustion, and financial burden.
2	Putri et al. (2022)	Java; four tertiary hospitals	Cross-sectional	207	Informal caregivers of older persons with dementia	Determinants of	Burden was associated with care-recipient gender, caregiver education, social support, and BPSD; higher education and social support reduced burden.	Urban hospital-based evidence; likely underrepresents rural caregivers with weaker access to tertiary care.
3	Bahari et al. (2024)	Malang City, Indonesia	Descriptive phenomenology	15	Family caregivers of older adults	Heavy caregiving burden	Four themes emerged: caregiving challenges and stigma, lack of community/provider support, negative	Urban mental-health setting; highlights system-level gaps that may be

No	Author / Year	Location and Setting	Design	Sample	Caregiver Type	Main Focus	Key Findings	Urban–Rural Relevance
							emotions, and coping strategies.	worse in rural areas with fewer services.
4	Gemini et al. (2026)	Two Puskesmas areas, Batam City	Cross-sectional	326	Family caregivers of older adults	Knowledge and attitudes toward home-based geriatric care	Most caregivers had low knowledge and negative attitudes; caregiving duration and family communication were key predictors of knowledge.	Urban primary-care setting; demonstrates that service availability alone does not guarantee caregiver preparedness.
5	Rahmi et al. (2023)	Bandung City primary healthcare	Qualitative case study with pre–post assessment	2	Family caregivers of mild–moderate dementia patients	Coping strategy, burden, and stress	Coping strategy intervention reduced caregiver burden and reactions to behavioral symptoms and improved coping.	Urban case evidence; useful for intervention insight but weak generalizability.

A total of five studies were included in this review, encompassing a mix of qualitative and quantitative research designs. The evidence base consists of three qualitative studies utilizing descriptive phenomenology and case study approaches with sample sizes ranging from 2 to 15 participants and two cross-sectional quantitative studies involving larger cohorts of 207 and 326 participants. Across all included literature, the primary population of interest was informal or family caregivers providing care for older adults, with a notable concentration on dementia caregiving.

The geographical mapping of the included studies reveals a strong urban and Java centric bias. Four of the five studies were conducted in urban settings or tertiary hospital environments, such as Bandung City, Malang City, Batam City, and various major hospitals across Java. While these urban studies provide crucial insights into caregiver stress, they highlight a potential underrepresentation of rural caregiving dynamics. Only one study explicitly captured the experiences of caregivers in semi-rural or rural Central Java, illustrating a critical gap in the geographical distribution of current Indonesian aging research.

A persistent theme across the synthesized literature is the profound emotional and occupational burden experienced by family caregivers. Burnout was frequently driven by inadequate knowledge regarding geriatric care, negative societal stigma, poor community

awareness, and the behavioral and psychological symptoms of dementia (BPSD). Notably, evidence from urban primary-care settings demonstrates that mere geographical access to healthcare facilities does not inherently equip caregivers with adequate knowledge or positive attitudes. Conversely, higher formal education, robust family communication, targeted coping interventions, and strong social support from peers and NGOs were consistently identified as vital factors in mitigating caregiver burden.

The analysis exposes distinct disparities between urban and rural caregiving ecosystems, particularly concerning financial readiness and accessibility. In urban areas, caregiver burnout is largely associated with psychological stress and systemic gaps within available mental health or primary care services. In stark contrast, evidence from rural contexts highlights severe structural and economic barriers. Caregivers residing far from major urban centers reported severe physical exhaustion and significant financial burdens stemming from long travel distances to healthcare facilities. These logistical and financial strains directly impacted care continuity, frequently resulting in the discontinuation of essential medical treatments for older adults. This underscores the profound vulnerability of rural families regarding financial readiness and healthcare accessibility compared to their urban counterparts.

Table 4. Risk of Bias Assessment

Study	Design	Appraisal Tool	Main Methodological Strengths	Main Risk-of-Bias Concerns	Overall Judgment
Widyastuti et al. (2023)	Qualitative phenomenology	JBI Qualitative Checklist	Clear aim, purposive sampling, in-depth interviews, Colaizzi analysis, trustworthiness procedures	Limited cultural and geographic transferability beyond Central Java	Low risk / high quality
Putri et al. (2022)	Cross-sectional	JBI Analytical Cross-Sectional Checklist	Validated ZBI, MSPSS, and NPI-Q instruments; multivariable regression	Convenience sampling, self-report bias, hospital-based sample, no causal inference	Moderate risk
Bahari et al. (2024)	Qualitative phenomenology	JBI Qualitative Checklist	Clear phenomenological design, home interviews, observations, data saturation	Urban-only setting; transferability to rural areas limited	Low–moderate risk
Gemini et al. (2026)	Cross-sectional	JBI Analytical Cross-Sectional Checklist	Large sample, primary-care context, multivariable analysis	Self-report bias, only two Puskesmas areas, cross-sectional design	Moderate risk
Rahmi et al. (2023)	Case study	JBI Case Report / Case Study Checklist	Useful preliminary intervention insight	Very small sample, no control group, limited external validity	High risk / low certainty

The risk of bias table delineates the methodological appraisal of the five included studies, utilizing specific Joanna Briggs Institute (JBI) checklists tailored to each study's architectural design. Overall, the methodological quality of the synthesized literature is mixed, ranging from low risk of bias (high quality) to high risk of bias (low certainty). The qualitative phenomenological studies (e.g., Widyastuti et al. and Bahari et al.) demonstrated the highest methodological rigor, earning low to low-moderate risk ratings. Their strengths lie in the clear articulation of phenomenological designs, the use of in-depth home interviews, and the application of robust data analysis techniques, such as Colaizzi's method and adherence to trustworthiness procedures. Conversely, the quantitative cross-sectional studies (Putri et al. and Gemini et al.) achieved a moderate risk profile. Their primary strengths include the utilization of relatively large sample sizes, the application of multivariable regression analyses, and the use of internationally validated psychometric instruments, such as the Zarit Burden Interview (ZBI) and the Multidimensional Scale of Perceived Social Support (MSPSS).

Despite these strengths, several critical methodological vulnerabilities traverse the included studies. For the quantitative evidence, common risks of bias stem from the reliance on convenience sampling, inherent self-report biases, and the cross-sectional nature of the data, which fundamentally precludes causal inferences. Furthermore, the case study evidence (Rahmi et al.) presents a high risk of bias due to its exceptionally small sample size and lack of a control group, thereby limiting its external validity. Crucially, in the context of this review's focus on urban-rural disparities, the most pervasive risk of bias across both qualitative and quantitative designs is the limited geographic and cultural transferability. The predominant reliance on urban-only, hospital-based, or localized primary-care samples significantly constrains the generalizability of these findings to rural caregiving populations, underscoring a pressing need for more geographically diverse and longitudinal research in Indonesia.

Table 5. Thematic Synthesis

Theme	Evidence Base	Interpretation
1. Caregiver burnout is multidimensional	Studies reported psychological, emotional, physical, social, and economic burden among caregivers of dementia and severe mental disorders.	Burnout in Indonesian caregiving is not only emotional exhaustion; it is produced by sustained care demands, stigma, poor service access, limited knowledge, and financial pressure.
2. Urban access does not eliminate caregiver burden	Hospital- and city-based studies still found substantial caregiver burden, low knowledge, and negative attitudes.	Urban caregivers may have better physical access to facilities, but this does not automatically translate into preparedness, psychosocial support, or financial resilience.
3. Rural and semi-rural caregivers face amplified structural barriers	Widyastuti et al. reported that caregivers far from major cities may discontinue treatment because distance exhausts older adults and adds family financial burden.	Rural caregivers are likely to face compounded vulnerability: transport costs, fewer specialists, weaker dementia/mental-health services, and reduced continuity of care.
4. Financial readiness is strongly family-dependent	Financial support from family members allows primary caregivers to focus on care and reduces burden.	Family financial readiness in Indonesia is collective rather than individual. Preparedness depends on whether the wider family can share costs, time, and care responsibilities.

Theme	Evidence Base	Interpretation
5. Social support protects against burnout	Putri et al. found perceived social support was negatively associated with caregiver burden.	Support from family, peers, community, and NGOs functions as a protective buffer against burnout, especially where formal long-term care is limited.
6. Knowledge and communication are core readiness factors	Gemini et al. found that caregiving duration and family communication predicted caregiver knowledge.	Caregiver readiness is strengthened through repeated caregiving exposure, family communication, and structured education. Rural caregivers may require more proactive outreach.
7. Stigma intensifies hidden burden	Bahari et al. identified stigma, weak community support, and negative emotions as central components of caregiver burden.	Stigma may reduce help-seeking, increase isolation, and shift the burden back to the household, especially in communities with low mental-health literacy.
8. Coping interventions are promising but underdeveloped	Rahmi et al. showed that coping strategy intervention reduced caregiver burden in a small case study.	Evidence supports development of nurse-led, Puskesmas-based caregiver education, coping support, and family counseling, but stronger trials are needed.

Caregiver Burnout is Multidimensional

Caregiver burnout in Indonesia transcends mere emotional exhaustion; it is a profoundly multidimensional phenomenon. The synthesized evidence indicates that caregivers of older adults with dementia and severe mental disorders experience compounding psychological, emotional, physical, social, and economic burdens(Tran, 2023). This burnout is not an isolated psychological state but is continuously produced and sustained by relentless care demands, societal stigma, restricted access to healthcare services, limited geriatric knowledge, and mounting financial pressures. Consequently, interventions aimed at alleviating caregiver distress must adopt a holistic approach rather than focusing solely on psychological relief.

Integrated support frameworks must incorporate systemic socioeconomic strategies, such as improving geographic access to geriatric healthcare infrastructure and mitigating financial burdens that exacerbate caregiver mental strain (Kashiwagi et al., 2016; Widyastuti et al., 2023). Furthermore, these initiatives should prioritize the unique needs of younger, intergenerational caregivers who must simultaneously navigate academic and professional obligations alongside their caregiving responsibilities. These adaptive strategies, often involving rigorous time management and flexible income allocation, highlight the necessity for flexible, community-based resources that validate the role of students and young adults as essential family caregivers

Urban Access Does Not Eliminate Caregiver Burden

Although urban infrastructure typically offers greater proximity to healthcare facilities, spatial access alone does not eliminate caregiver burden. Studies conducted in urban centers and hospital settings consistently report that caregivers still grapple with substantial burden, inadequate knowledge regarding home-based geriatric care, and negative caregiving attitudes. This finding suggests a critical nuance: while urban caregivers may benefit from better physical access to medical facilities, this proximity does not automatically translate into psychological preparedness, adequate psychosocial support, or financial resilience. The absence of standardized support mechanisms across urban settings underscores the need for formal integration between families and healthcare systems to effectively manage the complex demands placed on caregivers (Schulz et al., 2020). This persistent vulnerability underscores

the urgent need for policy-driven systemic reforms and enhanced institutional engagement to ensure sustainable support for those providing unpaid long-term care (Haley & Elayoubi, 2023). Interventions must explicitly address the socioeconomic disparities that frequently leave rural caregivers with fewer resources and higher financial barriers than their urban counterparts. Narrowing these disparities requires targeted policy frameworks that provide economic relief, such as compensation models for primary caregivers or employer-mandated leaves of absence.

Rural and Semi-Rural Caregivers Face Amplified Structural Barriers

In stark contrast to urban settings, rural and semi-rural caregivers face heightened structural and logistical barriers that severely threaten continuity of care. Widyastuti et al. (2023) highlighted that caregivers residing far from major cities frequently discontinue medical treatment for older adults because long travel distances cause significant physical exhaustion and exacerbate family financial burdens. As a result, rural caregivers face a compounded vulnerability characterized by high transportation costs, a scarcity of geriatric specialists, fragmented mental-health services, and disrupted continuity of care. These geographic disadvantages are frequently compounded by a lack of institutional support and limited awareness of available community resources, which restrict the capacity of rural families to implement sustainable long-term care plans (Lombo-Caicedo et al., 2025; Rahman et al., 2025). The absence of integrated community health systems in these isolated regions necessitates the development of localized empowerment programs to strengthen the resilience of the family support network. Such programs should shift the focus from viewing caregivers as vulnerable co-patients toward recognizing them as resilient, capable partners in the care ecosystem, thereby facilitating better dissemination of essential resources.

Financial Readiness is Strongly Family-Dependent

The financial readiness of Indonesian caregivers is inherently collective rather than individualistic. The evidence demonstrates that financial support distributed among extended family members allows primary caregivers to focus more effectively on direct caregiving duties, thereby significantly reducing individual burden. Family financial preparedness in Indonesia heavily depends on the wider family's capacity and willingness to pool resources, share out-of-pocket costs, and distribute caregiving time. This collective financial resilience reflects strong cultural paradigms of familial interdependence in the region. However, this reliance on kinship networks can become a source of volatility when familial resources are strained by persistent poverty or unpredictable economic stressors (Santoyo-Olsson et al., 2025). Institutionalized social welfare programs are therefore required to supplement these informal networks, ensuring that caregivers' financial security is not solely contingent on the extended family's fluctuating economic stability (Jiang et al., 2024; Sari & Nirmalasari, 2020). Furthermore, research indicates that longer hours of care exacerbate financial insecurity, suggesting that policy interventions must prioritize long-term economic protections for those whose caregiving commitments hinder their ability to sustain workforce participation.

Social Support Protects Against Burnout

Social support serves as a critical protective buffer against the debilitating effects of caregiving burnout. Putri et al. (2022) established a significant negative association between perceived social support and caregiver burden. In environments where formal long-term care systems or institutional support for older adults is limited, the emotional, informational, and

instrumental support provided by immediate family, peer networks, community groups, and non-governmental organizations (NGOs) becomes indispensable for sustaining caregiver well-being and resilience. This network-based buffering effect is particularly vital for young intergenerational caregivers, who often must balance intensive familial duties with concurrent academic and career trajectories (Iskandar & Ningrum, 2026). For these young adults, adopting structured income allocation strategies and practicing rigorous time management is essential to balance these multifaceted roles, although such adaptive efforts may not fully mitigate the risk of significant psychosocial strain. Moreover, the inclusion of diverse caregiver profiles, such as sole versus multi-provider arrangements, reveals that task-sharing patterns are vital for long-term sustainability. Expanding these informal care networks to incorporate secondary or supplemental providers not only distributes the physical and psychological load but also mitigates the risk of cumulative caregiver decline. Beyond facilitating task distribution, integrating professional support and specialized training into these networks can equip caregivers with essential coping mechanisms and evidence-based caregiving techniques.

Knowledge and Communication are Core Readiness Factors

Knowledge acquisition and effective family communication are foundational pillars of caregiver readiness. Gemini et al. (2026) identified that the duration of caregiving experience and the quality of family communication are primary predictors of a caregiver's knowledge base. Enhancing caregiver readiness requires structured educational initiatives, repeated exposure to caregiving practices, and open intra-familial dialogue (Gutiérrez-Baena & Romero-Grimaldi, 2022). To bridge existing knowledge disparities, especially among marginalized rural populations, healthcare providers must implement proactive, community-based educational outreach. These initiatives should prioritize creating information-exchange platforms and support networks that foster closer collaboration between informal providers and formal healthcare systems. Facilitating access to these resources through formal social service providers can significantly improve the management of diverse stressors, including the psychological discomfort and relational strain that often emerge in caregiving contexts. Furthermore, these interventions must address the clear informational deficit regarding caregiving responsibilities that persists among younger cohorts.

Stigma Intensifies Hidden Burden

Societal stigma significantly intensifies the hidden, internalized burdens borne by caregivers. Bahari et al. (2024) identified community stigma, coupled with weak social support and resultant negative emotions, as central components driving caregiver distress. This pervasive stigma often discourages help-seeking behaviors, exacerbates social isolation, and disproportionately shifts the heavy caregiving burden entirely back onto the private household. This dynamic is particularly detrimental in rural or lower-education communities suffering from low mental-health literacy. Consequently, localized, context-sensitive engagement strategies that leverage faith-based and community organizations are essential for moving beyond clinical pathways and fostering inclusive social support systems (Shi et al., 2025). By reframing caregiving as a shared community responsibility rather than a private duty, these initiatives can effectively destigmatize the process and encourage earlier access to essential services.

Coping Interventions are Promising but Underdeveloped

While targeted coping interventions demonstrate significant promise, they remain markedly underdeveloped within the Indonesian primary care context. Rahmi et al. (2023) demonstrated that nursing-led coping-strategy interventions successfully reduced caregiver burden and mitigated reactive stress in response to behavioral symptoms. This evidence underscores a critical need for the widespread development and integration of structured caregiver education, coping support, and family counseling within local primary healthcare centers (Puskesmas). Nevertheless, more rigorous, large-scale trials are urgently needed to validate these findings across diverse geographic settings. Specifically, incorporating psychoeducation on approach and avoidance coping styles into existing caregiver meetings can help families better navigate the cultural values that influence their emotional health and long-term resilience.

Limitations

Several limitations: First, the included studies demonstrated methodological heterogeneity across qualitative, quantitative, and mixed-methods approaches. Second, relatively few studies specifically examined caregiver burnout in rural Indonesian settings. Third, publication bias may exist because only English- and Indonesian-language studies were included. Fourth, limited longitudinal evidence restricted evaluation of long-term caregiving outcomes. Finally, several local studies demonstrated limited methodological reporting.

CONCLUSION

This systematic literature review demonstrates that caregiver burnout and family financial readiness represent major public health and social policy issues in Indonesia. Informal caregivers experience emotional exhaustion due to prolonged unpaid caregiving responsibilities, while formal caregivers frequently encounter occupational burnout and compassion fatigue. Urban and rural caregiving systems exhibit different patterns of caregiver burnout. Urban caregivers experience greater work-related stress and financial pressures, whereas rural caregivers face substantial limitations in healthcare infrastructure and service accessibility. Gender inequality strongly shapes caregiving burdens because women continue to dominate caregiving roles within Indonesian families. Integrated policy interventions involving mental health support, financial preparedness programs, long-term care financing, digital healthcare innovations, and community-based elderly care are essential for strengthening sustainable caregiving systems in Indonesia. This study contributes to the gerontology, public health, and caregiving literature by integrating multidisciplinary perspectives and identifying future directions for caregiver support policies and research.

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