Strategies for improving the quality of caregiving in Qatar

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Qatar, a rapidly developing Gulf Cooperation Council (GCC) country, has experienced significant transformation since the discovery of its oil and gas reserves, leading to dramatic changes in population, demographics, urbanization, and life expectancy, and an increasing demand for health and caregiving services (*3*).

Qatar's demographic trends present significant caregiving challenges. Between 1960 and 2023, Qatar's population surged from approximately 50 000 to 2.72 million (*4*), including a rapidly increasing Qatari population that makes up 12% of the total population, 58% male immigrant workers from countries with weaker health systems, and 30% long-term residents increasingly in need of health care services. By 2050, Qatar's elderly population is expected to increase to 20.3%, from 3.6% in 2020, making the proportion of older people to exceed children (*5,6*).

Qatar's rapid economic growth has attracted a large influx of foreign workers, from countries where the concept of formal and informal caregiving differs from that of Qatar (*7*), and more Qatari women now work outside their homes. These changes pose a challenge to caregiving in Qatar.

Institutional support for caregiving in Qatar is primarily provided through the health system, which has witnessed significant changes, including improvements in primary care and a vision for comprehensive health leadership in the Arab countries (*8*). Despite modernization of the health facilities, the health system still emphasizes expensive curative treatment over preventative care, with limited long-term care options. This creates gaps in care for individuals with chronic illnesses or disability, leaving families to navigate bureaucracies for basic support (*9*). Routine caregiving tasks, such as administering medications or therapies, have become burdensome, impacting caregivers and care recipients. While there are government services to support older adults, capacity is limited and caregiver support remains fragmented (*10*).

In Qatar, family ties are highly valued, with strong emphasis for filial piety and respect for elders, often translating into expectations of familial caregiving. For Muslims, discussions about palliative and end-of-life care are influenced by Islamic teachings, while for non-Muslims caregiving is complex and culturally sensitive (*11*). Stigma around disability and mental health further complicates access to care (*12*). Societal perceptions discourage the use of formal caregiving services (e.g. nursing homes, professional caregivers) and encourage families to manage caregiving at home. This can lead to isolation of caregivers and families and increase the emotional and psychological toll.

Traditionally, caregiving is seen as a family responsibility in Qatar, however, as more women join the formal workforce, capacity for caregiving is impacted (*13*). The resultant reliance on untrained migrant workers further complicates informal caregiving.

Qatar is a predominantly Muslim country and Islam profoundly influences daily life, including caregiving, which is viewed as a religious duty. Islamic teachings emphasize the moral and spiritual responsibility of family members to care for their parents and relatives in need, guided by principles of compassion and respect for elders found in the Quran and Hadith. These teachings provide a moral framework that shapes caregiving norms and practices within the Qatari society (*14*). In Islam, religious beliefs strongly influence palliative and end-of-life care, emphasizing the preservation of life and acceptance of death as a divine will. Spiritual practices, including prayer, offer emotional and spiritual support throughout the period of caregiving.

One fundamental aspect of Islamic caregiving is sadaqah (voluntary charity), which encourages acts of kindness and charity, including caring for the sick, aging and vulnerable in society, as a means of spiritual reward and purification (*15*). This underscores the importance of altruism and community support. Religious institutions in Qatar also play a vital role, providing social services, financial assistance and volunteer opportunities, thus promoting solidarity and collective responsibility in caregiving (*16*). These may result in certain challenges, including balancing caregiving duties with religious obligations such as daily prayers, fasting and

ensuring equitable health care access for all religious communities (*17*).

Recognizing the evolving situation, the Qatari government has taken steps to address the challenges in caregiving through policies and strategic investments. For instance, since 2011 the government developed and published several national development strategies, emphasizing health improvement and liveability of Qatar. The National Health Strategy 2018–2022 and 2024–2030 (*18*) recommends improvements for people living with disabilities and chronic conditions, in alignment with global efforts to develop sustainable health systems that promote equitable access to services.

Qatar and its neighbouring GCC countries may face significant challenges in caregiving in the future due to the evolving demographics, socio-cultural norms and health systems. To mitigate the challenges, tailored solutions are needed to meet the diverse needs of Qatar's older adults and people with disabilities. Based on our understanding and evidence on the family caregiving context in Qatar and these countries, we recommend that the Qatari government and community-based organisations work together to develop innovative proactive strategies to improve caregiving. These should include public awareness, caregiving policy reform, workplace policies, professionalisation of caregiving, community-based care, caregiver training and education, and leveraging technology. Relevant strategic recommendations are presented in Table 1.

Table 1 Multifaceted strategies for improving the quality of caregiving in Qatar

Strategy	Indicative options
Public awareness campaigns	• Leverage Qatar's cultural values to raise awareness about caregiving and collective responsibility • Engage religious and community leaders for inclusive social dialogues • Launch targeted social marketing campaigns to change perspectives on aging and chronic illness, combat stereotypes and promote gender-balanced caregiving attitudes
Caregiving policy reform	• Integrate caregiving into the social welfare system and develop clear guidelines and regulations that protect caregiver rights, including vulnerable groups like migrant workers • Ensure equitable health care access for migrant caregivers and their families, while providing financial support for long-term caregiving needs • Provide comprehensive psychological support services, including counselling, to help caregivers manage stress and prevent burnout
Leveraging technology (*19*)	• Leverage technological innovations to transform caregiving practices • Implement telehealth for medical consultations and advice for people living in remote areas or with limited transportation • Deploy mobile health applications to enhance communication and coordination between caregivers, healthcare providers, and patients for improved health outcomes
Community-based care	• Expand community-based care to provide comprehensive support for older adults, people with disability and those living with chronic disease • Build upon Qatar's existing health care infrastructure investments to develop specialized home-based caregiving services • Leverage the strength of community-based initiatives that are based on community needs assessments
Workplace policies	• Encourage large employers to implement workplace policies that support work-life balance and support caregiving responsibilities • Develop comprehensive frameworks that include adequate social protection systems and workforce development
Training and education	• Develop culturally specific training programmes across the caregiving continuum, to enhance competence and confidence • Expand cultural competency training for migrant workers, including religious and end-of-life care practices • Strengthen and expand training programmes for community health workers and home health aides on the provision of specialized care for disabilities and chronic illnesses
Professionalise caregiving (*20*)	• Develop a comprehensive framework to professionalise caregiving across formal and informal sectors • Review and adapt successful models like the community health worker programme, which has shown promise in the Eastern Mediterranean Region • Implement cost-effective home- and community-based support systems that combine health education, service referrals and direct care provision

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