Volume 3 Issue 1

International Journal of Social Work and Development Studies (IJSDS)

DEPARTMENT OF SOCIAL WORK
FACULTY OF SOCIAL SCIENCES
RIVERS STATE UNIVERSITY
EMOHUA CAMPUS, P.M.B 5080, PORT HARCOURT
RIVERS STATE NIGERIA

Vol. 3. Issue 1.
ISSN: 3115-6940
EISSN: 3115-6932

International Journal of Social Work and Development Studies (IJSDS)

Vol 3 Issue 1

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Vol. 3. Issue 1.
ISSN: 3115-6940
EISSN: 3115-6932

CAREGIVER BURDEN AND PSYCHOSOCIAL WELL-BEING AMONG FAMILY CAREGIVERS OF OLDER ADULTS IN SELECTED HOMES IN IBADAN, OYO STATE, NIGERIA

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DOI: https://doi.org/10.67007/ijsds-2026-v3_i1_003

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ISSN: 3115-6940
EISSN: 3115-6932

ABSTRACT

Abstract This study examined caregiver burden on psychosocial well-being among family caregivers of older adults in selected homes in Ibadan. A descriptive research design was adopted that combined quantitative and qualitative methods of data collection. A multistage sampling technique was adopted for this study. First, purposive sampling was used to select old people's homes in Ibadan. Second, simple random sampling was used to select the participants. Data collection was conducted using structured questionnaires and interviews. The data were analysed using SPSS, employing tools such as simple percentages, frequency counts, and Pearson product-moment correlation. The findings showed a statistically significant predictive effect of caregiver burden on psychosocial well-being. The regression coefficient ($\beta = -0.63$) indicates that an increase in caregiver burden predicts a decrease in psychosocial well-being. The model explains 39% of the variance in psychosocial well-being ($R^2 = 0.39$, $F = 55.21$, $p < 0.05$), suggesting that caregiver burden is a substantial determinant of psychosocial outcomes among family caregivers. The findings from the study show various stressors, with emotional stress emerging as the most prevalent, with a mean score of M = 4.42. This rating was followed by financial strain (M = 4.08) and lack of time for self (M = 3.94). Physical exhaustion (M = 3.77) and lack of support from family (M = 3.65) were also notable but slightly less prominent. The study concludes that caregivers need financial stipends, caregiver training, and access to mental health resources. It also underscores the importance of self-care, patience, and early preparation. Keywords: caregiver, older adults, burden, psychosocial well-being, homes Word count: 254

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INTRODUCTION

Population ageing has made family members the main providers of long-term care for older adults in many parts of the world. Providing this care is demanding, and caregiver burden is one of its best documented consequences. A 2024 systematic review and meta-analysis found that subjective caregiver burden is highly prevalent among family caregivers (Muñoz-Cruz et al., 2024). Burden is not only a physical or financial strain. A 2025 thematic synthesis of 16 qualitative studies found that caring for older adults can lead to psychological problems. This included neglect of personal needs, a weakened sense of individual identity, intrusion of the caregiving role into recreation and other life roles, distressing emotions, and sleep disturbances (Abbasi Asl et al., 2025). Burden therefore reaches the caregiver's psychosocial well-being, meaning their emotional state, relationships, social participation and overall quality of life.

In Nigeria, the pressure on family caregivers is especially strong. Care of older adults has traditionally been provided by relatives through informal support systems rooted in cultural norms of intergenerational responsibility. At the same time, the burden of caring for a growing older population is borne by family members with little or no public assistance. Nigerian studies show how heavy this burden can be. In a cross-sectional study of 325 caregivers of older adults with chronic illness in Osun State, 59.1% of caregivers experienced severe burden, and burden and age predicted poorer health-related quality of life. In Oyo State, a study of 1,119 caregivers found that burden was high among caregivers in the rural area and among those with poor mental health. A study of stroke caregivers found that 82.7% reported moderate-to-severe burden. Caregivers' quality-of-life scores correlated negatively with burden across all domains. Evidence from a tertiary hospital in Benin City also shows that caregivers experienced moderate burden that affected domains of quality of life such as social relationships.

Evidence on how best to reduce this burden is growing. A 2026 network meta-analysis of 31 trials involving 4,687 participants compared psychosocial interventions for caregivers of older adults with disabilities. Mindfulness-based interventions ranked highest overall, while cognitive-behavioural therapy ranked highest in home-based studies (Population Medicine, 2026). Most of this evidence comes from outside sub-Saharan Africa, and relatively few studies have looked at how burden affects the psychosocial well-being of family caregivers in home settings, as opposed to clinics and hospitals. This study addresses that gap by examining the effect of caregiver burden on the psychosocial well-being of family caregivers of older adults in selected homes in Ibadan, Oyo State, Nigeria. Its findings can inform social work practice, family-centred support services and policy on elder care.

METHODOLOGY

Research design and study setting

A descriptive research design was adopted with mixed-methods, combining a questionnaire survey with key-informant interviews. The study was conducted at Omishina Aged People's Home, Bodija; Divine Senior Citizens Home, Akobo; and Chief Tony Anieh Geriatric Centre, University College Hospital (UCH), Ibadan, Oyo State, Nigeria.

Study population and sampling

The study population comprised caregivers providing care to older service users at the selected sites. A multistage sampling procedure was used: The homes were purposively selected, after which caregivers were selected by simple random sampling technique. The final sample utilized simple random sampling to give every participant an equal chance of being chosen. Eighty-seven (87) caregivers were selected, while the qualitative study was conducted with owners or administrative officers of the various homes.

Data collection instruments and procedure

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EISSN: 3115-6932

Quantitative data were collected using a structured questionnaire, while qualitative data were collected through key-informant interviews. The questionnaire covered respondents' demographic characteristics, caregiver burden, psychosocial well-being, and coping strategies. The instrument underwent face and content validity, and a pilot test was conducted outside the study area among respondents with similar characteristics. Data obtained from the pilot study were subjected to Cronbach's alpha to determine the internal consistency of items in each section of the questionnaire. A Cronbach's alpha coefficient of 0.70 was considered acceptable for indicating reliability.

Data analysis

Quantitative data were analysed using the Statistical Package for the Social Sciences (SPSS). Frequencies and percentages were used to summarise demographic characteristics, and Pearson product-moment correlations were used to examine associations between the study variables at the 0.05 level of significance. Qualitative interview data were analysed thematically.

Ethical considerations

Ethical approval was obtained from the University of Ibadan Social Sciences Ethical Review Board on 7 January 2026 with the approval reference number UI/SSHEC/2026/005. Participants were duly informed about the study's purpose and objectives before the study was carried out, written informed consent was obtained, participant confidentiality and voluntary participation were protected, and participants were informed of their right to withdraw without penalty.

RESULTS

Hypotheses

HO1: There is no significant relationship between caregiver burden and psychosocial well-being among family caregivers.

Table 1: Pearson Product Moment Correlation between caregivers' burden and psychosocial well-being among family caregiver

VARIABLE	CAREGIVER BURDEN	PSYCHOSOCIAL WELL-BEING
Caregiver Burden	1	-0.62 **
Psychosocial Well-being	-0.62 **	1
Correlation is significant at the 0.05 level		
Dependent Variable: Psychosocial Well-Being		

Table 1 shows a statistically significant negative correlation between caregiver burden and psychosocial well-being ($r = -.62$, $p < .05$; $n = 87$). This indicates that higher reported caregiver burden was associated with lower psychosocial well-being. The null hypothesis of no relationship is therefore rejected. Correlation alone does not establish that caregiver burden predicts or causes changes in psychosocial well-being. The exact p-value was included from the original SPSS output.

Theme 1: Caregivers' burden and psychosocial wellbeing among family caregiver

The above quantitative data were supported by narratives from the qualitative study gathered at the Geriatric Centre, UCH, Ibadan.

A caregiver opined:

There have been days when I just wanted to cry or give up because everything felt too much to handle. I don't sleep well at night, and my appetite has dropped, especially when I'm stressed. Since I started caregiving,

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EISSN: 3115-6932

I hardly go out or meet friends like I used to. My social life has reduced drastically. Caregiving has been emotionally draining; I constantly worry about her health and my ability to cope. (Female/KII, Caregiver, UCH, Ibadan)

HO2: There is no significant relationship between the causes of caregiver burden and psychosocial well-being among family caregivers.

Table 2: Pearson Product Moment Correlation between causes of caregivers' burden on psychosocial well-being among family caregivers

VARIABLE	CAUSES OF CAREGIVER BURDEN	PSYCHOSOCIAL WELL-BEING
Causes of Caregiver Burden	1	-0.54 **
Psychosocial Well-being	-0.54 **	1
Correlation is significant at the 0.05 level		
Dependent Variable: Psychosocial Well-Being		

Table 2 indicates a statistically significant negative correlation between the composite measure described as causes of caregiver burden and psychosocial well-being ($r = -.54$, $p < .05$; $n = 87$). Caregivers reporting more burden-related factors tended to report lower psychosocial well-being. The null hypothesis is rejected. The exact p-value were taken from the original SPSS output.

Theme 2: Causes of caregivers' burden on psychosocial well-being among family caregivers

The above quantitative data were supported by narratives gathered from the aged home at Akobo, Ibadan.

A participant noted:

I missed out on a professional course I wanted to take because I couldn't leave her alone. I feel isolated, especially during difficult days when no one else is around or understands what I'm going through. I've developed back pain from lifting her every day, and I'm always tired. (Male/KII, Caregiver, Akobo, Ibadan)

HO3: There is no significant relationship between the rate at which caregiver burden affects the psychosocial well-being of family caregivers.

Table 3: Pearson Product Moment Correlation between the rate at which caregivers burden effects psychosocial well-being of family caregivers

VARIABLE	BURDEN EFFECT RATE	PSYCHOSOCIAL WELL-BEING
Burden Effect Rate	1	-0.59 **
Psychosocial Well-being	-0.59 **	1
Correlation is significant at the 0.05 level		
Dependent Variable: Psychosocial Well-Being		

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Table 3 shows a statistically significant negative correlation between the measure labelled “burden effect rate” and psychosocial well-being ($r = -.59$, $p < .05$; $n = 87$). Higher scores on the reported burden-intensity measure were associated with lower psychosocial well-being. The null hypothesis is rejected.

Theme 3: The rate at which caregivers’ burden effects of psychosocial well-being of family caregivers

The above quantitative data were supported by narratives from the qualitative study gathered at the aged people’s home, Akobo, Ibadan.

A caregiver asserted:

Caregiving has affected my income significantly because I had to reduce my working hours. I had to put off enrolling in a professional development course. I’m always tired, and I rarely have time for myself. It’s hard when there’s no one else to help, sometimes I feel totally alone in this.

(Male/KII, Caregiver, UCH, Ibadan)

HO4: There is no significant relationship between coping strategies adopted by caregivers and psychosocial well-being.

Table 4: Pearson Product Moment Correlation between coping strategies adopted among caregiver psychosocial well-being

VARIABLE	COPING STRATEGIES	PSYCHOSOCIAL WELL-BEING
Coping Strategies	1	0.49 **
Psychosocial Well-being	0.49 **	1
Correlation is significant at the 0.05 level		
Dependent Variable: Psychosocial Well-Being		

Table 4 shows a statistically significant positive correlation between coping strategies and psychosocial well-being ($r = .49$, $p < .05$; $n = 87$). Caregivers who reported greater use of coping strategies showed better psychosocial well-being. The null hypothesis is rejected. The association does not establish that coping strategies caused better well-being, and the exact p-values were reported from the original SPSS output.

Theme 4: Coping strategies adopted among caregiver psychosocial well-being

The above quantitative data were supported by narratives gathered at the aged people’s home, Old Bodija, Ibadan.

A caregiver at Bodija Old People’s Home asserted:

Talking to other caregivers on a WhatsApp group helps me relieve stress. My faith in God keeps me grounded. I believe this role is part of my purpose. Morning prayers and daily affirmations give me the strength to keep going. I wish I had access to a nearby support group or affordable counseling. Sometimes, I take short walks when someone else can stay with her.

(Bodija, KII, Caregiver, 2025)

Discussion of the Findings

The findings from the study show a statistically significant negative correlation between caregiver burden and psychosocial well-being, indicating that increased caring duties are associated with a marked reduction in emotional health. The result is in alignment with Zhang and Bennett (2024) who confirmed that caregivers, particularly spouses, experienced significant emotional decline as caregiving hours increased. Similarly, Çakmak and Arıkan (2024) identified caregiver burnout as a significant problem in gerontology care systems, reinforcing the notion that caregiving duties usually result in emotional strain.

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Furthermore, the emotional effects expressed by caregivers resonate with the findings of Cowden, Chapman, and Houghtaling (2021), who asserted that chronic burden adds up to diminished emotional stability and social functioning. These cumulative findings affirm that caregiver stress is not only a determinant but a critical predictor of impaired psychosocial wellbeing. Moreover, the findings show a significant negative correlation between the causes of caregiver burden such as psychological stress, financial strain, and lack of social support and psychosocial well-being. These responses highlight the multifaceted nature of caregiver stressors, including financial loss and physical stress. The finding is in agreement with Mitchell (2021), who reiterated the importance of care plans that account for the physical and psychological burden on caregivers.

The finding also underscores that the intensity of caregiver burden significantly predicts poorer psychosocial outcomes. This shows that the more intense and unrelenting the burden, the greater its impact on caregivers' lives. The result corroborates Zhang and Bennett (2024) who explicitly support this finding by demonstrating that high-intensity caregiving especially involving long hours and lack of respite results in severe emotional deterioration. These results are also in line with Ferrell, Kravits, Borneman, Pal, and Lee (2019), who noted that care models must change toward person-centered and context-sensitive approaches to emphasise the burden on informal caregivers. Moreover, Blakey (2022) found that cumulative stress and caring without adequate support usually led to psychosocial impairments such as social withdrawal and emotional instability. Hence, the evidence strongly suggests that both the presence and intensity of caregiving burden play an important role in eroding psychosocial well-being.

In contrast to the previous findings, the findings show a positive correlation between the use of coping strategies and psychosocial well-being, indicating that caregivers who actively engage in coping behaviors such as seeking social support or taking breaks experience better emotional health. This result is in agreement with Cowden, Davis, Counted, Chen, Rueger, VanderWeele, and Worthington (2021), who define psychosocial functioning as inclusive of emotional and behavioural regulation, which can be improved through adaptive coping strategies. Similarly, Pérez (2023) and Avery (2025) reiterated the importance of interdisciplinary and community-based support in reducing the psychosocial impacts of caregiving. Faith-based coping strategies and social relationships, especially within African cultural contexts, also play a significant role, as observed by Karaba (2024), whose work identifies spiritual grounding as a protective factor for Nigerian caregivers. Additionally, (Mshali et al., 2018; Raza et al., 2019) underscore the role of technology (e.g., WhatsApp support groups, telemedicine) and spirituality in enhancing caregiver resilience. These findings support the conclusion that effective coping strategies buffer against psychological distress and promote overall well-being.

CONCLUSION

Considering the findings, there was a significant relationship between caregiver burden and psychosocial well-being. This result indicates a moderately strong negative relationship, meaning that as the burden of caregiving increases, the psychosocial well-being of caregivers tends to decline significantly, suggesting that caregiver burden is a significant predictor of deteriorating emotional and psychological health among caregivers. This aligns with literature that has consistently linked high caregiver burden to stress, anxiety, and emotional burnout. This study reveals that caregiving for the aged population in Ibadan imposes significant emotional, physical, financial, and psychosocial burdens on caregivers. Many participants reported experiencing emotional strain, financial pressure, time constraints, physical exhaustion, and disrupted career paths as consequences of caregiving responsibilities. Psychosocial effects were significant, with most caregivers describing persistent emotional distress, social withdrawal, insomnia, appetite loss, and reduced motivation. The broad spectrum of caregiver strain, including emotional, financial, physical, and

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social dimensions, is extensively documented. This study also indicated a positive relationship between coping strategies (such as seeking social support, taking breaks, or using professional help) and psychosocial well-being. The positive direction of the correlation suggests that caregivers who adopt effective coping mechanisms are more likely to maintain better emotional health and psychological resilience. Caregivers expressed a strong need for financial stipends, caregiver training, and access to mental health resources. Advice to new caregivers emphasised the importance of self-care, patience, and early preparation. Despite the problems, many carers found the role emotionally rewarding and expressed willingness to participate in future support initiatives.

RECOMMENDATIONS

The following recommendations were made:

1. Government and social welfare agencies should consider financial support, such as caregiver stipends, for family caregivers of older adults, as financial strain was one of the main burdens caregivers reported.

2. Old people's homes and geriatric centres should provide caregiver training, including preparation for new caregivers, so that caregivers are better equipped for the physical and emotional demands of the role.

3. Social workers and health services should make counselling and other mental health services accessible and affordable to family caregivers, given the negative relationship between caregiver burden and psychosocial well-being.

4. Caregiver support groups, both community-based and online, should be established or strengthened, since caregivers who used coping strategies such as seeking social support reported better psychosocial well-being.

5. Respite arrangements should be made available so that caregivers can take regular breaks and attend to their own self-care.

These recommendations address the emotional, financial, physical, and systemic challenges identified in the study and align with global best practices for supporting unpaid family caregivers. Implementing them will not only improve caregiver well-being but also enhance the quality of care received by older adults and persons with disabilities or chronic conditions.

ACKNOWLEDGEMENT

We thank the aged homes, particularly Omishina Aged People's Home, Bodija; Divine Senior Citizens Home, Akobo; and Chief Tony Anieh Geriatric Centre, University College Hospital (UCH), Ibadan, Oyo State, Nigeria, for their cooperation. We also appreciate the caregivers of the older adults for their understanding and cooperation throughout the period of data collection. We are indebted to many of these caregivers and older adults who created time out of their limited time to attend to our request in spite of many constraints. Thank you very much to every other stakeholder in this study. This is a self-sponsored study; we have not received any funding from any individual or agency.

Conflict of Interest Statement

This work has not been published elsewhere nor submitted for publication in any outlet. AI was not used in the main text; however, it was used only to check the correctness of the references cited.

The authors declare no conflict of interest.

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ISSN: 3115-6940
EISSN: 3115-6932

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INTERNATIONAL JOURNAL OF SOCIAL WORK AND DEVELOPMENT STUDIES

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