INTERNATIONAL JOURNAL OF ADVANCED RESEARCH
International Peer-Reviewed Research Journal
ISSN (Online): 3106-7980 | ISSN (Print): 3106-7972
Volume 3 • Issue 7 • November 2026

FAMILY CAREGIVERS' EXPERIENCES OF CARING FOR PATIENTS WITH HIP FRACTUR

Dr. Muhammad Nadeem[*1], Muhammad Rizwan[2]

[*1]*Orthopedic Department, Sheikh Zayed Hospital Rahimyarkhan Pakistan*
[8] *Department of Orthopedic Surgery, Zarrar Shaheed Hospital Lahore, Pakistan*

[*1]m.nady2907@gmail.com, muhammadrizwaan158@gmail.com[2]

DOI: https://doi.org/10.5281/zenodo.24131323

Keywords
Hip fracture, family caregivers, caregiving burden, postoperative recovery, rehabilitation, family support

Article History
Received: 05 August 2026
Accepted: 19 October 2026
Published: 11 November 2026

Copyright @Author
Corresponding Author: *
Dr. Muhammad Nadeem

Abstract
Family caregivers play an essential role in supporting patients recovering from hip fractures, particularly when physical limitations restrict mobility and independence. However, caring for a family member with a hip fracture may create considerable physical, emotional, financial, and social challenges. This study explores the experiences of family caregivers supporting patients with hip fractures in the context of public sector healthcare in Rahim Yar Khan, Pakistan. A qualitative exploratory framework is developed using an dataset of 90 family caregivers from three anonymised public sector hospitals, with 30 participants assigned to each hospital. The proposed thematic analysis examines caregivers' responsibilities, emotional distress, physical exhaustion, financial difficulties, challenges in managing daily activities, communication with healthcare professionals, and the transition from hospital to home. The findings identify six major themes: increasing caregiving responsibilities, emotional and psychological burden, physical exhaustion, financial constraints, inadequate professional guidance, and family support and coping strategies. The discussion draws on existing international research to explain how family caregivers negotiate changing responsibilities and respond to the complex needs of patients following hip fracture surgery. The study highlights the importance of caregiver education, discharge planning, rehabilitation guidance, psychological support, and affordable community-based services. It recommends that public sector hospitals recognise family caregivers as important partners in postoperative recovery and incorporate their needs into comprehensive orthopedic care.

Introduction

Hip fractures represent a significant healthcare concern because they can substantially affect patients' mobility, independence, and quality of life. They frequently occur among older adults, although younger individuals may also experience hip fractures following road traffic accidents, falls, occupational injuries, and other traumatic events. Recovery can involve surgical intervention, medication, physiotherapy, mobility assistance, and continuous support with everyday activities. Unlike many short-term medical conditions, hip fractures may create prolonged functional limitations that affect patients and their families.

Family caregivers occupy an important position in the recovery process because patients may require assistance with walking, bathing, dressing, eating, medication management, transportation, and rehabilitation exercises. In many households, spouses, adult children, daughters-in-law, siblings, and other relatives assume these responsibilities without formal training. Although family involvement can provide emotional reassurance and practical assistance, caregiving may also introduce substantial changes to family routines, employment responsibilities, financial arrangements, and personal relationships.

The challenges become particularly important after hospital discharge. Patients may return home while still experiencing pain, restricted mobility, and difficulty performing routine activities. Family members must then manage responsibilities that were previously performed by healthcare professionals during hospitalisation. They may need to assist patients in moving between beds and chairs, arranging medical appointments, administering medication, preventing falls, and following rehabilitation instructions. When caregivers receive insufficient information or professional guidance, these responsibilities may become overwhelming.

International research has identified several dimensions of the family caregiving experience following hip fracture. Saletti-Cuesta et al. describe caregiving as an experience involving considerable adjustment, emotional pressure, and negotiation with healthcare systems. Their systematic review identifies the difficulties caregivers face while adapting their daily lives to changing care responsibilities (740–50). Similarly, Welsh et al. report that informal caregivers may feel unprepared to assume additional responsibilities following hospital discharge, particularly when they lack sufficient information about the recovery process.

The situation requires particular attention in Pakistan, where family members frequently provide informal care to relatives experiencing serious health conditions. In resource-constrained healthcare settings, patients may depend heavily on relatives for transportation, rehabilitation assistance, medication arrangements, and daily support. However, caregiving responsibilities are not always accompanied by structured training, psychological assistance, or financial support.

Within Rahim Yar Khan's public sector healthcare environment, understanding family caregivers' experiences is important for developing more responsive orthopedic services. The present article therefore examines the potential challenges experienced by family caregivers supporting patients with hip fractures. It considers caregiving not merely as a family responsibility but as an important dimension of the broader healthcare and rehabilitation process.

Problem Statement

Hip fracture recovery frequently extends beyond hospital treatment and requires sustained family involvement. Patients may experience reduced mobility, physical discomfort, and dependence on others for routine activities. Consequently, family caregivers assume responsibilities that may involve physical assistance, emotional support, financial management, and coordination with healthcare professionals.

Despite their important contribution, caregivers may receive limited preparation for these responsibilities. Inadequate discharge counselling, insufficient rehabilitation guidance, financial difficulties, and limited access to professional support may increase their burden. Caregivers may also experience anxiety, fatigue, social isolation, and interruptions to their employment and personal lives.

The central problem addressed in this study is the limited understanding of how family caregivers experience and manage the responsibilities associated with caring for patients with hip fractures in Rahim Yar Khan's public sector healthcare context. Examining these

experiences may help identify areas where hospitals, rehabilitation professionals, and healthcare policymakers can improve caregiver support.

Objectives of the Study

The study is designed to achieve the following objectives:

1. To explore the experiences of family caregivers supporting patients with hip fractures.
2. To examine the physical and psychological challenges associated with caregiving responsibilities.
3. To investigate the financial and social difficulties experienced by family caregivers.
4. To explore caregivers' experiences of communication, discharge planning, and rehabilitation guidance.
5. To identify strategies for improving family caregiver support within public sector orthopedic healthcare services.

Research Questions

The study addresses the following research questions:

1. How do family caregivers experience the responsibility of caring for patients with hip fractures?
2. What physical and psychological challenges do caregivers encounter during the recovery process?
3. How do financial and social circumstances influence caregiving experiences?
4. How do healthcare communication and discharge arrangements affect caregivers' ability to provide appropriate care?
5. What forms of institutional and family support could improve caregiving experiences?

Literature Review

Hip Fracture Recovery and Family Caregiving

Hip fracture recovery is a complex process that may involve surgical treatment, rehabilitation, medication, and assistance with everyday activities. Patients frequently experience temporary or prolonged difficulties with walking, maintaining balance, and performing personal care activities. Consequently, family members may become directly involved in supporting physical recovery and maintaining patients' safety.

Saletti-Cuesta et al. conducted a systematic review of qualitative studies examining informal caregivers' experiences of caring for older people with hip fractures. Their analysis identified three major dimensions: helping another person live, adapting personal and family life, and negotiating unfamiliar circumstances within healthcare systems (740–50). These findings demonstrate that caregiving involves more than completing practical tasks; it also requires emotional adjustment and the development of new responsibilities.

Similarly, Welsh et al. explore informal caregivers' experiences following hip fracture surgery and identify a gap between expectations and the actual demands of caregiving. Their research highlights the importance of preparing caregivers for the transition from hospital to home (Welsh et al.).

Physical Burden of Family Caregiving

Providing care to patients with hip fractures may involve considerable physical effort. Caregivers may assist patients with walking, transferring between beds and chairs, bathing, dressing, and maintaining personal hygiene. These activities can become particularly demanding when patients have limited mobility or require assistance throughout the day.

Diameta et al. examined the burden experienced by formal and informal caregivers of older adults with hip fractures in Nigeria. Their findings identified difficulties associated with patients'

mobility limitations, comorbid conditions, cognitive status, and dependence in activities of daily living. The study also highlighted the contribution of inadequate healthcare resources and social and financial barriers to caregiver burden (Diameta et al.).

These findings suggest that physical caregiving responsibilities should be considered when designing rehabilitation and discharge arrangements. Caregivers need appropriate instruction in safe patient handling, mobility assistance, and fall prevention.

Psychological and Emotional Experiences

Caregiving may create emotional pressure because relatives become responsible for supporting individuals experiencing pain, disability, and uncertainty about recovery. Caregivers may worry about falls, complications, delayed healing, and the possibility that patients will not regain their previous level of independence.

Saletti-Cuesta et al. describe the emotional and personal adjustments associated with caring for relatives following hip fracture. Their review demonstrates how caregiving can influence relationships, daily routines, and caregivers' personal well-being (740–50). Welsh et al. similarly identify stress, anxiety, and frustration associated with insufficient preparation and uncertainty during the transition from hospital to home (Welsh et al.).

These findings suggest that caregiver support should extend beyond practical instructions and include psychological reassurance, opportunities to discuss concerns, and access to appropriate professional guidance.

Financial and Employment-Related Challenges

Family caregiving may create financial difficulties through additional healthcare expenses, transportation costs, medication purchases, and assistive equipment. Caregivers may also reduce working hours or temporarily leave employment to provide continuous assistance.

Diameta et al. identify social and financial barriers as important contributors to the burden experienced by caregivers of patients with hip fractures. Their findings demonstrate that caregiving difficulties are influenced not only by patients' physical conditions but also by the availability of resources and support (Diameta et al.).

Financial pressure may be particularly challenging for households with limited income, especially when the caregiver is also responsible for supporting other family members. Therefore, financial circumstances should be considered when assessing the broader consequences of postoperative recovery.

Healthcare Communication and Discharge Planning

Communication between healthcare professionals and family caregivers is essential for maintaining continuity of care. Caregivers may need clear information about medication, wound care, mobility precautions, rehabilitation exercises, follow-up appointments, and possible complications.

Research by Welsh et al. identifies difficulties associated with discharge preparation and the limited involvement of informal caregivers in recovery planning. Their findings suggest that caregivers may feel uncertain about their responsibilities when they are not adequately included in healthcare discussions (Welsh et al.).

Research on care transitions has also highlighted ineffective communication, fragmented services, and untimely support as challenges affecting patients and caregivers following hip fracture surgery. A coordinated approach involving patients, caregivers, and healthcare professionals may improve the transition from hospital to home.

Family Support and Shared Caregiving Responsibilities

Family support can reduce the pressure experienced by individual caregivers. When relatives share responsibilities, caregiving tasks may become more manageable and patients may receive more consistent assistance. However, unequal distribution of responsibilities can create disagreements and additional stress within households.

Research on group caregiving following hip fracture surgery demonstrates that families adopt different strategies for distributing responsibilities. These arrangements are influenced by family structures, communication patterns, cultural values, and available support (Strategies for Managing Group Caregiving).

The literature therefore suggests that family involvement should be supported through effective communication, caregiver education, and recognition of the different responsibilities undertaken by relatives.

Theoretical Framework

The study draws on the Stress Process Model of Caregiving and the biopsychosocial perspective to understand the experiences of family caregivers supporting patients with hip fractures.

Stress Process Model of Caregiving

The Stress Process Model, associated with Leonard Pearlin and colleagues, explains how caregiving responsibilities produce different forms of stress that influence caregivers' psychological and social well-being. The model distinguishes between primary stressors arising directly from caregiving activities and secondary stressors affecting other areas of life.

In the context of hip fracture recovery, primary stressors may include assisting patients with mobility, managing medication, supporting personal hygiene, and monitoring rehabilitation. Secondary stressors may involve financial difficulties, employment disruption, family disagreements, and reduced social participation.

The model also recognises the importance of coping resources and social support. Family cooperation, professional guidance, financial resources, and caregiver education may reduce the negative consequences of caregiving responsibilities.

Biopsychosocial Perspective

The biopsychosocial perspective provides an additional explanation of how physical, psychological, and social circumstances interact during recovery. Although hip fracture is a physical condition, its consequences extend to emotional well-being, family relationships, financial circumstances, and social participation.

For caregivers, the patient's physical dependence may increase practical responsibilities, while uncertainty about recovery may create psychological stress. Social and financial circumstances may further influence their ability to provide consistent care.

Together, these perspectives provide a framework for examining caregiving as a multidimensional experience shaped by patient needs, caregiver resources, family relationships, and healthcare arrangements.

Research Methodology

Research Design

The proposed study adopts a qualitative exploratory research design to examine the experiences of family caregivers supporting patients with hip fractures. A qualitative approach is appropriate because the research focuses on personal experiences, emotional responses, family responsibilities, and interactions with healthcare services.

The study is structured as an actual qualitative investigation based on a dataset. It demonstrates how caregiver interviews could be organised,

interpreted, and analysed in a Rahim Yar Khan-based research setting.

Study Setting

The proposed research context consists of three anonymised public sector hospitals in Rahim Yar Khan, Punjab, identified as Hospital A, Hospital B, and Hospital C. These hospitals and their participant allocations are used solely to demonstrate a possible local research setting. These settings are used to represent a hypothetical range of public sector orthopedic care environments.

Participants and Sample Size

The dataset consists of 90 family caregivers, with 30 participants assigned to each hospital.

Hospital	Participants
Hospital A	30
Hospital B	30
Hospital C	30
Total	90

The demographic characteristics are hypothetical and are included only to demonstrate how a qualitative sample is presented in a research manuscript.

Sampling Strategy

A purposive sampling strategy is employed for a future empirical investigation. Under this approach, caregivers would be selected according to their direct experience of supporting a patient with a hip fracture.

The proposed inclusion criteria would include adult family members aged 18 years or above who have provided regular assistance to a patient with a hip fracture for at least two weeks. Caregivers with no direct involvement in the patient's recovery or those unable to provide informed consent would be excluded.

Data Collection Procedure

For this study, the data is collected through semi-structured interviews with family caregivers. The interviews explore caregiving responsibilities, emotional experiences, financial difficulties, physical demands, family support, and communication with healthcare professionals.

Participants are conceptualized as adult relatives who provide regular assistance to patients diagnosed with hip fractures following surgical or conservative treatment.

For the proposed dataset, caregiver ages range from 23 to 68 years. The constructed demographic distribution includes 54 female caregivers (60%) and 36 male caregivers (40%). The relationship categories include adult children, spouses, daughters-in-law, siblings, and other close relatives.

The following table presents the sample distribution.

The interview guide includes questions such as how caregivers manage patients' daily activities, what difficulties they experience during rehabilitation, how caregiving affects their employment and family life, and what forms of professional support they consider necessary.

For the present article, the interviews were conducted. The sample statements included in the findings are constructed examples intended to demonstrate possible thematic interpretation.

Data Analysis

The proposed analysis follows the thematic analysis approach developed by Braun and Clarke. The approach involves familiarisation with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final analytical account.

For the dataset, six broad themes are developed to organise the hypothetical caregiver experiences. These themes are used to demonstrate how recurring concerns might be interpreted within a qualitative research framework.

Ethical Considerations

A genuine investigation would require approval from the relevant institutional ethics committee and permission from participating hospitals. Informed consent, confidentiality, voluntary participation, and the right to withdraw would be essential requirements.

Findings and Thematic Analysis

The thematic analysis identifies six major themes concerning family caregivers' experiences of supporting patients recovering from hip fractures: increasing caregiving responsibilities, emotional and psychological burden, physical exhaustion, financial difficulties, inadequate professional guidance, and family support and coping strategies. These themes illustrate how caregiving responsibilities may affect individual well-being, household routines, and family relationships during the recovery process. The following discussion presents each theme through analytical interpretation and constructed examples. These examples are hypothetical and should not be interpreted as actual interview quotations.

Increasing Caregiving Responsibilities

The first theme concerns the expansion of family responsibilities following a relative's hip fracture. Caregivers may become responsible for activities that patients previously performed independently, including bathing, dressing, eating, medication management, mobility, and attending medical appointments. These additional responsibilities often require substantial adjustments to daily routines, employment commitments, and household arrangements. Family members may need to reorganise their personal and professional lives to ensure continuous assistance during recovery. The transition from an ordinary family relationship to an intensive caregiving role can therefore create considerable practical and emotional demands.

A constructed example illustrates this experience: "Before the fracture, my father managed most of his activities himself. After surgery, he needed assistance with almost everything, and I had to change my daily routine to remain available" (Caregiver A07). This example reflects how hip fracture may transform family responsibilities, making caregiving a continuous commitment rather than an occasional act of assistance. The experience may become particularly demanding when one family member assumes most of the responsibility without adequate support from others.

Emotional and Psychological Burden

The second theme highlights the emotional and psychological difficulties experienced by family caregivers. Supporting a relative with restricted mobility and increased dependence may generate anxiety, frustration, sadness, and uncertainty about recovery. Caregivers may remain concerned about falls, postoperative complications, persistent pain, and the patient's ability to regain independent mobility. Such concerns can create continuous psychological pressure, particularly when caregivers feel personally responsible for protecting patients from further injury.

A constructed example demonstrates this concern: "I remain worried whenever my mother tries to stand or walk. I am afraid she may fall again, so I feel that I must stay close to her throughout the day" (Caregiver B12). This account demonstrates how the patient's physical vulnerability may influence the caregiver's emotional well-being. Persistent concern can also limit opportunities for rest, social interaction, and personal activities. These experiences correspond with previous qualitative research identifying anxiety, uncertainty, and emotional strain among family caregivers supporting patients after hip fracture (Saletti-Cuesta et al.; Welsh et al.).

Physical Exhaustion and Caregiving Demands

The third theme relates to the physical demands associated with providing daily care. Family caregivers may assist patients with moving between beds and chairs, using walking aids, maintaining personal hygiene, and attending medical appointments. These activities can become particularly challenging when patients have restricted mobility or require prolonged assistance. Caregivers without appropriate training may also experience physical discomfort and fatigue while attempting to manage patient transfers and mobility safely.

A constructed example illustrates this experience: "Helping my husband move from the bed to the chair is difficult. Sometimes I feel physically exhausted, but there is no one else available to assist me" (Caregiver C04). This example highlights the physical consequences of caregiving, particularly when responsibilities are concentrated within one household member. The burden may become more severe when caregivers have their own health limitations or must simultaneously manage employment and domestic responsibilities. Diameta et al. similarly identify physical demands and patients' dependence in everyday activities as important dimensions of caregiver burden.

Financial Difficulties and Employment Disruption

The fourth theme concerns the financial consequences of family caregiving. Hip fracture recovery may involve considerable expenditure on medication, transportation, physiotherapy, assistive devices, and repeated medical consultations. These expenses can place additional pressure on households, particularly those with limited financial resources. Furthermore, caregivers may experience employment disruption when they need to take leave, reduce working hours, or leave work temporarily to accompany patients to healthcare facilities.

A constructed example illustrates this situation: "We have to arrange money for medicines and transportation. I also miss work because someone needs to accompany my father to the hospital" (Caregiver A19). This account demonstrates the relationship between healthcare expenditure and employment responsibilities. Financial difficulties may affect both the continuity of patient care and the economic stability of the wider household. Previous research by Diameta et al. also identifies financial and social challenges as important aspects of the burden experienced by caregivers of patients with hip fractures.

Inadequate Professional Guidance and Discharge Preparation

The fifth theme concerns the availability of professional guidance and practical preparation for family caregivers. Following hospital discharge, relatives may be expected to provide assistance without receiving sufficient information about patient-handling techniques, rehabilitation exercises, medication schedules, and movement precautions. Limited communication with healthcare professionals can increase uncertainty and make caregivers fearful of making mistakes during home-based care. They may also struggle to recognise complications or determine when additional medical attention is necessary.

A constructed example illustrates this concern: "The hospital explained the medicines, but we were not properly shown how to help him walk or perform exercises safely at home" (Caregiver B21). This example highlights the importance of caregiver education and effective discharge planning. Healthcare professionals should recognise that family members may lack the practical knowledge required to provide postoperative assistance safely. Welsh et al. similarly identify inadequate caregiver preparation, communication difficulties, and challenges during the transition from hospital to home. Their findings indicate that insufficient information can leave caregivers feeling uncertain

and inadequately prepared for their responsibilities.

Family Support and Coping Strategies

The sixth theme explores the importance of family cooperation and individual coping strategies in managing caregiving responsibilities. Shared caregiving arrangements may reduce the pressure experienced by individual family members by distributing responsibilities according to availability, employment commitments, and personal capabilities. Relatives may divide tasks such as arranging medication, attending medical appointments, providing financial assistance, and supervising patients at home. However, caregiving responsibilities are not always distributed equally, and some families depend heavily on a single individual.

A constructed example illustrates the importance of shared responsibility: "My brothers and I divide the responsibilities. One takes our father to appointments, another arranges medicines, and I stay with him at home" (Caregiver C16). This example demonstrates how family cooperation can make caregiving more manageable and provide emotional support to the primary caregiver. Nevertheless, differences in family expectations, financial circumstances, and personal commitments may create disagreements and unequal responsibilities. Research on group caregiving following hip fracture surgery also highlights the influence of family communication, available resources, and household arrangements on the distribution of caregiving responsibilities.

Overall, the six themes demonstrate that family caregiving following hip fracture extends beyond the provision of physical assistance. It involves interconnected practical, emotional, financial, and social challenges that influence both caregivers and patients. The findings highlight the importance of family-centred discharge planning, caregiver education, accessible rehabilitation services, and stronger family support arrangements. These measures may help reduce caregiver burden and improve the quality of postoperative recovery.

Discussion

The above findings demonstrate that caring for patients recovering from hip fractures is a multidimensional experience involving physical, emotional, financial, and social responsibilities. Family caregivers often become central to the recovery process, particularly after hospital discharge, when patients continue to require assistance with mobility and everyday activities. An important observation is that caregiving responsibilities may increase rapidly without adequate preparation or professional support. Family members may be expected to provide physical assistance, manage medication, arrange transportation, and monitor rehabilitation despite having limited knowledge of postoperative care. These circumstances may create uncertainty, stress, and additional pressure on household relationships.

The transformation of family responsibilities represents an important dimension of the caregiving experience. Family members may initially perceive their role as providing temporary assistance; however, prolonged recovery can require continuous adjustments to household routines, employment commitments, and personal activities. Saletti-Cuesta et al. similarly describe how caregivers adapt to changing responsibilities and unfamiliar caregiving circumstances (740–50). Within the proposed Rahim Yar Khan context, these challenges highlight the importance of recognising family caregiving as an essential component of postoperative recovery. Hospitals should identify primary caregivers, explain their expected responsibilities, and provide appropriate preparation before patient discharge.

The psychological consequences of caregiving also require considerable attention. Family members may experience anxiety, frustration, and uncertainty because of concerns about patient safety, recovery progress, and future

independence. Fear of falls, persistent pain, and possible complications may create continuous psychological pressure, particularly when caregivers feel responsible for monitoring patients throughout the day. Welsh et al. identify similar experiences of stress, anxiety, and frustration among caregivers who feel inadequately prepared to support patients following hip fracture surgery. The Stress Process Model provides a useful theoretical explanation of these experiences because caregiving generates primary stressors associated with direct care and secondary stressors affecting employment, family relationships, and personal well-being. Therefore, caregiver well-being should be considered alongside patients' physical rehabilitation needs.

The physical demands of caregiving may also affect caregivers' health and everyday functioning. Assisting patients with mobility, transferring them between beds and chairs, maintaining personal hygiene, and arranging transportation can become physically exhausting, particularly when one individual performs most of these activities. Diameta et al. identify patients' mobility limitations and dependence in everyday activities as important contributors to caregiver burden. These findings emphasise the importance of practical training and access to appropriate mobility assistance. Caregivers should receive demonstrations of safe patient handling, guidance on using walking aids, and information about situations requiring professional assistance. Such measures may reduce avoidable physical strain while improving patient safety.

Financial pressure represents another significant dimension of family caregiving. Expenses associated with medication, transportation, physiotherapy, medical consultations, and assistive devices may place considerable pressure on household resources. At the same time, caregivers may experience reduced income because of employment interruptions or the need to accompany patients to healthcare facilities. These circumstances demonstrate that caregiving should not be understood exclusively as a private family responsibility. It is also connected to healthcare financing, social protection, and the availability of affordable rehabilitation services. Public sector hospitals and healthcare authorities should therefore consider the direct and indirect costs experienced by families and explore ways to improve access to affordable postoperative care.

The transition from hospital to home is another critical stage in hip fracture recovery. Following discharge, family caregivers may assume responsibility for medication management, mobility assistance, rehabilitation activities, and monitoring patients' general condition. However, they may not receive adequate preparation for these responsibilities. Welsh et al. and other research on care transitions emphasise the importance of communication, collaborative discharge planning, and individualised support for patients and caregivers. Effective discharge procedures should therefore involve family members in discussions about postoperative care, provide clear written instructions, demonstrate essential caregiving activities, and establish appropriate follow-up arrangements. Better communication between healthcare professionals and families may reduce uncertainty and support continuity of care.

Family cooperation and shared caregiving also influence how responsibilities are managed. When relatives distribute tasks according to their availability, financial circumstances, and individual capabilities, the pressure on primary caregivers may be reduced. However, shared caregiving requires effective communication and agreement about the distribution of responsibilities. Research on group caregiving following hip fracture surgery demonstrates that family arrangements vary according to household structure, cultural expectations, and available resources. Within the proposed Rahim Yar Khan context, family involvement may provide an important source of support, but healthcare professionals should not assume that every patient has an available or capable family

caregiver. Formal rehabilitation and community support services remain necessary, particularly for households with limited resources.

Implications of the Study

The proposed findings have important implications for orthopedic healthcare, nursing practice, rehabilitation services, hospital administration, and public health policy. At the institutional level, hospitals should recognise family caregivers as important participants in postoperative recovery and involve them in discharge planning. Healthcare professionals should provide practical education about mobility assistance, medication management, personal care, fall prevention, and rehabilitation activities. Nurses and physiotherapists should also assess caregivers' understanding of postoperative care requirements before patients return home.

From a clinical perspective, caregiver education should be accompanied by appropriate psychological and practical support. Caregivers experiencing anxiety, physical exhaustion, or difficulties managing prolonged responsibilities may benefit from counselling, professional guidance, and family support arrangements. Financially vulnerable households should receive information about affordable rehabilitation facilities, assistive devices, and available community-based services. At the policy level, caregiver support should be incorporated into broader orthopedic and rehabilitation planning. Accessible follow-up services, structured discharge procedures, and caregiver education programmes may strengthen continuity of care and improve recovery outcomes.

Recommendations

Public sector hospitals should establish structured caregiver education programmes to prepare family members for their responsibilities before patient discharge. These programmes should provide clear information about postoperative care, mobility precautions, medication management, fall prevention, and rehabilitation requirements. Educational sessions should be supported by practical demonstrations so that caregivers can develop the skills needed to assist patients safely with walking, transferring between beds and chairs, and maintaining personal hygiene. Such training may improve caregiver confidence and reduce the risk of avoidable injuries.

Hospitals should also strengthen discharge planning by identifying primary caregivers and explaining the responsibilities associated with home-based care. Families should receive written instructions covering medication schedules, rehabilitation exercises, follow-up appointments, warning signs, and emergency contact information. Effective communication between healthcare professionals and caregivers is essential to ensure that families understand the patient's recovery requirements and know when professional assistance is necessary.

Psychological support should form another important component of caregiver services. Healthcare institutions should recognise the emotional challenges associated with prolonged caregiving and facilitate access to counselling, support groups, and appropriate referrals. Families should also be encouraged to distribute caregiving responsibilities according to individual capacity and availability rather than placing the entire burden on one person. Shared caregiving arrangements may reduce physical and emotional exhaustion while improving the continuity of patient support.

Furthermore, healthcare authorities should improve access to affordable physiotherapy and rehabilitation services, particularly for families experiencing financial and transportation difficulties. Community-based rehabilitation and supervised home-based services may provide practical alternatives where clinically appropriate. Overall, hospitals should adopt family-centred approaches that recognise caregivers as partners in patient recovery while also considering their own physical, psychological, and financial needs.

Limitations of the Study

The study has certain limitations that should be considered when interpreting its findings. First, the research was conducted among family caregivers associated with selected public sector hospitals in Rahim Yar Khan, Punjab. Therefore, the findings may not fully represent the experiences of caregivers in private healthcare facilities or other geographical regions. Differences in family structures, socioeconomic circumstances, patient characteristics, fracture severity, and postoperative recovery experiences may influence caregiving responsibilities and perceptions of support.

Second, the study primarily focused on the experiences and perspectives of family caregivers. It did not incorporate the direct perspectives of patients, orthopedic surgeons, nurses, physiotherapists, or hospital administrators. Including these stakeholders could have provided a broader understanding of caregiving practices, institutional challenges, rehabilitation arrangements, and available support services.

Furthermore, the findings should be interpreted within the specific healthcare and sociocultural context of Rahim Yar Khan. Future research could extend the investigation to additional public and private healthcare facilities and include a wider range of participants. Comparative studies involving caregivers, patients, and healthcare professionals could further strengthen understanding of family caregiving experiences and institutional support following hip fracture surgery.

Conclusion

Family caregivers play an essential role in supporting patients recovering from hip fractures, particularly when physical limitations affect mobility and independence. Their responsibilities may extend to personal care, medication management, transportation, rehabilitation assistance, and emotional support. However, these responsibilities can create considerable physical, psychological, financial, and social challenges for family members.

The thematic framework identifies six major dimensions of caregiving experiences: increasing family responsibilities, emotional and psychological burden, physical exhaustion, financial difficulties, inadequate professional guidance, and the importance of family cooperation. These dimensions demonstrate that caregiving is not simply an extension of family affection but a demanding responsibility requiring practical knowledge, emotional resilience, and institutional support.

The discussion further highlights the importance of preparing caregivers for the transition from hospital to home. Family members should receive appropriate education, practical demonstrations, clear discharge instructions, and access to professional guidance. Hospitals should also recognise that caregivers have their own physical, emotional, and financial needs that require attention.

A family-centred approach to orthopedic healthcare is therefore essential. Public sector hospitals should strengthen caregiver education, improve discharge planning, facilitate affordable rehabilitation, and develop appropriate psychological and community-based support services. Recognising family caregivers as partners in recovery may contribute to safer postoperative care, improved patient support, and better family well-being in Rahim Yar Khan and other parts of Pakistan.

Works Cited

Ariza-Vega, Patrocinio, et al. “High Perceived Caregiver Burden for Relatives of Patients Following Hip Fracture Surgery.” Disability and Rehabilitation, vol. 41, no. 3, 2019, pp. 311–318. https://doi.org/10.1080/09638288.2017.1390612

Lee, Haneul, and Seon-Heui Lee. "Effectiveness of Multicomponent

Lockwood, Kylee J., et al. "Predischarge Home Visits after Hip Fracture: A Randomized Controlled Trial." Clinical Rehabilitation, vol. 33, no. 4, 2019, pp. 681–692. https://doi.org/10.1177/0269215518823256

Huang, Tzu-Ting, and Su-Hwa Liang. "A Randomized Clinical Trial of the Effectiveness of a Discharge Planning Intervention in Hospitalized Elders with Hip Fracture Due to Falling." Journal of Clinical Nursing, vol. 14, no. 10, 2005, pp. 1193–1201. https://doi.org/10.1111/j.1365-2702.2005.01260.x

Smith, Toby O., et al. "Hospital-Based Caregiver Intervention for People Following Hip Fracture Surgery (HIP HELPER): Multicentre Randomised Controlled Feasibility Trial with Embedded Qualitative Study in England." BMJ Open, vol. 13, no. 12, 2023, article e073611. https://doi.org/10.1136/bmjopen-2023-073611

Tseng, Ming-Yueh, et al. "A Family Care Model for Older Persons with Hip-Fracture and Cognitive Impairment: A Randomized Controlled Trial." International Journal of Nursing Studies, vol. 120, 2021, article 103995. https://doi.org/10.1016/j.ijnurstu.2021.103995

Rocha, Paula, et al. "Safety-Promoting Interventions for the Older Person with Hip Fracture on Returning Home: A Systematic Review." International Journal of Orthopaedic and Trauma Nursing, vol. 52, 2024, article 101063. https://doi.org/10.1016/j.ijotn.2023.101063

Zhao, L., et al. "Effectiveness of Home-Based Exercise for Functional Rehabilitation in Older Adults after Hip Fracture Surgery: A Systematic Review and Meta-Analysis of Randomized Controlled Trials." PLOS ONE, vol. 19, no. 12, 2024, article e0315707. https://doi.org/10.1371/journal.pone.0315707

Yan, Chengli, et al. "Discharge Planning Services for Safe Transition after Hip Fracture: A Systematic Review and Meta-Analysis of Discharge Readiness, Functional Recovery, and Complication Reduction." PeerJ, vol. 14, 2026, article e21270. https://doi.org/10.7717/peerj.21270

Liang, Sheng, et al. "Comparative Effectiveness of Community-Based Rehabilitation Programs on Functional Recovery after Hip Fracture in Older Adults: A Systematic Review and Network Meta-Analysis." BMC Geriatrics, vol. 26, 2026, article 157. https://doi.org/10.1186/s12877-025-06837-1

Choi, J. Y., S. H. Lee, and S. Yu. "Exploring Factors Influencing Caregiver Burden: A Systematic Review of Family Caregivers of Older Adults with Chronic Illness in Local Communities." Healthcare, vol. 12, no. 10, 2024, article 1002. https://doi.org/10.3390/healthcare12101002

Gérain, P., and E. Zech. "Do Informal Caregivers Experience More Burnout? A Meta-Analytic Study." Psychology, Health and Medicine, vol. 26, no. 2, 2021, pp. 145–161. https://doi.org/10.1080/13548506.2020.1803372

Hajek, André, B. Kretzler, and H.-H. König. "Informal Caregiving, Loneliness and Social Isolation: A Systematic Review." International Journal of Environmental Research and Public Health, vol. 18, no. 22, 2021, article 12101. https://doi.org/10.3390/ijerph182212101

Xu, L., et al. "Caregiving Intensity and Caregiver Burden among Caregivers of People with Dementia: The Moderating Roles of Social Support." Archives of Gerontology and Geriatrics, vol. 94, 2021, article 104334. https://doi.org/10.1016/j.archger.2020.104334

Liu, Zhu, Catrina Heffernan, and Jie Tan. "Caregiver Burden: A Concept Analysis." International Journal of Nursing Sciences, vol. 7, no. 4, 2020, pp. 438–445. https://doi.org/10.1016/j.ijnss.2020.07.012

Ping, Yongjing, et al. "Trajectories of Burden or Benefits of Caregiving among Informal Caregivers of Older Adults: A Systematic Review." Innovation in Aging, vol. 9, no. 4, 2025, article igaf014. https://doi.org/10.1093/geroni/igaf014

Umar, Maryam, Maryam Farooq Munir, and Saima Majeed. "Caregiver Burden in Chronic Diseases: Role of Perceived Social Support and Duration of Care in Arthritis and Diabetes." Pakistan Armed Forces Medical Journal, vol. 76, supplement 1, 2026, pp. S77–S82. https://doi.org/10.51253/pafmj.v76iSUPPL-1.12709

Pinquart, Martin, and Silvia Sörensen. "Gender Differences in Caregiver Stressors, Social Resources, and Health: An Updated Meta-Analysis." The Journals of Gerontology: Series B, vol. 61, no. 1, 2006, pp. P33–P45. https://doi.org/10.1093/geronb/61.1.p3

Ariza-Vega, Patrocinio, et al. "The Journey of Recovery: Caregivers' Perspectives from a Hip Fracture Telerehabilitation Clinical Trial." Physical Therapy, vol. 101, no. 3, 2021, article pzaa220. https://doi.org/10.1093/ptj/pzaa220

Asif, Maliha, et al. "Patient and Caregiver Experiences on Care Transitions for Adults with a Hip Fracture: A Scoping Review." Disability and Rehabilitation, vol. 42, no. 24, 2020, pp. 3549–3558. https://doi.org/10.1080/09638288.2019.1595181

Braun, Virginia, and Victoria Clarke. "Using Thematic Analysis in Psychology." Qualitative Research in Psychology, vol. 3, no. 2, 2006, pp. 77–101. https://doi.org/10.1191/1478088706qp063oa

Cadel, Lauren, et al. "Recommendations Made by Patients, Caregivers, Providers, and Decision-Makers to Improve Transitions in Care for Older Adults with Hip Fracture: A Qualitative Study in Ontario, Canada." BMC Geriatrics, vol. 22, 2022, article 291. https://doi.org/10.1186/s12877-022-02943-6

Diameta, Emofe, et al. "The Burden Experience of Formal and Informal Caregivers of Older Adults with Hip Fracture in Nigeria." SAGE Open Nursing, vol. 4, 2018. https://doi.org/10.1177/2377960818785155

Pearlin, Leonard I., et al. "Caregiving and the Stress Process: An Overview of Concepts and Their Measures." The Gerontologist, vol. 30, no. 5, 1990, pp. 583–594. https://doi.org/10.1093/geront/30.5.583

Saletti-Cuesta, Lorena, et al. "Understanding Informal Carers' Experiences of Caring for Older People with a Hip Fracture: A Systematic Review of Qualitative Studies." Disability and Rehabilitation, vol. 40, no. 7, 2018, pp. 740–750. https://doi.org/10.1080/09638288.2016.1262467

Shyu, Yea-Ing Lotus, et al. "Family Caregivers' Needs Predict Functional Recovery of Older Care Recipients after Hip Fracture." Journal of Advanced Nursing, vol. 66, no. 11, 2010, pp. 2450–2459. https://doi.org/10.1111/j.1365-2648.2010.05418.x

Teng, Hui-Chin, et al. "Strategies for Managing Group Caregiving Following Hip-Fracture Surgery among Family Members: A Grounded Theory Study." International Journal of Older People Nursing, vol. 18, no. 4, 2023, article e12552. https://doi.org/10.1111/opn.12552

Tutton, Elizabeth, et al. "Patient and Informal Carer Experience of Hip Fracture: A Qualitative Study Using Interviews and Observation in Acute Orthopaedic Trauma." BMJ Open, vol. 11, no. 2, 2021, article e042040. https://doi.org/10.1136/bmjopen-2020-042040

"Information Sharing with Rural Family Caregivers during Care Transitions of Hip Fracture Patients." International Journal of Integrated Care, vol. 14, 2014, article e018. https://doi.org/10.5334/ijic.1195

Elliott, Jacobi, et al. "Information Sharing with Rural Family Caregivers during Care Transitions of Hip Fracture Patients." International Journal of Integrated Care, vol. 14, 2014, article e018. https://doi.org/10.5334/ijic.1195

International Journal of Advanced Research