



The Indispensable Role of Informal Caregivers in Supporting the Aging Population

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Abstract

The growing demand for long-term care, driven by population aging and the increasing prevalence of chronic diseases, has intensified reliance on informal caregivers worldwide. These caregivers—primarily family members and close social networks—constitute a critical yet often underrecognized component of caregiving systems. This study examines the role of informal caregivers in supporting the aging population and analyzes the multidimensional challenges associated with caregiving.

Adopting a qualitative approach based on a systematic review of existing literature, the study synthesizes evidence on the physical, psychological, and socio-economic impacts of caregiving. The findings indicate that while informal caregivers play a central role in maintaining the well-being, autonomy, and dignity of older adults, they are simultaneously exposed to significant burdens, including chronic stress, adverse health outcomes, and social and economic constraints.

The study further highlights the increasing demand for informal caregiving in the context of demographic transitions, particularly population aging, which places additional pressure on already strained healthcare systems. In response, the paper emphasizes the need for comprehensive policy interventions, improved integration of health and social care services, and enhanced support mechanisms for caregivers.

By situating informal caregiving within a broader structural and policy context, this study contributes to a more nuanced understanding of caregiving as both an essential social function and a site of vulnerability. It underscores the urgency of developing inclusive and sustainable care frameworks that recognize, support, and empower informal caregivers.

Keywords: Informal Caregiving; Aging Population; Caregiver Burden; Chronic Stress; Qualitative Research

Introduction

Informal caregivers play a critical role in supporting elderly individuals, particularly within familial and close

social networks. Their contributions are central to ensuring the comfort, safety, and well-being of older adults as they navigate the complexities of later life. As populations age globally and the prevalence of chronic illnesses increases, the



reliance on informal caregiving has intensified, positioning these caregivers as indispensable actors within healthcare and social support systems [1-4].

Informal caregivers are typically non-professional individuals—such as family members, friends, or neighbors—who provide unpaid practical and emotional support to individuals experiencing age-related dependency, cognitive decline, or chronic health conditions. Unlike formal caregivers, they often assume caregiving responsibilities without adequate training, institutional support, or preparation. As a result, caregiving is widely recognized as a dynamic and multifaceted role that evolves over time and is frequently associated with significant psychological, physical, and economic challenges [3,5]. The experience of caregiving is commonly conceptualized as a chronic stressor, characterized by prolonged strain, unpredictability, and competing demands across multiple domains of life.

The growing demand for long-term care, driven by demographic ageing and epidemiological transitions, has further amplified the importance of informal caregivers. In many countries, they provide the majority of care for older adults, particularly those with limited functional autonomy. Family caregiving has become increasingly complex and intensive, often requiring caregivers to perform a wide range of tasks, including personal care, emotional support, advocacy, and coordination of healthcare services [6]. This expanding role is occurring within the context of healthcare systems that are frequently under-resourced, thereby transferring a substantial burden of care to households and communities.

Extensive research has documented the impact of caregiving on both physical and psychological health. Caregivers are at heightened risk of experiencing stress, anxiety, depression, and adverse health outcomes due to the sustained demands of caregiving [7]. In addition to primary stressors related to caregiving tasks, caregivers often face secondary stressors, including work–family conflict, financial strain, and social isolation. These cumulative pressures underscore the need to understand caregiving not only as a private familial responsibility but also as a significant public health and social policy concern.

Despite the growing body of literature on informal caregiving, existing studies often remain fragmented, with limited integration of the multidimensional challenges faced by caregivers, particularly in diverse socio-cultural contexts. Furthermore, there is a lack of comprehensive synthesis that simultaneously examines the psychosocial impacts of caregiving alongside the structural and policy-related factors that shape caregiver experiences. This gap is especially evident in the context of low- and middle-income settings,

where formal support systems are limited and caregiving responsibilities are deeply embedded within cultural expectations.

Against this backdrop, the present study aims to provide a comprehensive analysis of the role of informal caregivers in supporting the aging population. Specifically, it seeks to (1) examine the multifaceted contributions of informal caregivers, (2) analyze the physical, psychological, and socio-economic challenges associated with caregiving, and (3) explore the implications of these findings for policy and support systems. By synthesizing existing literature through a qualitative approach, this paper contributes to a more nuanced understanding of caregiving as both a critical social function and a site of vulnerability, thereby highlighting the urgent need for more inclusive and supportive caregiving frameworks.

Literature Review

Physical and Psychological Burden of Caregiving

The demanding nature of informal caregiving often results in significant physical and psychological strain for caregivers. Studies consistently demonstrate that caregivers experience multiple forms of distress, including physical exhaustion, emotional fatigue, social isolation, and financial hardship [7,8]. The chronic stress associated with caregiving has been linked to adverse health outcomes such as cardiovascular disease, compromised immune functioning, anxiety, depression, and a reduced overall quality of life [9].

Caregivers providing long-term care to chronically ill individuals frequently report heightened stress levels, disrupted family dynamics, and diminished social engagement [10]. Prolonged exposure to such stressors significantly increases vulnerability to both physical and mental health disorders [11]. Caregivers of individuals with dementia or Alzheimer's disease tend to experience elevated levels of psychological distress due to the progressive and unpredictable nature of these conditions [12]. The concept of "caregiver burden" has thus emerged as a central construct in caregiving research, often encompassing symptoms of anxiety, depression, and emotional exhaustion [13].

However, while a substantial body of literature emphasizes the negative health impacts of caregiving, there is a growing recognition that these outcomes may vary depending on contextual and individual factors, suggesting the need for a more nuanced understanding of caregiver experiences.

Social and Economic Challenges

Beyond health-related consequences, caregiving also imposes significant social and economic burdens. Caregivers often incur direct and indirect financial costs, including medical expenses, reduced employment opportunities, and loss of income, thereby positioning caregiving as a broader public health and economic concern [14]. The demands of caregiving frequently lead to the neglect of caregivers' own health needs, including missed medical appointments, poor nutrition, and lack of physical activity, further exacerbating their vulnerability to chronic illness.

At the social level, caregiving responsibilities can contribute to isolation, strained interpersonal relationships, and reduced participation in community life. These challenges are particularly pronounced in contexts where formal support systems are limited or inaccessible. In many low- and middle-income countries, including India, caregiving is deeply embedded within familial and cultural expectations, often with minimal institutional support. The burden of care is disproportionately borne by women, reflecting entrenched gender norms and inequalities in care work.

Despite these challenges, existing research often treats economic, social, and health dimensions of caregiving in isolation, indicating a lack of integrative approaches that capture the full complexity of caregiver experiences.

Caregiver Burden and Mental Health Outcomes

The psychological impact of caregiving extends beyond immediate stress responses and can significantly influence long-term mental health outcomes. Caregivers frequently report feelings of guilt, frustration, and emotional ambivalence, which may contribute to heightened levels of depression and anxiety [13]. Longitudinal studies further indicate that caregiver distress not only affects caregivers themselves but also has implications for the well-being and adjustment of care recipients [15].

Moreover, caregivers experiencing high levels of stress are more likely to engage in maladaptive coping behaviors and neglect their own health, thereby creating a cycle of declining well-being. The interplay between caregiving responsibilities and mental health highlights the need to conceptualize caregiver burden as a multidimensional phenomenon shaped by both individual and contextual factors.

While much of the literature focuses on the adverse psychological consequences of caregiving, there remains limited exploration of how these outcomes vary across different socio-cultural settings and caregiving arrangements.

Positive Dimensions of Caregiving

Although caregiving is frequently associated with burden and stress, it is not exclusively a negative experience. Emerging research highlights that caregiving can also generate positive outcomes, including a sense of fulfillment, strengthened interpersonal relationships, and enhanced meaning and purpose in life [9]. For some caregivers, the act of providing care fosters emotional resilience and reinforces familial bonds.

These positive dimensions underscore the importance of adopting a balanced perspective that acknowledges both the challenges and rewards of caregiving. However, such positive experiences are often contingent upon the availability of support systems, coping resources, and the alignment between caregiver expectations and caregiving demands. The dual nature of caregiving experiences suggests that simplistic characterizations of caregiving as solely burdensome may overlook important aspects of caregiver well-being.

Interventions and Support Systems

A substantial body of research emphasizes the importance of interventions aimed at supporting informal caregivers. These interventions include educational programs, skills training, counseling services, support groups, and respite care, all of which have been shown to improve caregiver well-being and enhance care outcomes [16-19]. Training in areas such as medication management, communication, and caregiving techniques can significantly improve caregiver competence and confidence.

Interventions that promote self-care and adaptive coping strategies are particularly crucial in mitigating caregiver stress [20]. Furthermore, integrating caregivers into the healthcare system as active partners in care delivery has been identified as a key strategy for improving both caregiver and patient outcomes [21,22]. The provision of accessible and contextually relevant information is also essential for empowering caregivers and enabling informed decision-making [23].

Despite the availability of various interventions, their accessibility and effectiveness often vary across contexts, particularly in resource-constrained settings. This highlights the need for flexible, culturally sensitive, and person-centered approaches to caregiver support.

Theoretical Perspective and Research Gap

The stress process model provides a useful framework for understanding informal caregiving as a chronic stressor, wherein primary stressors (such as caregiving demands)

and secondary stressors (including financial strain and role conflict) interact to influence caregiver outcomes. Additionally, perspectives from care ethics emphasize the relational and moral dimensions of caregiving, situating it within broader social and cultural contexts.

Despite extensive research on informal caregiving, the literature remains fragmented, often focusing on isolated aspects such as psychological burden or economic strain without integrating these dimensions into a comprehensive framework. Furthermore, there is limited attention to the socio-cultural variability of caregiving experiences, particularly in low- and middle-income contexts where formal support systems are limited.

This gap underscores the need for a more holistic and context-sensitive understanding of informal caregiving that captures its multidimensional nature and informs more effective policy and intervention strategies.

Methodology

This study adopts a qualitative research design based on a systematic narrative review to examine the role of informal caregivers in supporting the aging population. The review aims to synthesize existing literature on caregiver experiences, challenges, and support systems, with a particular focus on the physical, psychological, and socio-economic dimensions of caregiving.

Search Strategy

A comprehensive literature search was conducted across multiple academic databases, including PubMed, Scopus, Web of Science, and Google Scholar, to ensure broad coverage of relevant studies. The search was limited to publications in English and focused on studies published between 2000 and 2024, reflecting contemporary developments in caregiving research.

A combination of keywords and Boolean operators was used to identify relevant literature, including: “informal caregivers,” “elderly care,” “caregiver burden,” “aging population,” “social support,” and “healthcare policy.” These terms were used individually and in combination to refine search results and capture diverse aspects of caregiving.

Inclusion and Exclusion Criteria

Studies were selected based on predefined inclusion and exclusion criteria to ensure relevance and consistency. The inclusion criteria comprised:

- Studies focusing on informal (unpaid) caregivers of elderly individuals
- Research addressing caregiver experiences, burden,

well-being, or support systems

- Peer-reviewed journal articles, policy reports, and scholarly publications
- Studies adopting qualitative, quantitative, or mixed-method approaches

The exclusion criteria included:

- Studies focusing exclusively on formal or professional caregiving
- Disease-specific caregiving studies without broader relevance (unless conceptually significant)
- Articles lacking empirical or analytical depth

Data Extraction and Analysis

Relevant studies were systematically screened and selected based on titles, abstracts, and full-text review. Key information was extracted from each study, including definitions of informal caregiving, caregiver roles and responsibilities, dimensions of caregiver burden, and existing support mechanisms.

The extracted data were analyzed using a thematic analysis approach, enabling the identification of recurring patterns, key themes, and gaps within the literature. The analysis focused on synthesizing findings across studies rather than evaluating individual study outcomes in isolation, thereby providing a comprehensive understanding of caregiving dynamics.

Analytical Framework

The study is informed by the stress process model, which conceptualizes caregiving as a chronic stressor shaped by primary stressors (care demands) and secondary stressors (such as financial strain and role conflict). This framework enables a deeper understanding of how caregiving impacts physical and psychological well-being. Additionally, insights from care ethics perspectives are incorporated to situate caregiving within broader social and relational contexts.

Ensuring Rigor

To enhance methodological rigor, this study follows a transparent and systematic approach to literature selection, data extraction, and thematic synthesis. The use of multiple databases, clearly defined criteria, and a structured analytical framework contributes to the reliability and validity of the findings.

Limitations

Despite efforts to ensure methodological robustness, certain limitations must be acknowledged. The reliance on secondary data introduces the possibility of publication

bias, as studies with significant findings are more likely to be published. Additionally, the heterogeneity of included studies may limit the generalizability of findings across different cultural and socio-economic contexts. The restriction to English-language publications may also exclude relevant research conducted in other languages.

Findings

The analysis of the reviewed literature reveals that informal caregiving is a multidimensional phenomenon shaped by structural, psychosocial, and institutional factors. The findings are organized into key thematic areas that reflect the core dimensions of caregiver experiences and challenges.

Central Role of Informal Caregivers in Long-Term Care Systems

Informal caregivers constitute a critical component of long-term care systems, particularly in the context of aging populations. Evidence indicates that unpaid caregivers provide a substantial proportion of care, accounting for nearly 80% of long-term care needs in countries such as the United States [1]. This reliance is expected to intensify with demographic shifts, including the aging of the baby boomer generation, which will significantly increase the demand for care services.

The findings underscore that informal caregivers are not merely supplementary to formal healthcare systems but are integral to the functioning and sustainability of care infrastructures. Their contributions extend beyond basic assistance to include emotional support, care coordination, and advocacy, thereby directly influencing the quality of life and dignity of older adults.

Multidimensional Burden and Health Implications

A consistent theme across the literature is the substantial burden experienced by informal caregivers. Caregiving is widely conceptualized as a chronic stressor, resulting in cumulative psychological, behavioral, and physiological consequences. Caregivers frequently report burnout, fatigue, and emotional distress, which can adversely affect their overall health and well-being [24].

The findings indicate that caregiver burden is not limited to individual stress but is embedded within broader caregiving conditions, including the intensity and duration of care, lack of support, and competing social roles. These pressures often lead to difficulties in maintaining balance across personal, professional, and caregiving responsibilities, highlighting the need for systemic support mechanisms.

Structural and Institutional Constraints

The literature identifies several structural and procedural barriers that hinder caregivers from providing optimal care. These include limited access to formal support services, inadequate training, and insufficient integration of caregivers into healthcare systems. Such constraints reduce caregivers' capacity to effectively manage care responsibilities and increase their vulnerability to stress and burnout.

Addressing these challenges requires systemic reforms, particularly in education and workforce development, to equip both healthcare professionals and caregivers with the necessary skills and resources [25]. The findings emphasize the importance of recognizing caregivers as key stakeholders within care systems rather than as informal or peripheral actors.

Effectiveness of Support Interventions

The review highlights that targeted interventions can significantly alleviate caregiver burden and improve outcomes for both caregivers and care recipients. Interventions such as respite care, psychological support programs, and community-based services have been shown to reduce stress levels and enhance coping capacities [26,27].

Moreover, the involvement of healthcare professionals—particularly nurses—in identifying caregiver needs and providing psychosocial support plays a crucial role in strengthening caregiving outcomes [17]. These findings suggest that structured and accessible support systems are essential for sustaining informal caregiving arrangements.

Caregiving in Specialized Contexts

The findings also indicate that caregiving assumes heightened complexity in specific contexts, such as dementia care. Informal caregivers in these settings face additional emotional and cognitive demands due to the progressive nature of the condition, making caregiver support a critical issue in dementia care frameworks [28].

Synthesis of Findings

Overall, the findings demonstrate that while informal caregivers are indispensable to aging societies, their contributions are accompanied by significant challenges that remain insufficiently addressed at structural and policy levels. The sustainability of caregiving systems depends on the development of comprehensive support mechanisms that address the multidimensional needs of caregivers while integrating them more effectively into formal care frameworks.

Results

The results of this study consolidate evidence from the reviewed literature to demonstrate that informal caregivers are central to the functioning of long-term care systems, providing a substantial proportion of care for the elderly population. In contexts such as the United States, informal caregivers contribute to nearly 80% of long-term care needs, underscoring their indispensable role in sustaining healthcare systems [29].

The analysis further indicates that caregiving operates as a chronic stress process, with significant implications for caregivers' physical and mental health. Informal caregivers consistently experience psychological distress, emotional exhaustion, and adverse physiological outcomes, reflecting the cumulative burden associated with prolonged caregiving responsibilities [3]. These outcomes are closely linked to the intensity of care demands, duration of caregiving, and limited access to formal support systems.

Demographic transitions, particularly the aging of the baby boomer generation, are projected to substantially increase the demand for informal caregiving. This trend is expected to intensify existing pressures on caregivers and further expose gaps within healthcare and social support infrastructures. The results highlight that without adequate systemic support, the sustainability of informal caregiving arrangements remains uncertain.

In addition, the findings emphasize that informal caregivers play a critical role in enhancing the autonomy, dignity, and quality of life of older adults. Their contributions extend beyond physical assistance to include emotional support, decision-making, and advocacy, thereby reinforcing their position as key actors within care systems [30].

Importantly, the results underscore the growing recognition of caregivers within policy and healthcare frameworks. However, despite this recognition, significant gaps persist in terms of structured support, resource allocation, and integration of caregivers into formal care systems. Strengthening coordination between healthcare and social services, expanding caregiver support programs, and promoting policy interventions remain essential to addressing these challenges.

Discussion

The findings of this study reinforce the understanding of informal caregiving as a complex and multidimensional phenomenon, encompassing both burdensome and rewarding dimensions. While caregivers often report positive experiences—such as emotional fulfillment,

strengthened relationships, and a sense of purpose—these benefits coexist with substantial psychological, physical, and social challenges [9]. This duality underscores the need to conceptualize caregiving not as a uniformly negative or positive experience, but as a dynamic process shaped by contextual, relational, and structural factors.

A key insight emerging from the analysis is the centrality of caregiving as a chronic stress process. Consistent with the stress process model, caregivers are exposed to ongoing primary stressors (e.g., care demands, time intensity) and secondary stressors (e.g., social isolation, role conflict), which cumulatively impact their well-being. The high prevalence of depression, anxiety, and emotional exhaustion among caregivers reflects the sustained nature of these pressures [13,31]. Furthermore, the tendency of caregivers to neglect their own health—evidenced by delayed medical care, poor nutrition, and inadequate self-care—illustrates how caregiving responsibilities often override personal well-being [32,33].

The discussion also highlights the role of structural and institutional inadequacies in exacerbating caregiver burden. The lack of formal recognition, limited access to support services, and insufficient integration of caregivers into healthcare systems contribute to feelings of isolation and marginalization [34]. These findings suggest that caregiver burden is not solely an individual-level issue but is deeply embedded within broader systemic constraints. In this regard, the absence of coordinated support mechanisms and caregiver-inclusive policies significantly undermines both caregiver well-being and care quality.

At the same time, the presence of positive caregiving experiences indicates that caregiver outcomes are not deterministic but contingent upon the availability of resources, coping strategies, and social support. Caregivers who report better mental health and access to support systems are more likely to manage caregiving responsibilities effectively and maintain their overall well-being [35]. This reinforces the importance of interventions that enhance caregiver resilience, promote self-care, and strengthen support networks.

Importantly, the economic and social value of informal caregiving remains underrecognized despite its substantial contribution to healthcare systems. The replacement cost of informal care—amounting to billions of dollars annually—highlights the extent to which healthcare systems depend on unpaid caregiving labor [7]. This underscores the urgent need for policy frameworks that formally acknowledge and support caregivers as essential contributors to care provision.

The findings also have significant implications for healthcare practice. Healthcare professionals, particularly nurses and primary care providers, play a critical role in identifying caregiver needs, providing psychosocial support, and facilitating access to resources. A more integrated approach that positions caregivers as active partners in care delivery can enhance both caregiver and patient outcomes.

Overall, this study emphasizes that informal caregiving must be understood within a broader socio-cultural and policy context. The persistence of unmet caregiver needs, combined with increasing demographic pressures, calls for a shift from viewing caregiving as a private responsibility to recognizing it as a public health and social priority. Addressing caregiver burden requires comprehensive strategies that integrate emotional, physical, and structural support, thereby ensuring the sustainability of caregiving systems in aging societies.

Conclusion

This study highlights the indispensable role of informal caregivers in sustaining aging societies, emphasizing their critical contribution to the care, well-being, and dignity of older adults. As primary providers of long-term care, informal caregivers bridge significant gaps within formal healthcare systems, particularly in contexts where institutional support remains limited. However, this reliance comes at a considerable cost, as caregivers frequently experience multidimensional burdens encompassing physical strain, psychological distress, and socio-economic challenges.

The findings underscore that caregiving is not merely an individual or familial responsibility but a broader structural and public health concern. The persistent lack of adequate training, formal recognition, and institutional support exacerbates caregiver vulnerability and undermines the sustainability of care systems. These challenges are further intensified in socio-cultural contexts where caregiving is normalized within family structures, often without corresponding policy or infrastructural support.

Addressing these issues requires a comprehensive and integrated approach. Policy frameworks must move beyond symbolic recognition to actively support caregivers through accessible training programs, financial assistance, respite services, and mental health interventions. Equally important is the need to strengthen the integration of caregivers into healthcare systems by recognizing them as active partners in care delivery. Healthcare professionals play a pivotal role in this process by identifying caregiver needs, facilitating support mechanisms, and promoting caregiver well-being as an essential component of patient care.

Furthermore, the study highlights the importance of context-sensitive interventions, particularly in low- and middle-income settings, where caregiving is shaped by cultural expectations and resource constraints. Tailored support systems that address informational, emotional, and economic needs are crucial for reducing caregiver burden and enhancing care outcomes.

In conclusion, the sustainability of elder care systems is inextricably linked to the well-being of informal caregivers. Ensuring their support, recognition, and inclusion within formal care frameworks is not only a matter of social responsibility but a necessary condition for maintaining effective and compassionate care systems in the face of global population aging.

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