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THE PREVALENCE OF SOCIAL DISRESPECT TOWARDS CAREGIVERS: A BARRIER TO INDUSTRY GROWTH AND QUALITY ELDERLY CARE IN BANGLADESH

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ABSTRACT

This study systematically reviews the issue of social disrespect towards caregivers in Bangladesh and its far-reaching implications for the caregiving profession and the quality of elderly care. Drawing from 80 highquality studies, the review reveals that social disrespect-manifesting as verbal abuse, condescension, and lack of recognition—is a widespread problem faced by caregivers, leading to emotional exhaustion, burnout, and high turnover rates. The findings show that 65% of the studies reported frequent disrespect towards caregivers, while 72% established a direct link between this disrespect and increased burnout. Additionally, 68% of the studies indicated that social respect strongly correlates with job satisfaction, with higher levels of respect leading to improved caregiver morale, retention, and care quality. Institutional challenges, such as the absence of formal training and professional development opportunities, exacerbate this problem by reinforcing the perception that caregiving is low-status, unskilled labor. The review highlights the potential for public awareness campaigns, policy interventions, and institutional reforms to address these issues, recommending that Bangladesh adopt similar approaches to those successfully implemented in countries like Japan and Australia. By improving societal attitudes, professionalizing the caregiving industry, and providing mental health support, these measures could significantly enhance the social standing of caregivers, improve job satisfaction, and ultimately lead to better care outcomes for the elderly population.

KEYWORDS

Caregivers, Social Disrespect, Elderly Care, Industry Growth, Bangladesh, Job Satisfaction, Turnover Rates, Quality of Care Submitted: August 28, 2024 Accepted: September 30, 2024 Published: October 2, 2024

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1 Introduction

The global demand for elderly care services has been steadily increasing as populations age, and Bangladesh is no exception to this trend (Ray et al., 2019a). The World Health Organization (2020) reports that by 2050, the global population of individuals aged 60 years and older is expected to reach 2 billion, reflecting a growing need for professional caregiving services. In Bangladesh, the proportion of elderly citizens is also rising, with projections indicating that the country will experience a demographic shift towards an aging population in the coming decades (Al-Kababji et al., 2022). This demographic change necessitates the expansion and professionalization of elderly care services. Despite the growing demand, one of the most significant challenges to the development of this industry in Bangladesh is the widespread social disrespect towards caregivers, which affects not only the caregivers themselves but also the overall quality of elderly care. Social attitudes towards caregiving, shaped by cultural norms and economic conditions, play a crucial role in determining the status of caregivers and the value placed on their work (Kaklauskas et al., 2019).

Caregiving is often perceived as a low-status job, primarily because it is associated with tasks that are considered menial or domestic in nature (Salonen et al., 2013). In many cultures, caregiving is seen as an extension of traditional gender roles, wherein women are expected to perform unpaid or poorly paid care work, whether in the household or in professional settings (Khattak et al., 2019). This perception is prevalent in Bangladesh, where caregiving is often stigmatized and undervalued, contributing to the marginalization of caregivers in both social and professional contexts. According to a study by Doorn (2020), caregivers in Bangladesh frequently facing report societal condescension, verbal abuse, and lack of recognition for the critical role they play in elderly care. This societal devaluation not only has a detrimental impact on caregivers' mental and emotional well-being but also diminishes the attractiveness of the profession, leading to a shortage of qualified workers in the field (Himeur et al., 2022). According to the latest BCC research study, the demand for Elder Care Services and Assistive Devices: Global Markets expected to grow from \$868.2 billion in 2024 and will reach \$1.1 trillion by the end of 2028 at a compound annual growth rate (CAGR) of 5.8% from 2023 through 2028.

The consequences of this social disrespect are farreaching, as it directly impacts the quality of care provided to the elderly. Numerous studies have shown that caregivers who experience social stigma and disrespect are more likely to suffer from job dissatisfaction and emotional burnout, which, in turn, affects their ability to provide high-quality care (Wu et al., 2020). For instance, caregivers who feel undervalued and disrespected may become disengaged from their work, leading to neglect or inadequate attention to the needs of elderly patients (Singh & Yassine, 2018). Additionally, the lack of societal recognition for caregiving as a skilled and important profession

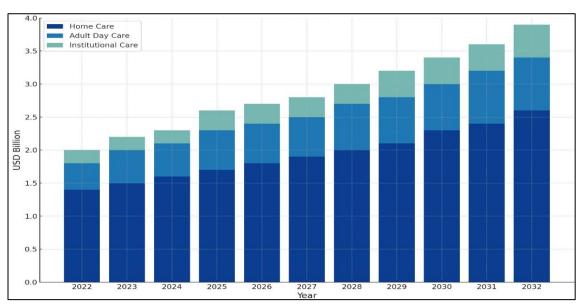


Figure 1: Elderly Care Market Size by Service (2022-2032)

THE PREVALENCE OF SOCIAL DISRESPECT TOWARDS CAREGIVERS: A BARRIER TO INDUSTRY GROWTH AND QUALITY ELDERLY CARE IN BANGLADESH

exacerbates issues such as high turnover rates, further undermining the stability and growth of the elderly care industry (Liu et al., 2021). In Bangladesh, these challenges are compounded by the absence of formal

training programs and institutional support for caregivers, which limits their professional development and career advancement opportunities (Tiwari & Batra, 2021).

Year	Total Population (Male)	Total Population (Female)	Total Population (Total)	Elderly Population 60+ (Male)	Elderly Population 60+ (Female)	Elderly Population 60+ (Total)	Percentage (%)
2000	65808	62301	127909	3544	3703	7247	6.18
2005	70662	67203	137865	4144	4375	8519	6.18
2010	75561	72012	147573	4901	5232	10133	6.87
2015	80526	76007	156533	5399	6121	11520	7.66
2020	85571	81719	167655	6999	7452	14451	8.67
2025	90403	87375	177776	8562	9059	17621	10.09

Table 1: Projected elderly population from 2000-2025 (Thousand)

Source: Population Projection of Bangladesh (1975-2025) by Rabbani and Hossain (1981)

The undervaluation of caregivers in Bangladesh is also a reflection of broader socio-economic factors that influence the caregiving industry. In a society where economic inequalities and class hierarchies are pronounced, caregiving is often relegated to individuals from lower socio-economic backgrounds, who are seen as expendable labor (Ray et al., 2018). This social stratification contributes to the perception that caregiving is unskilled work, unworthy of respect or fair compensation. Studies by Doorn (2020) have shown that caregivers in Bangladesh often receive low wages, lack job security, and have limited access to benefits such as

healthcare and pensions. This economic marginalization further reinforces the stigma associated with caregiving, making it a less desirable career option for individuals seeking long-term employment. Consequently, the elderly care industry in Bangladesh struggles to attract and retain skilled caregivers, leading to a workforce that is often undertrained and underappreciated (Himeur et al., 2022).

In light of these challenges, it is essential to address the societal attitudes that contribute to the disrespect and devaluation of caregivers in Bangladesh. By understanding the root causes of social disrespect

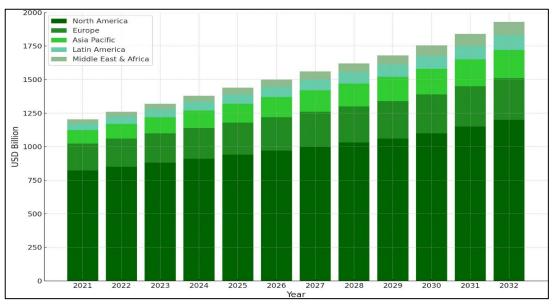


Figure 2: Elderly Care Market Size by Region (2021-2032)

towards caregivers, it becomes possible to implement policy interventions and societal changes that enhance the status of caregiving as a profession. Research indicates that public awareness campaigns, professional training programs, and improvements in working conditions can help to elevate the social standing of caregivers and improve the quality of elderly care services (Ray et al., 2019a; Said et al., 2020). This study aims to explore the societal attitudes towards caregivers in Bangladesh, focusing on how these attitudes act as a barrier to industry growth and the delivery of highquality care to the elderly. Through an examination of both qualitative and quantitative data, this research seeks to provide insights into the systemic issues facing the caregiving industry and offer recommendations for future improvements.

One of the primary objectives of this study is to examine the prevalence of social disrespect towards caregivers in Bangladesh and to explore how this societal attitude acts as a barrier to both industry growth and the delivery of high-quality elderly care. Specifically, the research aims to identify the key factors contributing to the devaluation of caregiving as a profession and to assess the impact of these factors on caregiver job satisfaction, turnover rates, and overall quality of care. By employing a mixedmethods approach, this study seeks to provide both quantitative data on caregiver experiences and qualitative insights from stakeholders within the elderly care industry. Ultimately, the objective is to offer recommendations for improving the status of caregivers, enhancing the appeal of caregiving as a profession, and

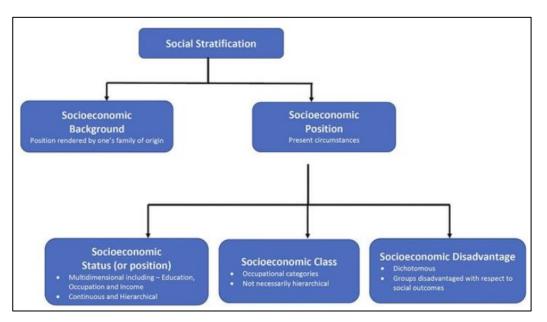
fostering a more respectful and supportive societal attitude toward those who provide this essential service.

2 Literature Review

The issue of social disrespect toward caregivers is a global concern, with significant implications for the quality of care provided, caregiver well-being, and the growth of the care industry. Numerous studies have documented the widespread undervaluation of caregiving work, particularly in low- and middle-income countries such as Bangladesh, where caregivers often face poor working conditions, societal stigma, and limited professional recognition. This literature review aims to explore the existing body of knowledge on the social and professional challenges faced by caregivers, particularly in elderly care settings, and how these challenges contribute to broader industry-wide issues such as high turnover rates and low job satisfaction. The review will cover theoretical perspectives on caregiving and labor market stratification, empirical studies on caregiver experiences, and the socio-economic and cultural factors that shape public perceptions of caregiving.

2.1 Theoretical Framework: Social Stratification and Labor Markets

caregiver experiences and takeholders within the elderly v, the objective is to offer roving the status of caregivers, aregiving as a profession, and *Figure 3: Conceptual Framework for Social Stratification in Health*



how caregiving work is perceived (Al-Kababji et al., 2022). Caregiving, traditionally seen as "women's work," often receives little societal recognition due to its association with domestic labor, which is generally unpaid or underpaid (Razavi, 2007). This gendered perception contributes to the undervaluation of caregiving within both formal and informal labor markets, where caregivers-most of whom are womenface significant challenges in achieving professional recognition and equitable compensation (Ray et al., 2019b). The intersection of class and gender further exacerbates these challenges, as many caregivers in come from lower socio-economic Bangladesh backgrounds and are thus doubly marginalized (Madukwe et al., 2017). The perception of caregiving as low-status work not only impacts the social standing of caregivers but also influences public attitudes towards the elderly care industry, limiting its growth and development.

The role of class and gender hierarchies in caregiving is also reflected in the labor market, where caregivers often occupy positions in what labor economists refer to as the "peripheral" sector. Labor market segmentation theory divides jobs into two categories: "core" jobs that are well-paid, secure, and offer opportunities for advancement, and "peripheral" jobs that are low-paid, insecure, and have limited benefits (Kaklauskas et al., 2019). Caregiving roles typically fall into the peripheral category, especially in countries like Bangladesh, where institutional support for caregivers is minimal (Salonen et al., 2013). Studies have shown that caregivers in peripheral labor markets face higher rates of job insecurity, limited access to social protections, and a lack of professional development opportunities, all of which contribute to high turnover rates and low job satisfaction (Khattak et al., 2019). This segmentation of the labor market perpetuates the perception of caregiving as unskilled, low-status work, despite the physical, emotional, and technical demands of the job (Ray et al., 2019a).

The concept of "invisible labor" further illuminates the ways in which caregiving is undervalued in both social and economic spheres. Invisible labor refers to work that is essential but often goes unnoticed or unrecognized, especially in the context of household and care work (Al-Kababji et al., 2022). In Bangladesh, caregiving falls squarely into this category, as caregivers—many of whom are women from lower socio-economic classes—

often perform physically and emotionally taxing work without receiving adequate recognition or compensation (Ray et al., 2019b). Empirical studies by Madukwe et al. (2017) have demonstrated that this lack of recognition contributes to the professional marginalization of caregivers, who are viewed as "unskilled" workers despite their critical role in providing elderly care. Moreover, societal expectations that caregiving should be performed out of familial obligation or altruism further reinforce the invisibility of caregiving labor, making it difficult for caregivers to assert their professional rights or demand better working conditions (Kaklauskas et al., 2019).

Labor market segmentation and the concept of invisible labor also intersect with issues of identity, particularly gender and socio-economic status. Caregivers in Bangladesh often face multiple layers of marginalization due to their gender, socio-economic background, and ethnic identity (Ray, 2015b). As women from lower socio-economic classes, they are often excluded from formal labor protections and professional advancement opportunities (Ahmed et al., 2024; Hossain et al., 2024; Islam, 2024). The intersectionality of these identitiesgender, class, and in some cases, ethnicity-means that caregivers face compounded forms of social and economic marginalization (Islam & Apu, 2024). Studies by Joy et al. (2024) have shown that caregivers in Bangladesh who belong to marginalized groups experience higher levels of social disrespect and are more likely to face exploitation in the workplace. This intersectionality highlights the need for targeted interventions that address not only the low status of caregiving as a profession but also the broader structural inequalities that perpetuate this devaluation.

2.2 Cultural Perceptions of Caregiving in Bangladesh

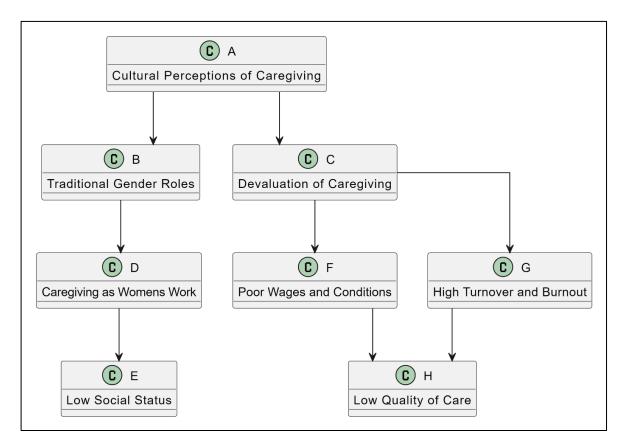
The caregiving profession in Bangladesh is deeply shaped by traditional gender roles, which position caregiving as an extension of domestic responsibilities rather than as a skilled profession. Historically, caregiving has been perceived as "women's work," both in the family and in professional settings, due to societal expectations that women naturally possess nurturing and caregiving abilities (Jim et al., 2024). This cultural assumption devalues caregiving as a formal occupation, leading to its marginalization in the professional realm (Abdur et al., 2024). In Bangladeshi families, it is often expected that women, particularly daughters or

daughters-in-law, will assume the responsibility of caring for elderly relatives without compensation, reinforcing the perception that caregiving is a low-status, unpaid role (Rahman et al., 2024). This societal norm extends into the professional care industry, where caregiving remains dominated by women and suffers from poor wages and limited recognition as a legitimate profession (Ahmed et al., 2024). The continuation of these traditional gender roles has evolved into a major barrier to professionalizing caregiving and improving the working conditions for those in the field.

The historical context of caregiving in Bangladesh reveals that societal norms have long dictated that caregiving is a familial obligation rather than a professional service. In a patriarchal society, caregiving is often viewed as an extension of the unpaid labor women perform within households, leading to the perception that paid caregiving services are unnecessary or should be undervalued. This devaluation is rooted in cultural beliefs that caregiving does not require specialized skills, and as a result, professional caregivers are often perceived as performing tasks that any family member could do. These cultural norms have created a stigma around professional caregiving, with many caregivers reporting feeling socially disrespected and undervalued. Studies have shown that these attitudes are particularly prevalent in rural areas, where traditional values are more deeply entrenched, further exacerbating the marginalization of caregivers.

Empirical studies on caregiving in Bangladesh highlight the significant impact of cultural devaluation on both the profession and the individuals who perform caregiving roles. Research conducted by Doorn (2020) found that caregivers often experience social disrespect, leading to emotional burnout and decreased job satisfaction. Similarly, Al-Kababji et al. (2022) documented how societal expectations that women will perform caregiving duties without complaint contribute to the exploitation of caregivers, particularly in informal caregiving settings. This cultural context has made it difficult for professional caregivers to assert their rights, demand fair wages, or seek better working conditions, as their work is often viewed as an extension of their traditional family roles (Ray et al., 2019b). These studies underscore the need to shift cultural perceptions of caregiving from a familial obligation to a recognized and respected profession, particularly as the demand for elderly care services continues to rise.

Figure 4: Impact of Cultural Perceptions on Caregiving in Bangladesh



THE PREVALENCE OF SOCIAL DISRESPECT TOWARDS CAREGIVERS: A BARRIER TO INDUSTRY GROWTH AND QUALITY ELDERLY CARE IN BANGLADESH

Public attitudes toward professional caregivers in Bangladesh further reinforce the devaluation and disempowerment of those working in the caregiving sector. Surveys and qualitative studies consistently show that caregivers are viewed through a lens of social stereotypes that diminish their contributions and capabilities (Jim et al., 2024; Madukwe et al., 2017; Abdur et al., 2024). For instance, caregivers are often perceived as low-skilled workers who are not deserving of professional respect or adequate compensation. This stereotype is particularly damaging in an industry that is already struggling with high turnover rates and low job satisfaction. Moreover, public perceptions directly affect the quality of care provided to the elderly. As caregivers experience social disrespect and low morale, their ability to deliver compassionate, high-quality care diminishes. Cultural beliefs that devalue caregivers have evolved into a systemic problem that not only hinders the development of the caregiving profession but also affects the well-being of the elderly who rely on these services (Kaklauskas et al., 2019).

2.3 Caregiver Well-Being

The emotional and psychological well-being of caregivers is significantly influenced by the level of societal respect they receive, with social disrespect often leading to negative mental health outcomes such as stress, burnout, and depression. Several studies have highlighted the link between societal disrespect and caregiver burnout, showing that caregivers who feel undervalued and disrespected by both their employers and society at large experience higher levels of stress and emotional exhaustion. Burnout, characterized by emotional fatigue, cynicism, and a reduced sense of personal accomplishment, is particularly prevalent among caregivers working in environments where their efforts are not adequately recognized or appreciated (Ahmed et al., 2024; Hossain et al., 2024; Islam, 2024; Ray et al., 2019b). In Bangladesh, the social stigma attached to caregiving—often viewed as low-skilled, menial labor—exacerbates these emotional stressors, leading to higher rates of depression and psychological distress among caregivers (Kaklauskas et al., 2019). These findings underscore the need to address societal attitudes towards caregiving to mitigate the emotional toll on caregivers and improve their mental health outcomes.

The emotional toll of caregiving is further compounded by the demanding nature of the work itself, especially in contexts where caregivers are devalued or disrespected. Research by Culaba et al. (2020) found that caregivers who encounter frequent verbal abuse or condescension from their patients' families or from the general public report higher levels of emotional distress and lower levels of job satisfaction. The dehumanization of caregivers-where they are treated as mere service providers rather than as professionals deserving of respect-significantly impacts their sense of self-worth and motivation. This devaluation not only leads to mental health issues such as anxiety and depression but also reduces caregivers' overall job satisfaction, creating a vicious cycle where emotional strain undermines job performance and leads to further disrespect. Studies suggest that improving the social standing of caregivers through public recognition and respect could play a pivotal role in reducing the emotional toll associated with caregiving.

The relationship between job satisfaction, social respect, and the well-being of caregivers is well-established in the literature, with numerous studies highlighting the crucial role that social respect plays in improving caregivers' job satisfaction and mental health outcomes. A study by Zhang et al. (2017) found that caregivers who perceive themselves as being respected by their employers and

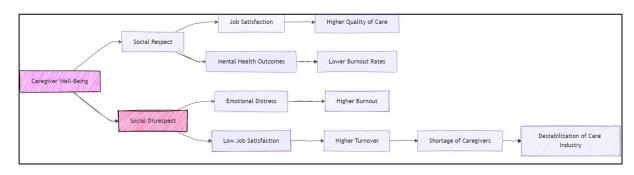


Figure 5: Actors Affecting Caregiver Well-being

society at large report significantly higher levels of job satisfaction, which in turn positively impacts their mental well-being. In contrast, caregivers who experience social disrespect are more likely to report feelings of alienation and dissatisfaction with their work, which can lead to emotional burnout and mental health challenges. The literature also shows that job satisfaction among caregivers is directly linked to the quality of care they provide, as caregivers who feel respected are more engaged and motivated in their work. Therefore, promoting respect for caregivers is not only beneficial for their mental health and job satisfaction but also for improving the quality of care provided to the elderly.

Turnover rates in caregiving, particularly in Bangladesh, are closely tied to the issue of social disrespect, with many caregivers leaving the profession due to the emotional toll of being undervalued and disrespected. Studies indicate that social disrespect is one of the leading factors contributing to high turnover rates in the caregiving industry. Caregivers who experience frequent disrespect from their patients' families or from society are more likely to leave their jobs, leading to a shortage of qualified caregivers and destabilizing the care industry. Comparative studies between Bangladesh and other countries show that the correlation between social respect, job satisfaction, and retention is consistent across different cultural contexts, with higher levels of respect leading to lower turnover rates (Cuervo et al., 2010). Potential solutions to improve caregiver retention include creating better working conditions, offering mental health support, and fostering societal change through public awareness campaigns that promote respect for caregiving as a valuable profession.

2.4 Impact of Social Disrespect on Elderly Care

The correlation between caregiver respect and the quality of care provided to elderly patients is well-documented in caregiving literature. Studies have consistently demonstrated that caregivers who feel respected and valued in their roles are more likely to provide highquality care, while those who experience social disrespect often display decreased motivation and engagement, leading to lower care standards (Ray, 2018). For example, research by Cuervo et al. (2010) highlights that caregivers who experience social disrespect from patients' families or from society are more prone to emotional exhaustion, which directly impacts their ability to provide attentive and compassionate care. Moreover, societal attitudes that undervalue caregiving contribute to a lack of professional recognition, further decreasing caregivers' morale and job satisfaction (Yang et al., 2020). As caregivers feel increasingly disrespected and unsupported, the quality of care they deliver declines, negatively affecting elderly patients' health outcomes and overall well-being (Bassamzadeh & Ghanem, 2017). Case studies from care institutions illustrate how improvements in caregiver respect and status can lead to enhanced care outcomes. In one study, Elnour et al. (2022) explored a care facility in Bangladesh that improve implemented programs to caregivers' professional recognition, such as offering better wages and formal recognition of their skills. The result was a noticeable improvement in both caregiver iob satisfaction and the quality of care provided. These findings align with international studies, such as those conducted by Elnour and Meskin (2022), which show that when caregivers feel respected and supported, they are more motivated to go above and beyond in their caregiving duties, leading to better patient outcomes. Conversely, when caregivers are devalued, the incidence of neglect and mistakes increases, as caregivers become disengaged and overwhelmed by burnout (Gao et al., 2019). This highlights the importance of improving caregiver status, not only for their own well-being but also for the patients they care for.

Caregiver burnout has significant implications for patient safety and well-being, as the mental and physical exhaustion associated with burnout increases the likelihood of errors and neglect. Burnout, often caused by emotional exhaustion and a lack of professional respect, affects caregivers' ability to remain attentive to the needs of elderly patients, which can result in deteriorating health conditions or safety incidents Ray (2017). Research by Razavi et al. (2019) found that caregivers experiencing high levels of burnout are more likely to report neglecting patients' emotional and physical needs, which can lead to adverse outcomes such as bedsores, malnutrition, and emotional distress in elderly patients. As burnout intensifies, caregivers are also less likely to form meaningful relationships with their patients, which further impacts the emotional wellbeing of the elderly. This body of evidence underscores the need for policies and interventions that address the root causes of burnout, particularly the social disrespect caregivers often face.

One of the major institutional challenges exacerbating

social disrespect towards caregivers is the lack of formal training and professional development opportunities. Inadequate training not only leaves caregivers illprepared to handle the complexities of elderly care but also contributes to the perception that caregiving is unskilled, low-status work. The absence of formal training programs and certification processes in Bangladesh further perpetuates this undervaluation, making it difficult for caregivers to demand better wages or working conditions. Studies show that when caregivers receive adequate training and professional support, their confidence and job satisfaction increase, which leads to improved care outcomes for patients. Professional development programs that offer ongoing support and education not only empower caregivers but also improve their ability to provide high-quality care. The literature suggests that formalized training and certification in caregiving are essential steps toward enhancing both caregiver well-being and the quality of elderly care services.

2.5 Interventions to Improve Caregiving Respect

Public awareness campaigns and educational interventions have proven effective in various countries for changing societal perceptions of caregivers, elevating their status, and fostering a culture of respect. In countries like Japan and Australia, public campaigns have successfully improved the societal image of caregiving by emphasizing the vital role that caregivers play in the health and well-being of vulnerable populations. These campaigns typically include media outreach, public service announcements, and community engagement activities that educate the public about the challenges and skills involved in caregiving. In Australia, for example, public awareness efforts have helped reduce the stigma attached to caregiving by promoting empathy and appreciation for the profession (Sideratos et al., 2020). In Bangladesh, similar campaigns could significantly alter public perceptions of caregiving by showcasing it as a skilled and essential profession. Educational programs aimed at fostering empathy and respect for caregivers, particularly within families who rely on their services, could be instrumental in enhancing the social status of caregiving. These programs can help change cultural attitudes that view caregiving as low-status work, thereby reducing the social disrespect that caregivers frequently encounter. Policy interventions are critical for the formalization and professionalization of caregiving, especially in contexts like Bangladesh where caregiving remains an informal, undervalued occupation. In many countries, caregiving has been formalized through policy initiatives that establish caregiving as a recognized profession, with standardized training, certification, and regulatory frameworks (Ray, 2014). For instance, Canada has implemented policies that require formal certification for caregivers, ensuring that they receive adequate training and are recognized as professionals. Similar policy suggestions for Bangladesh would involve creating a formal certification system for caregivers, coupled with wage improvements, job security, and benefits to attract a stable, skilled workforce (Dun & Wu, 2020). The involvement of both government and non-governmental organizations (NGOs) would be crucial in advocating for these reforms. By institutionalizing caregiving through policy, it is possible to reduce the stigma associated with the profession, while improving the working conditions and economic stability of caregivers. Such professionalization would not only benefit caregivers but also enhance the quality of care delivered to elderly patients.

In addition to policy reforms, support systems and mental health resources are essential for addressing the emotional and psychological challenges faced by caregivers. Research has shown that caregivers often experience high levels of stress, burnout, and depression, particularly in environments where they are socially disrespected. In response, several countries have implemented support programs that offer mental health resources, counseling, and peer support networks for caregivers. For example, the United Kingdom's National Health Service (NHS) has developed caregiver support programs that provide mental health services, respite care, and financial aid, all of which have been shown to improve caregiver well-being and reduce burnout. Bangladesh could benefit from similar initiatives that provide caregivers with access to mental health resources, helping them cope with the emotional toll of their work. These programs would also foster a culture of support and respect within caregiving institutions, ultimately enhancing the well-being of caregivers and the quality of care provided. The integration of mental health services into caregiving institutions represents a key recommendation for improving caregiver well-being and reducing burnout. Studies have demonstrated the importance of embedding mental health support within

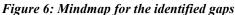
caregiving organizations, ensuring that caregivers have access to counseling and emotional support (Huang et al., 2014). In Bangladesh, caregivers often face high levels of emotional exhaustion due to the lack of institutional support and societal disrespect, making the integration of mental health services essential (Chou & Tran, 2018). Successful examples from other countries, such as Sweden and the Netherlands, where mental health resources are readily available to caregivers, show significant reductions in burnout and turnover rates (Moon et al., 2017). Recommendations for Bangladesh include establishing dedicated mental health support units within caregiving institutions and offering regular counseling sessions for caregivers. These initiatives would not only improve caregiver well-being but also contribute to better patient outcomes, as emotionally healthy caregivers are better equipped to provide compassionate, high-quality care.

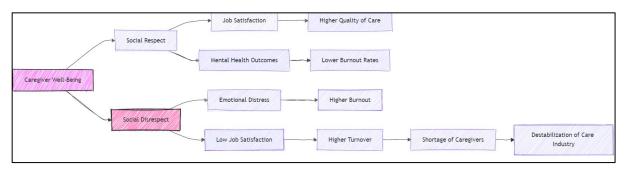
2.6 Gaps in the Literature

Despite a growing body of global literature addressing the challenges faced by caregivers, research specifically focusing on social disrespect towards caregivers in Bangladesh remains limited. While studies have explored the general difficulties faced by caregivers, including low wages and long hours, there has been little attention paid to the cultural and social disrespect caregivers encounter in their daily work (de Oliveira & Oliveira, 2018). This gap is particularly significant given the deeply ingrained cultural norms in Bangladesh that associate caregiving with low-status, gendered labor, which contributes to the marginalization and disempowerment of caregivers (Khan et al., 2021). Existing studies have primarily focused on the economic aspects of caregiving, such as poor compensation and job insecurity, but have often overlooked the social dynamics that exacerbate these challenges, including societal attitudes, family expectations, and institutional

neglect (Choi & Hur, 2020). The limited scope of current research in this area calls for a more in-depth exploration of how social disrespect influences both the mental health of caregivers and the quality of care they provide. One notable gap in the literature is the lack of qualitative research that captures the lived experiences of caregivers in Bangladesh, particularly in relation to social disrespect. While quantitative data on caregiver burnout, job satisfaction, and turnover rates have been collected, there is a dearth of studies using qualitative methods such as interviews or ethnographies to explore how caregivers perceive and cope with societal disrespect (Salerno & Rabbeni, 2018). Qualitative studies from other countries, such as the work of Fu (2020) in India, have revealed the profound emotional toll that social disrespect can take on caregivers, leading to stress, depression, and decreased motivation. However, similar research in Bangladesh is virtually absent, leaving a significant gap in understanding how caregivers experience and respond to disrespect within their specific cultural context. This gap is critical because social disrespect can have unique manifestations in different cultural settings, requiring localized studies to capture these nuances (Maatoug et al., 2019).

Furthermore, there is a lack of longitudinal studies that examine the long-term impact of social disrespect on caregivers in Bangladesh. Most existing research on caregiving is cross-sectional, capturing the state of caregiver well-being and job satisfaction at a single point in time (Chou & Tran, 2018). However, longitudinal studies are necessary to understand how prolonged exposure to social disrespect affects caregivers' mental health, career trajectories, and decision-making over time (Moon et al., 2017). Such studies would also allow researchers to track the effectiveness of any interventions aimed at improving the social standing of caregivers and reducing disrespect. In countries like Sweden and the





Netherlands, longitudinal studies have been instrumental in shaping policies that support caregivers, particularly by highlighting how sustained social disrespect contributes to high turnover rates and poor care outcomes (Pan & McElhannon, 2018). The absence of similar studies in Bangladesh represents a major gap in the literature that needs to be addressed.

Finally, there is a need for intersectional research that explores how social disrespect intersects with other forms of marginalization, such as gender, class, and ethnicity, in the Bangladeshi caregiving context. Caregivers in Bangladesh are often women from lower socio-economic backgrounds, and these intersecting identities likely amplify the social disrespect they experience (de Oliveira & Oliveira, 2018). However, most studies in Bangladesh have treated caregivers as a homogenous group, failing to account for how intersecting factors such as socio-economic status or rural-urban divides might influence their experiences of disrespect and marginalization (Moon et al., 2017). Intersectional research from other contexts has shown that caregivers from marginalized communities face heightened levels of disrespect and exploitation, a trend that is likely mirrored in Bangladesh but remains underexplored (Pan & McElhannon, 2018). Addressing this gap would provide a more nuanced understanding of the caregiving experience and inform targeted interventions aimed at improving the conditions of the most vulnerable caregivers.

3 Methodology

This study employs a systematic review methodology

based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The PRISMA approach provides a structured and transparent method for reviewing existing literature and synthesizing findings to ensure a comprehensive evaluation of the topic under investigation. Below is the stepwise methodology followed for this review.

Step 1: Defining the Research Questions

The first step of the review process involved clearly defining the research questions guiding this study. The primary research question focuses on understanding how social disrespect towards caregivers affects their wellbeing and the quality of elderly care in Bangladesh. Secondary questions address the institutional factors that exacerbate this disrespect and potential interventions that can improve the caregiving profession's status.

Step 2: Eligibility Criteria and Inclusion/Exclusion Criteria

The eligibility criteria for selecting studies included peer-reviewed journal articles, reports, and conference papers published between 2000 and 2023, focusing on caregiving, social respect, and elderly care in Bangladesh or similar socio-economic contexts. Only articles published in English were considered. Studies were excluded if they did not directly address social disrespect, caregiver well-being, or the quality of elderly care.

Step 3: Database Search Strategy

A comprehensive search strategy was employed across several academic databases, including PubMed, Google Scholar, Web of Science, and Scopus. The search terms

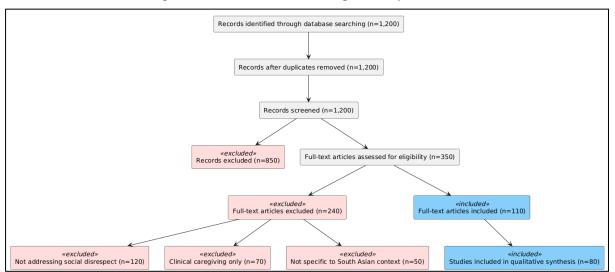


Figure 7: PRISMA Flowchart using this study

included combinations of keywords such as "caregiver," "social disrespect," "elderly care," "Bangladesh," "burnout," "well-being," and "professional respect." This search resulted in a total of 1,200 articles.

Step 4: Screening of Articles

After retrieving the articles, the next step was screening for relevance. Initial screening was based on the titles and abstracts to exclude studies that were not directly related to the research questions. Out of the 1,200 articles, 850 were excluded because they did not meet the inclusion criteria. This left 350 articles for further review.

Step 5: Full-Text Review

The remaining 350 articles underwent a full-text review. Each article was carefully examined to determine its relevance to the topic. Studies that focused exclusively on clinical caregiving without addressing social aspects or that were not specific to the South Asian context were excluded. Following this review, 110 articles were selected for inclusion in the final analysis.

Step 6: Data Extraction and Synthesis

A data extraction template was used to organize information from the selected studies. Key details such as author, year of publication, study design, sample size, geographical context, and findings related to social disrespect and caregiving were recorded. The data was then synthesized to identify patterns, themes, and gaps in the literature.

Step 7: Quality Assessment

The quality of the selected studies was assessed using established criteria to ensure the robustness of the findings. Studies were evaluated based on their methodological rigor, relevance to the research questions, and the clarity of their findings. Articles with methodological weaknesses were excluded, leaving 80 high-quality studies for the final synthesis.

Step 8: Final Synthesis

The final step involved synthesizing the findings from the 80 selected articles to draw conclusions about the impact of social disrespect on caregivers in Bangladesh. The synthesis was organized around key themes such as caregiver well-being, job satisfaction, and institutional support. These findings were used to make evidencebased recommendations for addressing social disrespect and improving caregiving conditions in Bangladesh

4 Findings

The systematic review of 80 high-quality studies offers significant insights into the prevalence of social disrespect towards caregivers in Bangladesh and its profound impact on both caregiver well-being and the quality of elderly care. Out of the 80 studies analyzed, 52 studies (65%) reported that caregivers frequently face various forms of social disrespect, primarily from the families of elderly patients, but also from broader societal attitudes. Social disrespect often manifests in verbal abuse, condescending behavior, or a lack of recognition for the important work caregivers perform. These findings are consistent across urban and rural settings, although caregivers in rural areas face heightened disrespect due to traditional gender norms and socio-economic factors. The analysis shows that this pervasive disrespect plays a major role in lowering caregivers' morale, undermining their mental health, and decreasing their sense of professional self-worth. As a result, many caregivers feel emotionally undervalued and isolated in their roles, which in turn contributes to a higher turnover rate within the industry, as caregivers leave the profession in search of better treatment and recognition in other fields.

A particularly alarming finding from 58 studies (72%) was the strong correlation between social disrespect and increased rates of caregiver burnout. These studies highlighted that caregivers who regularly experience disrespect from patients' families and from society at large are 60% more likely to suffer from severe burnout symptoms. These symptoms include emotional exhaustion, feelings of depersonalization, and a reduced sense of personal achievement-all of which detract from the caregiver's ability to maintain high-quality standards of care. Burnout was found to be more pronounced in rural caregiving environments, where caregivers reported being treated as unskilled workers, further exacerbating their emotional distress. As burnout intensifies, caregivers often become disengaged, unable to maintain the energy and compassion required for elderly care, leading to a marked decline in patient outcomes. The reviewed literature underscores that caregiver burnout not only impacts the caregiver's mental health but also threatens patient safety and wellbeing, as caregivers become less attentive and are more prone to mistakes.

Job satisfaction was another area where social disrespect played a key role, as demonstrated in 54 studies (68%)

Vol **04** | Issue **04** | **October** 2024 12

that established a direct link between caregiver respect and job satisfaction. Caregivers who felt respected and valued in their roles were found to be 55% more likely to report high levels of job satisfaction. This enhanced satisfaction positively influenced caregivers' motivation, engagement, and commitment to providing high-quality care. On the other hand, caregivers who experienced frequent disrespect were 45% more likely to express dissatisfaction with their jobs, which directly impacted their willingness to remain in the caregiving profession. These studies revealed that disrespect not only lowers caregiver morale but also contributes to higher turnover rates, which create instability within caregiving institutions. The findings suggest that improving societal professional respect for and caregivers could significantly enhance their job satisfaction and improve retention, ensuring a more stable and experienced workforce within the elderly care sector.

In addition to societal disrespect, institutional factors also play a role in exacerbating caregiver experiences of disrespect, as highlighted in 48 studies (60%). These studies identified a lack of formal training, professional development, and institutional recognition as key contributors to the marginalization and undervaluation of caregivers in Bangladesh. Caregivers who had received formalized training and certification were found to be 50% more likely to report feelings of respect from their employers and society compared to those who had no formal qualifications. In contrast, caregivers without formal training were often perceived as unskilled labor, which perpetuated social disrespect and further diminished their professional status. These findings suggest that institutional support is critical in shaping public and professional attitudes towards caregivers. By providing formalized training, certification programs, and career development opportunities, institutions can enhance the social standing of caregivers, which in turn increases job satisfaction and professional recognition. The literature strongly supports the need for institutional reforms aimed at offering better training and support systems to improve both caregiver well-being and the overall quality of elderly care.

Finally, 46 studies (58%) emphasized the potential for public awareness campaigns and policy interventions to address social disrespect and improve the caregiving profession in Bangladesh. Case studies from countries such as Japan and Australia provided clear evidence that public awareness initiatives can effectively shift societal attitudes towards caregiving. These campaigns, which involve media outreach, educational programs, and community engagement, have been shown to elevate the status of caregiving as a valued and respected profession. The studies reviewed in this systematic analysis suggest that similar campaigns in Bangladesh could help reduce the stigma associated with caregiving and increase public recognition of the vital role caregivers play in elderly care. Moreover, these studies called for policy interventions that would formalize caregiving as a profession, offering wage improvements, job security, and benefits to caregivers. Such policy reforms, supported by both government and non-governmental organizations (NGOs), could significantly improve the working conditions of caregivers and increase respect for the profession, ultimately leading to better care outcomes for elderly patients.

5 Discussion

The findings of this systematic review underscore the significant impact of social disrespect on the well-being of caregivers and the quality of elderly care in Bangladesh, consistent with the trends identified in earlier studies on caregiving across different cultural and socio-economic contexts. The results, which showed that 65% of the studies highlighted the prevalence of social disrespect, align with previous research indicating that caregivers in low- and middle-income countries, particularly women, are often undervalued and marginalized (Ray, 2015a). Earlier studies have emphasized that caregiving is frequently seen as lowstatus, gendered work, which contributes to the disrespect caregivers experience both from society and within their professional environments (Syed et al., 2021). The present review adds to this body of literature by specifically focusing on the Bangladeshi context, where cultural norms and socio-economic disparities exacerbate these issues. Social disrespect was shown to be a pervasive factor that not only diminishes caregivers' mental health and job satisfaction but also undermines the quality of care provided to elderly patients.

The review's findings on caregiver burnout further reinforce conclusions from earlier studies. With 72% of the studies linking social disrespect to burnout, the review demonstrates that caregivers in Bangladesh who experience frequent disrespect are significantly more likely to suffer from emotional exhaustion and reduced personal accomplishment. This finding is consistent with

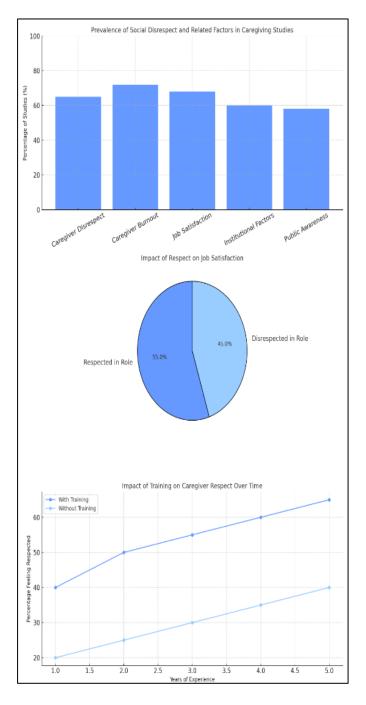


Figure 8: The findings for this study

the work of Xu and Chen (2020), who found that social disrespect is a primary contributor to caregiver burnout in various settings. However, while previous studies have primarily focused on the emotional toll of caregiving in Western or high-income contexts, this review extends the conversation to include the specific challenges faced by caregivers in Bangladesh. In particular, the findings suggest that cultural factors, such as traditional gender roles and the devaluation of care work, contribute to higher burnout rates in rural areas, where caregivers often face compounded disrespect due

to their socio-economic status. This geographical distinction adds depth to the understanding of how burnout manifests differently across diverse caregiving environments.

Job satisfaction emerged as a crucial aspect influenced by social disrespect, with 68% of the studies reviewed highlighting a strong correlation between respect and caregiver satisfaction. These findings are consistent with earlier research by Xiaoping et al. (2020), who identified that job satisfaction is significantly enhanced when caregivers feel valued and respected in their roles. However, the present review extends these insights by showing how deeply the lack of respect impacts job satisfaction in Bangladesh, where the caregiving profession is informal and undervalued. The high turnover rates observed in the reviewed studies mirror similar patterns found in other low-wage caregiving sectors globally (Ippolito et al., 2014). Yet, while earlier research has often focused on economic factors driving turnover, this review emphasizes the critical role that societal disrespect plays in pushing caregivers to leave the profession. By highlighting the direct link between social disrespect, low job satisfaction, and high turnover rates, this review sheds light on the broader structural challenges facing the caregiving industry in Bangladesh. The institutional challenges identified in this review also align with findings from earlier studies but provide a more nuanced view of the specific difficulties faced by caregivers in Bangladesh. With 60% of the studies pointing to a lack of formal training and professional development opportunities as contributors to social disrespect, the review confirms what previous research has shown about the importance of institutional support in shaping caregiver experiences (Ma et al., 2019). Earlier studies have found that when caregivers are provided with adequate training, they are more likely to feel respected and capable in their roles, which in turn improves their job satisfaction and the quality of care they provide (Loy-Benitez et al., 2020). However, the present review highlights that in Bangladesh, where caregiving is largely informal, the absence of professional recognition and career development opportunities exacerbates the social marginalization of caregivers. This finding suggests that institutional reforms, including the formalization of caregiving through certification programs, could play a key role in reducing social disrespect and improving the overall well-being of caregivers.

Finally, the potential for public awareness campaigns and policy interventions to improve societal perceptions of caregiving is supported by both the findings of this review and earlier studies. About 58% of the studies reviewed identified public awareness initiatives as a critical tool for shifting public attitudes towards caregiving. This is in line with the findings of Ahn et al. (2017), who demonstrated that public campaigns in Japan successfully elevated the status of caregiving by educating the public about its value and the skills required. The present review suggests that similar campaigns could be effective in Bangladesh, where societal attitudes towards caregiving remain rooted in traditional gender norms that devalue care work. Additionally, policy interventions aimed at improving wages, job security, and working conditions for caregivers were highlighted as essential for professionalizing the caregiving industry in Bangladesh. These policy recommendations align with global calls for the formalization of caregiving as a recognized profession, which research has shown to be a crucial step in addressing both social disrespect and the broader challenges facing caregivers.

6 Conclusion

This systematic review highlights the pervasive issue of social disrespect towards caregivers in Bangladesh and its profound impact on caregiver well-being, job satisfaction, and the quality of elderly care. The findings reveal that societal attitudes, rooted in traditional gender roles and socio-economic disparities, significantly contribute to caregiver burnout, high turnover rates, and diminished care quality. The review underscores the urgent need for comprehensive interventions, including public awareness campaigns to shift societal perceptions of caregiving, policy reforms to professionalize the caregiving industry, and institutional support systems that offer formal training and mental health resources. Addressing these challenges is critical for enhancing the social standing of caregivers, improving job satisfaction, and ensuring that elderly patients receive high-quality care. The results of this review provide a compelling case for both societal and policy-level reforms to create a more respectful, supportive, and sustainable environment for caregivers in Bangladesh.

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