

# Experiences of Medical Social Workers on Family Dynamics and Hospitalisation of Patients with Chronic Health Conditions at University College Hospital, Ibadan.

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## ABSTRACT

Chronic illnesses such as cancer, diabetes, heart diseases, etc. remain major causes of hospitalisation and often place significant strain on both patients and their families. In many cases, this strain is not only medical but also social, financial, and emotional. This study examined the experiences of medical social workers (MSWs) with family dynamics during the hospitalisation of patients with chronic health conditions at University College Hospital, Ibadan.

The study was guided by five research questions. A qualitative approach was adopted, using 13 experienced medical social workers. A multi-stage sampling procedure was employed. Data were collected using a structured interview guide consisting of 16 open-ended questions. The instrument was designed based on a thorough review of the literature and validated through expert review. Interviews were conducted with participants in a private environment within the hospital premises, which lasted between 26 and 35 minutes and responses were audio-recorded with the consent of the participants. Thematic analysis was used to interpret the data, using ATLAS.TI software. Ethical considerations, including approval, informed consent, confidentiality and anonymity of participants were carefully observed.

Participants reported that families who provide emotional, physical, and financial supports contribute positively to the recovery of hospitalised patients with chronic conditions. Family quarrels, misunderstandings, or lack of cooperation disrupt patients' hospital admission process. Open and effective communication among family members and other healthcare providers improve care coordination. Poor communication leads to misinformation, mistrust, and challenges in following medical plans. Caregivers faced emotional stress, financial difficulties, and physical exhaustion. Medical Social Workers were found to play important roles in psychosocial assessment, advocacy, family therapy, counseling, resources mobilization and collaborative practice. They also reported challenges such as financial hardship among families, cultural beliefs about illness, agency limitations, family conflict and limited public recognition of their work.

The study concluded that strengthening social work services and adopting family-centered care will improve outcomes for patients with chronic illnesses in Nigerian hospitals. The study therefore, recommended that hospital social work should be prioritized within healthcare policy to enhance holistic, sustainable care for patients and families in contexts where resources are limited.

**Keywords:** Medical Social Work, Family Dynamics, Chronic Illness, Hospitalisation, Caregiver Burden.

## INTRODUCTION

Chronic health conditions such as cardiovascular diseases, diabetes, chronic respiratory illnesses, cancer, and other long-term disorders are among the leading causes of morbidity and mortality globally. These conditions are persistent, require continuous medical attention, and frequently result in reduced quality of life for patients and their families (Hacker, 2024). Their burden is specifically pronounced in low- and middle-income countries, where health systems often face shortages in infrastructure, specialised personnel, and social support mechanisms. In such instance, the management of chronic illness extends beyond medical treatment to also include significant psychosocial challenges for both patients and their families (Nkambule & Msiska, 2024).

The strain of chronic illness is not confined to the patient. Evidence suggests that family members, who act as primary caregivers do experience considerable physical, emotional, and financial stress (Golics et al., 2013; Caregivers' Experience, 2025). Caregiving responsibilities may involve assisting with daily activities, administering medication, providing emotional reassurance, and coordinating with healthcare providers. This long-term commitment can disrupt family routines, alter established relationships, and lead to psychological strain such as anxiety, depression, and burnout (Neves et al., 2018; Ene et al., 2022). In many Nigerian households, where extended family systems are common but economic resources are limited, these demands can be overwhelming.

An inevitable part of chronic illness management intensifies these pressures. The admission of a family member to hospital, especially for extended periods can disrupts the household's social and economic stability (Neves et al., 2018). Families must seek to address the challenges of hospital systems, manage uncertainty about patient's prognosis, and bear the emotional weight of seeing a loved one in a vulnerable state. These challenges are compounded in Nigeria by systemic health sector issues such as overcrowded wards, bureaucratic delays, and limited availability of psychosocial services (Oyinlola et al., 2024). For caregivers, this period requires balancing hospital visits with other responsibilities such as employment, childcare, and household management, creating significant stress (Olusegun et al., 2017).

The interaction between chronic illness, hospitalisation, and family dynamics is a whole subject matter. Family relationships may be strengthened by shared caregiving responsibilities, but they may also be strained by disagreements over care decisions, financial burdens, or unequal distribution of caregiving duties (Maher Eid Aljohani et al., 2024). In some cases, cultural expectations surrounding family roles in Nigeria dictate that women, especially wives and daughters, shoulder the bulk of caregiving tasks (Ene et al., 2022). This can lead to gendered patterns of burden, where women experience higher levels of stress and reduced well-being. In this situation, medical social workers (MSWs) occupy a critical role within healthcare teams. Their work extends beyond clinical care to address the social, emotional, and practical challenges that patients and families face during chronic illness and hospitalisation (Mount Vernon Nazarene University, 2024). MSWs provide counselling, facilitate communication between families and healthcare providers, assist with discharge planning, and connect patients to available resources. They also play an advocacy role and ensure that the needs of vulnerable patients are recognised within the healthcare system (Bhagwan & Heeralal, 2024).

Within Nigerian hospitals, the role of MSWs has expanded in response to the growing demand for holistic healthcare that integrates medical and psychosocial support. At University College Hospital (UCH) in Ibadan which is a major tertiary referral centre in Nigeria, MSWs are now involved in managing complex cases where medical treatment must be coordinated with family and community-based care. Their interventions are recognized in cases that involve prolonged hospital stays, where they help mitigate the social and economic disruption caused by extended absence from home (Oyinlola et al., 2024). However, the ability of MSWs to effectively address the needs of patients and families is frequently hindered by high caseloads, insufficient staffing, and limited professional recognition within healthcare hierarchies, which restrict the scope of their practice (Onalu & Okoye, 2022; Oyinlola et al., 2024). In addition, there is inadequate provision for ongoing professional development, which can limit the adoption of new intervention strategies (Oyebade et al., 2024).

These constraints not only affect the quality of support provided to families but also contribute to professional burnout among MSWs.

In most Nigerian hospitals, many families rely on out-of-pocket payments, which may necessitate borrowing, selling assets, or reducing spending on other essential needs (Ene et al., 2022). This financial strain can cause

tensions within families when combined with the emotional stress of uncertain health. Furthermore, beliefs about the causes of illness, stigma associated with certain conditions, and traditional healing practices may influence decision-making and interaction with healthcare providers (Maher Eid Aljohani et al., 2024). Research highlights that families who receive consistent psychosocial support during hospitalisation are better able to cope with the demands of caregiving, maintain family stability, and participate effectively in care planning (Thermaenius et al., 2025). At UCH Ibadan, the scale and diversity of cases mean that MSWs are regularly exposed to a wide range of family situations. These include families with limited health literacy who struggle to understand some medical jargons, those facing severe financial hardship, and others dealing with fractured family relationships that complicate caregiving arrangements.

Given their position within the healthcare system, MSWs are uniquely placed to observe and respond to the challenges faced by families. Investigating their perspectives can provide a deeper understanding of how hospitalisation impacts family functioning, the coping strategies employed, and the systemic barriers to effective psychosocial care. Such evidence-based knowledge is necessary to develop interventions that strengthen family support systems, improve patient care and enhance the professional capacity of MSWs. Therefore, the study aims to explore the experiences of medical social workers on family dynamics and hospitalisation of patients with chronic health conditions at University College Hospital, Ibadan. It will examine the specific challenges faced by MSWs, the strategies they adopt in addressing these challenges, and the implications for healthcare practice in resource-limited settings.

## Research Objectives

The general objective is to investigate the experience of medical social workers on family dynamics and hospitalisation of patients with chronic health conditions at University College Hospital, Ibadan. However, the specific objectives are to:

1. Investigate medical social workers' perceptions of the impact of family support on hospitalisation of patients with chronic medical conditions.
2. Explore the role of family conflict on hospitalisation of patients with chronic medical conditions, as perceived by medical social workers.
3. Examine the impact of family communication on hospitalisation of patients with chronic medical conditions, as perceived by medical social workers
4. Investigate medical social workers' perceptions of the impact of caregiver burden on hospitalisation of patients with chronic medical conditions.
5. Identify the strategies and challenges medical social workers face in assessing and addressing family dynamics in their practice with patients with chronic medical conditions.

## Research Questions

1. How do medical social workers perceive the impact of family support on hospitalisation outcomes for patients with chronic medical conditions?
2. What role do family conflicts play in hospitalisation outcomes for patients with chronic medical conditions, according to medical social workers?
3. How does family communication affect hospitalisation outcomes for patients with chronic medical conditions, as perceived by medical social workers?
4. What impact does caregiver burden have on hospitalisation outcomes for patients with chronic medical conditions, according to medical social workers?
5. What strategies and challenges do medical social workers face when assessing and addressing family dynamics in their practice with patients with chronic medical conditions?

## LITERATURE REVIEW

### Theoretical Framework

#### Family System Theory

Family systems theory explains how families function as interconnected units where the experiences of one member affect the whole system. Bowen's family systems theory, as discussed by Haefner (2014), emphasizes

concepts such as differentiation of self, emotional triangles, and multigenerational patterns. The theory builds on the assumption that families are dynamic and adaptive, with roles, rules, and patterns that influence how they respond to challenges (Baptist & Hamon, 2022). Titelman (2014) shows that Bowen's theory can be applied in clinical practice to understand and manage family stress during illness. Families may react to hospitalisation by reverting to rigid patterns of interaction, which can sometimes intensify conflict. Medical social workers, by drawing on family systems perspective can help families identify unhelpful patterns and encourage more flexible ways of responding to the demands of chronic illness care.

When chronic illness is introduced into the family system, it disrupts established patterns, creates stress that requires adjustment from all members. This perspective is important for medical social workers because it explains that illness is not just an individual problem but also a problem of the family. In a hospital setting, medical social workers are positioned to help family members understand how anxiety and conflict can be managed when a relative is hospitalized. For example, when tension rises, members may draw others into emotional triangles, which can either provide support or increase stress.

Rolland (2014) further contributes by proposing a typological model of how families deal with chronic illness. He explains that the timing of illness within the family life cycle, the type of condition, and its progression all shape family adaptation. For instance, an illness diagnosed in early adulthood may affect developmental tasks differently than one diagnosed later in life. Medical social workers can use this knowledge to assess where families may be most vulnerable and to provide support specific to their stage of adjustment. More so, Steinglass and Horan (2014) describe how chronic medical conditions place long-term strain on families, as this often affect both emotional well-being and physical functioning. They argue that family members must renegotiate roles, responsibilities, and expectations as the illness evolves. For medical social workers, this means looking beyond the individual to the broader system and identifying patterns of interaction, sources of stress, and opportunities for resilience.

### Biopsychosocial Theory

The biopsychosocial theory, first advanced as an alternative to the biomedical model. The theory explains health as the result of interactions between biological, psychological, and social factors (Woods 2019; Miles 2020). Unlike the medical model that view illness only as a physical condition, biopsychosocial theory emphasize the dynamic relationship between body, mind, and social environment and makes it significant to understand chronic health conditions.

In the context of medical social work practice, the biopsychosocial theory is essential for analyzing how hospitalisation and long-term illness affect not only patients but also their families. Gatchel, Ray, Kishino, and Brindle (2020) argue that chronic illnesses often produce challenges that extend beyond physical symptoms. This may include emotional distress and strained relationships. Social workers can leverage on this to understand that illness management is not only about medical treatment but also about family coping strategies, emotional wellbeing, and social support available for the patient. Lehman, David, and Gruber (2017) add that health should be viewed as a constantly shifting system, where changes in the patient's condition influence family functioning, and family stress in turn shapes the patient's adjustment.

From this perspective, medical social workers are placed to address both emotional and relational consequences of illness. Mills-Koonce and Towe-Goodman (2022) emphasize that family processes such as role distribution, support, and conflict, interact with biological and psychological well-being. This indicates that recovery and coping are of family related experiences. Miles (2020) also notes that social stressors like financial strain and caregiving burdens must be understood alongside medical care, since they directly affect patient well-being. However, in practice, this theory guides medical social workers to assess how illness affects not just the patient but also the wider family system. It also supports interventions that strengthen family resilience, improve problem-solving, and encourage collaboration with healthcare providers (MillsKoonce & Towe-Goodman, 2022). With these, it ensures that care plans consider the whole context of the patient's life and make support more responsive to the realities of living with chronic illness.

### Empirical Review

In research by Vahedparast, Mohammadi, Ahmadi, and Farhadi (2018) examined that adherence to treatment regimens is significantly strengthened by supportive family structures, when relatives actively participate in care

planning and monitoring. Deek, Chang, Newton, et al., (2017) further observed that patients with heart failure who perceived higher levels of family support showed stronger self-care practices during hospital stays, which reduced the likelihood of readmission. From a professional point of reference, medical social workers recognize that such support not only reduces patient anxiety but also enhances cooperation with healthcare teams (Francoeur, Burke, & Wilson 2016; Oyinlola, Adeyanju, David, Omozusi, & Michael 2024). Amini, Jalali, and Jalali (2023) reported that families of individuals with mental disorders who felt supported themselves were better positioned to sustain the patient's care and avoid frequent hospitalisations. These findings affirm that medical social workers perceive family support as an indispensable buffer against prolonged hospital admissions and as a facilitator of improved psychosocial outcomes.

As indicated that supportive families positively influence hospitalisation outcomes, family conflict often contributes an adverse effect. Rosland, Heisler, and Piette (2012) showed that negative family behaviours, such as criticism, lack of cooperation, and strained communication within the family undermine chronic illness management and lead to more frequent and longer hospital stays. Olusegun, Oluwaserimi, Olabode, Adebara, Olusegun, and Ayokunle (2017) revealed that family conflict and poor cohesion negatively influenced adherence among hypertensive patients in Nigeria. Medical social workers in resource-limited settings, report that unresolved conflict within families complicates discharge planning and continuity of care (Nkambule & Msiska 2024). Yadav, Paudel, Ghimire, Khatiwada, Gurung, Parsekar, and Mistry (2024) also noted that fragmented family dynamics obstruct the effectiveness of social prescribing interventions intended to reduce hospital readmissions.

Communication patterns within families significantly influence how patients adapt to hospitalisation. Rosland, Heisler, and Piette (2012) established that families who engage in open and constructive communication promote better patient engagement to improve their health. In contrary, restrictive or judgmental communication may escalates patient distress and complicates clinical management. Rückholdt, Tofler, and Buckley (2017) illustrated this in their case study, where visiting family members who communicated poorly with healthcare professionals contributed to patient anxiety. Social workers do encounter the impact of inadequate communication when families provide conflicting information or disagree on treatment decisions. This problem, hereby prolonged the hospitalisation process (Chukwu, Agwu, Ajibo, & Aronu 2022). It is also of note that supportive dialogue between family caregivers and patients encourages adherence and facilitates smoother patients' discharge planning (Sedlar, Lainscak, & Farkas 2020). For medical social workers, family communication is thus perceived as both a risk and a resource. This depends on whether interactions promote understanding or increase tension in the process of care.

The burden of caregiving has been extensively linked to hospitalisation patterns. Bevans and Sternberg (2012) documented how stress and health deterioration among family caregivers of adult cancer patients increased the likelihood of patient re-hospitalisation. Muliira, Kizza, and Nakitende (2019) found that family caregivers in Uganda reported increased burdens when managing hospitalized cancer patients, which frequently translated into reduced care quality and extended hospital stays. Piran, Khademi, Tayari, and Mansouri (2017) emphasized that caregiver strain was acute for families caring for children with chronic conditions and lead to exhaustion and financial difficulties that may delay discharge readiness. Santos, Ramos, and Gomes (2022) also reported that prolonged hospitalisation of chronically ill children imposed substantial strain on caregivers and this may necessitate social work interventions to mediate the impact. Social workers perceive caregiver burden as a central factor in hospitalisation and noted that overstretched caregivers are less able to support patient recovery and are more likely to rely heavily on hospital services (Sheehan, Leff, Ritchie, Garrigues, Li, Saliba, Fathi, & Boyd 2019).

Medical social workers employ multiple strategies to address family dynamics in the hospital. These strategies include psychosocial assessments, family counseling, and interdisciplinary support services (O'Hare, 2020). In Nigeria, Oyinlola, Adeleke, and Afolabi (2024) observed that medical social workers play a key role in managing prolonged hospital stays. They do this by mediating between families and healthcare professionals to resolve disputes and coordinate care. Likewise, Oyinlola, Adeyanju, David, Omozusi, and Michael (2024) emphasized that Nigerian social workers draw on culturally sensitive approaches to support families of older adults with chronic illnesses. Nevertheless, social workers face persistent challenges in the assessment and intervention of family dynamics. Chukwu, Agwu, Ajibo, and Aronu (2022) reported that Nigerian caregivers often operate under severe economic and emotional stress, which constrains social workers' ability to implement effective

interventions. Hageman, Tarzian, and Cagle (2018) further noted that financial hardship complicates social work practice, as families frequently prioritize economic concerns over psychosocial support. Neves, Gondim, Soares, Coelho, and Pinheiro (2018) also revealed that caregivers of critically ill patients in semi-intensive care environments experience increased emotional stress that limits the effectiveness of social work interventions.

## METHODOLOGY

The study adopted a qualitative research design to investigate the experiences of medical social workers on family dynamics and hospitalisation of patients with chronic health conditions at University College Hospital, Ibadan. The population comprised all medical social workers in the medical social services department of the hospital and the sample consisted of 13 key informant participants and are: three Deputy Directors, five Unit Supervisors, and five Case Workers. A multi-stage sampling procedure was employed. At the first stage, stratified sampling was used to stratify participants according to their professional hierarchy in order to ensure adequate representation of perspectives from different levels of practice. At the second stage, purposive sampling was used to select those with direct knowledge and experience relevant to the study. This was to ensure that the data generated are rich and meaningful.

Data were collected using a structured interview guide consisting of 16 open-ended questions designed to elicit key informant responses on the subject matter. The instrument was designed based on a thorough review of the literature and validated through expert review. The research procedure involved scheduling interviews with key informant participants at times convenient for them and conducting the sessions in a private environment within the hospital premises to encourage openness and confidentiality. Each key informant interview lasted between 25 and 35 minutes and responses were audio-recorded with the consent of the participants. Thematic analysis was used to interpret the data, using ATLAS.TI software. This approach enabled the researcher to identify both common and divergent views regarding family dynamics and hospitalisation of chronically ill patients.

Ethical considerations were carefully observed. Approval for the study was obtained from the appropriate ethical review board of University College Hospital. Informed consent was sought and secured from each participant prior to the interview, and participants were assured of confidentiality and anonymity throughout the process. They were also informed of their right to withdraw from the study at any stage without any negative consequence.

## RESULTS AND DISCUSSION

Table 1: Demographic Data of Participants

SN	List of Participants	Designation	Years of Experience
1	Participant 1	Deputy Director II, Medical Social Services Department, UCH	26
2	Participant 2	Deputy Director I, Medical Social Services Department, UCH	33
3	Participant 3	Caseworker, Surgical Unit	6
4	Participant 4	Psychiatry Unit Supervisor	10
5	Participant 5	Caseworker, Geriatric Unit	7
6	Participant 6	Assistant Chief Medical Social Worker	12
7	Participant 7	Geriatric Unit Supervisor	17
8	Participant 8	Caseworker, Accident and Emergency Unit	3

9	Participant 9	Medical Unit Supervisor	12
10	Participant 10	Deputy Director III	23
11	Participant 11	Pediatric Unit Supervisor	12
12	Participant 12	Caseworker Medical Unit	6
13	Participant 13	Caseworker O&G Unit	7

The data above shows a workforce of medical social workers and supervisors with a wide range of professional experience, ranging from three years to as much as thirty-three years. At the senior level, the Deputy Directors demonstrate extensive experience ranging between 23 and 33 years, positioning them as key figures for strategic direction, mentorship, and policy influence within the medical social work department. Mid-level supervisors such as those in psychiatry, geriatrics, pediatrics, and medical units have between 12 and 17 years of service. This reflected a strong middle cadre that anchors unit-level activities. Their experience also equips them to manage complex family dynamics and train junior staff.

On the other hand, caseworkers i.e., those at the frontline of patient engagement, tend to have fewer years of experience, typically between three and seven years. This suggests they are relatively early in their careers, gaining practical exposure under the supervision of more experienced colleagues. Their presence across specialized areas such as obstetrics and gynecology, geriatrics, accident and emergency, and medical wards shows how medical social work is deeply embedded across different hospital departments to ensure holistic care delivery.

### Qualitative Analysis of Research Questions

#### Q1: How do medical social workers perceive the impact of family support on hospitalisation outcomes for patients with chronic medical conditions?

Medical social workers consistently emphasize the importance of family support in the hospitalisation and recovery of patients with chronic medical conditions. Family presence is described as an important factor that improves patient recovery and overall wellbeing. For instance, patients who had consistent family involvement were said to respond better to treatment, as families provide encouragement, companionship, and assistance in navigating the healthcare process. Social workers highlight that patient with strong family support tend to feel less anxious, more motivated, and recover faster. On the other hand, absence of support is described as hindrance to recovery, often leaving patients distressed and prolonging hospitalisation. An experienced unit supervisor's account with 26-year experience working as a medical social worker captures this sentiment:

“Family plays a very significant role. No patient that is sick falls from heaven. He/she comes from one family. And absence of family support greatly impacts negatively on the recovery and outcome of the healthcare provision to such a patient. A patient that is sick at home has to be brought to the hospital. Most of the time, for chronic patients, they can, at that point, not bring themselves. Somebody must bring them. And having been brought, they are already a patient, and their movement will be restricted. They won't be able to buy medications or carryout tests by themselves again. It has to be shouldered by the family members.

There is a case study of a patient who had renal impairment. The family support was so tremendous that each time they did renal session, which we call a dialysis, the families were always around, both emotionally and financially. And that really encouraged the patient to even pull through.” **(KII, Deputy Director II, MSSD-UCH, 2025)**

Similarly, another experienced unit supervisor social worker with 17-year experience working as a medical social worker emphasized further that:

“When two patients are beside each other, one with a constant flow of visitors and one without, you can clearly see the difference. The supported patients are cheerful and excited when they see their loved ones, and this

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positive energy itself becomes therapeutic. It helps the healing process and encourages full recovery". (**KII, Geriatric Unit Supervisor, MSSD-UCH, 2025**)

Also supporting the statements, a caseworker at Accident and Emergency, with three years experience as a medical social worker stressed that,

"strong family support has been shown to reduce hospital readmissions. Patients with consistent family involvement tend to have lower rates of readmission and better overall health outcomes." (**KII, Medical Social Worker, MSSD-UCH, 2025**)

A caseworker at the Medical unit with over 6 years experience also contributed and said:

"From my experience, patients with strong family support do better. They are more cheerful, less anxious, and more willing to follow medical advice. Families who visit often and help financially also reduce the burden on hospital staff."

**(KII, Senior Medical Social Worker, MSSD-UCH, 2025)**

These statements show that family support complements medical treatment, reinforcing the psychosocial aspect of healing.

**Q2: What role do family conflicts play in hospitalisation outcomes for patients with chronic medical conditions, according to medical social workers?**

Family conflict is seen as a significant barrier to effective care and recovery. All respondents agreed that disagreements among family members often lead to delays in decision-making, which can affect patient health negatively. Conflicts also create emotional distress for patients, with some becoming withdrawn, depressed, or feeling like burdens. This was emphasized by an experienced Unit Supervisor with 12-year experience as a medical social worker in a statement:

"A 10-year-old with congenital heart disease was caught between his divorced parents who constantly argued about bills. The child once told me he felt he was the "cause" of their fights. His anxiety worsened, and he developed sleeping problems during hospitalisation" (**KII, Pediatrics Unit Supervisor, MSSDUCH, 2025**)

An experienced social worker at the Accident and Emergency with about 12 years experience further emphasized that:

"Conflicts within a family can significantly hinder a patient's care and recovery in the hospital. When misunderstandings arise, family members may struggle to reach timely decisions regarding the patient's treatment. For instance, if a patient needs urgent surgery but no one is available to sign a consent form due to disagreements among family members, this could delay critical interventions, and may jeopardise the patient's health."

"Moreover, the emotional stress on the patient can increase when family members are not united. In addition, the support system that typically provides care may not be effective, and family members may hesitate to bring food or assist with funds. The lack of unity can lead to inadequate care or even abandonment, placing the burden solely on the patient. If not resolved, these family conflicts can result in serious complications or, in the worst cases, contribute to the patient's death." (**KII, Assistant Chief Medical Social Worker, MSSD-UCH, 2025**)

Financial disputes and caregiving disagreements among relatives exacerbate these challenges. For example, a medical caseworker noted:

"In one case, siblings argued over who should pay the bills for their mother with heart disease. The patient overheard everything and broke down in tears.

She later told me she felt like a burden, which worsened her depression." (**KII, Senior Medical Social Worker, MSSD-UCH, 2025**)

Another participant with 33-year experience as a medical social worker in a statement made it known that sometimes parents disappear and refuse to show up for the treatment due to marital conflict or financial issues.

"There are several examples where father refused to come to the aid or in taking care of the child and we lost the child. We also have seen where the father who need to go and look for money, disappeared from the wife and the wife is being called to come." **(KII, Deputy Director I, MSSD-UCH, 2025)**

The analysis therefore reveals that unresolved conflicts during hospitalisation not only worsen patients' psychological states but also obstruct timely treatment and may result to death of patient if not resolved.

### **Q3: How does family communication affect hospitalisation outcomes for patients with chronic medical conditions, as perceived by medical social workers?**

Effective family communication is perceived by respondents as central to successful hospitalisation outcomes. Open and supportive dialogue helps families make timely decisions, reduces patient anxiety, and promotes cooperation with healthcare providers. The medical unit supervisor with about 12-year experience as a medical social worker explained that:

"When families communicate openly and constructively, patients feel supported and less anxious. They are more likely to comply with treatment. Also, poor communication leads to mistrust and neglect. I recall a case where a diabetic patient's siblings refused to provide funds for medication because they believed the hospital had not explained the long-term nature of treatment. Their lack of understanding worsened the patient's condition until we intervened with joint counselling session." **(KII, Medical Unit Supervisor, MSSD-UCH, 2025)**

A Caseworker at the Surgical Unit with about 6-year experience as a medical social worker gave an account that:

"There was a stroke case I was involved in. So, the patient's wife was feeding the man, and because she wanted him to do it one way, but the man did not get it. She used the other side to slap the man, because he didn't get it. However, the people taking care of the patients should know that it is not for his will to be in that condition. If he's better, he wouldn't be lying down. So, they should be more concerned, about showing empathy and genuine care to the patient. So, communication is very key." **(KII, Senior Medical Social Worker, MSSD-UCH, 2025)**

Similarly, an experienced medical social worker at the Accident and Emergency Unit stated that:

"With good communication, they can talk to the healthcare team and ask questions about the patient's treatment. If communication fails among family members, they may not be aware of what the patient is going through. But with effective communication, they will check in with the managing team and inquire about treatment plans and medication. Simple questions like "How are you? Are you getting better?" even over the phone, let the patient know they are supportive. This can help the patient feel better and may shorten their hospital stay." **(KII, Assistant Chief Medical Social Worker, MSSD-UCH, 2025)**

Furthermore, a caseworker at Accident and Emergency further stated that

"In terms of patient empowerment, when family members communicate effectively, patients feel more involved and encouraged to take an active role in their care, which helps them make informed decisions about their treatment. Finally, effective communication reduces conflict. It prevents misunderstandings among family members and creates a more positive and supportive environment for the patient's recovery". **(KII, Medical Social Worker, MSSD-UCH, 2025)** The above statements emphasize on the fact that poor communication can delay treatment, foster mistrust, and even result in patient abandonment. Instances of miscommunication, such as misinformation about treatment or misunderstanding of medical instructions, were highlighted as barriers to recovery. Thus, communication acts as a bridge between emotional support, timely care, and collaborative healthcare delivery.

### **Q4: What impact does caregiver burden have on hospitalisation outcomes for patients with chronic medical conditions, according to medical social workers?**

Caregiver burden significantly affects hospitalisation outcomes for patients with chronic conditions. Medical social workers describe caregivers as facing financial hardship, emotional distress, physical exhaustion, and social disruption. These were pointed out in the response of the following:

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A Caseworker at the O&G Unit with 7-year experience as a medical social worker:

“Caregivers, especially spouses, experience stress balancing hospital visits with jobs. Financial strain is also common because many reproductive health treatments are expensive. Emotional strain is high when the illness relates to infertility or maternal loss.” (**KII, Principal Medical Social Worker, MSSD-UCH, 2025**)

Another experienced participant at the pediatrics unit, said:

“Caregivers of pediatric patients experience emotional stress, financial hardship, and physical exhaustion, especially mothers who stay in the ward for weeks. They often sacrifice their jobs, sleep, and other children’s care.” (**KII, Pediatrics Unit Supervisor, MSSD-UCH, 2025**)

Further emphasized by an experienced social worker, who gave an account that:

“There was a time we lost a patient relative in Southwest 3. The poor man was going up and down. He suffered hypoglycemia. He wanted to urinate at the central toilet there, and that was where he collapsed. They called me and before we rushed him to the Casualty. By that time, he was already dead.” (**KII, Deputy Director II, MSSD-UCH, 2025**)

Another experienced participant at the O&G Unit:

“Caregivers often report stress, financial strain, sleep deprivation, and neglect of their own health. Some even lose jobs due to frequent hospital visits.” (**KII, Deputy Director III, MSSD-UCH, 2025**)

Medical Unit Supervisor gave an account of the impact of caregivers' burden on patients' care and said:

“When caregivers are overwhelmed, their ability to provide effective support diminishes. Some become irritable, neglect the patient, or even fail to follow treatment instructions, which can affect patient recovery negatively.” (**KII, Medical Unit Supervisor, MSSD-UCH, 2025**)

These burdens often include the quality and consistency of care provided to patients. Financial strain also leads to missed appointments and disrupted treatment, while emotional fatigue reduces caregivers' ability to advocate effectively for patients. The findings suggest that when caregivers are worked out, patients face neglect, delayed treatment, and inconsistent care, pointing out the interdependence between caregiver wellbeing and patient recovery.

## **Q5: What strategies and challenges do medical social workers face when assessing and addressing family dynamics in their practice with patients with chronic medical conditions?**

Medical social workers adopt multiple strategies to assess and address family dynamics, including psychosocial assessments, counseling, mediation, education, and resource linkage. They use interviews, family therapy, and home visits to understand relational patterns and intervene where necessary. Counseling and education are emphasized as tools to help families cope, reduce conflict, and share caregiving responsibilities. Social workers also act as mediators, bridging communication gaps between family members and healthcare providers. In a statement, an experienced participant at the O&G Unit explained stated that:

“Our strategies include detailed psychosocial assessments, family therapy, counselling sessions, and patient education. We also encourage families to share responsibilities rather than leaving caregiving to one person. In some cases, I assign junior social workers to follow up with families through phone calls to monitor progress.” (**KII, Deputy Director III, MSSD-UCH, 2025**)

Further account was provided by another experienced participant who emphasized that:

“There are so many strategies that we use. Effective communication, counseling, family therapy and so many other strategies that we use in assessment and intervention. When you have a patient that has a dysfunctional family, you bring the family together for joint counseling. And then, you make use of social work models. There are so many different kind of models that which you can use to assist patients and their families, including

psychodynamic, empowerment models. You also must be good in family dynamics to know the dynamics of the family. If you are not good in family dynamics you may end up giving them more problem, so you must be conversant with family dynamics to be able to help."

### **(KII, Deputy Director I, MSSD-UCH, 2025)**

The challenges faced by medical social workers in assessing family dynamics of patients are explained as follows:

"Sometimes you experience hostility on the part of the family, hostility and resentment towards the patient or towards the social worker, towards the situation, as some of them may not want to listen to you. Some of them may have ugly attitude, some of them may also be dodging from their own responsibilities. You may suffer abuse as a social worker but that doesn't mean you have to back out from caring for the patient because you are there to serve the patients. There is also the challenge of resources, the issue of bureaucracy and sometimes, agency limitation to the extent that you cannot help the patient further, because you are limited by the functions of the agency." **(KII, Deputy Director I, MSSD-UCH, 2025)**

This statement was further explained that:

"Challenges include financial hardship, denial of illness, stigma, and deeprooted cultural beliefs. For instance, some families attribute illness to spiritual causes, rejecting medical advice. Others quarrel over hospital bills, leaving patients neglected. Overcoming these challenges requires continuous education, closer collaboration between hospital and community leaders, and expanding welfare support for vulnerable patients. Strengthening partnerships with NGOs and religious groups has also been helpful." **(KII, Deputy Director III, MSSD-UCH, 2025)**

Finally, it was discussed that:

'The issue of policy is another problem. Each agency has policy. Sometimes our own policy as a medical social work agency, always conflicts with the management policy. And we have to make this balance. We cannot because of we want to assist the patient and bring problem to the facility. There is a lot of challenges that we meet even among the medical team. Sometimes the doctor will be expecting so much from the social worker, and from the patient and because we don't have, we cannot give what we don't have. And the practice doesn't make you as a social worker to dip into your own resources to take care of your clients. So those things do affect our service to the patient'. **(KII, Psychiatric Unit Supervisor, MSSD-UCH, 2025)**

Practical interventions include connecting families to community resources, NGOs, and financial assistance programs. Despite these strategies, challenges remain: financial constraints, entrenched family conflicts, cultural beliefs, and systemic barriers within healthcare institutions. As one participant noted, 'Some families blame patients for their illness or withdraw support due to cost.' Others observed that cultural beliefs often delay acceptance of medical treatment. Social workers emphasised the need for continuous education, collaboration with NGOs, and policy support to strengthen family involvement and improve patient care. This is further entrenched in a statement as emphasized that:

"These challenges can be addressed by continuous family education, strengthening hospital welfare schemes, and improvement of collaboration with community and faith-based organizations that provide psychosocial and financial support to patients." **(KII, Medical Unit Supervisor, MSSD-UCH, 2025)**

## **DISCUSSION**

### **Family Support and Patient Recovery**

The study found that strong family support enhances recovery and coping for patients with chronic conditions. Regular visits, emotional encouragement, and financial contributions helped patients maintain hope and comply with treatment. One participant noted, "When family members are always around, the patient feels encouraged and responds better to treatment." This supports research by Vahedparast, Mohammadi, Ahmadi, and Farhadi (2018) who examined that adherence to treatment regimens is significantly strengthened by supportive family structures, when relatives actively participate in care planning and monitoring. This is further supported by

Family Systems Theory which explains how families function as interconnected units where the experiences of one member affect the whole system. Illness is seen not just as an individual problem but also a problem of the family. Deek, Chang, Newton, et al., (2017) further observed that patients with heart failure who perceived higher levels of family support showed stronger self-care practices during hospital stays, which reduced the likelihood of readmission.

### **Family Conflict as a Barrier to Care**

Family conflict emerged as a major challenge. Disputes over finances, caregiving roles, or marital issues often delayed treatment and increased patient anxiety. A social worker reported, "Some patients suffer more when family members quarrel over who should take responsibility." Such conflicts sometimes led to neglect or abandonment. This corroborates Rosland, Heisler, and Piette (2012) who showed that negative family behaviours, such as criticism, lack of cooperation, and strained communication within the family undermine chronic illness management and lead to more frequent and longer hospital stays. According to Family Systems Theory, when chronic illness is introduced into the family system, it disrupts established patterns, creates stress that requires adjustment from all members. Families may react to hospitalisation by reverting to rigid patterns of interaction, which can sometimes intensify conflict. Olusegun, Oluwaserimi, Olabode, et al., (2017) corroborated this by revealing that family conflict and poor cohesion negatively influenced medication adherence among hypertensive patients in Nigeria.

### **Communication Patterns within Families**

Communication was another critical factor. Families who communicated openly cooperated better with healthcare teams, while poor communication created mistrust and misunderstanding. As one respondent explained, "There are cases where family members refuse to support because they do not fully understand the illness." This finding reflects Rckholdt, Tofler, and Buckley (2017) who illustrated this in their case study, where visiting family members who communicated poorly with healthcare professionals contributed to patient anxiety. Social workers do encounter the impact of inadequate communication when families provide conflicting information or disagree on treatment decisions. This problem, hereby prolonge the hospitalisation process (Chukwu, Agwu, Ajibo, & Aronu 2022). Supportive dialogue between family caregivers and patients encourages adherence and facilitates smoother patients' discharge planning (Sedlar, Lainscak, & Farkas 2020).

### **Caregiver Burden and Its Effects on Patients' Care**

The burden on caregivers was evident. Many faced exhaustion, financial stress, and neglect of personal health. One participant noted, "Some caregivers fall sick themselves because they are overwhelmed." These observations align with Muliira, Kizza, and Nakitende (2019) who found that family caregivers in Uganda reported increased burdens when managing hospitalized cancer patients, which frequently translated into reduced care quality and extended hospital stays. The biopsychosocial theory explains how hospitalisation and long-term illness affect not only patients but also their families. It emphasizes that chronic illnesses often produce challenges that extend beyond physical symptoms. Piran, Khademi, Tayari, and Mansouri (2017) emphasized that caregiver strain was acute for families caring for children with chronic conditions and lead to exhaustion and financial difficulties that may delay discharge readiness.

### **Strategies and Challenges of Social Work Practice with Patients with Chronic Health Conditions**

Social workers used counselling, mediation, and family therapy to manage conflicts, while also linking families with welfare programs. Yet, they faced obstacles such as financial hardship, stigma, and institutional limitations. A respondent shared, "Sometimes, even after counselling, families still cannot support because of poverty." This agrees with Oyinlola, Adeleke, and Afolabi (2024) who observed that medical social workers play a key role in managing prolonged hospital stays. They do this by mediating between families and healthcare professionals to resolve disputes and coordinate care. Likewise, Oyinlola, Adeyanju, David, Omozusi, and Michael (2024) emphasized that Nigerian social workers draw on culturally sensitive approaches to support families of older adults with chronic illnesses. Medical social workers, by drawing on family systems perspective can help families identify unhelpful patterns and encourage more flexible ways of responding to the demands of chronic illness care. Nevertheless, social workers face persistent challenges in the assessment and intervention of family

dynamics. Chukwu, Agwu, Ajibo, and Aronu (2022) reported that Nigerian caregivers often operate under severe economic and emotional stress, which constrains social workers' ability to implement effective interventions.

## CONCLUSION AND RECOMMENDATIONS

This study examined the experiences of medical social workers on family dynamics and the hospitalisation of patients with chronic health conditions at University College Hospital, Ibadan. The findings showed that family support plays a crucial role in improving recovery, emotional stability, and treatment compliance. In contrast, family conflict, poor communication, and caregiver burden negatively affect patient wellbeing and can prolong hospitalisation. Medical social workers mediate these issues through counselling, family therapy, and referral to support services, though their efforts are often limited by financial hardship, stigma, and weak institutional support. The study concludes that strengthening family involvement, reducing caregiver stress, and empowering social workers with resources and policy backing are essential for better patient outcomes.

### The study therefore, recommended that:

- i. Hospitals should establish regular family education programs coordinated by social workers. These programs would improve family understanding of chronic illnesses, enhance communication, and reduce conflicts.
- ii. The University College Hospital, Ibadan should strengthen structured support such as respite services, caregiver support groups, housing and financial relief packages to reduce caregiver burden.
- iii. Policy reforms are needed to strengthen the role of medical social workers in healthcare teams, especially in establishing the Nigerian Social Work Council Bill. With stronger institutional backing, social workers can deliver more effective interventions to address family-related challenges during hospitalisation.

### Limitations

The study's scope is limited to University College Hospital (UCH), as further research should explore multisite research by capturing other tertiary hospitals in Nigeria. A larger sample size of more experienced medical social workers would further enhance the research rigor.

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## Ethical Considerations

**Ethical Approval:** Ethical approval was obtained from the research unit of the Medical Social Services Department, University College Hospital, Ibadan, Nigeria.

**Conflict of Interest:** No conflict of interest

**Data Availability:** All audio-recorded files were destroyed after data analysis. This was based on agreement reached with the participants to protect their privacy.