
Assessment of Informal Caregivers' Services in Primary Health Care for Geriatric Patients in Cabanatuan City

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ABSTRACT

This study aimed to assess the services provided by informal caregivers in delivering primary health care to geriatric patients in Cabanatuan City. Specifically, it described the level of knowledge, attitudes, and practices (KAP) of informal caregivers—relatives or friends—who offer unpaid or paid care to individuals aged 60 and above. Utilizing a quantitative-descriptive research design, the study surveyed 50 informal caregivers from Barangay Campo Tinio. A validated questionnaire measured the caregivers' KAP levels. Findings revealed that caregivers possess a moderate level of knowledge regarding primary health care for the elderly. Attitudes were generally positive, indicating willingness and compassion in caregiving responsibilities. However, practices varied, with notable gaps in areas such as medication management and emergency response. The results underscore the need for targeted training and support programs to improve caregivers' competence and ensure safer, more effective geriatric care at the household level. This study contributes to policy development and community health planning by highlighting the crucial role of informal caregivers in the health system and the importance of equipping them with adequate knowledge and skills to care for the aging population.

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1. INTRODUCTION

The global rise in the elderly population, particularly those aged 60 and above, brings pressing health and social challenges, making the promotion of their well-being a public health priority. Modern frameworks such as healthy, active, and successful aging emphasize the importance of physical, mental, social, and economic factors in ensuring quality of life for older adults. The WHO's concept of active aging highlights optimizing health, participation, and security throughout the life course. In this context, the current study is timely, as it evaluates the role of informal caregivers in supporting the elderly, especially in community settings like Cabanatuan City, where formal healthcare access may be limited. These caregivers are essential to geriatric care, and by examining their knowledge, attitudes, practices, and challenges, the study aims to identify ways to enhance their effectiveness. The findings could guide policy, training, and community support systems, ultimately

improving elderly care and contributing to better long-term health outcomes by reducing chronic disease burdens through preventive and supportive care.

2. RESEARCH METHOD

The study employed a purposive simple random sampling technique to select the respondents. Informal caregivers—defined as relatives or friends who provide primary health care assistance to geriatric patients aged 60 and above—were purposively identified based on specific inclusion and exclusion criteria. These criteria ensured that only those actively involved in caregiving for elderly individuals within Cabanatuan City were included in the eligible pool.

Once the qualified participants were identified, a simple random sampling method was applied, allowing each eligible informal caregiver an equal chance of being selected. This hybrid approach combines the targeted specificity of purposive sampling with the unbiased and statistically sound principles of random sampling, ensuring both relevance and representativeness of the sample (Noor et al., 2022).

To determine the appropriate sample size, the researchers used the Raosoft Sample Size Calculator, considering a total population of 1,058 informal caregivers as of 2025. Using a 5% margin of error, 95% confidence level, and a 50% response distribution, the recommended minimum sample size was 283 respondents. This ensures the statistical adequacy and reliability of the study's findings.

3. RESULT AND DISCUSSION

Respondents' Socio-Demographic Profile

Age

The data showed that most informal caregivers were middle-aged adults, with the highest proportion aged 30–39 (37.81%), followed by those aged 50–59 (26.50%) and 40–49 (25.80%), while only 9.89% were aged 20–29. This suggests that caregiving roles are primarily assumed by individuals in their 30s to 50s, likely due to factors such as life stage, social responsibility, professional stability, and strong community ties, as supported by Derose et al. (2020) and Naud et al. (2020). In contrast, the low representation of younger caregivers aged 19–24 can be attributed to their focus on education, career development, and personal growth, as described by Arnett's (2000) theory of emerging adulthood, which may limit their capacity, readiness, and resources to take on caregiving responsibilities.

Respondents' Socio-Demographic Profile		
Age	Frequency	Percent
20–29	28	9.89
30–39	107	37.81
40–49	73	25.80
50–59	75	26.50
Total	283	100.00

Civil Status

The study revealed that most informal caregivers were married (73.50%), followed by single (21.56%) and widowed (4.95%), indicating that caregiving is primarily undertaken by those within established family structures. Married individuals are more likely to live with and care for aging family members due to shared responsibilities, emotional bonds, and societal expectations, supported by Bertogg and Strauss (2020), who noted that spousal and familial roles often place married individuals in caregiving positions. They also tend to have stronger support systems that ease caregiving burdens. In contrast, the low number of widowed caregivers may be due to their older age, health limitations, or the passing of a spouse, with Zhou et al. (2023) highlighting that widowhood often leads to reduced social engagement and support, limiting their caregiving capacity. This pattern emphasizes how marital status influences the likelihood and sustainability of caregiving roles.

Respondents' Socio-Demographic Profile		
Civil Status	Frequency	Percent
Married (M)	208	73.50
Single (S)	61	21.56
Widowed (W)	14	4.95
Total	283	100.00

Sex

The study found a nearly equal gender distribution among informal caregivers, with 48.41% male and 51.59% female, indicating that both men and women actively participate in caregiving, though women remain slightly more represented. While caregiving has traditionally been viewed as a female role due to societal expectations around nurturing and domestic responsibilities, recent trends show growing male involvement, particularly in caring for spouses or elderly parents (Schulz et al., 2012). However, women continue to dominate in providing emotional and hands-on care, while men often handle task-oriented responsibilities such as finances or transportation (Liu & Chou, 2014). This slight female majority highlights the evolving yet persistent gender dynamics in caregiving, where responsibilities are increasingly shared, but caregiving remains more strongly associated with women.

Respondents' Socio-Demographic Profile		
Sex	Frequency	Percent
Female	146	48.41
Male	137	51.59
Total	283	100.00
Sex	Frequency	Percent

Educational Attainment

The study showed that most informal caregivers were high school graduates (76.68%), while only 23.32% had completed college or university, suggesting that caregiving is more commonly undertaken by those with secondary education. This trend may be linked to the practical nature of caregiving, which requires skills like patience and empathy rather than formal higher education, and may also reflect the greater availability of individuals with less formal employment to take on caregiving roles (Lynch et al., 2016). In contrast, those with college degrees may face professional demands that limit their ability to provide care, and they may be more likely to access formal care services due to greater financial means and job-related benefits (Coughlin, 2017). Overall, this educational distribution highlights how socioeconomic factors and career commitments influence the likelihood of individuals assuming informal caregiving roles.

Respondents' Socio-Demographic Profile		
Educational Attainment	Frequency	Percent
College/University Graduate	66	23.32 %
High School Graduate	217	76.68 %
Total	283	100.00 %

Level of Knowledge of the Informal Caregiver

The study revealed that the majority of informal caregivers had low knowledge levels, with most scoring 5 out of 10 (50.18%) and a mean score of 3.799, indicating insufficient understanding of caregiving concepts. This suggests that many caregivers assume their roles without formal training or adequate support, a common issue highlighted by the WHO (2015), which notes that informal caregivers often lack structured education. Research by Schulz and Eden (2016) further supports this, indicating that untrained caregivers frequently feel unprepared for the medical and emotional demands of caregiving. The variability in scores, reflected by a standard deviation of 1.463, points to differing levels of experience and access to resources. These findings underscore the need for targeted educational interventions and training programs to enhance caregivers' knowledge, improve the quality of care provided, and reduce caregiver stress and burden.

Level of Knowledge of the Informal Caregiver			
Level of Knowledge	Frequency	Percent	Verbal Interpretation
1/10	34	12.01	Very Low
2/10	35	12.37	Very Low
3/10	27	9.54	Very Low
4/10	45	15.90	Low
5/10	142	50.18	Low
Total	283	100.00	

<i>Mean Score</i>	3.799
<i>Standard Deviation</i>	1.463
<i>Verbal Interpretation</i>	Low Knowledge

Attitude of Informal Caregivers.

The study found that respondents generally held positive attitudes toward caregiving, with the majority of attitude items (1 to 4) receiving high mean scores (4.350 to 4.696) interpreted as “Strongly Agree,” reflecting strong emotional and psychological commitment to caregiving. Items 5 and 6 fell into the “Agree” category, while items 7 to 10 received lower, “Neutral” scores (3.007 to 3.304), indicating some uncertainty or ambivalence. The overall mean attitude score was 3.815 (SD = 0.988), suggesting a generally positive attitude but with variability across specific items. These differences may be influenced by personal experience, caregiving burden, or cultural expectations. Research by Reinhard et al. (2008) and Pinquart & Sörensen (2003) links positive attitudes to intrinsic motivations and emotional satisfaction, while neutrality may reflect stress, fatigue, or lack of support, as noted by WHO (2015). The findings highlight the importance of addressing not just caregivers’ knowledge and practices, but also their emotional and attitudinal well-being to ensure quality care and support.

Attitude of Informal Caregivers.				
No.	Attitude	Mean	Std. Deviation	Verbal Interpretation
1	I believe that the health and well-being of the elderly patient are my top priorities as a caregiver.	4.696	0.545	Strongly Agree
2	I feel a personal sense of responsibility for ensuring that the elderly patient receives the best possible care.	4.583	0.736	Strongly Agree
3	I am confident that my caregiving efforts make a positive impact on the elderly patient’s overall quality of life.	4.466	0.777	Strongly Agree
4	I believe that the emotional support I provide is just as important as physical health care for the elderly patient.	4.350	0.904	Strongly Agree
5	I feel that my role as a caregiver is essential in maintaining the elderly patient’s independence and dignity.	3.993	1.045	Agree
6	I believe that caregiving for elderly patients should be approached with compassion and empathy at all times.	3.463	1.022	Agree
7	I feel that the health care system should provide more support and recognition for informal caregivers like myself.	3.304	1.035	Neutral
8	I am confident in my ability to handle emergencies or sudden health changes in the elderly patient under my care.	3.233	1.180	Neutral
9	I am willing to learn new caregiving techniques and improve my skills to provide better care to the elderly patient.	3.057	1.384	Neutral
10	I believe that continuous learning and skill improvement are necessary to enhance the quality of care I provide.	3.007	1.384	Neutral
Overall		3.815	0.958	Agree

Practices of informal caregiver

The data indicates that all ten practice indicators among informal caregivers received low mean scores, with an overall mean of 1.252, categorized as “Not Proficient at all.” This suggests a significant gap between caregivers’ positive attitudes and their actual caregiving practices, likely due to a lack of formal training, experience, and support. Research supports that informal caregivers often struggle with applying caregiving knowledge due to resource limitations, emotional strain, and lack of guidance. National and global health authorities stress the importance of training and support for informal caregivers to enhance their proficiency. These findings underscore the urgent need for targeted interventions, such as training programs and support systems, to improve caregiving quality and outcomes for elderly patients.

Practices of informal caregiver				
No.	Practice	Mean	Std. Deviation	Verbal Interpretation
1	How proficient are you in assisting geriatric patients with daily living activities (e.g., bathing, dressing)?	1.357	0.638	Not Proficient at all
2	How proficient are you in administering prescribed medications to geriatric patients?	1.339	0.634	Not Proficient at all
3	How proficient are you in using mobility aids (e.g., wheelchairs, walkers) for geriatric patients?	1.173	0.528	Not Proficient at all
4	How proficient are you in monitoring and recording vital signs for elderly patients?	1.173	0.521	Not Proficient at all
5	How proficient are you in recognizing and responding to emergency health situations in elderly patients?	1.240	0.600	Not Proficient at all
6	How proficient are you in providing nutritional support and meal planning for geriatric patients?	1.191	0.545	Not Proficient at all
7	How proficient are you in managing the hygiene and infection control needs of geriatric patients?	1.290	0.648	Not Proficient at all
8	How proficient are you in using health monitoring equipment (e.g., glucometers, blood pressure monitors) for elderly patients?	1.307	0.620	Not Proficient at all
9	How proficient are you in communicating with health care professionals regarding the health status of geriatric patients?	1.208	0.643	Not Proficient at all
10	How proficient are you in providing emotional and psychological support to geriatric patients?	1.244	0.821	Not Proficient at all
Overall		1.252	0.620	Not Proficient at all

Relationship Between Age and Civil Status.

Age and Civil Status:

A moderate positive and statistically significant correlation was found between age and civil status ($\rho = 0.594$, $p < .001$), indicating that as the age of caregivers increases, their likelihood of being married or in a relationship also increases.

Relationship Between Age and Civil Status.			
Variables	Spearman's ρ	p-value	Result
Age – Civil Status	0.594***	< .001	Moderate positive, Significant

Relationship between Sex knowledge

The analysis found a weak but significant positive correlation between sex and knowledge ($\rho = 0.255$, $p < .001$), suggesting that female caregivers tend to have slightly higher knowledge levels than males, despite the overall low knowledge scores. This aligns with previous research indicating that women are more likely to assume caregiving roles, seek health-related information, and engage with healthcare systems, resulting in greater health literacy. Social and cultural expectations that position women as primary caregivers may also contribute to this knowledge gap. These gender-related influences highlight the importance of considering sex as a factor in caregiver education and support initiatives.

Relationship between Sex knowledge			
Variables	Spearman's ρ	p-value	Result
Sex – Knowledge	0.255***	< .001	Low positive, Significant

Relationship between Educational Attainment and Knowledge and Attitude.

The analysis revealed low but statistically significant positive correlations between educational attainment and both knowledge ($r = 0.151$, $p = .011$) and attitude ($r = 0.162$, $p = .006$) toward caregiving, indicating that individuals with higher education levels tend to possess slightly greater knowledge and more favorable attitudes. Although these relationships are weak, they highlight the role of education in enhancing health literacy,

critical thinking, and empathetic understanding—key elements in effective caregiving. These findings align with existing literature suggesting that formal education equips individuals with better information-processing skills and fosters compassionate care approaches, even in the absence of extensive practical experience.

Relationship between Educational Attainment and Knowledge and Attitude.			
Variables	Spearman's rho	p-value	Interpretation
Educational Attainment and Knowledge	0.151*	0.011	Low Positive, Significant
Educational Attainment and Attitude	0.162**	0.006	Low Positive, Significant

Relationship Between Knowledge and Attitude and Practice

The results revealed a low to moderate, yet statistically significant, positive correlation between Knowledge and Attitude ($\rho = 0.273$, $p < .001$). This indicates that as caregivers' knowledge increases, their attitudes toward caregiving tend to become more favorable. Specifically, caregivers who possess greater understanding and information about caregiving are more likely to demonstrate openness, empathy, and a positive mindset toward their responsibilities. This finding aligns with previous research, which highlights that education and training are crucial for improving both caregiving competence and attitudes. According to Galik et al. (2015), caregivers who are better informed about the challenges and needs of those in their care are more likely to show proactive, compassionate, and patient attitudes, which are essential for effective caregiving.

Relationship Between Knowledge and Attitude and Practice			
Variables	Spearman's rho	p-value	Interpretation
Knowledge and Attitude	0.273***	< 0.001	Low to Moderate Positive, Significant

Relationship between Attitude and Practice

The analysis revealed a weak but statistically significant negative correlation between attitude and practice ($\rho = -0.171$, $p = .004$), indicating that more favorable attitudes toward caregiving are slightly associated with lower practice scores. This suggests that positive caregiving attitudes do not necessarily lead to effective caregiving behaviors, likely due to barriers such as lack of skills, limited resources, or caregiver fatigue. Consistent with previous research, this finding highlights a disconnect between beliefs and actions in caregiving, emphasizing that motivation alone is insufficient without practical support. Therefore, caregiving interventions should not only foster positive attitudes but also incorporate hands-on training and resource accessibility to help caregivers translate good intentions into competent practice.

Relationship between Attitude and Practice			
Variables	Spearman's rho	p-value	Interpretation
Attitude and Practice	-0.171**	0.004	Low Negative, Significant

4. CONCLUSION

The study on informal caregivers in Barangay Camp Tinio, Cabanatuan City revealed that while caregivers—mostly middle-aged, married, and with a high school education—demonstrated positive attitudes toward caregiving, they lacked sufficient knowledge and showed poor caregiving practices. The gap between their willingness to care and their actual caregiving abilities highlights a disconnect between attitude, knowledge, and practice. Correlation results confirmed that positive attitudes and knowledge did not significantly translate into competent caregiving. Thus, the study concludes that although informal caregivers are vital in geriatric care, there is an urgent need for structured training, ongoing support, and inclusion in formal health education programs to enhance their practical skills and improve care quality.

Recommendations

In light of the study's findings, the following recommendations are proposed to improve the delivery of primary health care services by informal caregivers to geriatric patients in Barangay Camp Tinio, Cabanatuan City:

1. Implement Training Programs for Informal Caregivers Local health authorities, in collaboration with barangay health workers and medical professionals, should develop and offer structured training programs focused on basic caregiving skills such as hygiene care, medication management, mobility

- assistance, and emergency response. These programs should be community-based, accessible, and tailored to the educational level of the caregivers.
2. Establish Regular Educational Seminars and Workshops Continuous learning opportunities should be provided to enhance caregivers' knowledge and keep them updated with best practices in geriatric care. Topics should include nutrition, disease prevention, mental health support, and first aid, aiming to bridge the knowledge gap identified in the study.
 3. Integrate Caregivers into Local Health Systems Informal caregivers should be recognized and integrated into the barangay's primary health care system through a registry, orientation, and periodic assessment of their competencies. This would formalize their role and provide opportunities for regular monitoring, feedback, and support.
 4. Provide Psychosocial and Logistical Support Given the emotional and physical demands of caregiving, support systems such as counseling services, peer support groups, and access to caregiving materials (e.g., gloves, assistive tools, hygiene kits) should be made available to reduce caregiver burden and enhance performance.
 5. Encourage Collaboration with Educational Institutions Partnerships with local colleges, universities, and health-related programs can be established to facilitate community outreach activities where students and faculty can mentor, train, or conduct joint caregiving initiatives with informal caregivers.
 6. Conduct Further Research Additional studies should be conducted to assess the long-term impact of interventions, explore the lived experiences of caregivers, and identify barriers to effective caregiving. A qualitative approach could provide deeper insights into the emotional, cultural, and practical challenges faced by informal caregivers.

REFERENCES

- Bravo, G., van den Block, L., Downie, J., Arcand, M., Kaasalainen, S., Pautex, S., & Trottier, L. (2022). Informal care-givers' attitudes towards medical assistance in dying for persons with dementia. *Ageing and Society*. <https://doi.org/10.1017/s0144686x22001234>
- Chodos, A. H., Cassel, C. K., & Ritchie, C. S. (2020). Can the Safety Net be Age-Friendly? How to Address Its Important Role in Caring for Older Adults with Geriatric Conditions. *Journal of General Internal Medicine*, 35(11). <https://doi.org/10.1007/s11606-020-06010-x>
- Collins, R. N., & Kishita, N. (2020). Prevalence of depression and burden among informal care-givers of people with dementia: A meta-analysis. In *Ageing and Society* (Vol. 40, Issue 11). <https://doi.org/10.1017/S0144686X19000527>
- Deguma, J. J. (2024). Catalyzing wellness and well-being: the undervalued role of Barangay health workers as informal caregivers in the Philippines. In *Journal of Public Health (United Kingdom)* (Vol. 46, Issue 2). <https://doi.org/10.1093/pubmed/fdad268>
- Dominguez, J. C., Fe P De Guzman, M., Esteban, R. C., & Laurilla, J. G. (2017). [P3-489]: IN SUPPORT OF A NATIONAL DEMENTIA PLAN: UNDERSTANDING DEMENTIA CARE IN FILIPINO HOMES. *Alzheimer's & Dementia*, 13(7S_Part_24). <https://doi.org/10.1016/j.jalz.2017.06.1708>
- Dominguez, J. C., Fowler, K. C., Fe P De Guzman, M., & Vista Jiloca, J. L. (2018). P2-547: IN SUPPORT OF A NATIONAL DEMENTIA PLAN: A COMMUNITY COST OF CARE STUDY. *Alzheimer's & Dementia*, 14(7S_Part_17). <https://doi.org/10.1016/j.jalz.2018.06.1241>
- Garcia-Grossman, I. R., Cenzer, I., Steinman, M. A., & Williams, B. A. (2023). History of Incarceration and Its Association with Geriatric and Chronic Health Outcomes in Older Adulthood. *JAMA Network Open*, 6(1). <https://doi.org/10.1001/jamanetworkopen.2022.49785>
- Giraldo-Rodríguez, L., Guevara-Jaramillo, N., Agudelo-Botero, M., Mino-León, D., & López-Ortega, M. (2019). Qualitative exploration of the experiences of informal care-givers for dependent older adults in Mexico City. *Ageing and Society*, 39(11). <https://doi.org/10.1017/S0144686X18000478>
- Hohenberg, M. I., Metri, N. J., Firdaus, R., Simmons, D., & Steiner, G. Z. (2021). What we need as we get older: needs assessment for the development of a community geriatrics service in an Australian context. *BMC Geriatrics*, 21(1). <https://doi.org/10.1186/s12877-021-02553-8>
- Jacobs, M., van Tilburg, T., Groenewegen, P., & Broese Van Groenou, M. (2016). Linkages between informal and formal care-givers in home-care networks of frail older adults. *Ageing and Society*, 36(8). <https://doi.org/10.1017/S0144686X15000598>

- Koreshi, S. Y., & Alpass, F. (2023). Becoming an informal care-giver: The role of work status incongruence. *Ageing and Society*, 43(12). <https://doi.org/10.1017/S0144686X21001987>
- Lim, J., Park, H., Lee, H., Lee, E., Lee, D., Jung, H. W., & Jang, I. Y. (2021). Longitudinal impact of oral health on geriatric syndromes and clinical outcomes in community-dwelling older adults. *BMC Geriatrics*, 21(1). <https://doi.org/10.1186/s12877-021-02416-2>
- Manalo, M. F. (2017). Cultural and family structure factors affecting end-of-life decision-making and end-of-life care in the philippines. *Supportive Care in Cancer*, 25(2).
- Manurung, O., Marlina, D., Sari, A. L., Saliman, A. R., & Karningsih, K. (2023). The Strategic Role of Midwives in the Implementation of Family Planning Programs: Increasing Public Awareness and Participation in Reproductive Health. *Jurnal Aisyah : Jurnal Ilmu Kesehatan*, 8(2). <https://doi.org/10.30604/jika.v8i2.2025>
- Miner, B., Doyle, M., Knauert, M., Yaggi, H. K., Stone, K. L., Ancoli-Israel, S., Cauley, J. A., Redline, S., Blackwell, T., & Gill, T. M. (2023). Insomnia with objective short sleep duration in community-living older persons: A multifactorial geriatric health condition. *Journal of the American Geriatrics Society*, 71(4). <https://doi.org/10.1111/jgs.18195>
- Naganathan, G., Kuluski, K., Gill, A., Jaakkimainen, L., Upshur, R., & Wodchis, W. P. (2016). Perceived value of support for older adults coping with multi-morbidity: Patient, informal care-giver and family physician perspectives. *Ageing and Society*, 36(9). <https://doi.org/10.1017/S0144686X15000768>
- Neubert, L., König, H. H., Mietzner, C., & Bretschneider, C. (2021). Dementia care-giving and employment: A mixed-studies review on a presumed conflict. In *Ageing and Society* (Vol. 41, Issue 5). <https://doi.org/10.1017/S0144686X19001545>
- Rausch, C., van Zon, S. K. R., Liang, Y., Laflamme, L., Möller, J., de Rooij, S. E., & Bültmann, U. (2022). Geriatric Syndromes and Incident Chronic Health Conditions Among 9094 Older Community-Dwellers: Findings from the Lifelines Cohort Study. *Journal of the American Medical Directors Association*, 23(1). <https://doi.org/10.1016/j.jamda.2021.02.030>
- Ringer, T. J., Wong-Pack, M., Miller, P., Patterson, C., Marr, S., Misiaszek, B., Woo, T., Sztramko, R., Vastis, P. G., & Papaioannou, A. (2020). Understanding the educational and support needs of informal care-givers of people with dementia attending an outpatient geriatric assessment clinic. *Ageing and Society*, 40(1). <https://doi.org/10.1017/S0144686X18000971>
- Scott Duncan, T., Riggare, S., Bylund, A., Hägglund, M., Stenfors, T., Sharp, L., & Koch, S. (2023). Empowered patients and informal care-givers as partners?—a survey study of healthcare professionals' perceptions. *BMC Health Services Research*, 23(1). <https://doi.org/10.1186/s12913-023-09386-8>
- Severance, J., Edelman, L., Gordon, B., Luk-Jones, S., Telonidis, J., & Morgan, J. (2023). GERIATRIC WORKFORCE ENHANCEMENT PROGRAMS AS AAA AGE-FRIENDLY INITIATIVES PARTNER. *Innovation in Aging*, 7(Supplement_1). <https://doi.org/10.1093/geroni/igad104.2067>
- S.F., D. L. V., & C.P., C. (2014). Status of dementia care services and workforce in the Philippines. *European Geriatric Medicine*, 5(June).
- Sun, Q., Lu, N., Jiang, N., & Lou, V. W. Q. (2021). Intention to use respite services among informal care-givers of frail older adults in China: The role of care needs change. *Ageing and Society*, 41(1). <https://doi.org/10.1017/S0144686X20000628>
- Tokovska, M., Nour, M. M., Sørensen, A., & Goth, U. S. (2022). Informal caregivers and psychosocial support: Analysis of European Dementia Policy documents. In *Journal of Public Health Research* (Vol. 11, Issue 1). <https://doi.org/10.4081/jphr.2021.2416>
- van der Burg, D. A., Diepstraten, M., & Wouterse, B. (2020). Long-term care use after a stroke or femoral fracture and the role of family caregivers. *BMC Geriatrics*, 20(1). <https://doi.org/10.1186/s12877-020-01526-7>
- Varona, R., Saito, T., Takahashi, M., & Kai, I. (2007). Caregiving in the Philippines: A quantitative survey on adult-child caregivers' perceptions of burden, stressors, and social support. *Archives of Gerontology and Geriatrics*, 45(1). <https://doi.org/10.1016/j.archger.2006.07.007>