



eISSN: 3108-074X

Volume: 1

Issue: 2

July - December 2025

# Nursing Innovators Journal

Chief-editor: Dr. Meena Ganapathy

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Publisher: MKSSS Smt. Bakul Tambat

Institute of Nursing Education

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JULY-DECEMBER 2025

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#### Aim of NIJ

To publish high-quality original research articles in the field of nursing that are novel and innovative in their findings that make substantial theoretical and practical advances in the nursing profession.

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The Nursing Innovators Journal (NIJ) publishes authors' views, which do not necessarily reflect the editorial board's or affiliated institutions' official stance.

# From the Editorial's desk: "Need for innovations in nursing research approach for holistic health outcomes."

It is with great pleasure to present the current issue of the Nursing Innovators Journal (NIJ), an open-access, double-blinded, peer-reviewed international journal. NIJ brings together a diverse collection of scholarly research work from nursing that reflects the contemporary development, emerging evidence, and evidence-based practices within the fields of community health nursing, mental health nursing, obstetrical gynecological nursing, pediatric nursing, and medical surgical nursing in health sciences.

The present issue of the journal is unified by a central theme on innovations in nursing research, its interventions for holistic health outcomes, emphasizing the critical role of innovative educational strategies, evidence-based interventions, and holistic nursing care in addressing contemporary health challenges across the lifespan. The articles in this issue explore diverse dimensions of nursing practices, ranging from child and adolescent health, maternal and family care, clinical and surgical nursing, to elderly care from various nursing specialties. This issue highlights the impact of structured teaching programs, simulation-based learning, and evidence-based practice in achieving nursing excellence. Overall, these contributions pointed out the importance of preparing a competent, ethical, and empowered nursing workforce capable of responding to evolving healthcare needs at both national and global levels.

Recently, around the world, rapid changes are happening, from rising incidence of non-communicable diseases to unprecedented rises in mental health issues to the increased global life expectancy up to 74.5 years for males and 79.1 years for females in 2050, as projected by the United Nations. And from war-conflict-ridden countries, humanitarian crises, and greying populations to the latest developments in artificial intelligence and research advancements around the world, the scope for the caring science of nursing is huge. Conducting relevant nursing research that addresses such societal changes and issues through innovative research with a strong ethical background is a glaring need. Finding such articles has become an essential step in the dissemination of nursing research in today's academic journal world.

The concern rises when the nursing research is done for the sake of doing it, while innovation and methodological rigor are given a miss. With the threat for plagiarize content, and AI content mixed with it, the originality in research articles needs to be under strict scrutiny nowadays. As a nurse innovator, novelty must stay humane and use digital technology ethically and appropriately. The nursing researchers must be wary and alert to the lure of unethical research conduct in any form. The world is changing, with ever-evolving health care demand. Let's us put-up a discerning bird-eye view, and act to match the evolving researchable gaps beat by beat with humane innovations of caring that are culturally inclusive and sustainable ways. The need for conducting good, honest, need-based, innovative nursing research is a nonnegotiable and palpable fact.

NIJ and its editorial board are committed to providing genuine content for the readers that is based on authentic and original research and academic expertise. We ensure this commitment through our double-blinded peer-reviewed process and stringent SOP editorial process to bring out the issue of high-quality academic research based on methodology rigor and its findings for the profession and public at large.

The views and opinions expressed in the published articles are solely those of the authors and do not necessarily reflect the views of the editor, editorial board, publisher, or affiliated institutions. The journal assumes no responsibility for any consequences arising from the use of the published content. On behalf of the editorial team, I extend our sincere appreciation to all contributors and readers for their continued support.

Warm regards.

**Prof. Laishangbam Bijayalakshmi Devi**

**Editor, Nursing Innovators Journal, MKSSSBTINE, Pune**

# “Current global and India’s challenges and need for caregiver trainings for elderly care to meet the future gap: A literature review.”

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**Abstract:** Globally, elderly population are shifting with increasing life expectancy and better medical provision around the world. United Nation had declared 2021 to 2030 as the decade of elderly and called for attention toward the needs of elderly care and requirements for caregiver training to improve overall quality of life for elderly people. Our elder population for better quality of life, will be requiring more caregiver who can be paid or unpaid, a close relative or friends, a volunteer or professionally trained caregiver. This review explores the current global and Indian’s perspective on the need of training of caregiver for elderly person and its relevant caregiver training component.

**Keywords:** Caregiver training, elderly person, caregiver training components.

## I. Introduction:

Around the world, demographic shift in aging population is happening due to many factors. With increasing life expectancy among global as well as India, there will be more elderly population globally and locally. The government policy and infrastructure much meet such demands of this vulnerable population while keeping in mind its future challenges as well. Among such challenges is the lack of trained caregiver to provide care to elderly person at home, institution, and community level in an age friendly health infrastructure. Above this, the changing demographic shift demands not just more caregivers, but better-prepared caregivers who are equipped with skills grounded in evidence-based practice, empathy, and culturally sensitive caregiver. Hence a caregiver training based on the evidence-based components need to be implemented at local areas, state, and national level along global initiatives. Caregivers for elderly care are those who provide all basic health care to elderly people who need some degree of ongoing assistance with everyday tasks i.e. activity of daily living on a regular basis. Caregivers are cornerstone of elderly care.

Caregiver for elderly can be:

1. Informal carer or family/ relatives/ friend
2. Volunteer unpaid caregiver
3. Paid formal caregiver.
4. Health care assistant in geriatric sectors
5. Professionally trained personal

## II. Rationales for caregiver training for elderly person:

As elderly people lived with old age related physiological degenerative changes and additional comorbidity, the older people required more robust care services that meet their unique needs of intensive level. As per International Institute for Population Sciences (IIPS), the rate of non-communicable diseases (NCDs) is rising globally and in India, there is a major concern for vulnerable elderly population and Longitudinal Ageing Study in India (LASI) survey 2018 listed NCDs includes heart disease, chronic lung disease, cancer, diabetes, and mental and neurological conditions, such as dementia.<sup>2</sup> Additionally, the changes in the care needs of older people and lack in the availability of family care, means that the demand for support from outside the family is rising. Such finding is leading to global and local discussion about the care responsibility requirement for elderly care, and as a shared responsibility of elderly care services between state, community, family and individuals. One of the ways in which they can and are doing this is by identifying, training, and organizing volunteer caregivers to deliver care or by providing information, support, and advice to prove support to informal caregiver of elderly. There is lack of caregiver support that meet their personal need leading to compromise the quality care of elderly and indicated a need for including caregiver support as component of caregiver training in telehealth services.<sup>5</sup>

The following points highlighted the need for caregiver trainings and support:

- Rising percentage of elderly population increases the growing demand for trained professionals in old age care and to address these unique health, social, and emotional needs of seniors.
- Urbanization and smaller family units: elderly individuals no longer have the support of a large family, resulting in greater challenges in caregiving in Indian urban population.
- Elderly individual being isolated especially in urban areas with lack of support from family.
- Increased longevity and complex health needs
- Emotional and social well-being: a higher risk of isolation, depression, and loneliness among elderly.
- Need for specialized skills: and this requires caregivers to be knowledgeable in multiple aspects of health care, safety, legal considerations, and emotional support.
- A cultural paradigm from informal family caregiver to professional care giver for elderly care.

### III. Current trends, issues, and challenges:

India recorded a significant improvement in life expectancy at birth, which was 47 years in 1969, 60 years in 1994 and 69 years in 2019. The share of population of elderly was 8% in 2015 i.e., 106 million (10 crores plus) across the nation, making India the second largest global population of elderly citizens. In 2024, there were an estimated 1.18 billion people aged 60 years or over in the world (14.5% of the global population).<sup>1-3</sup> The share of the elderly population is projected to further rise to 19.5% (319 million) by 2050 in India. The death rate for the elderly age 60 and above is 38.4 deaths per 1000 population in India. (LASI wave 1 2017-18).<sup>2</sup> With around 6 lakh people over the age of 100, India is expected to have the highest number of centenarians by 2050. There is an increased number in senior citizen from 10.38 crores in 2011 to an projection of 17.3 crore in 2026 and 30 crore in 2050.<sup>1-3</sup> The UN Population Division (2019) projects global life expectancy to reach 74.5 years for males and 79.1 years for females in 2050.<sup>4</sup>

As per research survey by Government of India i.e., LASI 2018, it highlighted various issues as follows:

- Rising prevalence of chronic noncommunicable diseases among individuals aged 45 - 54 years and 55 - 64 years, increase health burden.<sup>2</sup>
- Rising dependency ratios leading to higher caregiving demands and declining family support system.<sup>2</sup>
- Inadequate and Limited age friendly geriatric health care infrastructure, especially in rural and semi-urban settings.<sup>2</sup>
- Globally a need to discuss about how responsibility for care should be split between individuals, families, communities, and the government.<sup>2</sup>
- Economic insecurity, elderly person abandonment and neglect. (Kardile MS 2015).<sup>6</sup>

These issues and trends underscore the need for preventive and rehabilitative care competencies among caregivers.

### Challenges:

As per Rahman MI, Alam J, and Emdad FB ,2025 scoping review study on challenges of elderly caregiving in the Indian Subcontinent, listed the following:

- Limited access to healthcare services,
- High rates of multimorbidity,
- Significant caregiver burden,
- And difficulties in adopting new health technologies.
- Inadequacies in healthcare infrastructure,
- The impact of socioeconomic factors, and financial barriers
- Urban–rural disparities, and cultural norms,
- Complicated caregiving as result of comorbidity

Challenges in caregiver training of old persons can be:

- Lack of alternative mode of training.
- Lack of well-equipped training centre and qualified trainers.
- Lack of evidenced based intervention components within training.
- Underutilization of government scheme and its lack of awareness among beneficiaries.
- Difficulty to navigate complex health care systems by elderly population for health services of available facilities.



Elderly challenges in care: Google image



Challenges face by caregiver can be:

- Physical and emotional strains of caregiver.
- Social isolation due to care demands of housebound elderly with chronic disability.
- Lack of caregiver knowledge and essential skills required for providing quality elderly care that promote healthy aging.
- Financial burden to provide support for long term care of elderly.
- Caregiver burnout leading to compromise care and further complications.

Emine Aksoydan et al systematic review 2019, pointed out that an evidence-based caregiver training can improve the patient's quality of life while reducing care costs, while supports intervention tailored within its training can reduce caregivers' stress.<sup>8</sup>

Research literature review was conducted on core components of caregiver trainings. A summary of the research findings was given in the table 1. as follows:

**Table 1. Core components of caregiver trainings as per research literature review findings.**

Core components of caregiver trainings	Authors and study year	Findings
1. Comprehensive geriatric education modules:	Skye Marshall, 2017.	Training includes group education, skill-development workshops, telehealth. They are in well positioned to do monitoring, dietary management and improve health related outcome. <sup>9</sup>
	Mena-Napoles E et al 2022.	Preventive education training including knowledge of risk factors and first aids help improve in skill among caregiver skills. <sup>10</sup>
	Katherine S. Judge et al. 2010	Strength based approach caregiving dyads received skills training including communication, memory, emotional and behavioral management. <sup>11</sup>
	Linda W Samia, 2019	Program to enhance problem solving skill, planning skills and self-efficacy. Caregivers demonstrated significant improvement in competence, personal gain, self-efficacy, and symptoms of depression at 5 months post-program. <sup>12</sup>
	Patrick Pui Kin Kor et al, 2024	Family caregivers could be trained to provide cognitive stimulation at home for people with dementia, which could benefit both parties. <sup>13</sup>
	Kristine N Williams et al., 2023	family caregiver telehealth intervention of communication behaviors for dementia elderly was effective in identifying specific communication strategies. <sup>14</sup>
	Aparna Kanmani S et al 2025	a caregiver-driven Cognitive training program called the Individualized Cognitive Augmentation Regimen for Elderly (iCARE) as model to empowering caregivers as co-therapists through adequate training, thereby reducing the existing treatment gap for dementia in India. <sup>15</sup>
2. Psychoeducational intervention	Julian Montoro-Rodriguez et al. April 2025	Psychoeducational program on Self-efficacy, personal gain and emotional supports mediated change in depression, anxiety and burden among caregivers. <sup>16</sup>
	2015, The Gerontologist	Culturally tailored psychoeducational on knowledge of dementia and Alzheimer disease. <sup>17</sup>
	Sara J Czaja et al 2018	Multicomponent psychosocial intervention, which involved six individual face-to-face and six individual telephone sessions. <sup>18</sup>

- Erik Walter et al., 2020 Psychoeducation and multicomponent interventions affected most outcomes.<sup>19</sup>
- Tony Rosen et al., Feb 2025 Addressing the mistreatment, abuse, and neglect by caregiver among elderly.<sup>20</sup>
3. Approach and modalities: Kenneth Hepburn, 2022 Tele-Savvy is delivered over 43 days to groups of 6–8 caregivers in 7 weekly synchronous sessions accompanied by 36 brief asynchronous video lessons for enhancement of caregiver mastery.<sup>21</sup>
- Jennifer M Reckrey et al., 2024 Deliberate cultivation of person-centered and family-centered home care may help maximize the positive impact of paid caregivers on people with dementia and their families.<sup>22</sup>
- Baruah, U., Shivakumar, P., 2020 Acceptability of an online training and support program for dementia caregivers in India-Use of simple language, cultural relevance, and an interactive design were suggestions to facilitate the use of the support program. Lack of time, difficulty in accessing the internet, lack of awareness about the portal, difficulty in reaching the rural population were anticipated as challenges in using the program.<sup>23</sup>

#### IV. Caregiver training for elderly can includes the following core components:

##### 1. General Foundation-

- Understanding the healthy ageing process.
- Person-centered care: valuing older adults' preferences and needs, goals.
- Legal, ethical, elderly rights-based framework

##### 2. Clinical and Practical Skills components:

- Activities of Daily Living (ADL) and mobility assistance
- Safe positioning, transfer, fall-prevention and pressure-ulcer care
- Physical Therapy: Assist with prescribed exercises or rehabilitation.
- First aids and emergency management.
- Basic health monitoring, nutrition, and infection control skills.
- Use of assistive devices, mobility aids; adapting environmental safety.

##### 3. Communication, Emotional & Cognitive Support:

- Effective communication: listening, empathy, adapting to cognitive impairments (e.g., dementia)
- Companionship
- Support for cognitive health: reminding, stimulating memory, helping older adult remain engaged.
- Emotional & psychosocial support

##### 4. Specialized Geriatric Modules

- Management of chronic diseases common in older adults
- Dementia and cognitive decline care
- Palliative care, crisis management, disaster preparedness

##### 5. Self-Care, Ethics & Professionalism for Caregivers

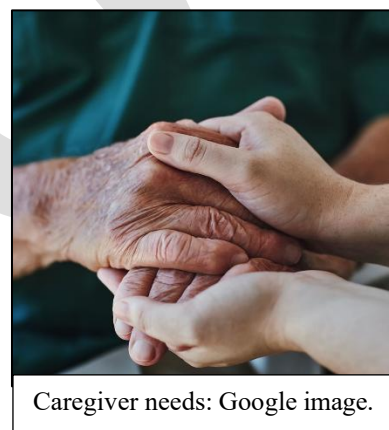
- Training caregivers about selfcare and stress management.
- Ethical practice, confidentiality, respecting autonomy of older adult.
- Professionalism: role clarity, documentation, communication with healthcare team, continuous learning.

##### 6. Collaboration and coordination

- Collaboration with health, social, community services: referral pathways, home care services, institutional care linkages.
- Understanding policies, schemes, and caregiver workforce development e.g.: National Institute of Social Defence / Ministry of Social Justice & Empowerment.
- Use of technology/telehealth for caregiver support and training, especially in remote areas

##### 7. Evaluation and continuous improvement

- Assessment of caregiver competency and older adult health related outcomes and satisfaction.



Caregiver needs: Google image.

- Refresher modules, mentoring, peer support networks and supervision.
- Getting certified from recognized training institute.
- 8. **Miscellaneous:** errand and shopping, light housekeeping duties

Trainings about dementia, medication and stress management were identified as the most needed trainings to improve caregivers' competence. Alzheimer's/dementia care and home safety were the most provided trainings (73% and 60%, respectively).<sup>24</sup>

#### V. Global guideline and initiatives for caregiver training:

WHO global strategy and action plan for elderly (2016 – 2030):

- Promotes integrated care for older people (ICOPE) emphasizing capacity building of caregivers and community health workers.
- Advocates for person-centered and rights-based care.
- WHO isupport for caregiver training in dementia.
- WHO launched an online course webinar event on 22 October 2025 for caregiver training.

UN Decade of Healthy Ageing (2021–2030)

- One of its action areas focuses on strengthening long-term care systems, which includes caregiver training as a central pillar.
- The National Institute on Aging (USA) and NHS England have developed structured caregiver training curriculums integrating EBP, dementia management, and emotional support modules.

#### VI. India's initiatives and schemes:

- For the fiscal year 2025-2026, a total of ₹9,652 crore was allocated to the National Social Assistance Programme (NSAP) which provides pensions and support for the elderly.
- Atal Vayo Abhyuday Yojana (AVYAY): This scheme, allocated ₹289.69 crore in the 2025-2026 budget, supports various initiatives including the operation of senior citizen homes, mobile Medicare units, and caregiver training.
- Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY): free healthcare coverage of up to ₹5 lakh per year to all senior citizens aged 70 and above.
- Rashtriya Vayoshri Yojana (RVY): This scheme provides free physical aids and assisted-living devices to eligible senior citizens from BPL (Below Poverty Line) families or those with a monthly income of less than ₹15,000.
- National Programme for Healthcare of the Elderly (NPHCE): This programs scheme take into account of financial security, food, health care and human interaction /life of dignity. Eg: National Action Plan for Welfare of Senior Citizens
- National Institute of Social Defence (NISD), an autonomous body is expected to be the resource centre on senior citizens in the country.
- National Policy for Senior Citizens (NPOP), National Council for Senior Citizens (NCOP) facilitate formation of Elderly support groups named “Sanjeevini” and elderly care giver support groups.
- Integrated Programme for Senior Citizens was introduced by the Ministry of Social Justice and Empowerment in 1992, as revised from time to time. The main objective of the Scheme is to improve the quality of life of senior citizen.
- The ‘RashtriyaVayoshriYojana’ (RVY) was launched w.e.f. 01/4/2017, for providing physical aids and assistive living devices viz. walking sticks etc.
- Vayoshreshtha Samman Awards are National Awards which are conferred to eminent Senior Citizens and Institutions for rendering best services to senior citizens each year from 1999.



- Indira Gandhi National Old Age Pension Scheme (IGNOAPS) is implemented by the Ministry of Rural Development National Old Age Pension Scheme under National Social Assistance Programme since 1995.
- National Programme for Health Care of the Elderly (NPHCE) -the Ministry of Health and Family Welfare launched National Programme for Health Care for Elderly in 2010 and this Programme is dedicated for providing primary care to elderly above 60 years of age.
- PM-Special Training of Geriatric Caregivers scheme is to generate more professional caregivers like geriatric caregiver, geriatric caretaker, care companion etc. And this training can be access through Skill India Digital Hub platform.
- Care Giver support: Funds from MGNREGS/Gram Panchayat /MUNICIPAL resources etc. be used to give TRAINED CARE-GIVER for the Elderly based on 1 Caregiver for 4 same sexed elderly to be helped 2 hours each for a man-day. Funds from labor welfare fund/CSR can also be used.

## VII. Discussion and conclusion

The well-being of senior citizens is mandated in the Constitution of India under Article 41 and protected by the maintenance and welfare of parents and senior citizens act, 2007. Developed countries like Japan, Germany, and Sweden have well-established systems and comprehensive policies, Sweden's elderly care policy is governed by the Social Services Act of 1982 and has universal welfare system funded by public sector. Whereas in India, government scheme related underutilization and lack of awareness of government scheme among beneficiaries and caregiver seem to be a concern. With rising and shifting demographic projection as mentioned earlier, we need to equip our caregiver with training, whether they are relatives, paid or unpaid, primary caregiver or volunteers. Future need demands more age friendly infrastructure and more policy and program for elderly care globally and particularly in India.

**Fund received: Nil**

**Conflict of interest: No conflict of interest to declare.**

**Acknowledgment: The author wants to acknowledge MKSSSBTINE for giving the opportunity to publish the article.**

## VIII. Reference:

1. Ministry of Health & Family Welfare Government of India Training Manual on Elderly Care for Community Health Officer at Ayushman Bharat – Health and Wellness Centres <https://nhsrcindia.org/sites/default/files/2021-11/Elderly%20Care%20Training%20Manual%20for%20CHO.pdf> [cited on 10/11/2025]
2. International Institute for Population Sciences (IIPS), NPHCE, MoHFW, Harvard T. H. Chan School of Public Health (HSPH) and the University of Southern California (USC) 2020. Longitudinal Ageing Study in India (LASI) Wave 1, 2017-18, Executive Summary, International Institute for Population Sciences, Mumbai. [cited on 10/11/2025]
3. NAPSRC. Available from: <https://grants-msje.gov.in/display-napsrc> [cited on 10/11/2025]
4. Integrated care for older people (ICOPE): guidance for person-centred assessment and pathways in primary care, second edition. Geneva: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO. [cited on 10/11/2025]
5. Telehealth training for elderly. Available from: [agsjournals.onlinelibrary.wiley.com/doi/epdf/10-1111/jgs.19378](https://agsjournals.onlinelibrary.wiley.com/doi/epdf/10-1111/jgs.19378) [cited on 10/11/2025]
6. Kardile MS. Elder abuse by abandonment in India: A novel community awareness and intervention strategy. [online]. International Psychogeriatrics 2017;29(6):1-2. Available from: DOI: [10.1017/S1041610216002404](https://doi.org/10.1017/S1041610216002404) [cited on 12/11/2025]
7. Rahman MI, Alam J, Emdad FB. Challenges of Elderly Caregiving in the Indian Subcontinent: A Scoping Review. [online] Public Health Chall. 2025 Aug 18;4(3):e70085. Available from: doi: 10.1002/puh2.70085. PMID: 40831672; PMCID: PMC12360463. [cited on 12/11/2025]
8. Aksoydan E, Aytar A, Blazeveciene A, van Bruchem-Visser RL, Vaskelyte A, Mattace-Raso F, Acar S, Altintas A, Akgun-Citak E, Attepe-Ozden S, Baskici C, Kav S, Kiziltan G. Is training for informal caregivers and their older persons helpful? A systematic review. Arch Gerontol Geriatr. 2019 Jul-Aug;83:66-74. doi: 10.1016/j.archger.2019.02.006. Epub 2019 Mar 25. PMID: 30953963. [cited on 12/11/2025]

9. Skye Marshall, Ekta Agarwal, Adrienne Young, Elizabeth Isenring, Role of domiciliary and family carers in individualised nutrition support for older adults living in the community, *Maturitas*, Volume 98, 2017, Pages 20-29, ISSN 0378-5122, <https://doi.org/10.1016/j.maturitas.2017.01.004>.
10. Mena-Napoles E, Mena-La Rosa M, Vega-Fiol M, et al. Educative intervention for training elderly caregivers. *RIC*. 2022;101(2):1-9.
11. Katherine S. Judge, Sarah J. Yarry, Silvia Orsulic-Jeras, Acceptability and Feasibility Results of a Strength-Based Skills Training Program for Dementia Caregiving Dyads, *The Gerontologist*, Volume 50, Issue 3, June 2010, Pages 408–417, <https://doi.org/10.1093/geront/gnp138>
12. Linda W Samia, Ann O'Sullivan, Kate Cole Fallon, AbouEl-Makarim Aboueissa, Kenneth W Hepburn, Building on Self-efficacy for Experienced Family Caregivers: The Savvy Advanced Program, *The Gerontologist*, Volume 59, Issue 5, October 2019, Pages 973–982, <https://doi.org/10.1093/geront/gny016>
13. Patrick Pui Kin Kor, Laurence Lloyd Parial, Clare Tsz Kiu Yu, Justina Yat Wah Liu, Denise Pik Mei Liu, Joan Mo King Hon, Effects of a Family Caregiver-Delivered MultiSensory Cognitive Stimulation Intervention for Older People With Dementia During Coronavirus 2019: A Randomized Controlled Trial, *The Gerontologist*, Volume 64, Issue 2, February 2024, gnad054
14. Kristine N Williams, Carissa K Coleman, Jinxiang Hu, Determining Evidence for Family Caregiver Communication: Associating Communication Behaviors With Breakdown and Repair, *The Gerontologist*, Volume 63, Issue 8, October 2023, Pages 1395–1404, <https://doi.org/10.1093/geront/gnac193>
15. S. AK, Kumar KJ, Sivakumar PT, Mathuranath PS. Caregiver-driven cognitive training program for dementia: a treatment development and feasibility study protocol in Indian population. *Int J Clin Trials* [Internet]. 2025 Apr. 28 [cited 2025 Nov. 24];12(2):142-5. Available from: <https://www.ijclinicaltrials.com/index.php/ijct/article/view/853>
16. Montoro-Rodriguez J, Reeve CL, Gallagher-Thompson D, Ramsey J, Choryan Bilbrey A, Kajiya B. Modeling Pathways by Which the Caregiver TLC Psychoeducational Program Affects Psychological Health of Caregivers. *Gerontologist*. 2025 Mar 25;65(4):gnaf020. doi: 10.1093/geront/gnaf020. PMID: 39868570.
17. KNOWLEDGE OF DEMENTIA AND SENIOR COMPANIONS: A PILOT PSYCHOEDUCATIONAL TRAINING PROGRAM, *The Gerontologist*, Volume 55, Issue Suppl\_2, November 2015, Page 634, <https://doi.org/10.1093/geront/gnv339.07>
18. Sara J Czaja, Chin Chin Lee, Dolores Perdomo, David Loewenstein, Marina Bravo, Jerad H Moxley, PhD, Richard Schulz, Community REACH: An Implementation of an Evidence-Based Caregiver Program, *The Gerontologist*, Volume 58, Issue 2, April 2018, Pages e130–e137, <https://doi.org/10.1093/geront/gny001>
19. Erik Walter & Martin Pinquart. How Effective Are Dementia Caregiver Interventions? An Updated Comprehensive Meta-Analysis. November 2020. *The Gerontologist* 60(8):e609-e619 Available from: DOI: 10.1093/geront/gnz118
20. Tony Rosen, Amy Shaw, Alyssa Elman, Daniel Baek, Elaine Gottesman, Sophie Park, Helena Costantini, Mariana Cury Hincapie, E-Shien Chang, David Hancock, Adrienne D Jaret, Kristin Lees Haggerty, David Burnes, Mark S Lachs, Karl Pillemer, Sara J Czaja, Focusing on Caregiver Neglect: A Novel Strategy for Mistreatment of Older Adults Screening and Intervention, *The Gerontologist*, Volume 65, Issue 2, February 2025, gnae185, <https://doi.org/10.1093/geront/gnae185>
21. Kenneth Hepburn, Joe Nocera, Melinda Higgins, Fayron Epps, Glenna S Brewster, Allison Lindauer, Darby Morhardt, Raj Shah, Kalisha Bonds, Rachel Nash, Patricia C Griffiths, Results of a Randomized Trial Testing the Efficacy of Tele-Savvy, an Online Synchronous/Asynchronous Psychoeducation Program for Family Caregivers of Persons Living with Dementia, *The Gerontologist*, Volume 62, Issue 4, May 2022, Pages 616–628, <https://doi.org/10.1093/geront/gnab029>
22. Jennifer M Reckrey, Deborah Watman, Sasha Perez, Emily Franzosa, Katherine A Ornstein, Emma Tsui, Paid Caregiving in Dementia Care Over Time: Paid Caregiver, Family Caregiver, and Geriatrician Perspectives, *The Gerontologist*, Volume 64, Issue 7, July 2024, gnae055, <https://doi.org/10.1093/geront/gnae055>
23. Baruah U, Shivakumar P, Loganathan S, Pot AM, Mehta KM, Gallagher-Thompson D, Dua T, Varghese M. Perspectives on Components of an Online Training and Support Program for Dementia Family Caregivers in India: A Focus Group Study. *Clin Gerontol*. 2020 Oct-Dec;43(5):518-532. doi: 10.1080/07317115.2020.1725703. Epub 2020 Feb 21. PMID: 32081097.
24. TRAINING FOR INFORMAL CAREGIVERS: OPPORTUNITIES FOR COMMUNITY BASED ORGANIZATIONS, *The Gerontologist*, Volume 56, Issue Suppl\_3, November 2016, Page 153, <https://doi.org/10.1093/geront/gnw162.606>