

Medical Social Work Interventions and Family Caregiving Burden Among Stroke and Cancer Patients in Akpabuyo Local Government Area, Cross River State

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Abstract

Stroke and cancer are chronic health conditions that impose significant physical, emotional, and financial demands on patients and their families, particularly in low-resource settings where informal caregiving predominates. This study examined the relationship between medical social work interventions and family caregiving burden among stroke and cancer patients in Akpabuyo Local Government Area, Cross River State, Nigeria. The study adopted a cross-sectional survey design, with the study population comprising stroke and cancer patients and their primary family caregivers accessing care in selected public and private health facilities within the Local Government Area. A sample of 300 respondents was drawn using purposive and snowball sampling techniques. Data was collected through structured questionnaires and key informant interviews and analysed using descriptive statistics and inferential tools, including Chi-square and correlation analyses. The findings revealed a high level of caregiving burden, manifested in financial strain, emotional stress, physical exhaustion, and role conflict among family caregivers. Medical social work interventions, such as psychosocial counselling, caregiver education, referral to financial assistance programmes, and facilitation of access to health insurance and community support, were found to have a statistically significant relationship with reduced caregiving burden ($p < 0.05$). However, the effectiveness of these interventions was constrained by inadequate staffing, limited institutional support, and low awareness of medical social work services. The study concludes that medical social work interventions play a crucial role in mitigating family caregiving burden among stroke and cancer patients and recommends increased integration of medical social workers into multidisciplinary healthcare teams, as well as strengthened policy and funding support for caregiver-focused interventions.

Keywords: *Medical social work; Family caregiving burden; Stroke; Cancer; Chronic illness; Akpabuyo Local Government Area; Cross River State; Nigeria*

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Background to the Study

Chronic non-communicable diseases such as stroke and cancer constitute a growing public health challenge globally and in Nigeria in particular. These conditions are often characterised by prolonged illness trajectories, functional impairments, and recurrent healthcare needs, thereby placing considerable caregiving responsibilities on family members. In low- and middle-income countries like Nigeria, the burden of care is predominantly borne by informal caregivers due to weak social welfare systems, limited institutional care options, and low health insurance coverage (Aregbeshola & Khan, 2018; World Health Organization [WHO], 2022). Family caregiving burden refers to the multidimensional strain experienced by caregivers as a result of providing long-term care to chronically ill relatives. This burden encompasses financial hardship, emotional distress, physical exhaustion, social isolation, and disruption of occupational and family roles (House, 1981; Berkman et al., 2000). Among stroke and cancer patients, caregiving demands are particularly intense due to the need for continuous medical attention, rehabilitation, emotional support, and financial resources (Obembe & Fonn, 2020).

Medical social work plays a critical role within healthcare systems by addressing the psychosocial and socio-economic needs of patients and their families. Medical social workers provide interventions such as psychosocial counselling, caregiver education, crisis intervention, referral to welfare and charitable organisations, facilitation of access to health insurance, and advocacy for vulnerable patients (Browne, 2019; Enekoga & Owoyemi, 2021). These interventions are designed not only to support patients but also to alleviate the burden experienced by family caregivers. Despite the recognised importance of medical social work, empirical evidence on its effectiveness in reducing family caregiving burden in Nigerian rural and semi-urban contexts remains limited. Akpabuyo Local Government Area of Cross River State is characterised by high poverty levels, limited healthcare infrastructure, and strong reliance on family-based care. Understanding how medical social work interventions influence caregiving burden among families caring for stroke and cancer patients in this context is therefore essential for informing policy, practice, and programme development.

Objectives of the Study

The study aims to examine the relationship between medical social work interventions and family caregiving burden among stroke and cancer patients in Akpabuyo Local Government Area, Cross River State.

Specific Objectives

1. To assess the nature and level of caregiving burden experienced by family caregivers of stroke and cancer patients in Akpabuyo Local Government Area.
2. To identify the types of medical social work interventions available to stroke and cancer patients and their family caregivers.
3. To examine the extent to which family caregivers utilise medical social work services.
4. To analyse the relationship between medical social work interventions and financial, emotional, and physical dimensions of caregiving burden.

5. To identify challenges limiting the effectiveness of medical social work interventions in reducing family caregiving burden.

Research Hypotheses

The study was guided by the following null hypotheses:

1. H_{01} : There is no significant relationship between medical social work interventions and financial caregiving burden among family caregivers of stroke and cancer patients.
2. H_{02} : There is no significant relationship between medical social work interventions and emotional caregiving burden among family caregivers of stroke and cancer patients.
3. H_{03} : There is no significant relationship between medical social work interventions and physical caregiving burden among family caregivers of stroke and cancer patients.

Theoretical Framework

This study is anchored on the Stress Process Theory and the Social Support Theory, both of which provide strong explanatory foundations for understanding caregiving burden and the role of medical social work interventions.

Stress Process Theory

The Stress Process Theory, advanced by Pearlin et al., posits that caregiving burden arises from continuous exposure to stressors associated with chronic illness, such as prolonged care demands, financial strain, and emotional exhaustion. According to the theory, stressors (primary and secondary) interact with available coping resources to determine caregivers' wellbeing. In the context of stroke and cancer caregiving, primary stressors include patients' physical dependence and medical needs, while secondary stressors involve financial pressure, role conflict, and social isolation. Medical social work interventions function as coping resources that mediate the relationship between caregiving demands and caregiver outcomes by providing counselling, information, and access to material support.

Social Support Theory

Social Support Theory (House, 1981; Berkman et al., 2000) emphasises that emotional, informational, and instrumental support significantly reduces stress and improves coping capacity. Medical social workers act as institutional providers of structured social support within healthcare systems. Through psychosocial counselling, caregiver education, and referrals to welfare and community-based resources, medical social work interventions enhance caregivers' resilience and reduce caregiving burden. These theories explain how medical social work interventions mitigate financial, emotional, and physical caregiving burden among family caregivers of stroke and cancer patients.

Empirical Literature

Empirical scholarship on chronic illness care has consistently demonstrated that family caregiving constitutes a central but often undervalued component of healthcare delivery, particularly in low- and middle-income countries where formal long-term care systems are

weak. Studies across diverse healthcare contexts reveal that caregivers of patients with chronic and life-threatening conditions such as stroke and cancer experience substantial financial, emotional, and physical strain, commonly referred to as caregiving burden (Berkman et al., 2000; House, 1981). This burden is intensified in settings characterised by widespread poverty, limited health insurance coverage, and heavy reliance on out-of-pocket healthcare financing, as is the case in Nigeria (Aregbeshola & Khan, 2018). Empirical evidence from Nigeria and other African countries indicates that caregivers frequently adopt informal and potentially harmful coping strategies, including borrowing, asset sales, delayed treatment, and withdrawal from productive economic activities in order to meet healthcare costs and caregiving demands (Onoka et al., 2011; Obembe & Fonn, 2020). These strategies often exacerbate household vulnerability and perpetuate cycles of poverty and ill health. In the context of stroke and cancer, the caregiving burden is particularly severe due to prolonged treatment durations, rehabilitation needs, and emotional stress associated with uncertainty and mortality (Browne, 2019).

Within this context, medical social work has emerged as a critical professional intervention aimed at addressing the psychosocial and socio-economic dimensions of illness and caregiving. Empirical studies conducted in hospital settings suggest that medical social work interventions—such as psychosocial counselling, caregiver education, financial guidance, and referrals to welfare and community support systems—play a significant role in enhancing caregivers' coping capacity and reducing stress-related outcomes (Enekoga & Owoyemi, 2021). These interventions are especially important in resource-constrained environments where institutional support mechanisms are limited, and families bear the primary responsibility for care.

However, existing empirical studies also highlight several constraints affecting the effectiveness of medical social work practice in Nigeria. Research by Adebayo and Kolawole (2020) reveals that inadequate funding, high patient-to-social worker ratios, weak policy backing, and limited professional recognition undermine the ability of medical social workers to provide sustained support to patients and caregivers. Furthermore, many studies examine caregiving burden or healthcare financing in isolation, without explicitly analysing how structured medical social work interventions mediate caregiving outcomes among families dealing with chronic illnesses. Notably, there is a paucity of empirical research focusing specifically on rural and semi-urban local government areas, such as Akpabuyo in Cross River State, where access to healthcare and social welfare services is more limited than in urban centres. Existing studies tend to concentrate on tertiary hospitals and metropolitan settings, leaving a significant contextual gap in understanding how medical social work interventions operate at the grassroots level. This gap underscores the need for context-specific empirical investigation into the relationship between medical social work interventions and family caregiving burden among stroke and cancer patients in Akpabuyo Local Government Area. The empirical studies reviewed in the following table therefore provide important insights into healthcare financing, caregiving burden, and the role of social work interventions, while also highlighting the limitations and gaps that the present study seeks to address.

Table 1: Empirical Studies on Medical Social Work, Caregiving Burden, and Coping

Author(s) & Year	Study Area	Focus of Study	Methodology	Key Findings	Relevance to Present Study
Onoka et al. (2011)	Nigeria	Healthcare financing and coping strategies	Mixed methods	Families rely heavily on informal support and out-of-pocket payments	Highlights financial strain on caregivers
Aregbeshola & Khan (2018)	Nigeria	Catastrophic health expenditure	Quantitative survey	High out-of-pocket spending worsens household poverty	Explains financial burden dimension
Obembe & Fonn (2020)	Ibadan, Nigeria	Coping strategies for emergency care	Qualitative	Borrowing and delayed care common among poor households	Shows consequences of weak support systems
Browne (2019)	Global	Social work roles in healthcare	Conceptual review	Social work reduces psychosocial and economic stress	Supports intervention relevance
Enekoga & Owoyemi (2021)	Nigeria	Medical social work in hospitals	Qualitative	Social work improves access to welfare support	Confirms intervention effectiveness
Adebayo & Kolawole (2020)	Nigeria	Challenges of medical social work	Survey	Inadequate funding and staffing limit impact	Explains institutional constraints

While these studies address caregiving, healthcare financing, and social work practice, there is limited empirical evidence linking medical social work interventions directly to family caregiving burden among stroke and cancer patients in rural local government contexts, such as Akpabuyo.

Methodology

Research Design

The study adopted a cross-sectional survey design, enabling the collection of quantitative and qualitative data at a single point in time to examine relationships between variables.

Study Area

The study was conducted in Akpabuyo Local Government Area of Cross River State, a predominantly rural area with limited healthcare facilities and a high dependence on informal caregiving arrangements.

Study Population

The population comprised:

- a) Stroke and cancer patients receiving care in selected public and private health facilities in Akpabuyo Local Government Area; and
- b) Their primary family caregivers provide unpaid care and support.

Sample Size and Sampling Techniques

A sample of 300 respondents was selected using purposive sampling (to identify eligible patients and caregivers) and snowball sampling (to reach caregivers not formally registered within health facilities).

Methods of Data Collection

Data were collected using:

- a) Structured questionnaires administered to family caregivers; and
- b) Key informant interviews with healthcare workers and medical social workers.

Methods of Data Analysis

Quantitative data were analysed using descriptive statistics (frequencies, percentages, and mean scores) and inferential statistics, including Chi-square and correlation analysis, to test the hypotheses at a 0.05 level of significance. Qualitative data were analysed thematically and used to support quantitative findings.

Data Analysis and Test of Hypotheses

Socio-Demographic Characteristics of Caregivers (Summary)

Table 2: Socio-Demographic Profile of Respondents (n = 300)

Variable	Category	Frequency	Percentage (%)
Gender	Male	118	39.3
	Female	182	60.7
Age	20–39 years	96	32.0
	40–59 years	142	47.3
	60 years and above	62	20.7
Insurance Status	Insured	74	24.7
	Not insured	226	75.3

Most caregivers were female and uninsured, indicating increased vulnerability to caregiving burden.

Test of Hypothesis One

H₀₁: There is no significant relationship between medical social work interventions and financial caregiving burden.

Table 3: Chi-Square Test of Medical Social Work Interventions and Financial Burden

Variable	χ^2	df	p-value	Decision
Medical social work interventions × Financial burden	12.47	4	0.014	Reject H ₀

There is a statistically significant relationship between medical social work interventions and reduced financial caregiving burden.

Test of Hypothesis Two

H₀₂: There is no significant relationship between medical social work interventions and emotional caregiving burden.

Table 4: Correlation between Social Work Interventions and Emotional Burden

Variables	r-value	p-value	Decision
Interventions × Emotional burden	-0.42	0.001	Reject H ₀

Medical social work interventions significantly reduce emotional stress among caregivers.

Test of Hypothesis Three

H₀₃: There is no significant relationship between medical social work interventions and physical caregiving burden.

Table 5: Correlation Analysis

Variables	r-value	p-value	Decision
Interventions × Physical burden	-0.36	0.003	Reject H ₀

Access to medical social work services is associated with reduced physical exhaustion among caregivers.

Discussion of Findings

Hypothesis One: Medical Social Work Interventions and Financial Caregiving Burden

The first hypothesis examined the relationship between medical social work interventions and financial caregiving burden among family caregivers of stroke and cancer patients. The Chi-square analysis revealed a statistically significant relationship between access to medical social work interventions and reduced financial caregiving burden ($p < 0.05$). Consequently, the null hypothesis was rejected.

This finding indicates that caregivers who benefited from medical social work services—such as financial counselling, referral to charitable organisations, and facilitation of access to welfare assistance—were less likely to experience severe financial strain compared to those without such support. The result aligns with empirical studies in Nigeria which show that structured institutional support helps households cope more effectively with healthcare-related expenses and reduces reliance on harmful coping strategies such as borrowing, asset sales, and delayed treatment (Aregbeshola & Khan, 2018; Obembe & Fonn, 2020). From a theoretical standpoint, this finding supports the Stress Process Theory, which posits that access to coping resources mitigates the adverse effects of caregiving stressors. Medical social

work interventions function as institutional coping mechanisms that reduce the intensity of financial stress associated with chronic illness care. In the context of Akpabuyo Local Government Area, where poverty levels are high and health insurance coverage is low, the financial support role of medical social workers is particularly critical.

Hypothesis Two: Medical Social Work Interventions and Emotional Caregiving Burden

The second hypothesis assessed the relationship between medical social work interventions and emotional caregiving burden. The correlation analysis revealed a statistically significant negative relationship between medical social work interventions and emotional burden ($r < 0$, $p < 0.05$), leading to the rejection of the null hypothesis. This result suggests that caregivers who accessed psychosocial counselling, caregiver education, and emotional support services experienced lower levels of stress, anxiety, and emotional exhaustion. The finding corroborates previous studies which emphasise the role of social support in reducing psychological distress among caregivers of chronically ill patients (House, 1981; Berkman et al., 2000). Empirical evidence from Nigerian healthcare settings similarly indicates that medical social work interventions enhance caregivers' emotional resilience and coping capacity (Enekoga & Owoyemi, 2021). The finding further reinforces Social Support Theory, which asserts that emotional and informational support buffers individuals against the negative psychological effects of stress. By providing structured counselling and guidance, medical social workers help caregivers make sense of their caregiving roles, manage expectations, and navigate complex healthcare systems, thereby reducing emotional strain.

Hypothesis Three: Medical Social Work Interventions and Physical Caregiving Burden

The third hypothesis examined the relationship between medical social work interventions and physical caregiving burden. The correlation analysis revealed a statistically significant negative relationship between medical social work interventions and physical burden ($p < 0.05$), resulting in the rejection of the null hypothesis. This finding implies that caregivers who received social work support experienced reduced physical exhaustion and fatigue. Medical social work interventions such as caregiver training, linkage to community support networks, and advocacy for patient support services may reduce the intensity of caregiving tasks and improve caregivers' ability to manage physical demands. This result is consistent with Browne (2019), who argues that social work interventions in healthcare settings improve role organisation and reduce burnout among caregivers.

Furthermore, the finding highlights the interconnected nature of caregiving burden dimensions. Reduced financial stress and improved emotional wellbeing, facilitated by medical social work interventions, may indirectly lessen physical exhaustion by improving caregivers' overall capacity to cope with caregiving demands. This interrelationship underscores the importance of holistic and integrated social work interventions in managing chronic illness caregiving.

The findings demonstrate that medical social work interventions have a statistically significant and beneficial relationship with all three dimensions of family caregiving burden—financial, emotional, and physical. These results provide empirical support for the integration of medical social work services into chronic illness care frameworks, particularly in resource-constrained local government areas such as Akpabuyo. The study extends existing literature by providing context-specific evidence from a rural Nigerian setting and underscores the need for strengthened institutional support for medical social work practice.

Conclusion

The study examined the relationship between medical social work interventions and family caregiving burden among stroke and cancer patients in Akpabuyo Local Government Area, Cross River State. Findings revealed that family caregivers experience substantial financial, emotional, and physical burden, largely due to prolonged illness, low insurance coverage, and poverty. The study established a statistically significant relationship between medical social work interventions and reduced caregiving burden across all measured dimensions. However, inadequate staffing, limited funding, and weak institutional integration constrain the effectiveness of medical social work services. The study concludes that strengthening medical social work interventions is essential for improving caregiver wellbeing and sustaining family-based care for chronic illness patients.

Policy and Practice Recommendations

1. **Strengthen Medical Social Work Units:** Government and hospital management should recruit more qualified medical social workers and improve funding for welfare units.
2. **Integrate Social Workers into Multidisciplinary Teams:** Medical social workers should be fully involved in stroke and cancer care planning to ensure holistic patient and caregiver support.
3. **Expand Health Insurance Coverage:** Policies should prioritise enrolling chronic illness patients and caregivers into the National Health Insurance Authority scheme.
4. **Caregiver-Focused Interventions:** Structured caregiver education, counselling, and respite support programmes should be institutionalised.
5. **Community-Based Support Systems:** Partnerships with NGOs, faith-based organisations, and community groups should be strengthened to complement hospital-based interventions.

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