Research Article ISSN 2639-9490

Oral Health & Dental Science

Being an Internally Migrated Informal Caregiver in a Nigerian Teaching Hospital: Aspects of Life Affected

Dr. Mariyam O Salako[1]*, Dr. Tunde J Ogunrinde[2] and Prof. Folake B Lawal[3]

[1]*Department of Restorative Dentistry, University College Hospital, Ibadan, Nigeria.*

[2]*Department of Restorative Dentistry, Faculty of Dentistry, College of Medicine, University of Ibadan and University College Hospital, Ibadan, Nigeria.*

[3]*Department of Periodontology and Community Dentistry, Faculty of Dentistry, College of Medicine, University of Ibadan and University College Hospital, Ibadan, Nigeria.*

***Correspondence:**

Dr. Mariyam O Salako, Department of Restorative Dentistry, University College Hospital, Ibadan, Nigeria.

Received: 08 Apr 2026; **Accepted:** 10 May 2026; **Published:** 19 May 2026

Citation: Mariyam O Salako, Tunde J Ogunrinde, Folake B Lawal. Being an Internally Migrated Informal Caregiver in a Nigerian Teaching Hospital: Aspects of Life Affected. Oral Health Dental Sci. 2026; 10(3); 1-6.

ABSTRACT

Background: *Internal migration significantly impacts the lives of informal caregivers who have relocated within their country, influencing various aspects such as social and familial relationships, health and well-being, as well as cultural diversity. Their contributions are especially vital in resource-limited settings like Nigeria. This study examines how the daily lives of these internally migrated informal caregivers are affected.*

Methods: *The research was conducted at a tertiary hospital in Nigeria and employed a qualitative approach through phenomenological inquiry to gain insight into human experiences from the participants' perspectives. The study sample consisted of family members of patients receiving care for orofacial diseases. Participants (IMICs that were 18years and older) were identified in the oral and maxillofacial wards in the Hospital. Data collection involved face-to-face in-depth interviews conducted after obtaining informed consent. These interviews were recorded using an iPhone 12 Pro (Apple Inc.) and transcribed verbatim. All interviews were conducted in English, and ethical approval was granted by the Institutional Ethical Review Committee (UI/EC/23/0069). A total of 18 internally migrated informal caregivers (IMICs) participated in the study. Each interview was conducted while the participants sat comfortably in a chair and lasted approximately 30 minutes. The qualitative data collection was concluded once participant responses indicated saturation, meaning that no new information was being revealed. The overall duration for data collection spanned approximately six months, from May to October 2023, and thematic analysis was utilized for data analysis.*

Result: *A total of 18 informal caregivers were interviewed for the study. Thirteen (72.2%) of the caregivers were females. Fifteen (83.3%) of them were employed. The majority, 16 (88.9%), were Christians, and the remaining 2 (11.1%) practice Islam. Aspects of life affected include the economic, health, sleep patterns, nutrition/feeding, social, family life, cultural and community integration.*

Conclusion: *This study has shown that different aspects of life such as economic, sleep patterns, nutrition, social, and family life of internally migrated informal caregivers can be affected while performing their roles.*

Keywords

Caregivers, Internally migrated, Phenomenological inquiry, Aspects of life.

Introduction

Informal caregiving in Nigeria Specialist Hospitals represents a critical but often overlooked component of the healthcare system. Unlike in many developed countries, where professional staff provide comprehensive inpatient care, Nigerian hospitals frequently rely on family members or close associates to deliver essential support to patients during admission [1]. These caregivers, often unpaid and untrained, perform tasks ranging from feeding and bathing patients to running errands to make payment for investigations and medications. Their role is indispensable

in bridging gaps created by limited clinical staff and hospital resources.

A unique dimension of this occurrence is internal migration, where caregivers relocate from rural or semi-urban communities to teaching hospitals located in urban areas to care for hospitalized services are concentrated in tertiary facilities located in the urban areas in Nigeria [2]. Consequently, caregivers must temporarily abandon their homes, livelihoods, and social communities to reside within or around hospital premises. This migration introduces profound disruptions to their personal, social, and economic lives [3].

Studies across Africa reveal similar patterns of reliance on informal caregivers in hospital settings. In Ghana, family caregivers are integral to patient care, often providing food, hygiene, and emotional support due to limited hospital resources [4]. Research highlights that caregivers face economic strain and social disruption, paralleling findings in Nigeria. In Kenya, caregivers in tertiary hospitals report high levels of stress and financial burden, with migration from rural areas exacerbating these challenges [5].

Internally migrated informal caregivers face multifaceted challenges. The relocation often results in loss of income, as many caregivers are unable to continue their regular occupations while attending to hospitalized relative. Social relationships are strained due to prolonged absence from family and community, while caregivers themselves experience physical and emotional stress from the demands of caregiving in resource-constrained environments [6]. Furthermore, inadequate institutional support exacerbates their vulnerability, leaving them exposed to financial hardship, poor living conditions, and health risks. Despite the central role of IMICs in patient management, the lived experiences of these caregivers remain underexplored. Although, Adebayo et al., reported the specific consequences of internal migration on caregivers' life, there is a need for more study on the lived experience of IMICs to know the aspects of life most affected among internal migrated caregivers.

Understanding the experiences of internally migrated informal caregivers is vital to provide insight to the need for interventions that support caregivers through financial assistance, accommodation facilities, and psychosocial services. This study, therefore aimed to explore the aspects of life most affected by internal migration among informal caregivers in a Nigerian teaching hospital so as to propose strategies for alleviating their burdens.

Material and Method

The research was carried out at a Nigerian tertiary hospital. The study was a qualitative study using phenomenological inquiry to understand human experiences from the individual's perspective. The study sample comprised of family members of patient's receiving care for orofacial diseases aged 18years and above. They were recruited from the oral and maxillofacial wards and units in the hospital. Data collection was through face-to-face in-depth interviews after consent was obtained from the participants. The interviews were recorded using an iPhone 12 Pro (Apple Inc.) and subsequently transcribed verbatim. The interviews were conducted in English language. Approval was obtained from the Institutional ethical review committee (UI/EC/23/0069). A total of 18 internally migrated informal caregivers were interviewed for the study. The IMICs were interviewed seated comfortably on a chair. Each interview lasted 30 minutes. Interviews were stopped when the participants' responses were the same, signifying saturation [1,7]. The complete duration of data collection was about 6 months (May - October 2023). Thematic analysis was employed in the data analysis.

The following interview questions serve as a guide.

1. How do internally migrated informal caregivers describe their lived experiences of providing care in a new environment?
2. In what ways does the caregiving role influence their social relationships and support networks?
3. How does caregiving affect their economic stability, employment opportunities, and financial responsibilities?
4. How do they perceive the impact of their caregiving role on their personal identity, aspirations, and overall life trajectory?

The interviews were transcribed word-for-word, and the correctness of the transcriptions was checked by listening to and reading the recordings several times. Selective isolation of thematic statements from interview transcripts was elicited. Each participant's experiential tales, based on the previously stated themes, are constructed to develop human phenomena, relationships, and experiences of the informal caregivers. Transcribing the recordings to English was done, and any additional information from the notes was included. Transcripts in Yoruba were translated into English by an independent linguist and back to Yoruba for accuracy. All transcripts were read thoroughly, and manual coding in line with the thematic analysis was done. The parent nodes captured responses that pertained to the main/primary theme, which constituted the principal inquiries, while child nodes reflected responses to the sub-themes, usually the probes under each main question. This procedure was done for each of the transcripts. Afterwards, an analysis sheet was made using Microsoft Word.

A conceptual framework was employed to give the findings depth. This shows how the caregiver experience is shaped by overlapping theories and then expressed in different aspects of life. All respondents and their demographic details appeared in the heading of each column, while the themes and subthemes took the roles. The quotes relating to each theme and subtheme were carefully picked and placed in the spreadsheet. The themes are discussed in the results section with some quotes that are unique or provide a summary of the trend of responses. Attention was given to the phenomena under study, which is how caregiving affects the aspects of life of the informal caregivers.

Results

Socio-demographics of the IMICs

A total of 18 informal caregivers were interviewed for the study.

Thirteen (72.2%) of the caregivers were females. Fifteen (83.3%) of them were employed. The majority, 16 (88.9%), were Christians, and the remaining 2 (11.1%) practice Islam (Table 1).

Table 1: Socio-Demographic Characteristics of IMICs.

Socio-demographics of the Informal Caregivers	N	%
Gender		
Male	5	27.8
Female	13	72.2
Age of caregivers		
≤ 40 years	6	33.3
41-49 years	10	55.6
≥ 50 years	2	11.1
Level of education		
Primary school	3	16.7
Senior secondary school	6	33.3
Higher institution	9	50
Marital status		
Single	3	16.7
Married	14	77.8
Divorced	1	5.5
Employment status		
Employed	15	83.3
Unemployed	3	16.7
Relationship to patients		
Spouse	7	38.9
Children	6	33.3
Parent	3	16.7
Other relatives	2	11.1
Religion		
Christianity	16	88.9
Islam	2	11.1
Tribe		
Yoruba	10	55.6%
Igbo	7	38.9%
Hausa	1	5.5%
Geopolitical zone of IMICs		
South-East	4	22.2%
South-West	12	66.7%
North-Central	2	11.1%

Aspects of Life Affected by Caregiving

Aspects of life affected include the economic, health and well-being, sleep patterns, nutrition/feeding, social and family life, and cultural and community integration.

Economical Aspect

Financial strain: Caregiving duties may clash with work, limiting the earning potential of the informal caregivers. A decrease in their earnings or even total closure of their business has been of note. In some cases, the impact of the current situation can be devastating for individuals who rely on unstable income sources or have no source of income at all.

Employment opportunities: Some informal caregivers have reported losing their jobs back home. This was noticed more among the informal caregivers who are casual workers.

Remittances: If separated from family, caregivers may need to send or rely on remittances, affecting household stability.

Table 2: Aspects of life of the Caregivers affected by informal Caregiving.

Major-theme	Sub-themes
Economic Aspect	Financial strain
Employment opportunities	
Remittances	
Health and well-being	Physical strain
Mental health challenges	
Access to health care	
Social and family life	Separation from loved ones
Change in family dynamics	
Cultural and community integration	Adjustments to a new
environment	
Discrimination or marginalization	

"We travelled from Ekiti, and the transport fare was costly. We chartered a taxi to be convenient, and since I have been here with him, my trading business has stopped. My shop has been on lockdown for the last two weeks we've been here. The money we brought is running low, and because of the economic situation of the country, friends and families have not helped" (Female IMIC, 47 years, Wife to a patient).

"I lost the casual job I managed to get here within two days of securing it, because I was called several times from the ward during the hours of work, and could not go back again that day. I needed the job to at least help with my daily needs since I couldn't do my trading since we left home" (Female IMIC, 46 years, Wife to a Patient).

"We have to send money home for the family member the children are staying with. It is not easy at all" (Female IMIC, 45 years, Wife to a Patient).

"I have closed my shop since I travelled to Ibadan from the East. When my brother got sick and was referred to UCH, the family agreed that I would be the one to follow him to Ibadan. Others are civil servants and do not have the luxury of time" (Female IMIC,52 years, Sister to a patient).

"I thought I could just combine caring for my dad and quickly getting some menial jobs while here, but I couldn't cope with the stress, though the money could have helped if I wasn't laid off" (Male IMIC, 21 years, Son of a Patient).

"I spend a lot on feeding, and I don't even like the meals, but I have no other option than to buy food sometimes. One of our family

friends in Ibadan brought homemade food to me sometimes, and this helped me a lot with daily needs and feeding" (female IMIC, 28years, Daughter-in-law to a patient).

Health and Well-Being

Due to the stressful role of being an internally migrated informal caregiver, their health might deteriorate.

Physical Strain: Internally migrated informal caregivers frequently perform physically demanding tasks such as lifting, bathing, feeding, and assisting with mobility. Many undertake these responsibilities without proper training or assistive equipment, increasing their risk of musculoskeletal injuries, chronic pain, fatigue, and exhaustion. Migration itself may worsen physical strain, as caregivers often live in overcrowded or substandard housing and may lack adequate rest, nutrition, and personal time. Over time, untreated physical strain can lead to long-term health problems, reduced caregiving capacity, and burnout.

Mental Health Challenges: Mental Health Challenges are prevalent among internally migrated informal caregivers. Separation from familial social networks, cultural adjustment, financial insecurity, and role overload contribute to emotional distress. Caregivers may experience anxiety, depression, loneliness, and feelings of helplessness, especially when caring for individuals with chronic illnesses or disabilities. The constant pressure to meet caregiving demands while adapting to a new environment often leads to emotional exhaustion.

Access to Health Care: Access to healthcare services is a major challenge for internally migrated caregivers. They may face barriers such as a lack of legal documentation, unfamiliarity with local health systems, financial constraints, and discrimination. As a result, caregivers often delay or forgo medical care for themselves, prioritizing the needs of those they care for. Limited access to preventive services and mental health care increases the risk of untreated illnesses and worsens existing conditions. This lack of healthcare access negatively affects both the caregiver and the sustainability of care provision. The inability to comply with medications was one of the challenges faced by a female IMIC as she skipped her antihypertensive medications occasionally.

"I have been having constant headaches. I complained to one of the nurses who helped check my blood pressure, and it was noticed to be high. I was told to rest and re-check, and if still high, there may be a need to send to the clinic to see the doctor. But I'm scared because if asked to go home, no one is available to stay with my husband" (Female IMIC, 45years, Wife to a Patient).

"I fainted one day, and it was the nurses and doctor passing that helped me. I skipped my breakfast and was searching for the surgery list, but before I knew it, I felt dizzy and fainted. I was warned thereafter, always to eat well, now so that I can have enough strength to take care of him" (Female IMIC, 35years, Mother to a patient).

Many of the informal caregivers reported experiencing poor sleep patterns, and the need to be alert for quick responses to patients' needs was a strenuous issue. In addition, inadequate caregiving support from health workers and high direct and indirect economic costs of informal caregiving were also reported as problems that affected their sleeping patterns.

"In the waiting area, I got exposed to harsh weather, and I slept there overnight. My sleeping pattern has changed; I have fewer hours of sleep, three to four hours a day. I don't get a good sleep. I have been sleeping outside the ward on the floor, and it's not comfortable at all. Also, the weather is cold, and the mosquitoes are much" (Female IMIC, 52 years, sister to a patient).

Because of being far from home, feeding expenses have to be included in the budget. Most times, the foods are bought from the surrounding restaurants or those within the hospital, and the quality is said to be below average sometimes.

"I have not had a good meal since I came here to stay with my mum, she takes blended meals, so after getting hers, I have to go and source my own meal, and because it's usually bought from canteens, I don't think it's of adequate quality" (Male IMIC, 25years, Son of a patient).

Social and Family Life

Separation from loved ones and Changes in family dynamics: Internally migrated informal caregivers often relocate to provide unpaid care for elderly, ill, or disabled family members in health institutions far away from their community. While migration enables caregiving, separation from their own loved ones- such as spouses, children, parents, and close friends- has profound effects on their social and family life, and also causes changes in family dynamics. This separation disrupts emotional bonds, alters family roles, and increases social vulnerability. The social impacts of informal caregiving were mentioned, and some respondents wished they were not in this position.

"I could not go to any of my family functions since his sickness started. I even missed my niece's wedding. But I am hopeful he will soon be well and discharged home soon" (Female IMIC, Wife of a patient, 43years).

"It's like everything is on hold now. I could barely do other things. I am praying this comes to an end soon and we will be able to go home" (Male IMIC, 25years, Son of a patient).

Some IMICs reported that their religious activities were affected.

"I haven't gone to church since his admission. I felt he might need something while I am away, especially with the tracheostomy tube; his voice is low, so he needs me around" (Female IMIC, 49 years, wife to a patient).

"I am a church usher. I haven't attended meetings for a while, I'm

sure they would have a replacement by now, I feel I'm backsliding'' (Female IMIC, 52 years, sister to a patient).

They lamented the consequences on homemaking, mostly by wives who left their children at home or with families.

"I miss my home, I miss my children" (Female IMIC, wife of a patient,43years).

Cultural and Community Integration:

Adaptation to new environments: Informal caregivers need to adapt to the new environment, the internal migration. Adapting to the unfamiliar cultural and physical settings while managing caregiving responsibilities.

Discrimination or marginalization: Some informal caregivers complain of discrimination due to tribal differences.
"I do feel some staff and even other informal caregivers don't want to mingle with me much, perhaps because I am from the North" (Male IMIC, Son of a patient, 23years).

"No matter how clean our side of the bed, there are some nurses who always complain and make sly remarks like... that's how dirty you people are. I just kept quiet because all I'm after is for my father to get well" (Male IMIC, Son of a patient, 23years).

Discussion

The findings in this qualitative study illustrate that different aspects of life of the IMICs are affected. These included the economic aspect, health and well-being, social and family life, and cultural and community integration. These prominent themes highlight how caregiving affects the day-to-day life of the IMICs. The movement from one part of the country to the other, coupled with the role as a caregiver, reflects a deep sense of duty. The economic aspect, such as financial strain, employment opportunities, and remittances, highlights the subthemes from the economic aspect. How migration from one part of the country to another in seeking health and serving as a caregiver clashes with their work and limits their earning potential [8].

Al-Namla, et al. [9] reported a narrative review of caregivers having to reduce work hours resulting in reduce wage and significantly affecting their daily living. A female IMIC reported absence from work few days, taking the caregiver role led to her dismissal from work. The report is similar to other studies on caregivers that reported dismissal from work. The impact of this can be devastating to some IMICs. Taking absence from work consistently may lead to dismissal from work [10,11]. Requesting remittances from family and friends was reported as a difficult task and could affect psychologically and may also have an effect on the IMIC's social and family life [1,12]. Some of these effects are intertwined and have ripple effects on each other.

Physical strain, mental health challenges, and access to health challenges and access to health care have been the highlights of how the health and well-being of IMICS are affected [13,14]. Respondents generally attested to the burden of informal caregiving on their health, as most recounted experiences of perpetually losing sleep. They lose sleep because of the need to always stay awake in the event of the discomfort of their sick loved ones. This is besides the psychological stress most of the respondents reported, which threw them into some mental disturbances. Despite the physically demanding tasks, IMICs still try to perform their duties, but over time, some could break down, experience burnout, and develop long-term health problems [1,15]. It is a known fact that sleep and psychological disturbances could make one vulnerable to a wide range of illnesses. Informal caregivers who turned out to become patients themselves are discussed in some studies [16,17]. Access to health care has been an issue that caregivers have been reported to forgo or do away with [18]. Caregiving may also affect the carers physical health, as trivializing their caregiving role, due to their assumption, as well as their families and society's expectation, that it is the right thing to do, may result in their over-extending themselves and succumbing to illness or injury, sometimes becoming patients in the immediate future of providing care for a sick relative [19].

In the aspect of social and family life, separation from loved ones and a change in family dynamics have been noted as more females engage in caregiving roles than males [20,21]. The absence of family functions and landmark events has been noted by some caregivers. Prolonged caregiving can compromise interactions with family and friends. Informal caregivers are excluded from participating in social interactions and events, including religious and cultural ceremonies, which they may previously have enjoyed [22]. Caregivers may, over time, not be invited to social activities due to their unavailability as they give their time and efforts to providing substantial care to their dependent relatives [22,23]. The religious aspect of the life of most was discovered to have backslidden due to the far proximity of the religious centre and the overwhelming role of the IMICs. Some of the IMICs reported that they couldn't keep up with their church activities again since they travelled out of their states to stay with their care recipient. The Muslims among the IMICs complained of the far distance from the mosque to the wards and sometimes missing salat. Just like in some studies, caregivers have turned to prayer when it seems like everything is on hold [24,25]. Similar to what's reported by Al-Namla et al. [9], cultural and religious expectations were found to both motivate and complicate caregiving.

Cultural and community integration by adapting to new environments by the IMICs, the unfamiliar cultural and physical settings, and discrimination due to tribal differences were reported. Females take the caregiving role more, due to gender- based power dynamics, and their responsibilities in the home often result in the assumption that they are available to provide care and therefore should be willing to do so [9,26].

Conclusions and Recommendations

This study has shown that different aspects of life of internally

migrated informal caregivers can be affected while performing their roles. It is recommended that the experiences of these IMICs could be improved with less hospital bureaucracy, a conducive place of rest, and good management policies, and staff should be trained in human relations.

References

1. Chukwu N, Agwu P, Ajibo H, et al. Challenges faced by informal caregivers of patients in a Nigerian hospital and implications for social work. Journal of Social Work. 2022; 22: 1189-1206.
2. Adebayo O, Omoruyi LO, Labiran A, et al. Pattern of spread of medical schools in Nigeria. Developing Country Studies Dev Ctry Stud. 2013; 3: 1605.
3. Merla L, Kilkey M, Baldassar L. Examining transnational care circulation trajectories within immobilizing regimes of migration : implications for proximate care. Journal of Family Research. 2020; 32: 514-536.
4. Bekui BAA, Ohene LA, Badzi C, et al. Physical and socioeconomic burden of caregiving on family caregivers of children with cancer at a tertiary Hospital in Ghana. Nurs Open. 2023; 10: 915-925.
5. Mutiso V, Musyimi C, Ndetei D. Informal caregiving in Kenyan hospitals: Burden and coping strategies. International Journal of Mental Health Systems. 2020; 14: 1-10.
6. Adebayo KO, Somefun S, Omobowale MO, et al. Burdens and challenges of hospital-based informal caregiving in Africa: A scoping review. J Community Syst Health. 2025; 2.
7. Saunders B, Sim J, Kingstone T, et al. Saturation in qualitative research: exploring its conceptualization and operationalization. Qual Quant. 2018; 52: 1893-1907.
8. Wolff JL, Spillman BC, Freedman VA, et al. A National Profile of Family and Unpaid Caregivers Who Assist Older Adults with Health Care Activities. JAMA Internal Medicine. 2016; 176: 372-379.
9. Al-Namla M, Mahboob A, Radwan E, et al. A narrative review of challenges faced by informal caregivers of people with dementia in the Middle East and North Africa. Frontiers in Medicine. 2025; 12: 1610957.
10. Kisangala E, Mbivnjo EL, Webb EJD, et al. Health and economic impact of caregiving on informal caregivers of people with chronic diseases in sub-Saharan Africa: A systematic review. PLOS Glob Public Health. 2024.
11. O'Neill A, Gallagher S, Hannigan A, et al. Association between work status and depression in informal caregivers: A collaborative modelling approach. Eur J Public Health. 2022; 32: 59-65.
12. Nwagwu WE, Akanji HA. Information-seeking behaviour of informal caregivers at the premier tertiary teaching hospital in Nigeria. Information Development. 2024.
13. Bremmers LGM, Fabbricotti IN, Gräler ES, et al. The impact of informal care provision on the quality of life of adults caring for persons with mental health problems: A cross-sectional assessment of caregiver quality of life. Health Psychology Open. 2024; 11: 20551029241262883.
14. Navaie-Waliser M, Feldman PH, Gould DA, et al. When the caregiver needs care: the plight of vulnerable caregivers. Am J Public Health. 2002; 92: 409-413.
15. Gbolahan OO, Olowookere SA, Aladelusi TO, et al. Burdens and predictors of the Burden experienced by Family Caregivers of Patients with Oral and Maxillofacial Tumours. J West Afr Coll Surg. 2021; 11: 18-25.
16. Adelman RD, Tmanova LL, Delgado D, et al. Caregiver Burden: A Clinical Review. JAMA. 2014; 311: 1052-1060.
17. Israel Olatunji Gabriel, Joel O Aluko, Mohammed Ibrahim Okeme et al. Caregiver Burden Among Informal Caregivers of Women with Breast Cancer. Biomedical Journal of Scientific Technical Research. 2019; 15: 11384-11392.
18. Inogbo C, Olotu S, James B, et al. Burden of care amongst caregivers who are first-degree relatives of patients with schizophrenia. PAMJ.2017; 28: 284.
19. Alrashed AM. Illustration of informal caregiving within Saudi society: Demography, scope of care, and enabling arrangements. Scand J Caring Sci. 2017; 31: 263-272.
20. Hooyman NR. Social and health disparities in aging: Gender inequities in long-term care. Generations. 2014; 38: 25-32.
21. Kent EE, Mollica MA, Buckenmaier S, et al. The characteristics of informal cancer caregivers in the United States. Seminars in Oncology Nursing. 2019; 35: 328-332.
22. Zhang J, Sun X, Yao A. Use of home and Community-based services and loneliness in older people with functional limitations: A cross-sectional study. BMC Psychiatry. 2023; 23: 1-9.
23. Quashie NT, Wagner M, Verbakel E, et al. Socioeconomic differences in informal caregiving in Europe. European Journal of Ageing. 2022; 19: 621-632.
24. Asano R, Kellogg A, Sulmasy D, et al. Religious Involvement, Depressive Symptoms, and Burden in Caregivers of Terminally Ill Patients. J Hosp Palliat Nurs. 2021; 23: 271-276.
25. Hebert RS, Weinstein E, Martire LM, et al. Religion, spirituality, and the well-being of informal caregivers: A review, critique, and research prospectus. Aging Mental Health. 2006; 10; 497-520.
26. Okikiade Oyegbile Y. Informal Caregiving: The Lonely Road Traveled by Caregivers in Africa. Determinants of Loneliness. Intech Open. 2024.