ALVAN JOURNAL OF SOCIAL SCIENCES (AJSS)
FACULTY OF SOCIAL AND MANAGEMENT SCIENCES
ALVAN IKOKU FEDERAL UNIVERSITY OF EDUCATION, OWERRI
https://www-ajsspub-org.b12sites,com https://www.ajsspub2.org
E- ISSN: 3043 – 5463 ISSN: 1595 – 5842 VOLUME 3, ISSUE 2A, 2026

RESEARCH ARTICLE

THE ROLE OF FAMILY CAREGIVERS IN THE WELFARE OF THE AGED: A STUDY OF BENIN METROPOLIS NIGERIA

MFON CHARLES [1], MICHEAL ADELAKUN BALOGUN [2]

[1] Department of Social Work, Faculty of Social Sciences, University of Benin, Benin City, Nigeria;
[2] Sociology and criminology department, College of social and management sciences, Western Delta University Oghara, Delta State Nigeria.

ABSTRACT

This research sought to investigate the involvement of family caregivers in assisting older individuals, recognize the difficulties they encounter, and ascertain the assistance they need to deliver the best possible care. A systematic review of qualitative research was performed to compile extensive information on the roles, difficulties, and support requirements of family caregivers for elderly individuals. The examination uncovered various important themes and subthemes concerning the functions of family caregivers and the obstacles they encounter, including the Role of family caregivers (physical assistance, emotional backing, health-related assistance), Challenges encountered by family caregivers (Physical and Mental Strain, Insufficient Knowledge and Training, Financial Pressure and Economic Burden, Social Isolation and Inadequate Social Support), Support Requirements of Family Caregivers (Training and Knowledge Improvement, Emotional and Social Assistance, Financial Aid and Resources, Coping Strategies). The research concludes that family caregivers are essential for assisting older adults, but their capacity to deliver the best care is obstructed by physical, emotional, and financial difficulties. Extensive assistance, such as training initiatives, emotional support systems, and financial aid, is essential for enhancing caregivers' well-being and the standard of care they deliver. Meeting these needs can improve the caregiving experience and lead to better results for both caregivers and elderly people.

Keywords: Family caregivers, older adults, elderly care, caregiving roles

Corresponding Author
Mfon Charles
Email Address: Charles.mfon@uniben.edu
Telephone Number: +2347033334568

Received: 27/5/2026; **Revised:** 28/6/2026; **Accepted:** 16/7/2026; **Published:** 20/7/2026

ALVAN JOURNAL OF SOCIAL SCIENCES (AJSS)
FACULTY OF SOCIAL AND MANAGEMENT SCIENCES
ALVAN IKOKU FEDERAL UNIVERSITY OF EDUCATION, OWERRI
https://www-ajsspub-org.b12sites,com https://www.ajsspub2.org
E- ISSN: 3043 – 5463 ISSN: 1595 – 5842 VOLUME 3, ISSUE 2A, 2026

1.0. INTRODUCTION

For many years, family members participate in supportive relationships and frequently care for one another throughout their lives. As families grow older and children reach adulthood, the caregiving dynamic becomes increasingly intricate. In other words, family members alter their roles in the types of care provided at various stages of their lives (Fingerman et al., 2009). A family member who assumes the responsibility of caring for another adult family member is referred to as a family caregiver. A family caregiver is generally described as an adult (such as a family member, relative, partner, friend, or neighbor) who offers unpaid assistance and care to an adult with health or functional requirements (Schulz et al., 2020). Almost 20% of adults are currently caregivers for a family member, friend, or neighbor who is an adult (National Alliance for Caregiving (NAC) & AARP, 2020).

With an increasing number of adults reaching advanced age, and changes in family demographics (like decreasing fertility and geographic movement) restrict the quantity of family members accessible to deliver support (Carr & Utz, 2020), the family caregiver position is growing increasingly intricate and demanding. For instance, family caregivers typically offer care for over 4 years on average, surpassing 30 hours of care weekly (Wolff et al., 2018) and an increasing number of Nigerians are caring for multiple individuals, frequently for those with Alzheimer's disease or similar dementia (NAC & AARP, 2020). Numerous family caregivers might feel inundated by their caregiving duties, managing different life roles and obligations, along with the growing care requirements of the person they are caring for (J. Zarit, 2009). As family members in need of care near the end of their life, their care requirements may grow more complex. For instance, end-of-life (EOL) care is widely described as holistic care that meets the medical, emotional, social, and spiritual requirements in the final phases of an individual's life (Given & Reinhard, 2017).

Additionally, the duty of delivering care at EOL impacts every facet of a family.The life of a caregiver, encompassing their physical, emotional, and social health (Ornstein et al., 2017). Consequently, it is not unexpected that relatives assuming the role of family caregiver face risks to their health and overall well-being due to caregiving duties (Schulz et al., 2020). Family members offer a vital and essential service to those they care for (National Academies of Sciences, Engineering, and Medicine (NASEM), 2016), which can lead to their own personal development and enhance the quality of life for their care receiver (Anderson & White, 2018). Due to the significance of family caregiving for a care receiver's health, well-being, and family dynamics, researchers have suggested enhancing family caregiving research to explore the various settings in which caregiving takes place (NASEM, 2016; Schulz et al., 2020) and how families collectively manage caregiving roles and responsibilities (S. H. Zarit, 2009).

The function of a family caregiver is viewed as a standard life occurrence (Roberto & Jarrott, 2008) and a duty that adults ought to ready themselves for with their families. The experience of caregiving transcends age, gender, race, ethnicity, socioeconomic status, education, location, or nationality, offering both common challenges and opportunities (NASEM, 2016). Most caregiving duties usually rest on one family member, often a spouse initially and then an adult child, generally a daughter, known as the primary caregiver (Wolff et al., 2018). The purpose of the study is to examine how family caregivers perceive their preparedness for caregiving and how family dynamics may be associated with feelings of preparedness in Benin City.

2.0. LITERATURE REVIEW

2.1. Conceptual Review

Caring for family members is a responsibility that numerous people will take on at various times in their lives. Almost 20% of adults assist an adult family member or friend who has health or functional

ALVAN JOURNAL OF SOCIAL SCIENCES (AJSS)
FACULTY OF SOCIAL AND MANAGEMENT SCIENCES
ALVAN IKOKU FEDERAL UNIVERSITY OF EDUCATION, OWERRI
https://www-ajsspub-org.b12sites,com https://www.ajsspub2.org
E- ISSN: 3043 – 5463 ISSN: 1595 – 5842 VOLUME 3, ISSUE 2A, 2026

requirements (National Alliance for Caregiving (NAC) & AARP, 2020). Family caregiving can generally be understood as offering support to another adult, which may be a family member, partner, friend, or neighbor (Gitlin & Wolff, 2011; National Academies of Sciences, Engineering, and Medicine (NASEM), 2016) across different situations. situations, such as various housing setups and the length and kind of support given.

No matter how researchers, healthcare practitioners, service providers, families, or people characterize the caregiving role; family caregiving is presently viewed as standard developmental experience (NASEM, 2016) which presents numerous challenges and possibilities. Since family caregivers encompass a wide range of ages, genders, races, ethnicities, and income levels, enhancing outcomes for them should be a national priority and highly significant in research.

Caring for a family member is an evolving process characterized by growing complexity and expanding caregiving duties (NASEM, 2016). For instance, the stages of caregiving have been characterized by starting with the recognition of an issue (e.g., a relative is diagnosed with cancer) (NASEM, 2016), shifts in the care requirements of the individual receiving care (e.g., cognitive deterioration or reduced mobility) (Gitlin & Wolff, 2011), alterations in family caregiver responsibilities (e.g., more time dedicated to caregiving) (NASEM, 2016), and the environment (i.e., home versus care facility) where care occurs (Gitlin & Wolff, 2011).

The responsibilities placed on the family caregiver, including support with personal hygiene and home management, accumulate and present new challenges (Gitlin & Wolff, 2011) over time as the escalating needs of the care receiver demand additional assistance and time from the caregiver (NASEM, 2016). For instance, a partner might begin to observe growing difficulties with memory and cognition in their spouse, dedicate more time to tracking symptoms, obtain assessments and a diagnosis from a medical expert, take leave from work to facilitate closer observation as symptoms evolve, and gradually assume additional duties related to personal care, symptom management, and monitoring.

Caregiving duties can restrict the spouse's capacity to sustain a job, personal and social connections, and self-care, thereby amplifying the challenges and dangers linked to the caregiving role. Transitions in caregiving are a significant aspect of caregiving, as families frequently perceive them as a period of crisis (Gitlin & Wolff, 2011). These transitions can be missed as a predictable opportunity for research exploration and intervention (Christ & Blacker, 2005) that could enhance results for family caregivers.

Risks Associated with Caregiving

A study, thorough examination of the caregiving literature (Pinquart & Sörensen, 2003). discovered that family caregivers faced increased depression and stress, along with diminished subjective well-being, physical health, and self-efficacy compared to non-caregivers. Further evaluations of caregiving studies over the years validated these results (Henry et al., 2018; NASEM, 2016; Roberto & Jarrott, 2008; Schulz et al., 2020; Stephens & Franks, 2009) and began to explore the processes of the caregiving experience that contribute to negative outcomes.

For instance, family caregiving can be demanding and draining (Robert & Jarrott, 2008), with caregivers frequently prioritizing the care needs of the recipient over their own self-care, thereby putting their health at risk. Handling the challenges of daily caregiving duties heightens stress and may lead family caregivers to face burnout (Henry et al., 2018), resulting in deteriorations in health and the capacity to manage other life obligations. Caring for family members can also place a burden on financial duties as caregivers balance work with their caregiving roles (Roberto & Jarrott, 2008). Over 60% of family caregivers remain in the workforce (NAC & AARP, 2020), and fulfilling the

needs of a care recipient can disrupt their job availability and performance (Schulz et al., 2020), potentially resulting in lower wages.

Research on family caregiving persists in uncovering the conditions that could heighten the chance of adverse results. Specific caregiving scenarios are linked to more negative outcomes. results, encompassing caregivers who assist with additional caregiving responsibilities for extended durations (Segal et al., 2018), caregivers looking after persons with Alzheimer's disease or similar conditions dementias (NASEM, 2016), and attending to individuals in the concluding or last phases of their life (Schulz et al., 2020). Another element connected to caregiver outcomes is social support. Family caregivers without assistance from others in their caregiving duties, those lacking emotional support from relatives and friends, and caregivers facing family disputes all suffer poorer health and well-being results (Lin et al., 2012) compared to family caregivers with greater social support.

Alongside the individual factors linked to adverse results faced by family caregivers, along with family-level and cultural factors, interactions, and processes, have also been linked to the risk of negative outcomes. The care requirements of a single family member can generate stress for the whole family by interrupting established and current dynamics within the entire family system (Schulz et al., 2020). For instance, when family members concentrate on the needs of a single member, it can disturb the rules, roles, and dynamics that have been formed within the family system throughout the years (Henry et al., 2018). Consequently, families must be flexible to meet the requirements of caregiving (Qualls, 2018) while they collectively manage decision-making and the distribution of care. These familial dynamics can generate stress and significant discord among individual family members and throughout the entire family structure (Utz et al., 2017).

Rewards of Family Caregiving

Assuming the responsibility of being a family caregiver comes with risks and the possibility of negative outcomes. While health and well-being outcomes exist, not every caregiver experiences significant stress or burden (Schulz et al., 2020), and numerous family caregivers discover fulfillment in the caregiving journey. For instance, family caregivers frequently manage caregiving duties effectively and might develop a deeper connection to their care recipient due to their caregiving role (Pinquart & Sörensen, 2003). Family caregivers indicate that this role frequently contributes to their personal development and increases in self-esteem (Roberto & Jarrott, 2008). These are merely a few instances of the beneficial aspects of caregiving that enhance the positive elements of caregiving (Cohen et al., 2002).

The construct of positive aspects of caregiving emerged in caregiving research as investigations started transitioning from needs-oriented methods and the stress process framework to strengths-oriented viewpoints on caregiving. Beneficial elements of caregiving encompass aspects of the favourable experiences, feelings, evaluations, and the resources and abilities that family caregivers rely on when encountering caregiving difficulties (Zarit, 2012). A recent study revealed that when caregivers recognize the positive facets of caregiving, they find it easier to adjust to their role and concentrate on the advantages of caring for their care recipient along with their personal development (Quinn & Toms, 2019). Favorable elements of caregiving were linked to reduced depressive symptoms, enhanced quality of life, and a sense of competence (Quinn & Toms, 2019).

End-of-Life Caregiving

Caring for family members nearing the end of their life presents extra psychological, physical, and emotional pressure on the family caregiving role (Bainbridge et al., 2009; Given & Reinhard, 2017). There is no precise definition regarding when a person reaches the end of life or what EOL caregiving entails (Given & Reinhard, 2017), but multiple definitions of EOL exist that are relevant in various situations. For instance, the National Institutes of Health (2004)

ALVAN JOURNAL OF SOCIAL SCIENCES (AJSS)
FACULTY OF SOCIAL AND MANAGEMENT SCIENCES
ALVAN IKOKU FEDERAL UNIVERSITY OF EDUCATION, OWERRI
https://www-ajsspub-org.b12sites,com https://www.ajsspub2.org
E- ISSN: 3043 – 5463 ISSN: 1595 – 5842 VOLUME 3, ISSUE 2A, 2026

recognized factors that, when present, signify EOL, such as the existence of chronic illnesses or ongoing functional impairments that necessitate care support and may result in death, or severe old age and frailty. Caregiving at the end of life refers to support provided to individuals who have ceased treatment aimed at curing or managing their illness (National Cancer Institute, 2021), encompassing physical, emotional, social, and spiritual assistance. This type of care may be viewed as comfort care and can encompass palliative or hospice care (Given & Reinhard, 2017)

A study examined how family caregivers understood EOL care (Cohen-Mansfield et al., 2018) and discovered that many families recognized the EOL phase through an unforeseen occurrence in their relative's care (like a new medical diagnosis or accident) or alterations in the care recipient's current condition (such as substantial declines in health or cognitive ability). Researchers have recognized that a significant aspect of EOL caregiving is how nurturing exchanges can elicit profound emotions because of a feeling of conclusion and looming loss (Phillips & Reed, 2010).

As mentioned earlier, the care requirements of a family member nearing the EOL frequently grow, and family caregivers frequently need to juggle the duties of helping with additional daily living tasks, handling medications and symptoms, offering emotional assistance, and facilitating care and communication with health care professionals (NASEM, 2016). As care requirements grow increasingly intricate, caregivers are frequently responsible for delivering more direct assistance (including oxygen, wound care, catheters, and injections) as well as coordinating physical therapy and hospice care (Given & Reinhard, 2017). Shifting to long-term care or employing professional caregivers are typical end-of-life situations that can be challenging and expensive (Ornstein et al., 2017), potentially increasing the burden on family caregivers and their households.

No matter how the end-of-life stage, end-of-life care, or end-of-life caregiving is characterized, the requirements on a family caregiver increase (NASEM, 2016) with the advancement of disease, health issues, or senior years. The emotional and physical strain of EOL caregiving can be considerable (Bainbridge et al., 2009), but numerous family members choose these duties over having their loved one placed in a care home. This study shows that EOL caregiving requires additional exploration; however, caregiving research rarely centers solely on EOL (Cohen-Mansfield et al., 2018) or the preparedness of caregivers in EOL caregiving. Differentiations have been observed in the caregiving paths of particular disease categories like Alzheimer's disease or cancer (Waldrop et al., 2005) and across various care environments (Ornstein et al., 2017), ranging from home care to long-term care facilities. Nevertheless, limited research has explored how families and family caregivers manage the growing intricate medical, physical, social, and emotional requirements of a terminally ill loved one.

Life Course Theory

This paper is based on Life Course Theory. Historically, a life course theoretical framework (Elder & Giele, 2009) has been employed to examine life transitions and stress processes. Life course theory remains crucial to family caregiving research as scholars investigate how developmental phases and age-related standards and expectations shape the caregiving experience. Considering stress, life changes such as becoming a family caregiver and later EOL caregiving necessitate individuals to adjust their physical and mental resources (Almeida & Wong, 2009). This viewpoint can be utilized in studies to assist in recognizing the various contexts (age, job status, role stress, etc.) throughout the lifespan that could influence a family caregiver's perceived load and coping skills.

A key focus in life course theory is the notion of timing. Older and Giele (2009) characterize timing as the concept that "the developmental factors leading to and resulting from life." "Transitions, events, and behavioral patterns differ based on when they occur in an individual's life" (p. 6 156). Life events can be viewed as on-time or off-time based on their occurrence in the life span and the influence of age expectations and social schedules (Elder & Giele, 2009) on the anticipation and readiness for

ALVAN JOURNAL OF SOCIAL SCIENCES (AJSS)
FACULTY OF SOCIAL AND MANAGEMENT SCIENCES
ALVAN IKOKU FEDERAL UNIVERSITY OF EDUCATION, OWERRI
https://www-ajsspub-org.b12sites,com https://www.ajsspub2.org
E- ISSN: 3043 – 5463 ISSN: 1595 – 5842 VOLUME 3, ISSUE 2A, 2026

those events. The caregiving literature lacks clarity on how families and family caregivers perceive the timing and transition to end-of-life caregiving.

3.0. METHODOLOGY

This study analyzes secondary data using qualitative content analysis. Reviewing existing documents on relevant topics is made possible by qualitative content analysis, which aims to extract meaning, concepts, and patterns that offer a clear picture of the issue being studied. This approach gave the researchers the opportunity to examine a significant collection of research data on the topic.

4.0. CONTENT ANALYSES, DISCOURSES AND DIMENSIONS

The review of secondary sources revealed that family caregiving remains the primary form of support available to older adults in Benin City. Unlike many developed societies where institutional care facilities are common, elderly persons in Benin City depend largely on family members for physical, emotional, social, and financial assistance. Traditional African cultural values emphasize respect for older persons and place responsibility for their care on children, relatives, and extended family members. The literature indicates that increasing urbanization, migration, economic hardship, and changing family structures have affected the capacity of families to provide adequate care for the elderly. Nevertheless, family caregivers continue to play a critical role in ensuring the welfare and survival of aged persons in Benin City.

4.1. The Role of Family Caregivers in the Welfare of the Aged

The analysis of literature revealed that one of the most important roles of family caregivers is the provision of physical care and assistance with daily activities. Many elderly persons experience declining physical strength, mobility challenges, and chronic illnesses that limit their ability to perform routine tasks independently. Studies showed that caregivers assist older adults in activities such as: Bathing and personal hygiene, Dressing and grooming, Feeding and meal preparation, Mobility and transportation, House cleaning and maintenance and Medication administration. Researchers observed that family caregivers often serve as informal health aides who monitor the health status of older adults and ensure adherence to treatment regimens. This role contributes significantly to maintaining the physical well-being and independence of aged persons.

Another significant role identified from the literature is the provision of emotional support. Aging is frequently associated with loneliness, social isolation, anxiety, and depression. Family caregivers provide companionship, affection, encouragement, and a sense of belonging to elderly family members. The content analysis showed that regular interaction between caregivers and older adults helps reduce feelings of abandonment and enhances emotional stability. Elderly persons who receive consistent emotional support from family members tend to report higher levels of life satisfaction and psychological well-being. Several studies emphasized that family caregiver's act as confidants and sources of comfort during periods of illness, bereavement, and emotional distress.

In context of financial support and economic assistance, the literature revealed that family caregivers provide substantial financial support to older adults. In Nigeria, many elderly persons lack adequate pension coverage and social security benefits. Consequently, family members often assume responsibility for meeting their economic needs. Family caregivers contribute through Payment of medical expenses, Purchase of medications, Provision of food and clothing, Housing support, Utility payments and Transportation costs. The findings suggest that financial assistance from family members is essential for the survival and welfare of many older adults in Benin City. Without such support, a significant number of elderly persons would face severe economic hardship.

ALVAN JOURNAL OF SOCIAL SCIENCES (AJSS)
FACULTY OF SOCIAL AND MANAGEMENT SCIENCES
ALVAN IKOKU FEDERAL UNIVERSITY OF EDUCATION, OWERRI
https://www-ajsspub-org.b12sites,com https://www.ajsspub2.org
E- ISSN: 3043 – 5463 ISSN: 1595 – 5842 VOLUME 3, ISSUE 2A, 2026

Healthcare support emerged as a major theme from the reviewed literature. Family caregivers play an important role in facilitating access to healthcare services by Scheduling medical appointments, Accompanying elderly persons to hospitals, communicating with healthcare professionals, Monitoring treatment progress and managing medications. Studies indicate that family caregivers often act as intermediaries between healthcare providers and elderly patients. Their involvement contributes to improved treatment compliance and better health outcomes among older adults.

From the social integration and community participation, the literature demonstrated that caregivers promote social engagement among older adults. Through family gatherings, religious activities, cultural events, and community functions, caregivers help elderly persons remain socially active. Researchers noted that active social participation contributes positively to mental health and overall quality of life. Family caregivers frequently facilitate transportation and accompany older adults to social events, thereby reducing social isolation and enhancing community integration.

4.2. Assessment of the Challenges Faced by Family Caregivers

One of the most commonly reported challenges is financial strain. Caring for older adults often involves substantial expenditures on healthcare, nutrition, transportation, and daily living needs. The literature indicates that many caregivers in Benin City experience financial difficulties due to limited income and increasing caregiving responsibilities. This burden is particularly severe when elderly persons suffer from chronic illnesses requiring long-term care.

Another major challenge is the physical stress and fatigue. Family caregiving can be physically demanding. The review revealed that caregivers often experience exhaustion from assisting with mobility, bathing, feeding, and other physically intensive tasks. Long hours of caregiving may lead to sleep deprivation, health complications, and reduced productivity in other aspects of life.

The emotional and psychological stress is another serious challenge. The literature identified emotional stress as a major concern among caregivers. Factors contributing to caregiver stress include. Constant caregiving responsibilities, Anxiety about the health of elderly relatives, Fear of losing loved ones, balancing caregiving with work and family obligations. Several studies reported high levels of caregiver burnout, depression, and emotional exhaustion among individuals responsible for elderly care.

Another recurring theme was the inadequacy of institutional support for caregivers. The reviewed studies indicated that Nigeria has limited formal caregiving services, geriatric healthcare facilities, and caregiver support programs. As a result, family caregivers often perform their duties with minimal training, limited resources, and little external assistance.

Many caregivers simultaneously manage employment, childcare, household responsibilities, and elderly care. The literature suggests that this role conflict often creates stress and affects caregivers' physical and psychological well-being. Women, who constitute the majority of family caregivers, are particularly affected by the challenge of balancing caregiving with other family and occupational responsibilities.

4.2. Implications of Family Caregiving for the Welfare of the Aged

The analysis revealed that family caregiving has significant implications for elderly welfare in Benin City. Positive implications include improved physical health, enhanced emotional well-being, increased access to healthcare services, and greater social integration among older adults. However, the effectiveness of family caregiving is influenced by the availability of resources, caregiver capacity, family relationships, and external support systems. Where caregivers experience severe financial and emotional strain, the quality of care provided may be negatively affected. The findings

suggest that strengthening support mechanisms for family caregivers is essential for improving the welfare of the aged population in Benin City.

4.3. Discussion of Findings

The findings demonstrate that family caregivers constitute the backbone of elderly welfare in Benin City. Their contributions extend beyond basic physical assistance to include emotional support, healthcare management, financial assistance, and social integration. These findings align with the Activity Theory of Ageing, which emphasizes the importance of continued social interaction and support in promoting successful ageing.

The findings are also consistent with studies conducted by Aboderin (2004), Ogunmefun and Schatz (2009), and Apt (2012), which found that family members remain the primary providers of support for older adults in African societies. The reviewed literature similarly confirms that family caregiving contributes significantly to improved health outcomes and quality of life among elderly persons. However, the findings further reveal that caregivers face substantial challenges, including financial burden, emotional stress, physical exhaustion, and inadequate institutional support. These observations support previous studies that identified caregiver burden as a major issue affecting the sustainability of family-based elderly care systems in developing countries.

4.4. Summary of Findings

Based on the qualitative content analysis of secondary data, the study found that:

1. Family caregivers play a crucial role in providing physical care, emotional support, financial assistance, healthcare management, and social integration for older adults in Benin City.
2. Family caregiving contributes significantly to the welfare, health, and quality of life of aged persons.
3. Caregivers face numerous challenges, including financial difficulties, physical stress, emotional strain, lack of formal support services, and role conflict.
4. The effectiveness of family caregiving is influenced by socioeconomic conditions, family resources, and the availability of support systems.
5. Strengthening policies and programs that support family caregivers would enhance the welfare and well-being of the aged population in Benin City.

5.0. CONCLUSION AND RECOMMENDATION

The main objective of this paper was to investigate how family caregivers view their readiness for the shift to EOL caregiving and how family relationships might impact the feelings of preparedness among family caregivers for that shift. This paper presents evidence that numerous family caregivers do not feel ready for the shift to end-of-life caregiving. At present, the end of life is a developmental phase that is still mainly neglected in studies across numerous disciplines, such as human development, family science, gerontology, psychology, sociology, and social work.

Family members frequently have the chance or duty to offer support and solace at this time to a loved one who is dying. Assisting families and individuals in getting ready for this period and the specific challenges and opportunities of EOL caregiving can enhance both family caregiver and family-level

results, and more crucially, support families in fulfilling care preferences and enhancing life satisfaction for those nearing the end of their life.

This paper recommends that a new measure of family dynamics be develop to explore how perceptions of family functioning, closeness, and interactions may be associated with the caregiving experience and caregiver outcomes.

Artificial Intelligent (AI) Statement

The author acknowledges the use of AI technologies such as ChatGPT (Open AI) to assist with grammar checking, language refinement, reference formatting of this manuscript.

Conflict of Interest

The author declare that no conflict of interest exist in this manuscript.

REFERENCES

Anderson, E. W., & White, K. M. (2018). This is what the family does: The family experience of caring for serious illness. *American Journal of Hospice and Palliative Medicine*, *35*(2), 348-354. https://doi.org/10.1177%2F1049909117709251

Aoun, S. M, Ewing, G., Grande, G., Toye, C., & Bear, N. (2018). The impact of supportingfamily caregivers before bereavement on outcomes after bereavement: Adequacy of endof-life support and achievement of preferred place of death. *Journal of Pain and Symptom Management*, *55*(2), 368-378. https://doi.org/10.1016/j.jpainsymman.2017.09.023

Apesoa-Varano, E. C., Tang-Feldman, Y., Reinhard, S. C., Choula, R., & Young, H. M. (2015). Multi-cultural caregiving and caregiver interventions: A look back and a call for future action. *Generations*, *39*(4), 39-48.

Bédard, M., Molloy, D. W., Squire, L., Dubois, S., Lever, J. A., & O'Donnell, M. (2001). The Zarit Burden Interview: A new short version and screening version. *The Gerontologist*,*41*(5), 652-657. https://doi.org/10.1093/geront/41.5.652

Blieszner, R., & Voorpostel, M. (2016). Families and aging: Toward an interdisciplinary family level approach. In V. L. Bengtson, & R. A. Settersten Jr. (Eds.), *Handbook of theories of aging* (3rd ed., pp. 327-348). Springer Publishing Company.

Boateng, G. O., Neilands, T. B., Frongillo, E. A., Melgar-Quiñonez, H. R., & Young, S. L. (2018). Best practices for developing and validating scales for health, social, and behavioral research: A primer. *Frontiers in Public Health*, *6*(149), 1-18. https://dx.doi.org/10.3389%2Ffpubh.2018.00149

Boerner, K., Carr, D., & Moorman, S. (2013). Family relationships and advance care planning: Do supportive and critical relations encourage or hinder planning? *The Journals of Gerontology: Series B*, *68*(2), 246-256. https://doi.org/10.1093/geronb/gbs161

Bronfenbrenner, U., & Morris, P. A. (2006). The bioecological model of human development. In R. M. Lerner (Ed.), *Handbook of child psychology, Vol. 1, Theoretical models of human development* (6th ed., pp. 793-828). Wiley. https://doi.org/10.1002/9780470147658.chpsy0114

Carr, D., & Luth, E. A. (2017). Advance care planning: Contemporary issues and future directions. *Innovations in Aging, 2017, 1*(1), 1-10. https://doi.org/10.1093/geroni/igx012

Carr, D., & Utz, R. L. (2020). Families in later life: A decade in review. *Journal of Marriage and Family, 82*(1), 346-363. https://doi.org/10.1111/jomf.12609

Cella, D., Riley, W., Stone, A. A., Rothrock, N., Reeve, B. B., Yount, S., Amtmann, D. D. B., Choi, S., Cook, K. F., et al. (2010). The Patient Reported Outcomes Measurement Information System (PROMIS) developed and tested its first wave of adult self-reported health outcome item banks: 2005-2008. *Journal of Clinical Epidemiology, 63*(11), 1179-1194. https://doi.org/10.1016/j.jclinepi.2010.04.011

Cho, J., Ory, M. G., & Stevens, A. B. (2016). Socioecological factors and positive aspects of caregiving: Findings from the Reach II intervention. *Aging & Mental Health, 20*(11),1190-1201. https://doi.org/10.1080/13607863.2015.1068739

Connidis, I. A. (2020). Who counts as family later in life? Following theoretical leads. *Journal of Family Theory and Review, 12*(2), 164-179. https://doi.org/10.1111/jftr.12367

Cooney, T. M., Shapiro, A., & Tate, C. E. (2019). End-of-life care planning: The importance of older adults' marital status and gender. *Journal of Palliative Medicine, 22*(8), 902-907. https://doi.org/10.1089/jpm.2018.0451

Corry, M., While, A., Neenan, K., & Smith, V. (2014). A systematic review of systematic reviews on interventions for caregivers of people with chronic conditions. *Journal of Advanced Nursing, 71*(4), 718-734. https://doi.org/10.1111/jan.12523