

RESEARCH ARTICLE

Exploring Care Management for Older Adults with Illnesses as Family Members' Responsibility.

The need for Social Workers' Support Services in Nigeria

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History

Received: 20 October 2021
Accepted: 3 August 2022
Published: 13 December 2022

Citation

Ene, J. C., Chukwu, N. E., & Ajibo, H. T. (2022). Exploring care management for older adults with illnesses as family members' responsibility. The need for social workers' support services in Nigeria. *European Journal of Mental Health*, 17(3), 38–51. <https://doi.org/10.5708/EJMH.17.2022.3.3>

Introduction: Aging oftentimes comes with health-related issues. Usually, family members are obliged to provide care management for older adults. They must perform this task despite their limited knowledge of their patients' health conditions. Hence, securing care management for older adults with illnesses becomes a dilemma for consideration.

Aims: Older adults require support in managing health conditions. This study hopes to promote the following: First, provide understanding of how family members perceive caregiving. Second, provide insight into family members' management of health care challenges. Third, explore the need for geriatric support services in providing care for older adults.

Methods: The study employed a qualitative research method. Focus Group Discussion was utilized to elicit data from 24 participants admitted to four health care facilities at Enugu-North, Nigeria.

Results: Findings indicated that participants perceived care management for the older adults as a filial responsibility that should be provided till their demise. However, the majority experienced difficulties to this effect, other major concerns found include age and the older adult's attitude, financial challenges, the changing contemporary society, and caregiving stress due to the care recipient's health status. While many of the participants indicated a preference for traditional medicine as an alternative to rapidly increasing health service charges owing to lagging geriatric support; others were less reliant on the governmental welfare support services.

Conclusions: With the government implementing aging and health care policies, Non-Governmental Organizations (NGOs) and Civil Society Organizations (CSOs) in collaboration with geriatric social workers can help develop care-aid programs for older adults' healthy wellbeing.

Keywords: caregivers, care management, family members, older adults, social workers

Introduction

Health is every individual's fundamental right irrespective of age. This is aptly captured in the United Nations Department of Economic and Social Affairs (UNDESA, 2016) Sustainable Development Goal (SDG) 3: "To ensure healthy lives and promote wellbeing for all at all ages". Since the 21st century, a significant demographic trend globally consists in people living longer lives owing to improved living standards, advancements and break-

throughs in the area of medicine, and the development of new effective drugs and vaccines (UNDESA, 2017; UN, 2012;). However, in the next 30 years, the number of older adults is projected to triple (He et al., 2016; UN, 2019); with the world's population of persons aged 60 and older to double by 2050 (WHO, 2015). Along with this come the problems of disorders and illnesses associated with aging that require care, as well as their attendant care management issues which are sources of concern to family members.

Care management involves a patient-centered approach designed to assist patients and their support system (family members) in managing medical conditions more effectively (Agency for Healthcare Research and Quality, 2018). It also encompasses those care coordination activities needed to help manage chronic illness. Nevertheless, McGregor et al., (2018) rightly observed that most health outcomes associated with aging are often chronic illnesses, including cancer, diabetes, and osteoarthritis among others. Older adults experiencing such infirmities are at greater risk of developing an illness like Parkinson's disease, Alzheimer's, and Dementia; with a decline or disability of receptors. If the disease or illness is serious or at an advanced stage, a tendency of experiencing restrained mobility appears, which may prompt expanded mortality (Barham et al., 2019).

However, the pattern and pace of aging populations vary in different settings. Many High-Income Countries (HICs) already have sizeable older populations while most Low and Middle-Income Countries (LMICs), including Nigeria, remain relatively young (Sudharsanan & Bloom, 2018). The UNDESA Population Division projected the global aging population (60 years and older) to grow from 9.2 million in 2017 to 2.1 billion by 2050 (UNDESA, 2017). While Adebawale (2016) reported that the proportion of this age group in Nigeria is up to 20%, the National Bureau of Statistics (2018) stated that the country's population of older adults has increased from 8,741,292 in 2013 to 9,622,056 in 2016, with an expected growth in years to come. The increasing older population comes with an increase in health care demands. This is of concern to family members who oftentimes play an active role in providing care management for older adults with illnesses (Wolff et al., 2020). Though not officially gazetted, they remain key players in the care of older adults in hospitals. In addition to helping with household and activities of daily living, family caregivers assist with care activities, including managing medications, coordinating care, or attending medical encounters (Wolff et al., 2013).

Nigerian culture regarding the Igbo ethnic group where the study is domiciled does not support the institutionalization of older adults, offering restricted social security packages for them consequent upon the conviction that care for older adults should be filial and managed till death (Adisa, 2019). According to literature, caregivers often participate in the exchange of patients' information and medical decision-making (Laidsaar-Powell et al., 2013; Wolff & Roter, 2011); thereby necessitating their interaction with health care personnel. It then follows that assistance with care management, finance, mobility, and other activities are provided by caregivers who might be spouses, children, and nephews among other younger family members (Okoye 2012; Oladeji, 2011). However, they may have other family obligations, with limited knowledge of patients' health conditions and priorities (Kitiko et al., 2015; Silveira et al., 2010); making their involvement and interaction with health personnel at times difficult. Consequently, the poor care management for older adults with illnesses by their family caregivers might be responsible for many health outcomes associated with aging.

In contrast to this view, it has been reported that the Nigerian government runs a National Health Insurance Scheme (NHIS) that cares for only federal public servants (Dokpesi, 2017); thereby neglecting many older adults. More so, health expenditure as of 2014 was 3.7% of Gross Development Product (GDP) (WHO, 2014). Worrisome is the increasing number of older adults requiring care management while the number of geriatricians has remained abysmally low. Usman posits that there are seven geriatricians serving over nine million aged persons, with the indication that the aging population suffers constrained access to quality health care ("Nigeria has only 7 geriatricians to cater for over 9m aged persons", 2018).

Scholars recently have reported that older adults aged 60 years and older in LMICs utilize an excessively enormous allotment on health resources (Dokpesi, 2017) and so tend to be the most financially vulnerable (Adisa, 2019; Ebimngbo et al., 2020). Economic vulnerability in the face of changing contemporary Nigerian society may prevent them from seeking adequate care management for healthy wellbeing. The bulk of health care expenditure is financed through out-of-pocket payments often made by family members, particularly for older adults with chronic illnesses (Okoye, 2014). Such payment covers the direct cost of laboratory tests, doctors' consultation fees, drugs, and other indirect costs, such as managing their health outcomes and loss of manpower for the older patient and their caregivers. Managing these adverse effects, however, becomes a concern for family caregivers. The report expresses the concern that a rapidly increasing health service charge is occurring in most health institutions with the adoption of traditional medicine as a potential alternative in contemporary Nigeria (Dokpesi, 2017; Schnabel et al., 2014); and this is the gap this study hopes to fill.

In this study, therefore, the authors make an endeavor to determine concerns in care management for older adults with illnesses regarded as family members' responsibility. This becomes significant against the background that despite the attachment bonds that exist among members (Bretherton, 1992), family caregivers oftentimes experience stress, guilt, and burden while caring; and this affects their ability to provide adequate care management services for older adults with illnesses (Faronbi & Olagun, 2017; Wojujutari, 2016). They may not have substantial knowledge or training in geriatric health care, are not professional health care providers, and may neglect to provide their older adults with essential health management strategies (Olson, 2012; Potyraj, 2016). This may result in a decline in body functioning, affect the opportunity to exercise, regular hospital visitation, and may lead to the development of aging-related illnesses without effective intervention by professionals (Okafor et al., 2017). One type of these professionals is geriatric social workers.

In Nigeria, geriatric social work practice stands very much in its early stage of development. Against that backdrop, it is evident that the availability of trained geriatric social workers in Nigeria to work with caregivers remains grossly inadequate coupled with structural failures to give these professionals the platform to do their job (Okoye et al., 2017). It is envisaged that collaboration with geriatric professionals will provide effective therapeutic and intervention services, follow up and assist governmental, Non-Governmental Organizations, and Civil Society Organizations to venture into providing adequate care management and healthy wellbeing for older adults. This study, therefore, is reasonable as it seeks to contribute to the integral role of geriatric professionals and encourage family caregivers to continue to provide care management for their older adults afflicted with illnesses. With insufficient attention from the Nigerian government, securing care management for older adults' healthy well-being appears to be a dilemma that needs to be addressed. The justification is that since older adults are vulnerable to illnesses, their health management should be at the fore of development discourses. Hence, a start-point consists in understanding concerns on care management for older adults by family members and adopt such concerns into policy and programmatic actions. Thus, the following research questions informed this study:

1. How do family members perceive their caregiving role in the care management of older adults with illnesses?
2. What are the major impediments family members face in the care management of older adults with illnesses?
3. How can geriatric social workers assist family caregivers in providing care management for older adults with illnesses?

Theoretical Framework

The attachment theory developed by Bowlby and Ainsworth in the 1930s (Bretherton, 1992) was employed as a theoretical explanation for the care management for older adults with ill health. The theory provides a comprehensive framework on how close relationships shape the manner in which caregivers deal with stressors and strains including emotionally high or low management styles in the health needs of older adults. According to Erik (2015), theories can be tested through three main methods; namely surveys, controlled experiments, and field observation. The attachment theory utilized in this theoretical framework was tested through the survey (opinion sampled from caregivers) and field observation. Caregivers opined that care management provided for older adults in the study locality was based on family attachment (filial association), and this has been observed by Okoye (2012). Hence, older adults depend on their children and extended family relations for care and sustenance.

Attachment theory is conceptualized as a biological-based innate system that protects older adults via uncompromisingly keeping them close to family caregivers amidst their health needs (Simpson & Rholes, 2017). These needs are associated with the importance of family caregivers in identifying their concerns related to care management for older adults' wellbeing as well as managing conflicting needs. The attachment behavioral system works together with the caregiving system. Thus, stronger attachment bonds were associated with a greater amount of care management services provided. For instance, the caregiving system generally leads individuals allude to their relationship partner's distress signals and it typically triggers actions that will protect, promote, and secure appropriate care management needed for healthy well-being (Pietromonaco et al., 2014). As such, the feeling of pain and guilt seeing their loved relations experience unfavorable health conditions triggers providing care management services and a closer attachment bond. More so, the attachment bond stimulates family members to restore relationships with older adults, despite the challenges and threats in providing care. Hence, threats to the attachment bond include pain, burden,

or stress which may influence the attachment behavioral system. Given these challenges, older adults with illnesses are often attached to family members whom they perceive as obliged to provide care management (Koruk, 2017).

Methods

Study Area

The study was conducted in the Enugu-North senatorial zone, Enugu State. Enugu State is one of the 36 States in the South-East geo-political zone in Nigeria; with three senatorial zones, including Enugu-North. The total population figure of Enugu State is about 4.1 million based on reports from the National Bureau of Statistics (2018). Reports from the last national census held by the National Population Commission (NPC, 2006), have it that in this state, the total population of persons aged 20–59 years accounts for about 1,492,844 while older adults aged 60 years and older have a total population of about 224,906. However, based on the NPC (2006) population data, the 2020 total population projection for persons 20–59 years accounts for 2,239,266 while 337,359 is for adults aged 60 years and older.

In Enugu State, there are about 36 cottage hospitals, 366 primary healthcare centers and approximately 700 private health facilities (Uzochukwu et al., 2014). These public health facilities operate at the primary, secondary, and tertiary levels and are mal-distributed politically. However, the state generally lacks facilities and personnel particularly in the rural areas, with an estimated staff strength of 4,422 as of 2016 (Ndibuagu et al., 2015). The justification for selecting the study area could be attributed to several reports and studies on the caregiving stress experienced among family members in Nsukka. For instance, Okoye & Asa (2011) found that caregivers' age and the level of income are all significantly related to the level of stress experienced. More so, the locality has small-sized private for-profit health facilities but is dominated by government and mission health institutions. Despite this, it remains characterized by heavy disease burdens and great out-of-pocket financing, as is the case with most communities in Nigeria. From the Enugu-North senatorial zone, Nsukka Local Government Area (L.G.A) was purposely selected as the study locality. Nsukka L.G.A consists of a semi-urban area made up of 17 rural communities, with a major urban area that is Nsukka urban (Ugwuishiwi et al., 2016). The rationale was that owing to proximity, most rural indigenes migrate to urban areas for health services.

Population and Sampling

In the study area, ten major health care facilities exist (Uzochukwu et al., 2014). The authors applied a simple random sampling procedure through balloting for selecting two government and two mission health facilities. The names of the ten government health facilities in Nsukka urban were listed on small pieces of paper in a basket that was shuffled. Using the hand drawing method, two of the researchers were asked to pick one piece of paper. The same method was adopted to select two out of the ten health facilities in the study area. Thus, the authors drew two government and two mission health facilities. According to Lune and Berg (2017), simple random sampling constitutes a sampling method that allows a sample to be chosen from a population of interest so that the probability of selecting each item in the population is the same. The criteria for selecting the hospitals were based on the institutions' ownership, and the subsidized service charge. Again, another rationale for picking government and missionary institutions involved giving the researchers the opportunity to have an in-depth understanding of the situation under study, in that it will allow us to collect diverse views from the study participants in different health institutions. The selected government-owned hospitals include Nsukka General Hospital (NGH) and the University of Nigeria Medical Center (UNMC), while the missionary-owned hospitals consisted of Bishop Shanahan Hospital (BSH) and Faith Foundation Hospital (FFH), all situated in Nsukka urban.

The age distribution of persons 20–59 years in Enugu State (Nigeria), is perceived to be the productive population. The rationale is that this age distribution consists of the active age group who are actively involved in production (labor) and providing services. More so, it is expected that at 20 years one must have completed the secondary level of education and can be able to provide care management including basic activities of daily living, whereas in the public service sector, retirement commences at the age of 60 years. In Nigeria and Enugu state in particular, no available data exists on health and social service used by adults aged

60 years and older. The only available service for them involves the relationship with family members, feeling connected to them, as well as to their community, church, friends, or neighborhood, which all contribute to their wellbeing and feeling of independence. These local institutions usually serve as a safety net for older adults (Okoye, 2013), whilst being responsible for providing food, drink, basic health and social services (Echeta & Ezeh, 2017).

Sampling Procedure and Data Collection

The authors employed the qualitative research method in generating data for this study. In research, this approach is concerned with perspectives and interpretations of people based on their care management experiences as it seeks to gain further insights into the thinking and behavior of people (Philips et al., 2016). Focus Group Discussions (FGDs) served as the main source of data collection because of the large number of ideas, issues, topics, and even solutions to a problem that can be generated. This is a structured discussion aimed to gain an in-depth understanding of a situation or gather information on a particular research topic, from a maximum of ten participants (for each session) with the same characteristics (Nyumba et al, 2018). With the medical health care workers' assistance in the in-patient care (IPC) or out-patient departments (OPD) in the selected hospitals between October and December 2020, family members (aged 19–59 years) were selected who provided care management to older adults (aged 60 and older). We utilized a combination of purposive and snowball sampling techniques to contact the respondents. To ensure equal gender representation, we pulled together 12 men and 12 women (three males and females from each hospital) respectively, across the location (hospitals), making 24 participants in the locality. We were careful to choose central locations, scheduled dates, and times to ease their movements and reaffirmed them that the conversations were going to be short so they could attend to their private affairs. Two FGD sessions (all men and women) were conducted and neither exceeded 90 minutes.

We started the process with the focus group by conducting a general introduction involving all the participants and researchers present for the discussion, the objective of which consisted of reading to the participants, after giving the assurance of confidentiality, anonymity, and obtaining an oral consent by the participants to audio-recording, their willingness to participate and freedom to decline during the discussion. We took time to explain the above to participants that could not seamlessly understand the objective of the discussion. Researchers designed questions with probes termed "Focus Group Discussion Guide for Older Adults' Caregivers" was used to elicit the participants' responses. The discussion question guide has two sections comprising section A (demographic characteristics of participants) and section B, which focused on the major information relevant to the research questions. To uphold confidentiality, the participants were given numbers (as names) to identify responses from them. We held our group discussions in a round sitting position with a large table at the center (used for tape recording and note-taking). Major topics discussed were their perception of care management for older adults (probe for negative and positive responses), type of care management provided for the older adults, major challenges experienced in providing care management, action taken when severe health challenge is experienced (probe for health services utilized and reasons) and knowledge of health workers including social workers.

The FGD guide was collectively designed by six researchers and pretested with a group of four caregivers who provide care management to older adults with illnesses in a private hospital. Insights from the pretest were captured in the final polishing of the FGD guide before the main study. Among the six researchers trained to assist in this study, two persons moderated, two were coders who took notes and the other two monitored the recording mechanism. We took care to ensure the effective involvement of all the participants. The discussions occurred in English and Igbo languages, depending on what the participants were comfortable with. No interpreters were involved as all the researchers were conversant with both languages. Since the research was conducted during the relaxation of the COVID-19 lockdown (October 2020), all health guidelines – including social distancing, face mask wearing, and the use of alcohol-based hand sanitizers – were adopted.

This approach attaches importance to rich contextualized descriptions based on experience and is free from pre-existing prejudices (Spiegelberg, 2012). We were guided by phenomenology in the qualitative research which allowed us to discuss our participants' experiences and concerns regarding our research topic in light of the phenomenological research approach's aim. More so, the content of the FGD guide dealt with the concerns of caregivers relating to care management for older adults with illnesses and intended to capture as closely as possible how the phenomenon manifests within the context in which the experience takes place (Giorgi & Giorgi, 2003). This approach thus helped us to adequately capture the caregivers' phrases and nuances, and see events as they appeared to them.

Data Analysis Procedure

Data were analyzed after transcription in the English language. The researchers who did the transcriptions are grounded in the Igbo language, even though just a few participants expressed themselves in Igbo. After transcription, we compared the contents of the transcripts with the field notes to ensure coherence. Next, we coded the data into parent and child nodes. An inductive coding approach was adopted, meaning and themes were generated as we studied the transcripts. The use of thematic clusters to understand and communicate qualitative data is rooted in phenomenology (Braun & Clarke, 2014; Creswell & Creswell, 2018). To add more rigor to our analysis, we handed the analysis spreadsheet with relevant discussions to two peers for further examination. Their insights contributed to the final checks on the analysis spreadsheet. These exercises stand in line with peer debriefing and observer triangulation in qualitative research (Padgett, 2008). The themes generated were developed following the research questions as described in the field experience (Babbie, 2010). The rationale behind the use of themes is to help with classifying responses. The themes include family members’ perception of care management, major impediments of family members in care management, and the knowledge of geriatric social workers’ role in care management of older adults with illnesses.

Results

Socio-Demographic Characteristics of the Sample

First, we present the findings on the study participants’ socio-demographic characteristics. The participants were all caregivers who are either married, single, or widowed, and who are providing care management to older adults with illnesses at the time we conducted this study. A good number (75%) of the participants had blood ties - as family member caregivers - and, as such, did not receive any reward for providing filial care; whereas (25%) of the participants were family members who received gratification/reward. More than half (58.3%) of the respondents were married, and 54.2% had secondary school education and below. In terms of monthly income, while above half (66.7%) receive more than 30,000 naira monthly (equivalent to above \$60); others (33.3%) receive less. Most of the respondents were family caregivers aged 30–59 years. They are predominantly Christians. Table 1 reveals further information.

Family Members’ Perception of Care Management for Older Adults with Illnesses

With the exception of a very few, most participants highlighted that care management of older adults is a filial responsibility. While some of them responded to the cultural perception of filial responsibility, others were of the view that it remains a personal decision prompted by one’s emotions. A few participants stressed that filial

Table 1. Summary of socio-demographic data of participants

Socio-demographic	Frequency	%
Gender		
Male	12	50.0
Female	12	50.0
Total	24	100.0
Receiving a reward when caring for an older adult		
No	18	75.0
Yes	06	25.0
Total	24	100.0
Marital status		
Married at present	14	58.3
Not married at present	10	41.7
Total	24	100.0
Educational status		
Secondary school and below	13	54.2
Post-secondary school	11	45.8
Total	24	100.0
Earning above minimum wage (30,000 naira)		
Yes	16	66.7
No	08	33.3
Total	24	100.0
Age		
19–30 years	09	37.5
31–59 years	15	62.5
Total	24	100.0

responsibility is gradually becoming extinct and hardly ever practiced due to the associated difficulties. We are listing some typical quotes below:

Older parents must be cared for. It has been practiced by our forefathers' years back and should continue. If we don't care for them, who then will do so? I know that with the care management I provide for Mama now, my children will reciprocate this gesture in my old age. (Male FGD/Participant 2/BSH)

Providing care management for older adults though is an accepted traditional norm; it is also an emotionally driven activity. I feel pain and guilt seeing Papa in a poor health condition. Honestly, I will not relent because it is his right. I also know that it is often accompanied by all-around blessings which the older adults who have been adequately cared for are known to give. (Male FGD/Participant 3/FFH)

With the practice of the extended family system in my place, there are large family members. So, we take it in turns such that everyone participates in providing care management. Though my sibling does not like it, as it affects their job, immediate family relationship, and even decline in their health status. (Female FGD/Participant 5/NGH)

The stress of care management for old parents could become so much that you can even transfer aggression to your husband or your children. We know how difficult they can be. Yet you have to cook, attend to the children when they need to eat or do their homework. Your husband will also need attention. I do not get angry so easily, but I have observed I am changing ever since my father started staying with us. He is old and sick. (Female FGD/Participant 2/BSH)

You see, older parents complain about so many issues including waist pain, swollen legs, and stomach ache, you name it. I try to ensure they receive care, but they never tell you that it is getting any better or at least recognize your efforts. Recently, I insisted on ignoring them. (Male FGD/Participant 10/UNMC)

Caregivers' Major Impediments to Care Management for Older Adults with Illnesses

Under this theme, our result revealed caregivers' major challenges in care management for older adults with illnesses. They include the age and attitude of older adults, changing contemporary society, caregivers' financial challenges, and the effect of older adults' health status on care management.

Age and attitude of older adults

Narratives illustrate that older adults' age and attitude are important concerns for participants. With aging comes physical weakness, affecting health-related activities, including managing medications, coordinating care, and attending medical encounters. So, advancement in age comes with associated attitudinal changes which may be negative. The participants wished that their older adults would understand their predicament regarding the impact this may have on providing care management. The quotes below show how age and attitude impact older adults' care management.

Feeding these days has not been easy owing to aging. Though we cook the food to be as soft as possible, there may be the need to mash the food or feed Papa aided with an apparatus (feeding aid). Most times, my siblings may not do this, but I must do it for him to eat and stay alive. (Female FGD/Participant 06/NGH/)

Because mama finds it difficult to swallow, oftentimes when you give her drugs, you may find it underneath the bed. When you mash drugs and mix them with food, she finds it difficult to assimilate, lamenting that it is bitter. I cannot add sugar to her drugs since she is diabetic. I only wish she understands that I am becoming frustrated. (Male FGD/Participant 09/UNMC)

Owing to old age, mobility has been a challenge for my mum. Recently, I bought a pooh for easy defecation. She has refused to use it but often ends up defecating before entering the convince room. This is difficult for me as I end up quarreling with her and the hospital staff. (Female FGD/Participant 11/FFH)

A male participant who was extremely vocal frightened us by saying:

There are times when papa will tell us to call his kinsmen to conduct a departure meeting on his behalf and also prayer groups to pray for him if he does not live to experience the next day. This usually is very difficult for us as we do not know what could happen next. Sometimes, they come and nothing happens. (Male FGD/Participant 07/BSH/)

Changing Contemporary Society

From the narratives, the changing contemporary Nigerian society was indicated as an important concern in care management for older adults with illnesses. On this issue, some of the participants attributed the change to modernization in terms of the quest for education, job opportunity, adoption of the Western family system, and reduced family size. For instance, a participant after a deep sigh responded:

Our society upholds a filial care system. Here, caregiving is perceived as an obligation that must be performed by family members. In contemporary society, however, things have changed owing to modernization; everyone wants to go to school, get a job, and live in the cities. This makes it difficult for older adults to receive adequate care management from family caregivers. (Male FGD/Participant 11/NGH/)

Another talks about the adoption of the Western family system, with a reduced family size as an outcome. In his view, the gerontology system is fading; care is concentrated on immediate nuclear family members. He emphasized that the extended family system ensures more assistance from family members. We are providing a typical quote below.

[...] Times have changed. Though the gerontology system with family networking and decisions taken by the older kinsmen and women is cherished, most of us are not willing to abandon our families and reside in the village with older parents. The contemporary Nigerian society adopts the nuclear family system with fewer family members; a minimum of three and a maximum of four only. Concentration is on the nuclear family while the extended family system is gradually fading. (Male FGD/Participant 03 /BSH)

We discovered that some participants held the idea about the fading of traditional families, whereas other participants maintained the opinion that relegating this responsibility to paid assistants (formal caregivers) is as good as performing it. Hear this participant:

Life is filled with numerous difficulties which must be satisfied. Care management of older adults is no longer perceived as an obligation to be performed by family members alone. Older adults are now left in their homes in the villages with paid assistants to provide them with care. This is to enable family members to perform other responsibilities. (Female FGD/Participant 01/ UNMC)

Caregivers' Financial Challenge

An important concern for participants consists in what they referred to as the rising cost in the charges of health service demand. This identified challenge transcends to an increasing responsibility for family caregivers in providing health needs of older adults and at the same time fulfilling their own family needs. Most of them have no regular income and this affects the quality of care management they receive, regular utilization of health services, and procurement of medical drugs. See some illustrative quotes.

I desire to provide financial health assistance for my hypertensive mother, but you see, I am saddled with the responsibility of my children as my husband is late [deceased]. I don't have a regular paid income to cope with my responsibilities. So with what can I procure drugs for her? It is what I have that I can offer. It will be good if you (pointing at the researchers) tell the government to provide free health care for all aged parents. (Female FGD/Participant 03/FFH)

We were admitted to this hospital two months ago. Papa has this illness the doctors called type 2 diabetes, which has refused to heal. Currently, I am begging the doctor to discharge us because I cannot cope with the health charges here. (Male FGD/ Participant 04/UNMC)

In other countries, health care for older adults is given priority just like other vulnerable groups, but this is not so here. The government and healthcare sector is not prepared to function effectively. This is why our rich political leaders will always travel abroad in search of adequate healthcare services. (Male FGD/ Participant 01/UNMC)

To the next participant, it was both on financial challenge and regular health service utilization with no external support from her siblings. Hear her:

The burden would have been less on me if my siblings were cooperating. Both our parents are alive and from time to time they fall ill. As the first daughter, I have tried to manage their health needs in this hospital but their health service bills are my problem. My siblings have abandoned everything to me. If only I can have my way to reach some charity organizations to come to my aid. (Female FGD/ Participant 06/NGH)

While lamenting economic concerns, and lack of support from government and private organizations, some participants confessed that they advocated for alternative health care options. Most of them consider the option of using non-institutional health facilities so that they do not go into debt. A typical quote can be seen below:

[...] Yes, I encourage my parents to consider the use of traditional medicine... I tell them to use local medicine within the community...because it is cheaper and better for us...more so it is made from our local tree roots and leaves...it has been used by our forefathers...thank God alternative medicine doctors are increasing [gaining importance] every day in our communities...we want to see more of them. (Male FGD/Participant 05/FFH)

Effect of Older Adults' Health Status on Care Management

According to the participants' narratives, the effect of older adults' health status on care management constitutes an important concern, one which translates to increased health care responsibility. So, the challenging health status of older adults is accompanied by an increasing number of healthcare related activities. They reported that providing care management to older adults, particularly to those with ill health, is not an easy ordeal for it takes a lot of patience, humility, endurance, and perseverance. The quotes below are personal experiences:

My mother has been bedridden for weeks resulting from chronic illness. She cannot move out of the bed and as such defecates there. I wash her bed linen, bathe her, change her lying position, and ensure that her room is neat so as not to scare the rest of the family members and health staff. (Female FGD/Participant 09/FFH)

Oftentimes, I beg my children to assist. This they will do but with disgust. We take it in turns but they always ask me how long this will last? This question I find difficult to answer though I know it will one day come to an end [she sighs in grief]. (Female FGD/Participant 12/BSH)

Caregivers' Knowledge of Geriatric Social Worker's Intervention

The knowledge of geriatric social workers' services and intervention roles were identified by some study participants. Observe this illustrative quote:

[...] Well, I think there is one social worker in this hospital, but I do not know what they can do in this situation. It will be good if these social workers can assist us in providing for older adults in poor health. A good number of them need care management. (Female FGD/Participant 05 /UNMC)

Many of the study participants do not know who geriatric social workers are and what they do. As narrated by this participant: "I don't know them and who are they?" Another participant responded: "I have heard about them but I don't know how they can help in this situation. I would suggest they should help teach young caregivers about providing humane services, especially to the aged".

Discussion

Despite the advancements in medical science and health technology, the care management of older adults has remained suboptimal. With an increasing aging population in Nigeria (UNDESA, 2020) and with older adults' vulnerability to illnesses (Mcgregor et al, 2018); care and attention to the older adults should be a priority. Just like other African countries, the Nigerian government is yet to prioritize the health needs of older adults as obtained with other vulnerable groups like children and expectant mothers (Kana et al, 2015). Given this fact, the care management of older adults is relegated to family members and this has evolved to a degree of concern. This is attributed to certain concerns including the age and attitude of older adults, changing contemporary society, and caregivers' financial challenges, among others. Though findings from our study depict that the traditional filial care of older adults remains a norm in African countries, it is gradually fading away. This evidently raises the importance of the welfare, health needs, and well-being of older adults, particularly in such a time as this. More so, it raises the concern of family caregivers and should serve as a starting point in achieving the UNDESA (2016) Sustainable Development Goal (SDG) 3: "To ensure healthy lives and promote wellbeing for all at all ages". This is particularly relevant with fading traditional filial care and with inadequate commitment from the Nigerian government. It becomes then imperative to swiftly move into action adequate intervention programs and health

policies, which include the Senior Citizen Center Act (SCCA) and Senior Citizen Health Insurance Program (SCHIP) (Adebajo, 2018; Dokpesi, 2017).

In our conversations regarding health care management for older adults, people stressed the fact that the increasing age of older adults comes with a certain negative attitude. More so, these attitudes – despite their nature – must be endured, which is a clear indication that older adults' health care needs must be managed till their demise. The family members fulfill this service amidst their own need to advance across social and economic obligations. Some of the participants lamented that providing health needs for older family members – particularly those with demanding care management – requires virtues including patience, humility, endurance, and perseverance. In this present study, we discovered that the challenging health status of older adults is accompanied by increasing healthcare related activities. These activities include managing medications, coordinating care, and attending routine medical visitations among other encounters (Wolff et al, 2013). Several studies evidence the high involvement of family caregivers in the care of older adults in Nigeria (Okoye, 2012; Oluwabamide & Ebhafona, 2012). It becomes then important to note that the finding on the high involvement of caregivers could be associated with this study's theoretical framework. The Attachment theory is conceptualized as the family caregivers' uncompromising effort to continue providing for older adults' health needs (Simpson & Rholes, 2017). These needs are associated with the importance of providing for health care demands and how to manage conflicting health needs. In all, however, the worry exists that these family caregivers could in the future grow exhausted. Moreover, given the current changing orientations involving fading traditional families, Echeta & Ezech (2017) following Olaore & Agwu (2020), observed that fulfilling healthcare demands for older adults with illnesses in Nigeria through family caregivers might be unsustainable in times to come. A need exists to advocate for external assistance, particularly in providing health care activities for older adults in the public domain. Social workers, with their skills in community mobilization and advocacy, could lead this push. Scholars can open up the conversation scientifically, and push this into the academic space.

Our findings demonstrate that because certain caregivers were concerned about financial challenges; participants were ready to adopt the option of traditional medicine as an alternative to modern medicine. It is important to note: in the current study, we discovered that since family caregivers are mostly married and are advanced in age; they are involved in decision making for older adult health needs. They also advise them on the need to engage in alternative medicine to keep them out of debt. But we are worried for those who might not have the wherewithal for alternative medicine. We see that in developed contexts, alternative medicine could be used as a treatment option – but not as an alternative to financial challenges. However, in a developing context (Schnabel et al, 2014), pulling together people with common medical knowledge to share their experiences will certainly help achieve medical advancement and social workers are key to galvanizing such support services. Social workers collaborate with other medical and non-medical professionals who could help them navigate work and manage health challenges that impact care for older adults. This is achieved by playing meditating, counseling, referral, and resource mobilization roles, including at community levels and where the older adults reside. Again, they can advocate with the collaboration of available Non-Governmental Organizations (NGOs) and Civil Society Organizations (CSOs) on the need for the Nigerian government to introduce various community bases, health services, and programs to support older adults in the country. Some of these services include nursing homes, senior centers, friendly visiting programs, adult protective services, hospitals-at-home, and most importantly, free health care policy for all older adults as has been suggested by Dokpesi (2017) and Okoye (2013).

In the course of this study, the research also revealed that family caregivers who provide care management to older adults afflicted with chronic illnesses themselves experience physical and psychological burdens linked to several adverse physical health effects – including feelings of guilt, stress, and difficulties – and are most likely to provide poor care management. It was also found that providing this activity affects the sense of personal dissatisfaction which may compound the low quality of life among care providers, as has been reported by Faronbi and Olagun (2017), and Wojujutari (2016). A specific area of this study encourages geriatric social work practice, particularly for institutional healthcare in various communities. These professionals can advocate and intensify health education during early and regular health facility visits. They could equally organize health programs, including home out-patient care, and healthcare visits, among various healthcare services. Additionally, counseling and discourse sections for support networks of family caregivers and their care recipients draw on follow-up programs and encourage them to continue to provide care needs. This will fill the gap in the shortage of various unavailable, but needed, health services.

Regarding other studies that advocated for the introduction of institutionalized care for older adults in Nigeria (Faronbi & Olagun, 2017; Okoye & Asa, 2011; Oluwabamide & Ebhafona, 2012), our study highlights that participants are in dire need of assistance, particularly knowledgeable health experts who can assist in providing for older adults' health needs (Oluwabamide & Ebhafona, 2012). From our interaction, we observed that the participants were less reliant on government welfare support services. However, they suggested that consideration should be given to older adult health needs as provided to other vulnerable groups. This is why we asked about their knowledge of geriatric health workers. However, very few of them are aware of their assistance; the majority of those in the missionary hospitals had little or no knowledge of them. In this regard, we are of the view that geriatric social workers, i.e., trained professionals, should be engaged by government and mission health institutions to champion human welfare and more closely engage with family caregivers who provide care to older adults in Nigeria. More so, poor visibility and non-professionalization of the social work profession in Nigeria remains a challenge for social workers aiming to collaborate with Non-Governmental Organizations (NGOs) and Civil Society Organizations (CSOs), in order to provide care management for older adults' healthy wellbeing.

Indeed, caring for older adults could be difficult, challenging, and so demanding (Tanyi et al., 2018). This pertains especially when the care recipient is diagnosed with a chronic illness (Wolff et al, 2020). We revealed that the participants struggle to cope with this demand, reaching the decision to employ young paid assistants. Within this backdrop we argue that the health care management of older adults should be managed till their death. Though some participants narrated negative perceptions that people have of older adults, the majority believed that providing care till death has divine sanction and the blessing from parents, as well. Therefore, it is imperative to provide strategies on how to make care management of older adults with illnesses less difficult for caregivers. In our conversations, we stressed the need not just for their inclusion in the health education curriculum but for public health education on providing care to older adults. This could be disseminated via various social media with geriatric social workers, CSO, and NGOs taking the lead.

Strengths and Limitations

The researchers acknowledge some limitations in this study. First, the opinions of older adults were not ascertained to determine whether they themselves perceived the care management provided for them as optimal or suboptimal. Second, the family caregivers in this study were drawn from a particular locality. These limitations notwithstanding, we believe that this study's findings remain valid.

Conclusion, Implications and Future Directions

Equity and equality are core concerns in the Sustainable Development Goals (Together2030, 2019). Older adults constitute a vulnerable group, one whose health needs should be considered with utmost importance, especially as aging sets in. Family caregivers' concern for older adults' care management shows the level of attachment bond that exists among family members. However, the attachment bond comes with many attendant consequences that are less discussed, but still managed. The management of this role not only exposes older adults' vulnerability to the risk of utilizing traditional medicine as an alternative, but also exposes the neglect of older adults and the social support services meant for them. This is the gap CSOs and NGOs tend to fill by proffering interventions to older adults and their caregivers with the collaboration of geriatric social workers. Although participants in this study demonstrated less reliance on government involvement in older adults' welfare, we advocate that the Nigerian government – like other high-income countries – should recognize geriatric social workers, using existing primary healthcare institutions in various zones, established to attend to the health needs of older adults and the health challenges of caregivers, particularly in Nsukka.

Perhaps in a future study the need will arise to choose a more representative sample that will include participants from other senatorial zones of Enugu State. The researchers, therefore, recommend a similar study that would capture older adults' opinions on care management provided by their family caregivers. More research on geriatric social work practice is paramount in Nigeria.

Acknowledgment

The researchers wish to acknowledge all respondents who participated in this study.

Funding

The study received no funding nor grant from any group, organization, or agency in the public or commercial sectors.

Author contributions

Jacinta Chibuzor ENE: conceptualization, methodology, funding acquisition, investigation, project administration, data management, interpretation, writing original draft, writing review and editing.

Ngozi Eucharia CHUKWU: conceptualization, project administration, data management, interpretation, supervision, writing review and editing.

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All authors gave their final approval of the version to be published and agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Declaration of interest statement

The authors have no conflicts of interest to disclose. The researchers acknowledged that this work is original and has not been published elsewhere, nor is it currently under consideration for publication elsewhere.

Ethical statement

This manuscript is the authors' original work.

The study was reviewed and approved by the Nsukka General Hospital (NGH), and the Strategic Contacts Ethics and Publications (STRACEP) of the University of Nigeria, Nsukka Campus, Enugu State with the clearance code: UNNEC/05/0021/Ph.D./SW/10-ST08/0024.

All participants engaged in the research voluntarily and anonymously, and provided their written informed consent to participate in this study.

Data are stored in coded materials and databases without personal data, and the authors have policies in place to manage and keep data secure.

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