



Strengthening Geriatric Care Delivery in Nigeria: The Role of Medical Social Workers in Public Tertiary Hospitals

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Received: 11.02.2026 | Accepted: 26.02.2026 | Published: 02.03.2026

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DOI: [10.5281/zenodo.18839463](https://doi.org/10.5281/zenodo.18839463)

Abstract

Original Research Article

Nigeria experiences a major demographic transformation which accelerates at an increasing pace through its present elderly population of 9.4 million people aged 60 and above who represent the most extensive senior demographic across Africa and future estimates predict this number will reach three times its current size by the year 2050. The demographic transition creates significant obstacles for the healthcare system which already suffers from insufficient infrastructure and extreme shortages of medical personnel and inadequate social protection services and complete lack of geriatric care options in its public tertiary hospitals. Medical social workers (MSWs) serve as essential healthcare professionals who possess powerful capabilities to connect different care areas but face active underutilization in their work. This paper conducts an extensive integrative review of existing geriatric care practices in Nigeria's public tertiary hospitals while it investigates how medical social workers execute multiple responsibilities that assist elderly patients through all stages of their treatment process and the study identifies all existing barriers which hinder the effective delivery of geriatric social work services. The paper shows that MSWs need professional development through recognition and training which leads to better integration into their work and the public health system because the country faces an upcoming crisis in geriatric care delivery. Key findings show that MSWs work in psychosocial assessment and discharge planning and caregiver support and financial advocacy and inter-professional coordination and ethical mediation to deliver essential services which operate under multiple constraints that stem from insufficient legal support and chronic understaffing and inadequate payments and poor recognition from other professionals and overall resource shortages. The paper ends with evidence-based recommendations which target essential areas requiring immediate policy changes and inter-professional training programs and workforce development initiatives and official acknowledgement of medical social work as a profession in Nigeria's healthcare system.

Keywords: Geriatric care, medical social workers, tertiary hospitals, Nigeria, elderly, psychosocial support, ageing.

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1. Introduction

The process of population ageing stands as the most important demographic change which will

permanently transform society throughout the entire twenty-first century. The United Nations (2023) reports that the worldwide population aged 60 years and older increased from 761 million in 2021 to



about 900 million in 2023, and this group will reach 2.1 billion by the year 2050. The growth of population numbers has always shown its strongest effects in wealthy countries that possess developed medical systems, yet sub-Saharan Africa now serves as an emerging center of population ageing because of reduced birth rates and improved child survival rates and better sanitation facilities and superior nutrition standards and medical progress in handling both infectious and non-infectious diseases which used to be deadly (National Bureau of Economic Research [NBER], 2023). The African continent undergoes its most profound demographic changes from Nigeria, which has the largest population of over 260 million citizens. The country contains more than 9.4 million elderly citizens aged 60 and above, which represents the largest total elderly population in Africa, and projections indicate that this number will reach three times its current size between 2020 and 2050 (Oyinlola et al., 2024).

Healthcare systems do not exist as isolated entities that experience separate demographic transitions. The situation develops within a public health system which stands among the world's most limited resource environments. The health sector in Nigeria encounters multiple simultaneous challenges which include a public health system that suffers from underfunding and a healthcare workforce shortage resulting from skilled worker emigration (known as the 'Japa phenomenon') and a lack of universal health coverage that affects most citizens and a social protection system which operates in a fragmented manner that prevents most elderly Nigerians from receiving both pensions and healthcare subsidies. The government has ignored both the financing needs and the operational demands which arise from the requirement to provide comprehensive care for elderly patients who have multiple complex health issues (Folorunsho, 2025). The existing framework lacks the necessary structures to provide proper geriatric care according to the upcoming needs of the geriatric population.

Medical social workers (MSWs) operate as essential yet undervalued assets who possess the necessary training in both healthcare and the biopsychosocial model of care, which enables them to perform psychosocial assessments and advocacy and care

coordination and community linkage at the expert level who serve as critical resources in Nigeria's geriatric care system. The staff functions through public tertiary hospitals but their professional control and employee numbers and their position in the medical field and their role in developing geriatric care procedures fall far short of the requirements established by worldwide standards and the needs of the population (Veta, 2023; Enemaku, 2024). The complete care path that starts with admission and ends with community reintegration has not received sufficient research and policy focus which extends to both Nigerian and African literature.

The research study presents an extensive integrative review which studies medical social work practices that exist in Nigeria's elderly care system to solve the existing research gap. MSW practice in Nigeria which studies population growth, disease patterns, and health system development works to understand MSWs functions which they fulfill in treating elderly patients at tertiary hospitals through evidence-based recommendations which address institutional needs and policy changes and educational system improvements. The research paper uses recent empirical and policy literature to create a strong analytical foundation which helps to develop geriatric social work practice as an essential element of quality healthcare delivery to senior citizens in Nigeria.

The paper contains: Section 2 which details the integrative review's materials and methods while Section 3 displays study results through five thematic areas which cover Nigeria's aging population, public tertiary hospitals' geriatric care capacity, MSWs' work functions, obstacles which hinder MSWs' operations, and suggested solutions for existing policies and work methods and Section 4 presents the conclusion.

2. Materials and Methods

The research study uses an integrative narrative review methodology which serves as an accepted method to combine different research studies for establishing a complete understanding of complex phenomena according to Whittemore and Knafelz 2005. The integrative review method handles policy

topics which require researchers to combine different types of evidence from empirical studies, theoretical studies, and documentary evidence to create useful recommendations. The methodology supports the paper's objectives which require understanding demographic information while assessing existing practices and discovering obstacles and developing recommendations based on extensive evidence synthesis.

The research team conducted a systematic search across five major electronic databases which included PubMed/MEDLINE and Google Scholar and PsycINFO and SCOPUS and African Journals Online AJOL. The selected databases enable researchers to access both international research materials and African-specific research materials. The researchers conducted their search from September 2024 until January 2025 according to their complete search protocol which employed three conceptual clusters to classify its search terms: (1) professional focus terms — 'medical social workers,' 'hospital social work,' 'clinical social work,' 'gerontological social work'; (2) population and setting terms — 'elderly patients,' 'older adults,' 'geriatric care,' 'tertiary hospitals,' 'teaching hospitals,' 'Nigeria'; and (3) care domain terms — 'psychosocial support,' 'discharge planning,' 'caregiver support,' 'care coordination,' 'inter-professional teams.' The search results experienced improvement through Boolean operator usage because the search terms combined with AND and OR operators led to increased item retrieval.

The literature search process focused on articles published between 2020 and 2025 however the research review selected articles from 2023 to 2025 to capture the most recent information which matches current policy requirements. The research team included important foundational studies which established key concepts and empirical research based on Nigerian social work history and the beginning of geriatric medicine in Nigeria and early population research because their absence would have created an incomplete or incorrect narrative.

The review required articles to meet inclusion standards which included two types of documents. The first type encompassed peer-reviewed journal

articles and systematic reviews and meta-analyses which studied medical social work and geriatric care and aging and health system capacity in Nigeria and in comparable low- and middle-income country settings. The second type included policy documents and government white papers and national strategies and reports from recognized entities which added value to the Nigerian Federal Ministry of Health and the National Senior Citizens Centre and the World Health Organization and the United Nations. The third type required documentation from Nigerian tertiary healthcare institutions which established their institutional practice through their documented practices of social work in clinical settings. The fourth type of documents included grey literature which contained reports from non-governmental organizations and development agencies that studied the social care infrastructure and workforce requirements of geriatric care services in Nigeria. Exclusion criteria comprised editorials and personal opinion pieces which lacked empirical or documentary grounding and studies which focused exclusively on paediatric or non-clinical social work practice which bore no relevance to geriatric or hospital-based care and literature which addressed social work in high-income country settings without explicit comparative or transferable relevance to the Nigerian context.

The review process started with a search which identified 32 sources which met the inclusion requirements. The researchers extracted data from these sources and created thematic organization based on deductive-inductive thematic synthesis framework which divided content into five major domains. The research team conducted quality appraisal of included empirical studies through two tools which included the Critical Appraisal Skills Programme (CASP) checklist for qualitative studies and the Mixed Methods Appraisal Tool (MMAT) for mixed-methods research. All sources meeting the inclusion requirements for the review process needed to be included since the review employed integrative and narrative methods. The discussion section of the document noted all methodological limitations which were necessary to understand the study results.

3. Results and Discussion

3.1 Nigeria's Ageing Population: A Demographic and Epidemiological Imperative

The demographic foundation for this review creates its core from Nigeria's fast-growing and permanent aging population which requires immediate and ongoing healthcare policy solutions to handle its extensive and rapid increase. Nigeria currently holds the record for having the highest number of senior citizens in Africa according to UN and NBER forecasts which estimate that the 60 plus age group will grow threefold from 2020 to 2050 (NBER, 2023; United Nations, 2023). The nation experiences demographic changes through three main factors which include decreasing birth rates that dropped from 6.8 births per woman in 1980 to 5.5 in 2017 and continue to decrease together with rising life expectancy that comes from better nutrition and sanitation methods and maternal health improvement and infectious disease control and the long-term demographic impact from Nigeria's past large young population segments who now reach late middle age and old age in unprecedented numbers (Ajomale, 2018). The World Health Organization (2020) predicts that Nigeria will see its elderly population aged 60 and above grow from roughly 4% of the total population to more than 10% by the year 2050. This demographic change appears to take place within a setting which experiences deep socioeconomic vulnerability and persistent disadvantages that affect the wellbeing of older adults.

The majority of elderly Nigerians live their lives in poverty as research indicates that almost all seniors lack both retirement benefits and pensions and health insurance except for a few individuals who work in the public sector. The 2024 study by Mobolaji found that older residents of Nigerian cities who experience both income poverty and social isolation and physical disability and lack proper healthcare access enter a state of vulnerability which creates a specific pattern of their health problems that different from what younger people experience. The study found that these deprivations occurred primarily in peri-urban areas which featured substandard housing

conditions and no sanitation facilities and limited access to established healthcare centers. Folorunsho (2025) further documented that only approximately 8% of elderly Nigerians benefit from any form of health insurance coverage. Out-of-pocket expenses for healthcare services rather than health insurance coverage account for 60% to 70% of total health expenditures in Nigeria which creates a healthcare access system that severely impacts elderly individuals who depend on fixed or no income.

The ageing crisis in Nigeria creates an important epidemiological aspect. Older adults in Nigeria face more severe health challenges because they suffer from both infectious and chronic diseases with hypertension type 2 diabetes stroke sequelae chronic kidney disease osteoarthritis and vision and hearing impairment being the most common illnesses. The presence of multiple chronic conditions which people refer to as multimorbidity defines geriatric health presentations because it requires Nigeria's health system to deliver continuous integrated care which it currently lacks. The epidemiological burden needs equal evaluation with its psychosocial aspects. The World Health Organization (2023) states that depression stands as the most widespread mental health condition which disables older adults throughout the world while Nigeria will experience high rates of late-life depression according to future projections (Ojagbemi & Daley 2024). Ojagbemi and Daley (2024) found that only 18.4% of registered patients with late-life depression attended scheduled follow-up appointments which demonstrates how systemic challenges of distance and transportation cost and mobility restrictions and caregiver unavailability and mental health stigma shape elderly Nigerian people's actual life experience.

Dementia creates an extra element which adds to Nigeria's developing elderly care problems. The growing population of dementia patients in Nigeria faces an increasing number of dementia cases which occurs because the country lacks a national dementia care strategy and relies on untrained family members to handle dementia care. Nigeria has not implemented any of the seven strategic areas which the WHO's Global Action Plan on the Public Health

Response to Dementia (2017–2025) recommends as national dementia risk reduction strategies and diagnosis and treatment methods and caregiver support mechanisms (Oyinlola 2024). A 2025 analysis of mental health neglect among older Nigerians revealed that the country lacks geriatric psychiatry as a subspecialty and that older adults with mental health issues receive treatment in general psychiatric facilities which do not follow age-appropriate care protocols and that health workers do not receive educational training on geriatric medicine and mental health which creates a situation where depression and dementia end up being diagnosed as spiritual problems instead of medical conditions that need expert treatment (African Journal of Social Issues 2025).

The demographic and epidemiological context establishes an urgent requirement for the paper's main research topic which Nigeria needs to implement immediate health system enhancements through professional training of medical social workers who will handle the complex health requirements of elderly patients which doctors and nurses cannot manage through their individual training.

3.2 Geriatric Care Infrastructure in Nigerian Tertiary Hospitals: A System Under Strain

Nigeria's public tertiary hospital system which includes federal teaching hospitals, federal medical centers, and state specialist hospitals forms the top level of the country's primary-secondary-tertiary healthcare structure. These establishments theoretically are accountable for handling complex cases, specialized and high-acuity conditions, which are incapable of being managed at lower levels and they act as centers for training the next generation of healthcare professionals. Nonetheless, due to the lack of a functional referral system at the lower levels, they have to handle large numbers of patients needing primary and secondary care thus overstressing their capacity to provide specialized geriatric care, which is their *raison d'être*.

The published data on the specific elderly care capabilities of Nigeria's public tertiary hospitals reveal that, by any standard, they are grossly insufficient not only to the existing need but also to the demand which is projected to rise. Among the dedicated units for geriatric care in Nigeria are only a few such as the distinguished Geriatric Unit of the University College Hospital (UCH), Ibadan, which was one the first specialized geriatric services to be established in sub-Saharan Africa. Outside a handful of federal teaching hospitals situated in the big cities like Ibadan, Lagos, Abuja, and Kano, most public tertiary hospitals have no age-specific geriatric ward, specialist geriatric outpatient clinic, or protocol-driven geriatric assessment service (Folorunsho, 2025). As a result, senior patients with complex geriatric syndromes such as falls, frailty, delirium, cognitive impairment, and complications arising from polypharmacy are mostly managed in general medical or surgical wards by doctors who are not specifically trained in geriatrics.

The crisis of healthcare workers further exacerbates the problem of facilities on the supply side in a very critical manner. Nigeria is confronted with a huge and escalating shortage of doctors, nurses, and allied health professionals. The main reasons for this include the long-term lack of adequate training and the increasing emigration of skilled workers. There is roughly one doctor for every 10, 000 patients in Nigeria a very low ratio by WHO standards and things have gotten worse in recent times as probably 16, 000 Nigerian doctors have, just in the UK, been registered to practice with similar figures heading to Canada, the US, and Gulf states (JATSS, 2025). One in every ten doctors and nurses trained in sub-Saharan Africa is already working abroad, while 42% of healthcare workers on the continent have plans to migrate (McKinsey, 2024). Even within such a small number of healthcare workers, geriatricians are practically non-existent with fewer than a hundred practicing in a country of 260 million people. Geriatric nursing, as a specialty, is equally underdeveloped with the vast majority of nurses lacking any form of training in age-related care.

The role of medical social work departments in Nigerian tertiary hospitals dates back to a longer time than many other specialized areas of care. For

example, the University College Hospital, Ibadan was the first to introduce clinical social work in Nigeria in 1957 when they set up a Medical Social Services Department that was tasked with a wide range of activities including psychosocial support to patients and their families, helping patients to obtain financial assistance, conducting home assessments, and ensuring continuity of care between the hospital and community (UCH, 2023). Currently, the UCH Medical Social Services Department performs a number of functions including holistic patient rounds across psychiatric, neurosurgical, geriatric, and general medical units; manages a family therapy program; provides crisis intervention; and gives financial aid to indigent patients. It is a prime example of the institutional MSW practice in Nigeria and other institutions can measure their practice against it. Nevertheless, empirical evidence always shows that most other Nigerian teaching and specialist hospitals have social work units with very basic development and limited resources, hence, they operate with a very small fraction of the staffing, physical facilities, and administrative support available at UCH (Veta, 2023).

There is particularly a disturbing lack of data relating the ratio of MSW personnel to patients in Nigerian public hospitals. According to the findings of the Social Service Workforce Alliance (2022), there are merely 260 social workers serving the entire hospital population across several states with populations numbering in the tens of millions, obviously, such a situation does not allow the execution of comprehensive, individualized social work assessment for elderly people under normally expected conditions. Once these data are compared with the staffing norms recommended by international entities such as the International Federation of Social Workers (IFSW) or the standards of similar environments in Ghana or South Africa, where social worker positions dedicated to specific clinical units, geriatric wards included, are a norm, the difference between the Nigerian scenario and the other countries becomes very clear (Kodom, 2023).

The policy direction in geriatric care has witnessed some slight positive changes but it is still far from being good enough in terms of comprehensiveness

and detail. The National Senior Citizens Centre Act was passed in Nigeria in 2018, and the National Senior Citizens Centre (NSCC) was established in 2022 to carry out the mandate which included initiatives for social inclusion, quality of life, and welfare programming of older adults (Kavihealthcare, 2023). The National Policy on Ageing for Older Persons was also sanctioned by the Federal Government in 2021 which, although a significant step, still requires the accompanying budget allocation and the setting up of the machinery for its effective implementation (Federal Ministry of Humanitarian Affairs and Social Development, 2021).

Furthermore, the National Mental Health Act (2021) and the revised National Mental Health Policy (2023) provide valuable structures for the integration of psychosocial care into the health service delivery with an explicit recognition of social support as a factor influencing mental health outcomes (Federal Ministry of Health and Social Welfare, 2025). Not long ago, Nigeria also took part in a national summit held in conjunction with the WHO in August 2023 where it pledged anew its adherence to the United Nations Decade of Healthy Ageing flagship. The above policy developments notwithstanding, no formal or legal measure has been put in place in the country to define the specific role, membership, and staffing norms for medical social workers in geriatric care multidisciplinary teams at public tertiary hospitals.

3.3 Roles and Contributions of Medical Social Workers in Geriatric Care

Medical social workers maintain a unique position in geriatric care because their training in the biopsychosocial model and their ability to conduct person-centred assessments and their duties as patient advocates and their ability to link biomedical treatment with patients' social backgrounds. The international literature consistently documents that MSW participation in interdisciplinary geriatric care teams improves patient outcomes while decreasing hospital readmission rates and increasing patient and caregiver satisfaction and optimizing healthcare resource utilization (Kongkar et al., 2025; Social

Service Workforce Alliance, 2022). The following domains of geriatric care show the documented responsibilities of MSWs in Nigeria's public tertiary hospitals.

3.3.1 Psychosocial Assessment and Holistic Care Planning

The conduct of comprehensive psychosocial assessments is among the most foundational contributions of medical social workers to geriatric hospital care. Unlike biomedical assessments that focus on physiological signs, symptoms, and diagnostic test results, psychosocial assessments undertaken by MSWs examine the full social ecology of the patient's life — encompassing economic circumstances and financial barriers to care; family composition, dynamics, and the availability and capacity of informal caregivers; adequacy and safety of housing; psychological wellbeing and mental health history; community support networks; literacy and health literacy levels; and cultural and spiritual factors influencing the patient's understanding of and engagement with their illness. In the context of elderly patients, these assessments are particularly critical because the social determinants of health — poverty, isolation, caregiver absence, housing insecurity — exert effects on health outcomes that are as powerful as, and frequently interact synergistically with, biomedical disease processes.

The UCH Medical Social Services Department documents the conduct of these assessments through structured holistic ward rounds across psychiatric, neurosurgical, and geriatric units, with findings incorporated into interdisciplinary case conferences and individualized care plans (UCH, 2023). The clinical team can develop treatment plans which include more than prescription medication because they have identified the patient's psychosocial treatment barriers which include their inability to pay for prescribed medications and their need for an adult family member to supervise their medication use and their housing situation which limits their ability to move and heal from wounds. For elderly patients with cognitive impairment or dementia, the psychosocial assessment by MSWs takes on added

importance, as these patients may be unable to reliably report their own circumstances, making third-party assessment of family and community support indispensable to safe care planning.

Beyond assessment, MSWs provide ongoing psychosocial counselling that assists elderly patients in processing the emotional and existential dimensions of serious or chronic illness — the grief of functional loss, the anxiety of dependence, the fear of institutionalization, and the complex negotiations of family relationships under the stress of illness. For conditions such as stroke, cancer, or advanced heart failure — increasingly prevalent among Nigeria's older population — the emotional burden of diagnosis and treatment frequently constitutes the dominant source of suffering for patients and families alike. MSWs facilitate coping through supportive counselling, psychoeducation, and peer support linkages, and provide crisis intervention for patients and families experiencing acute psychological distress. The study by Oyinlola et al. (2024) documented the critical role of MSWs in providing psychosocial anchoring for both dementia patients and their family caregivers during the extraordinarily challenging conditions of the COVID-19 pandemic in Nigeria — demonstrating the depth and adaptability of MSW professional contribution even under conditions of extreme resource scarcity and systemic pressure (Oyinlola et al., 2024).

Social work practice which uses the biopsychosocial framework as its base operates in full agreement with the interdisciplinary method that international experts consider to be the most effective standard for elderly care. The research conducted by Bendowska and Baum (2023) demonstrated that geriatric teams which combine physicians' nurses physiotherapists psychologists and social workers to handle all patient requirements achieve superior outcomes when compared to single-discipline treatment which only addresses one aspect of patient needs. The Geriatric Resources for Assessment and Care of Elders (GRACE) model demonstrated through its assessment in multiple healthcare systems throughout the United States that nurse practitioner and social worker teams who conducted complete geriatric assessments achieved better health results

and social functioning improvements while decreasing all emergency department visits and hospital admissions and readmissions for elderly patients who participated in the study (PSNet, 2023). The Nigerian context requires different implementation methods for these models but their evidence base shows social workers play an essential role in achieving successful geriatric care results.

3.3.2 Discharge Planning and the Management of Care Transitions

Discharge planning stands among the most strategically consequential functions performed by medical social workers in geriatric hospital care and it is simultaneously one of the most complex and resource-intensive responsibilities in the institutional social work portfolio. Elderly patients encounter multiple post-discharge risks that include functional decline which results from the deconditioning effects of hospitalization and medication non-adherence caused by financial or cognitive or literacy problems and inadequate wound care or symptom monitoring which happens when skilled home caregivers are not available and social isolation which makes depression worse while lessening recovery motivation and unplanned hospital readmission which occurs because of early or insufficiently supported discharge. The effective MSW-led discharge planning at Nigeria's public tertiary hospitals which experience long hospital stays and have inadequate post-discharge community support systems functions as a fundamental element which determines whether hospitals can maintain their achieved clinical improvements during patient treatment or whether those achievements will quickly decline.

Dimla et al. (2023) executed a systematic review to study global research about social worker discharge planning practices which social workers used to discharge elderly patients from residential care facilities. The researchers demonstrated that structured discharge planning interventions improved post-discharge care continuity and increased community resource access and reduced hospital readmission rates and improved patient satisfaction with their transition process from

hospital care. The findings which researchers obtained through studies conducted in high-income countries demonstrate that Nigeria is affected by MSWs who lack organized discharge planning because this deficiency leads to extended patient hospital stays and increased medical problems and incomplete care transition processes (Oyinlola et al., 2024).

The pioneering research study by Oyebade et al. (2024) investigated how medical social workers help elderly patients move from hospitals to nursing homes which represents the first published study about this specific transition between care facilities in Africa. The study used descriptive qualitative methods and semi-structured interviews with 16 MSWs to document the extraordinary complexity of this work in the Nigerian institutional context: limited availability of nursing home facilities; bureaucratic and administrative hurdles that impede referral and placement; cultural beliefs about familial obligation that create resistance to institutionalization among both patients and their families; family dynamics that complicate consent and decision-making; and the emotional needs of elderly patients facing permanent transitions away from their homes and communities. The study found that MSWs could achieve successful transitions by applying clinical skills and cultural sensitivity and family engagement and institutional negotiation despite the many obstacles which existed (Oyebade et al., 2024).

The medical social workers in the study conducted by Oyinlola et al. (2024) were essential for finding solutions to socioeconomic challenges which caused patients to stay longer than medical needs mandated at the Nigerian teaching hospital because they identified the main reasons which caused extended hospital stays. The research demonstrated how Nigerian medical social workers encounter structural difficulties because their job requires them to help patients leave hospitals while home care services and day programs do not exist in their community. The absence of such infrastructure prevents MSW-led discharge planning from reaching its full potential because it needs operational systems to function. The development of community-based geriatric services therefore constitutes a sine qua non for effective

hospital-based MSW practice, and its absence represents not merely a gap in community care provision but a direct undermining of the value that MSWs bring to the hospital care system. The lack of proper community care pathways to transition elderly patients from hospitals to home care forces medical social workers to discharge patients from the hospital into unsafe situations, which results in ethical distress and professional burnout while they fail to provide proper patient care.

3.3.3 Financial Advocacy and Resource Mobilization

Nigeria experiences poverty as the main social factor which determines how elderly citizens receive their medical services at public tertiary hospitals. The National Bureau of Economic Research discovered through its 2023 study that under 25 percent of elderly people in sub-Saharan Africa receive pension benefits while low-income families who have an elderly member needing tertiary medical treatment face severe financial strain due to their medical expenses (NBER, 2023). The out-of-pocket payment system which prevails in Nigeria as the primary method of health financing requires patients to pay for medical services at the time of treatment but establishes a financial barrier which prevents many elderly individuals from accessing quality healthcare (Folorunsho, 2025).

The financial assistance function performed by medical social workers establishes essential life-saving value within this specific situation. MSWs in Nigerian public tertiary hospitals serve as the primary — and often sole — institutional interface between financially vulnerable elderly patients and the array of formal and informal funding mechanisms that might enable their care. The advocacy work requires simultaneous execution of multiple tasks which include conducting home visits to evaluate patients' financial situations through socioeconomic assessment and direct assessment of their financial situations and assessment through socioeconomic evaluation. The National Health Insurance Authority requires patients to navigate complex enrollment processes which need patients to have their claims evaluated by medically trained

professionals because their conditions need direct assessment. The UCH Medical Social Services Department formally documents all of these activities as core institutional functions including the direct provision of financial aid to patients in need together with the establishment of partnerships with outside organizations who can provide aid to patients (UCH, 2023).

The advocacy work functions within a system which presents major obstacles that prevent it from achieving its intended outcomes. The health insurance coverage among Nigerians stands at less than 5% which results in one of the lowest global coverage rates because health financing reforms received insufficient financial support throughout several decades. The NHIA covers only a small portion of services dedicated to geriatric healthcare which means that older adults who meet coverage requirements encounter obstacles that require MSWs to deliver comprehensive patient advocacy work. The Abuja Declaration of 2001 committed African Union member states to allocate 15% of national budgets to health needs which Nigeria has never followed because its health expenditures remain between 3–5% of the total national budget (JATSS, 2025). The system-wide funding shortfalls create an environment where institutions must operate with permanent resource shortages which means that MSW financial advocacy needs to have exceptional results to achieve any success with the limited resources which remain inadequate for serving their designated populations.

3.3.4 Caregiver Support and Family Counselling

The family, particularly the extended family, has historically constituted the primary social institution through which older adults in Nigeria access care, support, and social connection in late life. Nigerian family members who serve as informal caregivers deliver home care services to elderly individuals which amount to 90% of total home care services provided for elderly people. Families throughout Nigeria which comprise different ethnic and linguistic and religious groups exhibit strong cultural values of filial piety and intergenerational reciprocity which form the basis of their social structure.

However, the family caregiving system that this family has been built around is coming under unprecedented strain. For example, urbanization is causing working-age adults to leave rural areas where most elderly parents still live; female labour force participation, though still below international levels, is increasing and hence the number of women available for caregiving, which has traditionally been their main role, is getting reduced; and rural-to-urban and international migration is dividing old parents and their children geographically in a way that a few generations ago would have been unimaginable (Ezulike et al., 2024). A systematic review of family caregivers' role in supporting older adults in Africa by Fenta et al. (2025) revealed that family caregiving is at the core of elderly care systems across the continent but still, caregivers are facing serious issues such as being physically and emotionally strained, untrained and not knowing what to do, having money problems, and being socially isolated, problems that are mostly neglected in the case of Africa. These are certainly the main problems for caregivers who are looking after persons with dementia, stroke, or cancer and other illnesses that require skilled care, intensive care, and continual care, most family caregivers nowadays are quite literally clueless when it comes to managing these conditions.

Medical social workers serve as a vital professional mid-point between the formal healthcare system and informal family caregiving networks, help patients as well as their families through a variety of evidence-based interventions. Among them are well-planned caregiver education programs that give family members the necessary practical skills to ensure their relatives' health and safety at home; counselling that can assist caregivers in handling their own feelings such as grief, guilt, resentment, and compassion fatigue; arrangement of family meetings for the purpose of conflict resolution and decision-making about care; referral to respite care and community support services if existing; and co-operation with healthcare professionals to prepare care plans that reflect more accurately the family's real caregiving capability. (Oyinlola et al., 2024) reported on the heavy psychological toll on family caregivers of elderly dementia patients, and also found that the

validation from an MSW, reduction of social isolation, and direct communication with the community for help represented the majority of professional help received that was very helpful and recognized by caregiving families. Similar studies by Akande et al. (2023) on the situation of caregiving in tertiary health institutions in North Central Nigeria also revealed the presence of considerable financial and emotional woes among informal caregivers and highlighted lack of caregiver support through MSW as an important issue in institutional care.

The general African family caregiving literature also highlights the significance of caregiver support led by MSW. A BMC Geriatrics systematic review (Fenta et al., 2025) of studies on roles and challenges of family caregivers in different African countries showed that caregivers' enormous and mostly unfulfilled demands for training, psychological support, and financial help are common for almost all of them, and that the lack of professional support for caregivers very often results in elderly care recipients being poorly looked after. The review noted that a social worker, particularly one working in the community, could be a valuable resource for helping elderly patients and their caregivers across a variety of domains, by supporting caregivers in their caregiving role, facilitating caregiver-patient communication, and connecting caregivers to internal and external support networks, thereby delivering benefits to the patients and the caregivers alike. Besides, in the situation when formal home care services are not yet available on the large scale, the engagement of social workers in such settings is crucial for fostering the quality of caregivers' lives and care provision to elderly patients.

3.3.5 Advocacy, Ethical Mediation, and Inter-Professional Collaboration

Medical social workers in Nigerian tertiary hospitals perform an advocacy function that is of particular significance in the care of elderly patients, who are among the most vulnerable and frequently marginalized groups within institutional healthcare settings. Many older patients who experience hearing or vision impairment and cognitive decline and have received limited formal education and do not

understand institutional medicine bureaucratic norms lack the necessary ability to advocate for their hospital needs and rights. MSWs function as the professional representative for these patients by delivering their needs and preferences and their concerns to clinical teams and hospital administrators and family members when patients cannot speak for themselves.

The Nigerian literature documents specific advocacy functions which include: preventing discharge against medical advice (DAMA) which disproportionately affects elderly patients when their families need to terminate expensive hospital treatment; securing essential patient resources through negotiations with hospital administrators to acquire both financial and material assets; transmitting patient treatment preferences to medical teams who lack systematic patient input; and developing protocols which identify treatment issues that elderly patients encounter during diagnostic procedures (Veta, 2023). MSWs handle advocacy tasks which create an institutional environment because they need to maintain cooperative relationships with medical staff who provide patient care while they must oppose clinical decisions and institutional methods which they believe do not benefit patients.

The Nigerian literature increasingly recognizes ethical mediation as a field of MSW practice which operates within geriatric environments although existing policy and practice frameworks do not yet meet the required development stage. Elderly patients with cognitive impairment — particularly those with moderate or advanced dementia — present complex challenges to the principles of informed consent and autonomous decision-making that form the ethical bedrock of clinical practice. MSWs must balance competing interests when patients lack cognitive capability to make care decisions because family members have conflicting views about treatment while medical teams follow their clinical priorities and the patient has expressed treatment preferences. The combination of person-centred practice training and family systems theory knowledge and healthcare ethics expertise enables MSWs to conduct complex mediation processes which preserve patient dignity while managing the

competing demands of family and institutional relationships.

The domain of ethical mediation requires social work professional involvement to address end-of-life care situations in geriatric facilities. Nigeria lacks both a comprehensive legal framework for advance care planning and a widely established cultural practice of explicit end-of-life discussions within families and healthcare teams. MSWs' participation in these dialogues which enable families and patients to express their values and treatment choices becomes increasingly recognized as vital to providing respectful end-of-life care. The documentation from UCH Ibadan on MSW roles in end-of-life issues for elderly patients, while limited in scope, represents one of the earliest published recognitions of this role in the Nigerian institutional context, which highlights the necessity for additional research study, professional educational training, and governmental policy framework development throughout this field (Oyinlola, 2024).

Social work professionals who practice geriatric care should focus their efforts on developing effective inter-professional collaboration methods. International literature agrees on two main aspects of the delivery of care to the elderly: first, that the gold standard is interdisciplinary teamwork and second, that social workers are the crucial elements of the effective geriatric care teams (Bendowska & Baum, 2023; Kongkar et al., 2025). Research from the John A. Hartford Foundation in the United States has consistently documented that social workers function as the central link between different healthcare professionals who work together to develop patient-centered care plans while maintaining interprofessional communication throughout the entire process (Hartford Foundation, 2023). In Nigeria, the ability to connect different sectors remains an unfulfilled goal because most public tertiary hospitals do not implement formal MSW integration into their interdisciplinary geriatric care protocols. Kodom (2023), who assessed the role of social work in African healthcare systems, found that medical professionals who formally recognize MSWs roles within health institutions still face major barriers to inter-professional collaboration which

stops them from achieving optimal medical outcomes through social work services.

3.4 Structural and Professional Barriers to Effective Medical Social Work Practice in Geriatric Settings

Many research publications on medical social work in Nigeria are consistent and convergent in highlighting the fact that MSWs at public tertiary hospitals have to deal with a set of structural, institutional and professional barriers which not only are very challenging but also have the effect of mutually reinforcing one another. Due to these barriers their capacity is greatly limited to provide an adequate geriatric care, which in turn, serves as a major source of frustration for them. Moreover, grasping the nature of the aforementioned barriers at the deepest level of their complexity would greatly help in the design of reform that would not only be on point, but feasible and most likely to bring about real changes in healthcare practice.

The absence of legal recognition for medical social work as a controlled health profession in Nigeria stands as the most frequently cited obstacle which harms professional development in the field. Social work in Nigeria exists without any governing regulations while nursing and pharmacy and physiotherapy and medicine each benefit from dedicated statutory regulatory bodies which establish their professional practice boundaries and require professional registration and protect their official designations. The House of Representatives approved the Social Work Bill in 2016 yet the complete legislative framework which establishes licensing procedures and registration protocols and defines practice boundaries and professional standards for medical social workers remains unimplemented (Okoye, 2019).

The lack of legal protection prevents MSWs from enforcing professional guidelines while MSWs remain unable to prevent unauthorized individuals from practicing social work in medical environments because they lack legal authority to do so. The absence of legal backing delivers practical consequences which allow MSWs to violate their professional recommendations without penalties

while unqualified people can conduct social work duties in medical facilities without legal consequences and social work departments face no requirements to maintain their staffing levels and MSW-created assessments and care plans hold no value during clinical decision-making. Veta (2023) documented how this regulatory vacuum directly enables the marginalization of MSWs within hospital systems, which leads people to view social work as an additional medical service instead of an essential part of healthcare. Enemaku (2024) discovered that hospital managements who hold medical professionals as their primary authority, combined with the lack of social work legal protection, create workplace environments which permanently reject MSW recommendations while MSW professionals face ongoing challenges to their authority.

The second most important obstacle to progress occurs because of insufficient staff which has the strongest effect on patient outcomes. Public tertiary hospitals in Nigeria maintain an extremely low social worker to patient ratio which fails to meet any international standards for minimum serviceability. The hospital services that less than 300 social workers provide to populations exceeding 100 million people create a situation where social workers can only deliver basic services instead of the traditional social work methods needed for proper geriatric care (Social Service Workforce Alliance, 2022). The assessment process for evaluating an elderly person's social and psychological needs requires several hours of direct contact with the patient and their family members and medical professionals who care for them, as well as home visits and document analysis and communication with other agencies, which needs more time than what busy social workers can spare for their patient interactions. The staffing shortages that Oyinlola et al. (2024) investigated lead to service quality reduction because MSWs with large case assignments only handle crisis situations which forces them to ignore the entire preventive aspect of geriatric social work that would bring about long-lasting benefits to adopt methods which only deal with short-term psychological emergencies.

The third major barrier to success occurs because inadequate pay leads to staff members losing their

motivation which directly affects both existing staffing shortages and the standard of practice in public services. The salary scales used to employ medical social workers in Nigeria's public tertiary hospitals do not match the professional requirements of their jobs because their pay falls behind all other professions in private companies and non-governmental organizations while government salaries have not increased with inflation. The salary difference between public sector and private sector medical social work leads to high employee turnover rates which results in low staff morale and reduces the number of qualified people who want to work in public sector medical social work. Financial hardship among MSWs who work in locations with high inflation and economic instability creates problems that prevent them from doing home visit work because they need to pay for personal transportation which institutional systems will not reimburse (Veta, 2023).

Geriatric social work lacks continuing professional development opportunities which limits social workers through this deficiency because social workers require specialized training to develop their essential skills for conducting social work with elderly patients. Gerontological social work functions as an established specialty area which has developed an extensive evidence base that covers dementia care and palliative care and end-of-life care and late-life mental health and functional assessment and medication management support and the ethics of cognitive incapacity. Nigerian MSWs who work in geriatric settings have received standard social work education which does not provide adequate training to meet the unique requirements of elderly patients while they face obstacles in obtaining postgraduate education and professional development opportunities to develop their gerontological skill set. Nigerian universities and social work schools have delayed establishing and implementing dedicated geriatric social work programs which forces professionals to gain knowledge through direct work experience instead of formal educational programs (Okoye, 2019). The social work profession in Nigeria fails to recognize geriatric social work as a specialty area which creates an educational void that leads to both the existing

knowledge base about geriatric social work and the professional training programs dedicated to social work delivery.

The research literature describes various challenges between two sets of barriers which include inadequate physical infrastructure and transportation problems which prevent social workers from home visits and existing software systems defeat social workers who need to create patient documentation and progress assessment systems for their work and social work systems have to be integrated into existing electronic medical and health systems for medical professionals to receive patient medical records and social work services. The professional environment of the organization has been destroyed through various barriers which created conditions that prevent all MSWs from delivering high-quality care required by their professional training.

3.5 Policy and Practice Recommendations for Strengthening Geriatric Social Work in Nigeria

The evidence from this review shows that Nigeria's geriatric care system needs comprehensive multi-level reforms which should be implemented immediately to enhance medical social work practice. The following recommendations are presented for consideration by healthcare policymakers, hospital administrators, professional bodies, academic institutions, and civil society organizations. The recommendations are structured to show which intervention levels represent their best application areas.

3.5.1 Legislative and Regulatory Reform

The most foundational reform required is the enactment of comprehensive social work legislation that formally establishes a statutory regulatory body — a Social Work Council of Nigeria or equivalent institution — with authority to define the scope and standards of medical social work practice, mandate the registration and ongoing professional development of all practitioners, set minimum qualification requirements for hospital-based MSW positions, and specify minimum staffing ratios for social work departments in public health facilities.

The legislative framework would enable MSWs to perform their duties as recognized members of interdisciplinary geriatric care teams by granting them professional status and institutional authority and legal protection. The Social Work Bill needs to complete its legislative process from House of Representatives approval in 2016 through to Social Work Act enactment which should become a National Health Action Plan government priority (Okoye, 2019).

The Federal Government should simultaneously review and amend the National Health Act to include explicit provisions for medical social work services as a mandated component of tertiary hospital care which requires specific service standards and staffing levels and mechanisms for responsibility. The legislative recognition would establish enforceable hospital performance standards while highlighting the essential role psychosocial care plays within health systems.

3.5.2 Development of a National Geriatric Social Work Framework

The Federal Ministry of Health should create and execute the National Geriatric Social Work Framework with assistance from the National Senior Citizens Centre and the National Association of Nigerian Social Workers (NAOSW) to establish a complete policy framework that outlines the duties and needed abilities and service benchmarks, and inter-disciplinary protocols for all geriatric medical social work operations within public tertiary hospitals. The framework should be explicitly aligned with the WHO Global Action Plan on Ageing and Health, the UN Decade of Healthy Ageing, and Nigeria's existing National Policy on Ageing for Older Persons (Federal Ministry of Humanitarian Affairs, 2021). The assessment should include specific elements that need implementation for geriatric psychosocial evaluations, and evaluation timelines, and MSW procedures for ward and case meetings, and the community care transition referral requirements. The framework development must use a participatory method that includes first-hand accounts from elderly patients and their families and MSWs to create an authentic resource-constrained

practice environment that reflects actual situations from low-resource places.

3.5.3 Workforce Expansion and Remuneration Reform

One of the main conditions for a substantial qualitative change in geriatric care at public hospitals is a sharp increase in the number of medical social workers available and actively involved in the care of the elderly. The Federal Government needs to set a schedule of actions for gradual expansion MSW staffing in public health facilities with some interim goals and earmarked budgetary allocations. Along with the increased staff, the medical social worker's salary regime should also undergo a full revision including their pay scale, their allowances and all the different types of professional development help and this revision must lead to their becoming remuneration-wise be on par with those in the same position in the private sector and the non-governmental organization realm.

A critical important part of increasing the workforce is also the training of present and future experts through the establishment of advanced postgraduate programs in gerontological and medical social work at the major federal universities and teaching hospitals which, in turn, will result in a continuous supply of well-qualified graduates capable of advanced social work practices in geriatric environments.

3.5.4 Integration into Interdisciplinary Geriatric Care Teams and Clinical Protocols

Firstly, the public tertiary hospitals, and in particular, the federal teaching hospitals, as the highest tier of the whole tertiary care system, should make it their matter to formally set up special geriatric care units where MSW will be firmly implanted alongside the medical and other therapeutic professionals. This will guarantee the necessary recognition of the MSWs as full members of the multiprofessional teams in elderly care. It is from the very SOPs of these hospitals that should stem the requirement of MSWs being actively engaged not only in the first psychosocial evaluations of patients at admission but

also in the weekly elderly patients' interdisciplinary ward rounds, in the pre-discharge planning conferences as well as in the post-discharge follow-up protocols.

Where there are electronic patient record systems, these should be designed in such a way that there is a mandatory documentation of MSW assessments and that these be accessible and seen by all members of the medical team, thereby bringing the psychosocial assessment results directly into clinical decision-making rather than letting them be filed separately and gathering dust in the records of a particular department that other clinical personnel may not think of consulting. Hospital administrations are also to set up formal, regular meetings for inter-professional education and team-building between MSWs and colleagues from medicine, nursing, and allied health, so that all parties learn about each other's roles and responsibilities and thus such collaborations can be more easily established and run efficiently collaborations being for multidisciplinary geriatric care a prerequisite and the condition.

3.5.5 Investment in Community-Based Geriatric Infrastructure

A fundamental prerequisite of the success of hospital-based MSWs' discharge planning and care coordination is a well-functioning community care system capable of taking elderly patients into its fold and providing them with quality services after discharge. The almost total lack of structures and programs for community-based elderly care including delivery of home-care, day centres for adults, facilities for respite care, community health workers' networks trained in geriatric care, and community social work services for the elderly, is undoubtedly the most serious bottleneck of the whole system of geriatric care in Nigeria. The Federal Ministry of Health and state governments should channel their resources, through the health system strengthening prism, into community-based geriatric services development with the understanding that investment in the community care is not simply a matter of welfare but is a great hospital management tool since it leads to lower readmission rates and has lasting positive impact on the health of the elderly

population. MSWs, given that they know elderly patients' social worlds quite well and are competent and experienced in community resource navigation and inter-agency coordination, are the natural choice to take the major part in community-based elderly care programme planning, execution, and monitoring.

3.5.6 Integration of Gerontological Social Work into Professional Education

Nigerian universities and schools of social work need to create undergraduate and postgraduate programs which include gerontological social work content into their educational programs. The program should include theoretical and empirical educational content about aging biology and psychology together with chronic and geriatric condition epidemiology which affects Nigeria and evidence-based psychosocial assessment tools which have been approved for Nigerian cultural contexts through their clinical skills in dementia care and late-life depression management and palliative and end-of-life care and caregiver support intervention and inter-professional communication and teamwork skills which are needed for geriatric care together with their understanding of ethical issues involved in treating cognitively impaired or physically dependent elderly patients. Students need to acquire field placement experience by working in geriatric units of teaching hospitals and community-based elder care centers which provide supervised clinical experience in gerontological social work practice. Professional organizations need to create ongoing professional development programs for gerontological practice which delivery methods should include online access to remote-based practitioners working in geriatric institutions.

4. Conclusion

Nigeria currently experiences a demographic and healthcare transition which will define its future. The combination of a rapidly growing elderly population with severe public health system deficiencies and deepening socioeconomic challenges for older adults and the traditional family caregiving networks which

have completely disappeared requires urgent and non-deferable action to build complete geriatric care systems. Medical social workers are essential for any serious response because their biopsychosocial model training and human rights commitment and advocacy skills and inter-professional collaboration abilities and social determinant expertise create core competencies which direct health outcomes from their initial care point to their final outcome point in the healthcare system. The review presents evidence which shows that MSWs play essential roles in elderly patient care at Nigeria's public tertiary hospitals because they perform critical multiple functions in patient care.

The MSW work functions as foundational elements which underpin the essential elements of geriatric care. The professionals work in environments which disrupt their work because they lack complete legal status and their required staff ratios fall short of effective operations plus they receive insufficient pay while they lack access to needed training and they need to work without being part of the clinical priority setting interdisciplinary teams and they need community care facilities which would help their hospital work produce permanent community outcomes. The Nigerian geriatric care system needs immediate action to address the MSWs actual contribution gap which requires coordinated efforts from all legislative and policy and workforce and institutional and educational and community care areas. The recommendations of this paper establish a complete operational structure which needs to be used for that action.

The development of medical social work in Nigeria's geriatric care system represents both a professional goal and an institutional objective which needs to be achieved as a matter of social justice. The older adults of Nigeria who have dedicated their entire lives to work and community service and family duty deserve to grow old with dignity and safety while receiving complete access to medical treatment which matches their complicated health requirements. Medical social workers serve as essential partners to help make that entitlement into actual existence. The need to recognize and support and empower them has reached an urgent point which should have already been addressed.

Acknowledgements

The authors acknowledge the contributions of all scholars and practitioners whose published works informed this review. The authors declare that no external funding was received for the preparation of this manuscript and that no conflict of interest exists in relation to the content of this paper.

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