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A Thematically Integrated Gerontological Analysis: Emotional Guilt, Role Negotiation and Adaptive Identity Among Working Caregivers in Singapore

Tan Sio Yen
Master of Gerontology Programme
S R Nathan School of Human Development, Singapore University of Social Sciences
Internship
Supervisor: Dr Kalyani K. Mehta
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Abstract

Rapid population aging in Singapore has intensified reliance on working adults as informal caregivers for older family members. Although structural burden and work–family conflict have been widely documented, less is known about how caregiving strain is emotionally constructed and identity negotiated within Singapore's socio-cultural and high-performance work environment. This qualitative study examines the lived experiences of eight working caregivers in Singapore using reflexive thematic analysis. Drawing on Role Strain Theory, the Stress Process Model, Socioemotional Selectivity Theory, and the Selective Optimization with Compensation framework, I have developed a multi-level interpretation of caregiver strain. Findings indicate that emotional guilt—rather than time scarcity alone—anchors caregiver distress. Stress proliferates across domains through recursive emotional appraisal, while adaptive identity recalibration emerges as a central coping mechanism. I propose an integrated model of Emotionally Mediated Role Negotiation to advance gerontological theory in Asian urban contexts. Implications for workplace culture, caregiving policy, and future longitudinal research are discussed.

Keywords: working caregivers, Singapore aging, role strain, stress process model, socioemotional selectivity, selective optimization with compensation

Introduction

Singapore is among the most rapidly aging societies globally. By 2030, one in four residents will be aged 65 or older (Department of Statistics Singapore [DOS], 2023). Concurrently, fertility decline and smaller household sizes have reduced the pool of potential caregivers. Despite expansion of formal eldercare infrastructure—such as Community Care Apartments, Active Ageing Centres, and caregiver support schemes—family-based care remains the dominant model (Chan, Malhotra, Malhotra, & Østbye, 2011).

According to a study conducted by Singapore Management University (SMU), one in seven older adults providing care, many are also juggling with their full time job and health (SMU Newsroom, 2025). That being said, these caregivers are also economically active adults balancing full-time employment with filial obligations. In

a society shaped by Confucian-influenced filial piety norms, caregiving carries moral significance beyond instrumental responsibility (Mehta & Leng, 2017). At the same time, Singapore's competitive labour market and performance-driven corporate culture create structural pressures that complicate sustained caregiving involvement.

While previous research documents work–family conflict and caregiver burden (Pinquart & Sörensen, 2003; Schulz & Sherwood, 2008), less attention has been paid to the emotional architecture of strain in high-performing Asian urban contexts. This study addresses that gap by examining how working caregivers in Singapore interpret and negotiate caregiving stress across emotional, structural, and identity dimensions.

We integrate four theoretical perspectives to offer a dynamic explanation of caregiver experience and to situate Singapore-based findings within broader gerontological discourse.

Theoretical Framework

Role Strain Theory

Role Strain Theory posits that individuals occupy multiple social roles that compete for finite time and energy, leading to overload and inter-role conflict (Goode, 1960, p483–496). For Singaporean working caregivers, professional expectations, often characterized by long working hours and high accountability, conflict with caregiving responsibilities such as hospital accompaniment, medication management, and emotional support.

However, role strain alone cannot fully explain persistent guilt even when logistical accommodations are present.

Stress Process Model

Pearlin et al.'s (1990) Stress Process Model conceptualizes caregiving stress as a dynamic process involving primary stressors (direct care demands), secondary stressors (spillover into work or relationships), and mediators (coping, support, appraisal). This framework is particularly relevant in Singapore, where eldercare often involves navigating complex healthcare systems and coordinating domestic helpers or siblings.

The model emphasizes stress proliferation, whereby initial caregiving strain spreads across life domains—a pattern strongly observed in this study.

Socioemotional Selectivity Theory (SST)

Socioemotional Selectivity Theory proposes that when individuals perceive time as limited, emotionally meaningful goals take precedence (Carstensen, 1992, p331-338). For caregivers supporting aging parents with serious illness, mortality salience intensifies emotional commitment. In Singapore's cultural context, filial responsibility deepens this emotional prioritization.

Thus, missed caregiving moments are not perceived as simple scheduling conflicts but as irreversible relational losses.

Selective Optimization with Compensation (SOC)

The SOC model (Baltes & Baltes, 1990) explains how individuals adapt to constraints by selecting priorities, optimizing available resources, and compensating for losses. In Singapore's structured employment environment, caregivers engage in SOC strategies such as negotiating flexible hours, outsourcing care to domestic helpers, or recalibrating career ambitions.

SOC provides an adaptive lens but must be interpreted alongside cultural expectations surrounding family duty.

Integrated Conceptual Approach

Rather than treating these theories independently, we conceptualize caregiver strain as multi-level:

- Structural conflict (Role Strain)
- Dynamic stress amplification (Stress Process Model)
- Emotionally driven prioritization (SST)
- Adaptive identity recalibration (SOC)

This layered integration enables a culturally grounded yet theoretically robust explanation.

Methods

Design

We employed qualitative reflexive thematic analysis (Braun & Clarke, 2006) to capture subjective caregiving experiences within Singapore's socio-cultural environment.

Participants

Eight working caregivers (aged 32–55) residing in Singapore participated. Two were single and six were married. Six of them live with their parents while two of them live within the same neighbourhood as their parents. All were employed full-time in managerial or professional roles across logistics, supply chain, construction, food services, trade and media sectors. Participants provided care to elderly parents with chronic illness, frailty, or hospitalization needs. Four participants also cared for young children (sandwich generation).

Data Collection

Participants responded to structured open-ended questions addressing:

- Major caregiving stressors
- Emotional experiences
- Workplace flexibility
- Coping mechanisms
- Perceived health and relational impact

Analysis

Following Braun and Clarke's (2006) six-phase[i] approach, we conducted iterative coding and theme development. Theoretical mapping occurred after initial inductive coding to avoid premature imposition of frameworks.

Methodological Rigour

Rigour was enhanced through:

- Reflexive memoing to document analytic decisions
- Theoretical triangulation across four frameworks
- Negative case analysis

- Transparent audit trail
- Thick contextual description

Although the sample size was modest, the data collected provided sufficient depth and richness to reveal the essential patterns and themes within the target group being studied.

Findings

Four interrelated themes emerged.

Theme 1: Emotional Guilt as Central Stressor

Participants consistently described guilt toward both employer and family. Mr GT expressed, “I have to travel frequently for work. In this circumstances, there is guilt not only towards the children but also my wife.” Even when supervisors were understanding, caregivers reported feeling “torn” and “never fully present.” Madam AY, with tears in her eyes, said, “there are times which I often have to miss out key milestones of my kids due to my work commitments” while Mr AD said, “I had a business travel during my daughter’s birthday. She really wanted me to be present for her birthday while I had to go.”

Role Strain Theory explains structural conflict, but guilt persisted beyond objective overload. SST clarifies this phenomenon: as parents aged or became seriously ill, caregivers perceived limited remaining time, heightening emotional stakes.

In Singapore’s filial context, guilt was morally inflected—participants described internal expectations to “do more,” even when practical constraints intervened. Mr GT finds it hard to balance between work and caregiving. He said “you cannot have both and you have to make difficult decisions on which to choose.”

Within the Stress Process Model, guilt functioned as a central stressor amplifying psychological burden.

Theme 2: Stress Proliferation Across Life Domains

Primary caregiving stressors—medical emergencies, cognitive decline, emotional volatility—generated secondary consequences:

- Sleep disturbance

- Reduced workplace concentration
- Marital strain
- Emotional withdrawal

Mr GT mentioned one interesting point, “our society is getting more efficient and effective at work but that has not translated to actual happiness”. Stress did not remain confined to caregiving episodes but cascaded across domains. Madam B mentioned “When my parents are hospitalized, I will try to visit them daily and this can take a toll on my health. I’m tired easily during those times”. Participants reported anticipatory anxiety even during work hours.

This aligns strongly with Pearlin et al.’s (1990) stress proliferation concept. Notably, emotional fatigue preceded physical exhaustion, underscoring the centrality of appraisal processes. Madam AY shared “sometimes my husband will ask why I am always tired or why I can’t be more patient when talking to my children and I’m just not able to articulate why.” During the interview, her helplessness and frustration was revealed.

Theme 3: Identity Fragmentation and Recalibration

Caregivers described feeling inadequate in both professional and familial roles. Some avoided leadership opportunities; others hesitated to pursue promotions. Mr S said “do lesser or just do within scope. I do not want to take on more responsibility.”

SOC theory explains adaptive behaviors:

- Selection: Prioritizing parental care over career acceleration
- Optimization: Negotiating hybrid work arrangements
- Compensation: Engaging domestic helpers or siblings

However, adaptation was not purely instrumental. Participants redefined professional success to include relational availability. Identity recalibration emerged as both coping mechanism and emotional necessity. Madam V mentioned “sometimes, caregivers should learn to understand their own limitations and not expect everything to go the way we perceive it to be.” Mr GT on the other hand is more expressive and suggested “have a plan to quit my job. While work is important but you can be replaced at work, but your family cannot replace you. Have a clear exit plan and be disciplined in money management so that allows you not to rely on your job.”

In Singapore's meritocratic culture, this recalibration involved tension between societal narratives of achievement and personal moral commitment.

Theme 4: Workplace Flexibility as Structural Buffer

Flexible arrangements, such as remote work, time-off policies, reduced logistical strain. Mr AD appreciated the flexible working hours he had and he shared "I do work when I can but when I have to pick up my kids from school, I will work later at night to balance the hours." Yet emotional guilt remained.

This suggests that structural interventions mitigate exposure to stressors but do not eliminate emotionally mediated appraisal processes.

Organizational culture, particularly psychological safety, meaning an environment where the individual feels free to express his or her thoughts and concerns around caregiving and yet is not fearful of the negative consequences, appeared more impactful than formal policy.

Integrated Model: Emotionally Mediated Role Negotiation

We propose a recursive model comprising four interacting processes:

1. Structural Role Conflict
2. Stress Amplification and Spillover
3. Emotionally Heightened Relational Valuation
4. Adaptive Identity Recalibration

In Singapore's context, filial norms intensify emotional valuation, while competitive workplace culture amplifies structural conflict. Together, they produce a feedback loop in which caregiving events trigger guilt, leading to identity negotiation and adaptive strategies, which provide partial relief until subsequent stressors emerge. Ms JC admitted that at her workplace, she started to doubt herself at times and lost trust in the working relationship with her colleagues.

This research advances gerontological theory by placing emotional appraisal, not time scarcity alone, at the centre of working caregiver strain.

Discussion

This study contributes to gerontology in three key ways.

First, it extends Role Strain Theory by demonstrating that emotional guilt can persist even when structural flexibility is present.

Second, it enriches the Stress Process Model by highlighting guilt as a proliferating mediator shaped by cultural norms.

Third, it applies SST to midlife caregivers, showing that perceived parental mortality intensifies emotional prioritization.

Finally, it broadens SOC theory by emphasizing identity reconstruction, not merely behavioural adaptation.

In Singapore's rapidly aging society, understanding these processes is critical as dual-income households and smaller family sizes become normative.

Policy and Practice Implications

Organizations in Singapore should move beyond flexible scheduling to:

- Normalize caregiver identity in leadership discourse
- Provide caregiver-specific leave provisions
- Offer counselling and peer-support programs
- Train managers in empathetic supervision

At the policy level, caregiver support schemes should incorporate emotional well-being components alongside financial assistance.

Limitations and Future Directions

Limitations include small sample size and cross-sectional design. Future research should:

- Employ longitudinal designs
- Compare caregivers across ethnic groups in Singapore
- Examine male caregiver experiences
- Investigate organizational sector differences

Mixed-method studies could further quantify emotional appraisal mechanisms.

Conclusion

In Singapore's aging society, working caregivers navigate complex structural, emotional, and identity demands. Caregiving strain is not solely a function of time conflict but is emotionally mediated through culturally embedded expectations and perceived relational urgency.

A multi-theoretical framework reveals caregiving as an ongoing process of role negotiation and adaptive identity reconstruction. Recognizing this complexity is essential for designing compassionate workplaces and responsive aging policies in Singapore's next demographic chapter.

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[i] Braun and Clarke's six-phase approach provides a systematic framework for identifying, analyzing and reporting patterns within qualitative date. It starts with 1) familiarizing the date, followed by 2) coding segments of the data that are relevant to the search, 3) collate the codes into potential themes, 4) review the themes, 5) refine each theme and identify essence of each theme and finally 6) write up the analysis in a coherent and compelling manner.

All interviewees have been kept strictly anonymous to protect their identity. All information shared during the interview is treated with the utmost confidentiality, and any identifying details have been omitted or altered to ensure their privacy is fully preserved. Their responses are used solely for the purpose of this analysis and are presented in a manner that safeguards their dignity and personal integrity.