

## **Understanding Experiences of Medical Social Workers Managing Older Adults with Chronic Illnesses: Insights from Nigeria**

*Oluwagbemiga Oyinlola, McGill University, & University College Hospital*

*Joy Adeyanju, Manchester Metropolitan University*

*Adenike Esther David, Babcock University*

*Mercy Omozusi, Babcock University*

*Michael Ibikunle, Afe Babalola University*

**Abstract & Keywords:** This qualitative research study explored how social workers in Nigerian hospital managed the complex needs of older adults living with chronic illnesses among individuals residing in rural communities of Nigeria. As the global population continues to age, the burden of chronic illnesses among older adults is growing, however, there is limited knowledge on how social workers in hospital are addressing these numerous challenges in Nigerian healthcare systems. Keeping with the principle of a descriptive phenomenological approach, this study conducted in-depth interviews with 16 medical social workers from six geo-political zones in Nigeria. Data analysis revealed three themes on the multifaceted nature of their work. These themes encompassed: 1) emotional toll of witnessing the suffering of older adults, 2) navigating a resource-constrained healthcare system, and 3) the importance of collaboration element of/with community leaders/ faith-based healers in Nigeria for effective care. The study highlights the need for improved training, support, and recognition of social workers within the Nigerian healthcare system. Additionally, it emphasizes the significance of a holistic and collaborative approach involving social workers, healthcare providers, policymakers, and communities to improve the well-being of this vulnerable population in Nigeria and similar settings around the world.

**Keywords:** Medical social workers; older adults; chronic illnesses; hospital; phenomenological approach

### **1 Introduction**

The demographic landscape is undergoing significant transformation, characterized by an aging population (Agyeman et al., 2019). Chronic illnesses such as diabetes, hypertension, cardiovascular diseases, and cancer have become major health concerns, imposing substantial burdens on individuals, families, and the healthcare system as a whole (Adebusoye et al., 2019; Haagsma et al., 2016; Lozano et al., 2012). The management of older adults with chronic illnesses presents a complex interplay of medical, social, and psychological challenges that demand an integrative approach to care. (Cadmus et al., 2019; Mahmoud et al., 2023). Despite the growing recognition of the demographic shift towards an older population and the corresponding increase in chronic health conditions, a scholarly attention on the experiences of social workers who play a critical role in managing these complex

needs is essential. This gap is more pronounced in African countries, where cultural, economic, and systemic factors uniquely shape the provision and effectiveness of care for older adults.

In Nigeria, the healthcare system grapples with limited resources (Abegunde & Owoaje, 2013; Adebusoye et al., 2019; Alegbeleye et al., 2019), the role of social workers becomes pivotal in bridging the gap between healthcare provision and the holistic needs of this demographic (Adonteng-Kissi et al., 2022; Ene et al., 2022; Oyebade et al., 2024). Social workers play a crucial role in addressing critical challenges by providing holistic and comprehensive support to older adults and their families (Ogrin et al., 2022; Zerden et al., 2019; Tukino, 2023). These interventions encompass psychosocial support, assistance with accessing healthcare services, advocacy, and facilitating community resources to enhance the overall well-being and quality of life of older adults (“2008 AARP-UN Briefing Series on Global Aging: ‘Opportunities and Challenges for an Aging World,’” 2008; Christ & Diwan, n.d. *Social Work with Adults Experiencing Complex Needs*, 2022). Despite the growing importance of social work in geriatric care, there is a dearth of literature examining the experiences of social workers specifically in the Nigerian context. Thus, understanding the unique challenges, strategies, and experiences of social workers managing older adults with chronic illnesses in Nigeria is imperative for informing evidence-based interventions, policy development, and professional training programs.

Focusing on Nigeria as a case study, which has the highest number of older adults in Africa (Nigeria Population 2023 (Live)), will evoke a broader understanding of the complexities involved in managing chronic illnesses among older adults in Africa, and the emerging role of medical social workers in the country. In doing so, this study endeavors to not only fill a significant gap in the academic literature but also to inform policy formulation and practice improvements in the care of older adults with chronic illnesses in Nigeria and similar contexts across Africa. The insights gained from this study are expected to underscore the importance of contextualized social work interventions and advocate for enhanced support and recognition of social workers as key players in the healthcare continuum for older adults.

This study is guided by two main research questions:

1. How does cultural belief, and infrastructural systems influence the experiences of social workers caring for older adults with chronic illnesses in Nigeria?
2. How do social workers overcome these challenges in their work with older adults with chronic illnesses in Nigeria?

### **Theoretical underpinning**

**Social Systems Theory:** This theoretical framework developed by Niklas Luhmann, offers a comprehensive framework for understanding how various elements of a society interact and coexist (Albert, 2016; Luhmann, 2013). This theory posits that society comprises various subsystems, each with specific functions and communications. These subsystems include the economy, law, politics, education, religion, and healthcare, all interlinked yet operating independently (Luhmann, 2013; Mattheis, 2012). In the context of healthcare, social systems theory offers an understanding of the complex interactions between healthcare workers and the broader health system, particularly in caring for older adults with chronic health conditions (Clarkson et al., 2018; Pype et al., 2018). The social system theory was originated

by Ludwig von Bertalanffy and was further developed by other scholars such as Talcott Parsons and Niklas Luhmann. The theory posits that organizations and social groups function as systems, which are made up of interrelated parts that interact with one another and are influenced by their environment (Luhmann, 2013). From the perspective of social systems theory, medical social workers are part of a healthcare subsystem that interacts with other subsystems such as families, communities, and the broader social welfare system (Mahmoud et al., 2023; Oyinlola et al., 2024). Their role often involves advocating for patient needs, coordinating care, and providing counseling and support. This is particularly relevant in Nigeria, where societal norms and values significantly influence how health services are received and perceived by older adults (Adebusoye et al., 2023; Oyebade et al., 2024). The extended family system, for example, plays a vital role in the care of older adults, often influencing the effectiveness of formal healthcare services. The relevance of social systems theory in this context offers insights into interactions and dependencies between subsystems. For instance, the efficiency of healthcare delivery to older adults in Nigeria can be impacted by economic constraints, cultural beliefs, and policy frameworks.

In practice, the social systems theory enables medical social workers in Nigeria to better understand and articulate the complexities of providing care in a socio-economically diverse environment. It helps them identify gaps in the system—be it in resources, policies, or community support—and seek innovative solutions to bridge these gaps. Furthermore, it emphasizes the need for adaptive strategies that consider the dynamic nature of social and medical systems, allowing for more responsive and effective care interventions. The social systems theory provides a valuable lens through which to view the challenges and responsibilities of medical social workers in Nigeria.

## **2 Methodology**

The research employed a qualitative methodology, aiming to delve deeply into the perspectives and experiences of medical social workers across Nigeria's six geo-political zones. The descriptive qualitative approach was chosen to gain nuanced insights that might not be easily captured through closed-ended questions (Colorafi & Evans, 2016). By allowing participants to express their thoughts and emotions, qualitative methods were deemed suitable for exploring the complexities of the phenomenon under investigation (Colorafi & Evans, 2016; Luna-Meza et al., 2021). A purposive sampling was utilized to select participants who could provide rich and diverse insights into their experience when supporting older adults living with chronic health conditions in Nigeria (Ames et al., 2019). This methodological choice was driven by the need to gather detailed qualitative responses, essential for obtaining a comprehensive understanding of the experience of medical social workers especially in the hospital setting caring for older adults with chronic illness in Nigeria. The researchers specifically targeted medical social workers due to their firsthand knowledge, training and experiences in the field of geriatric care, ensuring that the data collected would be relevant and insightful. The study involved individual interviews conducted with medical social workers who are registered with the Association of Medical Social Workers of Nigeria (AMSWON) from Nigeria's six geo-political zones and must have been working with older adults for more than two years. These interviews were guided by a Semi-structured interview protocol, allowing for flexibility while ensuring that key topics were covered consistently across all participants.

The Federal Republic of Nigeria is segmented into six geopolitical zones viz. North East, North West, North Central, South East, Southwest, and South-South zone. The South West

zone is comprised of 6 States viz. Lagos State, Oyo State, Ogun State, Osun State, Ekiti State, and Ondo State, which often referred to simply as zones, serve as administrative divisions that facilitate the sharing of the country's economic, political, and educational resources among various states (Nigeria Population 2023 (Live), n.d.). Nigeria, known for its diversity with approximately 400 ethnic groups and 450 languages, required the government to amalgamate similar groups to ensure efficient resource allocation (Spoken Languages of African Countries - Nations Online Project, n.d.). The Association of Medical Social Workers of Nigeria (AMSWON) currently have a membership of over a thousand medical social workers working in government and private hospitals in Nigeria (SSW\_Health\_Facilities\_Report, 2020). There are members of the association working in different sectors of the Nigerian system, the geriatric section of hospitals. Records of the association show that more than fifty medical social workers are practising directly with older adults in Nigeria (AMSWON, n.d.). All fifty medical social workers in the sector were contacted via mail, phone calls, and flyers. The sample for this qualitative study consisted of 16 medical social workers (2 per geographical zones), comprising 12 females and 4 male medical social workers in Nigeria. The decision on the sample size was guided by the concept of data saturation, which occurs when during interviews, recurring opinions or themes emerge consistently, to the extent that no new ideas or information are observed (Ames et al., 2019; Palinkas et al., 2015). In this study, data saturation was achieved with the participation of 16 individuals, at which point no new insights or perspectives were forthcoming from additional interviews. Subsequently, data analysis commenced once the saturation level was reached, allowing for a comprehensive exploration of the collected data.

### **Data collection and analysis**

A Semi-structured interview guide was utilized to collect data from participants regarding their experiences in providing care for older adults with chronic health conditions within hospital settings. These individual interviews were recorded and subsequently transcribed verbatim. During the data collection process, demographic information about the participants was gathered. To ensure anonymity, no identifying details were included in the transcripts. During the interview phase, pertinent questions including:

- The typical routine of the respondents while working with older adults with chronic illnesses.
- The factors that motivated the social workers to opt geriatric social work
- Memorable experiences while working with older adults
- The impact of working with this client group in personal and professional development
- Challenges in working with older adults with chronic illnesses and how it affects the social workers' ability to provide care.
- Navigating the complexities of the healthcare system in Nigeria to advocate for and support the clients

- The impact of cultural beliefs and practices in Nigeria on social work with older adults and their families
- Changes or improvements required in the field of social work with older adults with chronic illnesses in Nigeria

Overall, the interview spanned seventeen months, and the average length of the interview was 80 minutes.

The qualitative data analysis in this study utilized the thematic analysis method, following the six-step process outlined by Braun and Clarke (Braun & Clarke, 2022). These steps were employed to facilitate the development of a comprehensive, reflective, and deliberate description of the identified themes and sub-themes within the study. Version 12 NVivo software was utilized to effectively organize and manage the collected data. As described by Braun and Clarke, reflective thematic analysis enables researchers to actively engage with the data, allowing for listening, reflection, clarification, and intuition during the analysis process (Braun & Clarke, 2019). The six steps involved in thematic analysis include: becoming familiar with the collected data; generating initial codes; searching for themes; Reviewing Themes; Defining and refining themes; and producing the report which guided this study with the medical social workers (Browning & Cruz, 2018). The researcher then classified the experiences of the participants when caring for people with chronic health conditions in Nigeria based on negative and positive experiences for easy analysis.

### **The rigor of the study**

The study's rigor encompasses aspects of validity, reliability, and the degree to which the researcher can convince readers of the study's trustworthiness (Korstjens & Moser, 2018, 2018; Shenton, 2004). In accordance with Guba's framework, as proposed by Shenton, the study employs four criteria: credibility, dependability, confirmability, and transferability. All interviews were recorded to ensure accurate representation. Confirmability was ensured through audio recordings and verbatim transcription of interview segments, maintaining the integrity of the data and minimizing bias (Jamshed, 2014). The study demonstrates dependability through a detailed description of data collection and analysis techniques, ensuring the stability and consistency of the obtained data over time. Transferability is addressed by providing thorough data descriptions and socio-demographic characteristics of the participants, allowing readers to assess the applicability of the findings to other contexts. This transparency enhances the study's potential for generalization beyond the immediate context. (Braun & Clarke, 2019; Shenton, 2004)

### **3 Results**

We present the results of our findings in themes and subthemes. First, we present the demographic features of the study participants. The emerging themes from the experience of medical social workers caring for older adults with chronic health conditions are divided into positive and negative experience: *for negative experiences*: (a) emotional toll of witnessing the suffering older adults; (b) challenges navigating a resource constraint environment while *positive experience*: collaborating with community elders and/faith-leaders.

Figure 1. Description of coding tree based on analytical classification.

Questions	Themes and Sub-themes
How does cultural belief, and infrastructural systems influence the experiences of social workers caring for older adults with chronic illnesses in Nigeria?	<b>Emotional Strain:</b> <ul style="list-style-type: none"> <li>• Compassion fatigue</li> <li>• Moral Distress</li> <li>• Systemic Issues (resource constraint environment):</li> <li>• Limited financial resources</li> </ul>
How do social workers overcome these challenges in their work with older adults with chronic illnesses in Nigeria?	<b>Community Engagement:</b> <ul style="list-style-type: none"> <li>• Faith-based healers</li> <li>• Collaboration with community leaders</li> </ul>

### Demographic Characteristics of Respondents

Thirty-five individuals, consisting of 12 females and 4 males aged between 25 and 57 years, participated in the study. They were medical social workers specializing in the care of older adults with chronic illnesses. The majority of these participants (n=16), had over three years of experience in this field. Most of the participants identified as Christians and were married. Regarding education, 74% held a bachelor's degree in social work, 14% had a Post Graduate degree in Social Work, and 12% had other qualifications that allowed them to practice as medical social workers in Nigeria.

Table 1: Demographic characteristics of the participants

Participants code	Gender	Age	Years of working experience	Educational level
P01	F	31	04	MSW
P02	F	30	04	BSW
P03	F	45	17	Dip Social Work
P04	M	55	15	MSW
P05	F	56	07	BSW
P06	F	33	14	MSW
P07	F	36	08	BSW
P08	F	44	16	MSW
P09	F	51	18	BSW
P10	M	35	9	MSW
P11	M	32	11	MSW
P12	F	54	15	MSW
P13	F	55	10	BSW
P14	F	51	9	Dip Social Work
P15	M	50	4	MSW
P16	F	52	21	BSW

**Notes:** MSW signifies Master of Social Work (Issued in government approved institutions in Nigeria, or other regions in Africa); BSW signifies Bachelor of Social Work degree, and Dip of Social Work signifies Diploma in Social Work.

### **Emotional Strain:**

In this study, predominant of the participants reported that medical social workers are important in ensuring quality of life for older adults with chronic illness. However, many of these medical social workers are experiencing emotional strain such as compassion fatigue and morally distressed. These experience from the participants revealed these challenges can impact their ability to provide effective care. An example of *compassion fatigue* experienced by a medical social worker includes:

"Every day, I witness the pain and despair in the eyes of older adults struggling with chronic illnesses. It weighs heavily on me, draining my emotional reserves. Sometimes, I feel like I've reached my limit in offering comfort and support." (PO 13, Social Worker, 55years)

Also, social workers experienced *morally distressing* situations when caregivers feel unable to act in accordance with their moral values due to systemic constraints. One of the medical social workers said that:

"There are moments when I feel morally conflicted in my role as a healthcare provider. I see older adults suffering, and despite my best efforts, I'm unable to alleviate their pain or improve their quality of life. It's disheartening to witness their struggles and feel powerless to make a difference." (PO 8, Social Worker, 44years)

### **Systemic Issues (resource constraint environment):**

The participants reported problems inherent in the structure or operation of a system, such as a healthcare system. Majority of the participants three main issues such as limited access to health access for older adults with chronic illness e.g.: stroke, mental illness, and hypertension, second issues reported included inadequate infrastructure and limited financial resources to support older adults with chronic illness. These constraints were reported to hinder the ability of medical social workers to provide optimal care to patients, leading to increased stress, burnout among practitioners. One of the participants reported limited access to healthcare services:

"Trying to access healthcare services for older adults is like hitting a brick wall. The waiting lists are endless, and by the time they get seen, their conditions have often worsened. It's frustrating to see people suffer simply because they can't get timely medical attention." (PO 4, Social Worker, 55years)

In addition, one of the participants reported inadequate infrastructure that impede the ability of medical social workers may contribute to feelings of frustration, inefficiency, and job dissatisfaction among practitioners:

"The lack of medical facilities and equipment poses significant challenges in providing quality care to older adults. We often find ourselves working with outdated equipment or in facilities that are understaffed and overcrowded. It's frustrating to see the limitations of our healthcare system hindering our ability to deliver optimal care." (P09, Social Worker, 51years)

*Limited financial resources* to support older adults with chronic illness refers to the insufficient funding available to provide necessary services and support for older adults with

chronic illness is a significant challenge in delivering comprehensive care and supporting older adults in navigating complex healthcare systems in Nigeria:

"The financial burden of healthcare is overwhelming for many older adults and their families. Even basic medical treatments can be prohibitively expensive, forcing them to forgo necessary care or resort to substandard alternatives. It's heartbreaking to witness their struggles with finances while trying to maintain their health." (PO 13, Social Worker, 55years)

### **Community Engagement:**

The participants in the study emphasized the significance of community engagement in enhancing the effectiveness of social worker activities with older adults with chronic illness. They highlighted the valuable roles played by traditional healers, faith-based healers, and community leaders in supporting the well-being of this population. For example: one specific role of the traditional healers includes bringing cultural knowledge and holistic approaches to healthcare, which can complement medical interventions and address the unique needs of older adults with chronic illness. One of the participants revealed that:

"Traditional healers hold deep-rooted cultural significance in our community. Many older adults seek their guidance and treatments alongside conventional medical care. However, integrating traditional healing practices into the healthcare system requires understanding and collaboration to ensure safe and effective outcomes for patients." (P06, Social Worker, 33years)

From the participants, *faith-based healers* offer spiritual support and guidance to individuals facing illness. This support can take various forms, including prayer, counseling, meditation, and the provision of religious rituals or sacraments. One of the participants revealed that:

"In Nigerian culture, faith-based healers play a vital role in providing support to older adults. Many rely on religious beliefs and practices as sources of comfort and healing. However, integrating spiritual care with medical interventions poses challenges, as not all healthcare professionals understand or appreciate its significance." (P16, Social Worker, 52years)

Participants revealed that collaboration with community leaders fosters a sense of trust and partnership between social workers and the community, facilitating access to resources, services, and support networks for older adults with chronic illness.

"Navigating the intersection between spiritual beliefs and medical interventions can be complex, especially when caring for older adults. While some older adults place great importance on faith-based healing practices, others may prioritize conventional medical treatments. Balancing these perspectives requires sensitivity and open communication to ensure that patients' spiritual and medical needs are both addressed." (P05, Social Worker, 56years)

## **4 Discussion**

While this study is considered a huge step towards understanding the experiences of medical social workers supporting older adults with chronic disease in Nigeria, it unravels a critical yet strenuous role that medical social workers play in the healthcare system of Nigeria. The reported experiences of compassion fatigue, moral distress, and systemic challenges such as



limited resources and inadequate infrastructure highlight an urgent need to re-evaluate and reform the way health and social care is delivered to the increasing number of older adults in Nigeria. A focus on older adults with chronic diseases such as stroke, mental health conditions, hypertension, and dementia are because of the unique challenges, the combination of systemic inadequacies, including limited healthcare access, inadequate infrastructure, and financial constraints they face (Adebusoye et al., 2019; Lozano et al., 2012; Oyewole et al., 2019). This contrasts with patients suffering from acute conditions who may need short-term care that is more readily available and less financially burdensome. Chronic conditions require long-term management, ongoing medication, and regular healthcare interactions, which are severely hampered by Nigeria's healthcare system limitations. Additionally, cultural beliefs and reliance on traditional healing further complicate the consistent management and treatment adherence necessary for chronic disease, making comprehensive care difficult to achieve. Our study found the emotional strain experienced by medical social workers, such as compassion fatigue and moral distress. This reflects a global issue within healthcare professions (Adebayo et al., 2013), where continuous exposure to patient suffering can erode personal well-being (Coleman, 2018; Viljoen, 2004). These findings align with previous research indicating that healthcare providers, including social workers, are at high risk of emotional burnout (De Hert, 2020; Oyebade et al., 2024; Stanley & Sebastine, 2023), which can adversely affect their professional efficacy and personal lives. The implication here is the urgent need for robust support systems for healthcare workers, including regular psychological assessments, counseling, and stress management programs, to sustain their mental health and, by extension, the quality of care provided to patients.

Furthermore, we found systemic issues, particularly the limited access to healthcare services, inadequate infrastructure, and financial constraints, mirror broader challenges within the Nigerian healthcare system. These constraints not only impede the delivery of care but also exacerbate the health disparities faced by older adults with chronic illnesses (Chukwudozie, 2015). Previous findings in Nigeria have underscored the critical need for healthcare reform, focusing on improving healthcare access, enhancing the quality of medical facilities (Abubakar et al., 2022; Oleribe et al., 2020; Oleribe et al., 2019) and expanding health insurance coverage to mitigate the financial burden on patients (Oshodi et al., 2014; Owolabi, 2011). The study's emphasis on these systemic challenges reiterates the call for comprehensive policy interventions aimed at strengthening the healthcare system's capacity to serve its aging population effectively.

Our findings revealed that community engagement, including the roles of traditional and faith-based healers, highlights the cultural dimensions of healthcare in Nigeria. The findings suggest that integrating traditional and spiritual care within the formal healthcare system could enhance patient outcomes by addressing the holistic needs of older adults (Acosta & Ely, 2023; Gizaw et al., 2022; Jasemi et al., 2017; Scott Barss, 2020). This approach aligns with previous studies advocating for a culturally sensitive healthcare model that respects and incorporates indigenous knowledge and practices. The challenge lies in establishing collaborative frameworks that allow for the integration of traditional and faith-based healing practices with conventional medical care (Ala et al., 2020; Ezeome & Anarado, 2007; Green & Colucci, 2020), ensuring safety, efficacy, and respect for patient preferences.

## **5 Implication**

The implications of the findings for social work practice in Nigeria, implied the unique challenges and opportunities for improved health services for older adults. In Nigeria, medical

social workers face significant obstacles, including systemic healthcare issues, emotional strain from compassion fatigue, and the integration of traditional and faith-based healing practices. These challenges are compounded by limited access to healthcare, inadequate infrastructure, and financial constraints, which significantly impact the quality of care for older adults with chronic illnesses. The emphasis on community engagement and the incorporation of traditional and faith-based healing presents a unique opportunity for a more holistic approach to healthcare. The findings suggest a need for policy reforms in Nigeria to improve healthcare access and infrastructure, financial support for patients, and support systems for social workers to manage emotional strain. Additionally, developing collaborative frameworks to integrate traditional and faith-based healing with conventional medical care could offer more culturally sensitive care approaches. These steps could not only enhance the efficacy of social work in Nigeria but also offer insights into how global practices might be adapted to incorporate more culturally relevant care practices, highlighting the importance of context in shaping social work practices.

## 6 Conclusion

The study examined the roles of medical social workers caring for older adults with chronic diseases in Nigeria, revealing a multifaceted crisis within a healthcare system struggling under the weight of systemic inadequacies and cultural complexities. Medical social workers face not only systemic barriers such as limited healthcare access and inadequate infrastructure but also the emotional burdens of compassion fatigue and moral distress. Their experiences underscore the broader challenges within the Nigerian healthcare system, highlighting the critical need for comprehensive healthcare reform and support systems tailored to both caregivers and patients. The conclusion of this research draws attention to several key implications and urgent actions required. Firstly, the Nigerian government and healthcare policymakers should prioritize the development and implementation of robust healthcare reforms. These should focus on enhancing the quality of medical facilities, expanding health insurance coverage, and ensuring that healthcare services are accessible to all, particularly older adults with chronic conditions. Such reforms are not merely administrative but are essential to closing the gap in health disparities that currently exist. Secondly, the emotional and psychological well-being of medical social workers should be addressed through institutional support systems. Implementing regular psychological assessments, counseling, and stress management programs can sustain the mental health of these professionals. Without such support, the risk of burnout remains high, which could further compromise the quality of care provided to patients. It is not enough to acknowledge the hardships these workers face; active steps to mitigate these stresses are essential for maintaining a resilient healthcare workforce. Furthermore, embracing the cultural dimensions of healthcare by integrating traditional and faith-based healing into the formal medical system could serve as a revolutionary step in enhancing patient outcomes. This approach not only respects cultural beliefs and practices but also provides a more holistic care model that is culturally sensitive and inclusive. Establishing collaborative frameworks that safely and effectively combine these traditional practices with conventional medical care is a step towards developing an holistic healthcare for older adults in Nigeria.

**Institutional Review Board (IRB) name and approval number:** Approval for the study was obtained from the University of Ibadan/University College Hospital Institutional Review Board (UI/EC/22/0351). Each respondent gave informed consent before the interview.

**Conflict of interest (COI) declaration:** There is no conflict of interest related to this manuscript.

**Funding statement:** No funding is attached to this research.

**Acknowledgements:** The first author is a recipient of the Social Science and Humanities Research Council (SSHRC) 2022 Vanier Canada Doctoral Award.

## References:

**AARP-UN briefing series on global aging** (2013): “Opportunities and Challenges for an Aging World.” (2008). AARP International Retrieved from: [https://www.aarpinternational.org/file%20library/unassigned/aarpthejournal\\_2013--2-.pdf](https://www.aarpinternational.org/file%20library/unassigned/aarpthejournal_2013--2-.pdf).

**Abegunde, K. A., & Owoaje, E. T.** (2013). Health problems and associated risk factors in selected urban and rural elderly population groups of South-West Nigeria. *Annals of African Medicine*, 12(2), 90–97. <https://doi.org/10.4103/1596-3519.112398>

**Abubakar, I., Dalglish, S. L., Angell, B., Sanuade, O., Abimbola, S., Adamu, A. L., Adetifa, I. M. O., Colbourn, T., Ogunlesi, A. O., Onwujekwe, O., Owoaje, E. T., Okeke, I. N., Adeyemo, A., Aliyu, G., Aliyu, M. H., Aliyu, S. H., Ameh, E. A., Archibong, B., Ezeh, A., ... Zanna, F. H.** (2022). The Lancet Nigeria Commission: Investing in health and the future of the nation. *Lancet*, 399(10330), 1155–1200. [https://doi.org/10.1016/S0140-6736\(21\)02488-0](https://doi.org/10.1016/S0140-6736(21)02488-0)

**Acosta, L. M. Y., & Ely, E. W.** (2023). Holistic care in healthy aging: Caring for the wholly and holy human. *Aging Cell*, 23(1), e14021. <https://doi.org/10.1111/accel.14021>

**Adebayo, P. B., Abayomi, O., Johnson, P. O., Oloyede, T., & Oyelekan, A. A. A.** (2013). Breaking bad news in clinical setting—Health professionals’ experience and perceived competence in Southwestern Nigeria: A cross sectional study. *Annals of African Medicine*, 12(4), 205–211. <https://doi.org/10.4103/1596-3519.122687>

**Adebusoye, L. A., Cadmus, E. O., Owolabi, M. O., & Ogunniyi, A.** (2019). Frailty and mortality among older patients in a tertiary hospital in Nigeria. *Ghana Medical Journal*, 53(3), 210–216. <https://doi.org/10.4314/gmj.v53i3.5>

**Adebusoye, L. A., Cadmus, E. O., Oyinlola, O., & Abiola, O.** (2023). COVID-19 Vaccine Hesitancy Among Older Adults in a Geriatric Centre in Nigeria. *Cureus*, 15(12), e51102. <https://doi.org/10.7759/cureus.51102>

**Adonteng-Kissi, B., Moyle, W., & Grealish, L.** (2022). Informal care of older adults with chronic life-limiting illness in Africa: An integrative review. *International Social Work*, 65(1), 127–141. <https://doi.org/10.1177/0020872819901164>

**Agyeman, N., Guerchet, M., Nyame, S., Tawiah, C., Owusu-Agyei, S., Prince, M. J., & Mayston, R.** (2019). “When someone becomes old then every part of the body too becomes old”: Experiences of living with dementia in Kintampo, rural Ghana. *Transcultural Psychiatry*, 56(5), 895–917. <https://doi.org/10.1177/1363461519847054>

**Ala, A. O., Ojo, O. A., Enikuomihin, C. A., Ajani, G. O., Olamoyegun, M. A., Akinlade, A. T., & Olabode, O. R.** (2020). Prevalence and Determinants of Complementary and Alternative Medicine (CAM) Use among Diabetes Patients in Southwestern Nigeria. *West African Journal of Medicine*, 37(5), 528–536.

**Albert, M.** (2019). Luhmann and Systems Theory. Oxford Research Encyclopedia of Politics. Retrieved 4 Nov. 2024, from <https://oxfordre.com/politics/view/10.1093/acrefore/9780190228637.001.0001/acrefore-9780190228637-e-7>.

**Alegbeleye, A., Dada, J., Oresanya, O., Jiya, J., Counihan, H., Gimba, P., Ozor, L., & Maxwell, K.** (2019). Community engagement and mobilisation of local resources to support integrated Community Case Management of childhood illnesses in Niger State, Nigeria. *Journal of Global Health*, 9(1), 010804. <https://doi.org/10.7189/jogh.09.010804>

**Ames, H., Glenton, C., & Lewin, S.** (2019). Purposive sampling in a qualitative evidence synthesis: A worked example from a synthesis on parental perceptions of vaccination communication. *BMC Medical Research Methodology*, 19(1), 26. <https://doi.org/10.1186/s12874-019-0665-4>

**AMSWON.** (2024) Registered Members-Retrieved February 3, 2024, from <https://amswon.org.ng/registered-members/>

**Braun, V., & Clarke, V.** (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597. <https://doi.org/10.1080/2159676X.2019.1628806>

**Braun, V., & Clarke, V.** (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, 9(1), 3–26. <https://doi.org/10.1037/qup0000196>

**Browning, E. D., & Cruz, J. S.** (2018). Reflective Debriefing: A Social Work Intervention Addressing Moral Distress among ICU Nurses. *Journal of Social Work in End-of-Life & Palliative Care*, 14(1), 44–72. <https://doi.org/10.1080/15524256.2018.1437588>

**Cadmus, E. O., Adebuseye, L. A., Olowookere, O. O., Olusegun, A. T., Oyinlola, O., Adeleke, R. O., Omobowale, O. C., & Alonge, T. O.** (2019). Older persons' perceptions about advanced directives and end of life issues in a geriatric care setting in Southwestern Nigeria. *The Pan African Medical Journal*, 32, 64. <https://doi.org/10.11604/pamj.2019.32.64.17117>

**Christ, G., & Diwan, S.** (2008) *Chronic Illness and Aging*. Council on Social Work Education. Alexandria, United States.

**Chukwudozie, A.** (2015). Inequalities in Health: The Role of Health Insurance in Nigeria. *Journal of Public Health in Africa*, 6(1), 512. <https://doi.org/10.4081/jphia.2015.512>

**Clarkson, J., Dean, J., Ward, J., Komashie, A., & Bashford, T.** (2018). A systems approach to healthcare: From thinking to -practice. *Future Healthcare Journal*, 5(3), 151–155. <https://doi.org/10.7861/futurehosp.5-3-151>

**Coleman, A. M. E.** (2018). Palliative Care, Suffering, Death Trajectory: A View of End-of-Life Care (EOL) Related Issues in Sub-Saharan Africa (SSA). *International Journal of Clinical Medicine*, 09(03), 175–181. <https://doi.org/10.4236/ijcm.2018.93015>

**Colorafi, K. J., & Evans, B.** (2016). Qualitative Descriptive Methods in Health Science Research. *HERD: Health Environments Research & Design Journal*, 9(4), 16–25. <https://doi.org/10.1177/1937586715614171>

**De Hert, S.** (2020). Burnout in Healthcare Workers: Prevalence, Impact and Preventative Strategies. *Local and Regional Anesthesia*, 13, 171–183. <https://doi.org/10.2147/LRA.S240564>

**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>

**Ezeome, E. R., & Anarado, A. N.** (2007). Use of complementary and alternative medicine by cancer patients at the University of Nigeria Teaching Hospital, Enugu, Nigeria. *BMC Complementary and Alternative Medicine*, 7, 28. <https://doi.org/10.1186/1472-6882-7-28>

**Gizaw, Z., Astale, T., & Kassie, G. M.** (2022). What improves access to primary healthcare services in rural communities? A systematic review. *BMC Primary Care*, 23(1), 313. <https://doi.org/10.1186/s12875-022-01919-0>

**Green, B., & Colucci, E.** (2020). Traditional healers' and biomedical practitioners' perceptions of collaborative mental healthcare in low- and middle-income countries: A systematic review. *Transcultural Psychiatry*, 57(1), 94–107. <https://doi.org/10.1177/1363461519894396>

**Haagsma, J. A., Graetz, N., Bolliger, I., Naghavi, M., Higashi, H., Mullany, E. C., Abera, S. F., Abraham, J. P., Adofo, K., Alsharif, U., Ameh, E. A., Ammar, W., Antonio, C. A. T., Barrero, L. H., Bekele, T., Bose, D., Brazinova, A., Catalá-López, F., Dandona, L., ... Vos, T.** (2016). The global burden of injury: Incidence,

mortality, disability-adjusted life years and time trends from the Global Burden of Disease study 2013. *Injury Prevention: Journal of the International Society for Child and Adolescent Injury Prevention*, 22(1), 3–18. <https://doi.org/10.1136/injuryprev-2015-041616>

**Jamshed, S.** (2014). Qualitative research method-interviewing and observation. *Journal of Basic and Clinical Pharmacy*, 5(4), 87–88. <https://doi.org/10.4103/0976-0105.141942>

**Jasemi, M., Valizadeh, L., Zamanzadeh, V., & Keogh, B.** (2017). A Concept Analysis of Holistic Care by Hybrid Model. *Indian Journal of Palliative Care*, 23(1), 71–80. <https://doi.org/10.4103/0973-1075.197960>

**Korstjens, I., & Moser, A.** (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *The European Journal of General Practice*, 24(1), 120–124. <https://doi.org/10.1080/13814788.2017.1375092>

**Lozano, R., Naghavi, M., Foreman, K., Lim, S., Shibuya, K., Aboyans, V., Abraham, J., Adair, T., Aggarwal, R., Ahn, S. Y., Al Mazroa, M. A., Alvarado, M., Anderson, H. R., Anderson, L. M., Andrews, K. G., Atkinson, C., Baddour, L. M., Barker-Collo, S., Bartels, D. H., ... Murray, C. J.** (2012). Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: A systematic analysis for the Global Burden of Disease Study 2010. *The Lancet*, 380(9859), 2095–2128. [https://doi.org/10.1016/S0140-6736\(12\)61728-0](https://doi.org/10.1016/S0140-6736(12)61728-0)

**Luhmann, N.** (2013). *Theory of Society*, Volume 2. Stanford University Press. Page 231

**Luna-Meza, A., Godoy-Casasbuenas, N., Calvache, J. A., Díaz-Amado, E., Gempeler Rueda, F. E., Morales, O., Leal, F., Gómez-Restrepo, C., & de Vries, E.** (2021). Decision making in the end-of-life care of patients who are terminally ill with cancer – a qualitative descriptive study with a phenomenological approach from the experience of healthcare workers. *BMC Palliative Care*, 20(1), 76. <https://doi.org/10.1186/s12904-021-00768-5>

**Mahmoud, K., Nwakasi, C., & Oyinlola, O.** (2023). The influence of religion and socio-economic status on coping with chronic diseases among older adults in Nigeria. *Journal of Religion, Spirituality & Aging*, 35(1), 2–20. <https://doi.org/10.1080/15528030.2022.2143996>

**Mattheis, C.** (2012). The system theory of Niklas Luhmann and the constitutionalization of the world society. *Goettingen Journal of International Law*. <https://doi.org/10.3249/1868-1581-4-2-MATTHEIS>

**Nigeria Population 2023 (Live).** Retrieved December 1, 2023, from <https://worldpopulationreview.com/countries/nigeria-population>

**Ogrin, R., Meyer, C., Karantzoulis, A., Santana, I. J., & Hampson, R.** (2022). Assessing Older Community Members Using a Social Work Tool: Developing an Organizational Response. *Gerontology and Geriatric Medicine*, 8, 23337214221119322. <https://doi.org/10.1177/23337214221119322>

**Oleribe, O., Ezechi, O., Osita-Oleribe, P., Olawepo, O., Musa, A. Z., Omoluabi, A., Fertleman, M., Salako, B. L., & Taylor-Robinson, S. D.** (2020). Public perception of COVID-19 management and response in Nigeria: A cross-sectional survey. *BMJ Open*, 10(10), e041936. <https://doi.org/10.1136/bmjopen-2020-041936>

**Oleribe, O. O., Momoh, J., Uzochukwu, B. S., Mbofana, F., Adebisi, A., Barbera, T., Williams, R., & Taylor-Robinson, S. D.** (2019). Identifying Key Challenges Facing Healthcare Systems In Africa And Potential Solutions. *International Journal of General Medicine*, 12, 395–403. <https://doi.org/10.2147/IJGM.S223882>

**Oshodi, Y. O., Abdulmalik, J., Ola, B., James, B. O., Bonetto, C., Cristofalo, D., Van Bortel, T., Sartorius, N., & Thornicroft, G.** (2014). Pattern of experienced and anticipated discrimination among people with depression in Nigeria: A cross-sectional study. *Social Psychiatry and Psychiatric Epidemiology*, 49(2), 259–266. <https://doi.org/10.1007/s00127-013-0737-4>

**Owolabi, M. O.** (2011). Impact of stroke on health-related quality of life in diverse cultures: The Berlin-Ibadan multicenter international study. *Health and Quality of Life Outcomes*, 9, 81. <https://doi.org/10.1186/1477-7525-9-81>

**Oyebade, O. E., Oyinlola, O., & Palma, C. A.** (2024). Difficult but achievable: Medical social workers' experiences transiting older adults from hospital care to nursing home in Nigeria. *Social Work in Health Care*. <https://www.tandfonline.com/doi/abs/10.1080/00981389.2024.2324859>

**Oyewole, O. O., Odusan, O., & Ale, A. O.** (2019). Global disability burden and its predictors among adult Nigerians living with Type-2 diabetes. *Ghana Medical Journal*, 53(2), 135–141. <https://doi.org/10.4314/gmj.v53i2.8>

**Oyinlola, O., Mahmoud, K., Adeoti, A. B., & Abiodun, A. A.** (2024). COVID-19: Experiences of Social Workers Supporting Older Adults with Dementia in Nigeria. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 61, 00469580241239844. <https://doi.org/10.1177/00469580241239844>

**Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K.** (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health*, 42(5), 533–544. <https://doi.org/10.1007/s10488-013-0528-y>

**Pype, P., Mertens, F., Helewaut, F., & Krystallidou, D.** (2018). Healthcare teams as complex adaptive systems: Understanding team behaviour through team members' perception of interpersonal interaction. *BMC Health Services Research*, 18(1), 570. <https://doi.org/10.1186/s12913-018-3392-3>

**Saxe ZerdenL., Lombardi, B.M., & Jones, A.** (2018). Social workers in integrated health care: Improving care throughout the life course. *Social Work in Health Care*, 58(1), 142–149. <https://doi.org/10.1080/00981389.2019.1553934>

**Scott Bars, K.** (2020). Spiritual Care in Holistic Nursing Education: A Spirituality and Health Elective Rooted in T.R.U.S.T. and Contemplative Education. *Journal of Holistic Nursing*, 38(1), 122–130. <https://doi.org/10.1177/0898010119889703>

**Shenton, A. K.** (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63–75. <https://doi.org/10.3233/EFI-2004-22201>

**Social work with adults experiencing complex needs.** (2022). National Institute for Health and Care Excellence (NICE). <http://www.ncbi.nlm.nih.gov/books/NBK588598/>

**Spoken languages of African countries—Nations Online Project.** (n.d.). Retrieved December 12, 2023, from [https://www.nationsonline.org/oneworld/african\\_languages.htm](https://www.nationsonline.org/oneworld/african_languages.htm)

**Global Social Service Workforce Alliance.** (2021). *social service workers in health facilities: their role in addressing social and other determinants of health among children and families*. Retrieved from: <https://socialserviceworkforce.org/resources/social-service-workers-in-health-facilities/>

**Stanley, S., & Sebastine, A. J.** (2023). Work-life balance, social support, and burnout: A quantitative study of social workers. *Journal of Social Work*, 23(6), 1135–1155. <https://doi.org/10.1177/14680173231197930>

**Tukino.** (2023). The Challenges and Strategies of Social Workers in the Care of the Elderly with Chronic Illness. *International Journal of Science and Society*, 5(4), 746-753. <https://doi.org/10.54783/ijssoc.v5i4.843>

**Viljoen, G.** (2003). *Wysheid as psigofortigene konstruk in die versorging van pasiënte met Alzheimer se siekte* (Wisdom as psychofortigenic construct in caring for patients with Alzheimer's disease) [Master's dissertation, University of the Free State]. <https://scholar.ufs.ac.za/handle/11660/7621>

#### Author's Address

Oluwagbemiga Oyinlola  
School of Social Work, McGill University, Montreal & Medical Social Services Department, University College  
Hospital, Ibadan  
H4V 1P3, Quebec, Canadaoluwagbemiga.oyinlola@mcgill.ca

**Author's Address:**

Joy Adeyanju  
Manchester Metropolitan University, United Kingdom  
M15 6BX  
adeyanjurachael17@gmail.com

**Author's Address:**

Adenike Esther David  
Babcock University, Ilishan-Remo, Ogun State  
Ilishan-Remo 121103  
davidadenike2019@gmail.com

**Author's Address:**

Mercy Omozusi  
Babcock University, Ilishan-Remo, Ogun State  
Ilishan-Remo 121103  
obasohanm@babcock.edu.ng

**Author's Address:**

Ibikunle Michael  
Department of Sociology, Afe Babalola University, Ado-Ekiti  
360102, Ekiti  
ibikunlemayo@gmail.com