

Older Not Over: Recovery Experiences of Abandoned Elderly in Residential Care Facility

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Abstract

The research examines the challenges, perception, and ability to cope of abandoned elderly in the process of recovery in Residential Care Facility. This study sought to understand the new beginning and experience of abandoned elderly to achieve recovery. The researchers employed a phenomenological approach and utilize a purposive sampling method. Following this, data is collected from 16 abandoned older adults participants using semi-structured interviews. Data saturation was achieved after interviewing the 13th informant, with additional insights gained from the first two, although redundancy occurred with the third informant. The raw data were audio recorded, transcribed, and analyzed using Colaizzi's method. To ensure the credibility of the research, the researchers implemented member checking, comprehensive documentation of the research processes, bracketing, and an audit trails. The significant experiences of recovery have converged into a central theme, OLDER Not Over which encompasses five emerging themes (i.e., "OLDER"). (1) *Obstacles Faced in Institutional Life* illustrates the difficulties they faced during the recovery process. (2) *Learning Diverse Coping Strategies to Manage Emotional Distress* outlined the key methods and interventions they used to alleviate feelings of loneliness and helplessness. (3) *Discovering Pathways of Emotional Resilience* emphasized their capacity to explore new methods for maintaining emotional stability. (4) *Exhibiting Anchors of Inner Strength* focuses on their sources of hope and resilience while confronting internal challenges. (5) *Rediscovering Meaning and Well-being in Recovery* underscores their recognition of personal growth and improvement as they navigate their recovery. The findings from this study highlighted the role of Residential Care Facilities and their staff, such as nurses, social workers, and house parents, in addressing the fundamental needs of abandoned elderly individuals. In conclusion, the challenges in emotional and psychological state of abandoned elderly from past and present experiences had a significant impact in the speed of their recovery. This stressors and environmental factors altered their ability to cope that influence their mental health and the process of healing.

Keywords: Abandoned Elderly, Recovery Process, Recovery Experiences, Residential Care Facility

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Introduction or back ground

Many elderly individuals residing in care facilities have histories of mistreatment, including emotional abuse, neglect, and psychological trauma, which negatively impact their health and quality of life ⁽¹⁾. Loss of autonomy often exacerbates feelings of helplessness and depression, further worsening mental health outcomes ⁽²⁾. Supportive care is therefore essential in fostering recovery and enhancing overall well-being.

Residential care facilities function as vital sanctuaries for elderly individuals who have experienced abandonment and mistreatment. These institutions provide safety, medical assistance, and psychosocial support, enabling residents to regain self-efficacy and improve their quality of life. By addressing the unique challenges of this vulnerable group, residential care facilities play a crucial role in facilitating recovery journeys ⁽³⁾. Evidence indicates that well-structured support systems within such facilities significantly improve mental health and overall well-being ⁽⁴⁾. However, the quality of care is often compromised by inadequate staffing and limited training, perpetuating cycles of neglect and systemic gaps in care ⁽⁷⁾.

These realities underscore the critical role of nursing interventions in advocating for improved policies, enhanced social support, family involvement, and holistic care.

In the Philippines, elderly individuals are frequently admitted to residential care facilities due to chronic health conditions, economic difficulties, and shifting family dynamics. For example, illnesses such as dementia necessitate continuous monitoring that families may find challenging to provide at home ⁽⁸⁾. Rising cases of abandonment and increasing demand for elder care prompted the Philippine government to establish laws and programs addressing their needs. Since the 1950s, the Department of Social Welfare and Development (DSWD) has provided residential facilities offering shelter, rehabilitation, and holistic activities for the elderly and other vulnerable groups ⁽⁹⁾.

Despite these efforts, limited research exists on the recovery experiences of abandoned elderly in Philippine residential care facilities. Exploring their lived experiences is essential to understanding how institutional care influences mental health, social relationships, and overall well-being. Moreover, identifying the specific interventions and services that meaningfully contribute to recovery can inform policies and practices that enhance quality of care. By focusing on these recovery pathways, this study highlights the importance of developing context-specific, culturally responsive approaches that address systemic challenges while promoting dignity and resilience among abandoned elderly in residential facilities.

Before data collection, the researchers sought ethical clearance to ensure the study's adherence to established standards involving human as informants. Ethical approval was submitted including the study proposal, research instrument, and informed consent to conduct this study and was approved and obtained from Dr. Yanga's Colleges, Inc. (DYCI) Ethical Committee. Ethical approval from Ethical Review Board (date: 02-25-2025) Hence, this study seeks to answer the following research question: (1) What are the barriers that the abandoned elderly patients encounter during their recovery journey in residential care facilities? (2) How do these individuals manage the identified barriers in their own way? (3) How do the informants describe their understanding of recovery and their sense of well-being?

Material and Methods

Research Design

This study employed phenomenology to elucidate how individuals encountered specific phenomena without imposing their own interpretations or biases. While it originated in philosophy, psychology, and education, its methodological applications have expanded across social and health sciences to explore emotionally complex, deeply personal human experiences, including aging, loss, and abandonment.

Research Informant

The informants were selected through the use of purposive sampling method appropriate for qualitative study. This approach allowed the researchers to select informants intentionally based on the criteria and to ensure rich and meaningful insights will be provided for the study.

The informants were from two reputable residential care facilities. Informants were aged 62 to 76 years old, consist of four women and 12 men with lengths of stay ranging from 1 to 10 years. Reasons for abandonment arises from personal, family dynamic changes, and societal factors such as migration of children abroad, financial constraints due to aging and loss of livelihood, entered the facility voluntarily due to absence of care giver, loss of housing, and those who were rescued from streets.

Inclusion criteria were established such as (1) an elderly must be 60 years old and above, (2) must be a resident in care facility, (3) an elderly who have recovered emotionally, and (4) cognitive ability to communicate. Individuals with (1) cognitive decline (e.g., dementia, Alzheimer's disease), (2) physical limitations (e.g., chronic pain), (3) sensory impairments (e.g., hearing loss), and (4) social isolation were excluded. However, one informant named *Isidro*, was an exception. He had a history of stroke but he mentioned that he recovered and was able to perform daily life activity independently.

Technical Details

The objective of the study is to explore recovery experiences of abandoned elderly and to examine how residential care facility's interventions influence recovery. Semi-structured interviews were implemented that lasts 45 to 60 minutes. Mobile phones as equipment for recording interviews. Primary data included interview transcripts, audio recordings, and field notes which were anonymized and stored in password-protected files. Moreover,

ethical clearance obtained from the DYCI Ethics Review Committee and written informed consent secured and explained.

Credibility was maintained through triangulation method⁽⁵⁾ wherein the researchers conducted interview and observation at the same time to ensure validity. Another method was member checking to validate the researchers' interpretations⁽⁶⁾. To ensure transferability, researchers employed purposive sampling. Confirmability and dependability followed the concept of bracketing method to minimize biases.

Data Analysis

Colaizzi's method guided analysis: familiarization, extraction of significant statements, grouping related codes to form potential themes, process of review and refinement to ensure an accurate reflection of the experiences shared by the elderly, themes were defined and named, present these themes alongside quotes from the narratives, and validation by member checking. To ensure trustworthiness, the researchers established credibility through member checking, dependability by using an audit trail, confirmability through peer debriefing, and transferability the use of thick description.



Figure 1. OLDER Not Over: Recovery Experiences of Abandoned Elderly in Residential Care Facility

Results and Discussion

Table 1: Demographic Profile Summary of the Informants

| Pseudonym | Length of Stay | Age | Gender | Reasons of Abandonment |
|-----------|----------------|-----|--------|---|
| Dante | 2 years | 72 | Male | His children migrated abroad and gradually lost contact with him. |
| Nestor | 1 year | 69 | Male | Due to old age, he was unable to secure employment. |
| Berto | 3 years | 65 | Male | Voluntarily left his family and entered the care facility due to his advanced age. |
| Victor | 2 years | 70 | Male | Having lost contact with his wife and children. |
| Andres | 1 year | 65 | Male | After the death of his spouse, his children gradually distanced themselves. |
| Isidro | 2 years | 62 | Male | He previously work as a caregiver but become a client after having stroke. |
| Lita | 2 years | 65 | Female | After the death of her parents, she live in the streets. |
| Rosario | 3 years | 76 | Female | Lives alone in her province and a friend recommend coming to GRACES. |
| Delfin | 2 years | 62 | Male | Living alone in the streets and no contact with his family. |
| Lorenzo | 3 years | 75 | Male | Lost all members of his immediate family. |
| Vilma | 10 years | 73 | Female | Made the personal decision to remain single throughout her life. |
| Roel | 5 years | 70 | Male | Abandoned his family and now, he reports that his children have grown apart. |
| Aida | 1 year | 69 | Female | Grew apart from her family, now her children became increasingly disengaged. |
| Arnold | 7 years | 71 | Male | Lives without any remaining close family connections. |
| Danilo | 1 year | 73 | Male | Chose to remain single and live independently throughout her life. |
| Erwin | 2 years | 72 | Male | Abandoned his family, now reports that his children have maintained a distant relationship. |

Table 2: Theme clusters and formulated meanings under the emergent theme "Obstacles Faced in Institutional Life"

| Emergent Theme | Theme Cluster | Formulated Meanings |
|---------------------------------------|--|--|
| Obstacles Faced in Institutional Life | Emotional Struggles | <ul style="list-style-type: none"> • Intrusive and unrelenting Memories • Memories of the past intensified at night • Despair and emotional anguish • Grief and loss |
| | Challenges in Meeting Care Standards | <ul style="list-style-type: none"> • Shortage of staff • Hot tempered nurse • Obligated to care of their peers |
| | Loss of Autonomy in a Controlled Environment | <ul style="list-style-type: none"> • Inability to leave freely • Strict security measures • Lack of financial freedom • Sense of being controlled |
| | Adjusting to a New Environment | <ul style="list-style-type: none"> • Difficulty adapting to new surroundings • Passive and observational approach to adaptation • Navigating new experiences • Struggles to connect with opposite gender |

This theme reflects the multifaceted nature of institutional living. The emotional and social challenges experienced by elderlies. In the cluster *“Emotional Struggles”*, one of the informants expressed, *“Honestly, heaviest thing I experienced...was the sudden flashback of memories, the hurtful ones...”* - Andres

Moving forward to the second cluster, *“Challenges in Meeting Care Standards,”* faces practical challenges such as limited resources and staffing shortages create barriers to providing quality care . As one elderly shared, *“Our caregivers are lacking, only one left. One nurse.”* - Isidro

Additionally, the third cluster, *“Loss of Independence/Autonomy in a Controlled Environment”*, captures the challenges as they navigate a setting that restricts their freedom and autonomy. One of them expressed, *“... It feels like you’re considered locked up because you can’t go out.”* - Delfin

Finally, the fourth cluster, *“Adjusting to New Environment,”* which indicates adapting to the restrictive environment of the care facility. One of the informants explained, *“Before, you could go out anywhere. You could go to church. Here, we’re tightly guarded...”* - Isidro

Table 3. Theme clusters and formulated meanings under the emergent theme “Learning Diverse Coping Strategies to Manage Emotional Distress”

| Emergent Theme | Theme Cluster | Formulated Meanings |
|--|---|---|
| Learning Diverse Coping Strategies to Manage Emotional Distress | Spirituality as a Means of Emotional Regulation | <ul style="list-style-type: none"> • Prayer and reading books as coping strategies • Spiritual coping as a form of emotional release • Faith as a source of strength • Spirituality as Coping Anchor |
| | Affirmative thinking | <ul style="list-style-type: none"> • Maintaining positive outlook • Emotional boundaries support focus • Positive mindset through active engagement |
| | Stability Through Routine | <ul style="list-style-type: none"> • Regaining Control Through Daily Routine • Self-Directed Daily Routine • Radio Listening as Daily Habit • Consistent Routine with Reliable Medical Care in the Facility |

Spirituality serves as a cornerstone for many. As stated in the first cluster, *“Spirituality as a Means of Emotional Regulation”*, through engaging in these practices, residents were able to regain a sense of hope. One informant shared, *“...Whenever I pray, it*

feels like the heaviness in my heart lessens, and the burdens I’m thinking about seem to lift a little”. - Andres

Followed by the second cluster, *“Affirmative thinking”* highlights how maintaining positive

thoughts serves as a crucial coping. One informant shared, "... *What I do is I just try to be open-minded... In this world, there's really both good and bad...*" - Victor

Building on this, the third cluster, "*Stability Through Routine*", structured daily routines emerge

as a critical factor in providing residents with a much-needed sense of control. As one of the elderlies stated, "*To be honest, my simple daily routine already means a lot...it may seem like a small thing, but for me, it really helps me feel like my day is still in order*" - Andres

Table 4. Theme clusters and formulated meanings under the emergent theme "Discovering Pathways of Emotional Resilience"

| Emergent Theme | Theme Cluster | Formulated Meanings |
|---|--------------------------------------|--|
| <u>Discovering Pathways of Emotional Resilience</u> | Preference for Solitude | <ul style="list-style-type: none"> • Prioritizing Self-Care Practices • Relying on Self-Support • Choosing Personal Coping Over Interpersonal Help |
| | Acknowledgment of Emotional Guidance | <ul style="list-style-type: none"> • Support from House Parents • Guidance from Social Workers • Counseling for Emotional Support • Valuing Support Despite Challenges |

This shows how informants intentionally turn inward, drawing strength from quiet routines and reflection. In line with this, the cluster one, "*Preference for Solitude*" illustrates that some informants choose solitude to manage emotional distress, as one informant expressed, "*Ah, to be honest, I don't really ask for emotional support that much...*" - Andres

Along with preference of managing stress, the second cluster, "*Acknowledgement of Emotional Guidance*" highlights how residents greatly benefit from the emotional support provided by staff members as one of them shared, "*The social worker – if you have a problem, they're okay with it. Yes, they're kind*". - Rosario

Table 5. Theme clusters and formulated meanings under the emergent theme "Exhibiting Anchors for Inner Strength"

| Emergent Theme | Theme Cluster | Formulated Meanings |
|--|---|--|
| <u>Exhibiting Anchors for Inner Strength</u> | Spiritual Practices to Maintain Stability and Courage | <ul style="list-style-type: none"> • Moving Forward Through Prayer • Staying Hopeful Through Faith • Spirituality as a Central Pillar of Strength |
| | Meeting Core Human Needs | <ul style="list-style-type: none"> • Basic Needs Are Met, Peace of Mind Follows • Essential Needs Are Fulfilled • Core Needs Are Provided |

Residents rely on spiritual practices as anchors to sustain their inner strength. To begin with, the cluster, *“Spiritual Practices to Maintain Stability and Courage”* emphasizes the ability of elderly individual to find strength upheld by prayer and belief. An individual emphasized, *“Me, just prayers only. That’s what I hold on to no matter what happens...”* - Andres

Building upon this, the second cluster *“Meeting*

Core Human Needs” highlights the support and essentials provided by the institution. Elderlies stated appreciation from the goodness they receive to start a new life by providing their self care and basic needs. An elderly expressed, *“... we don’t have job, we don’t have money on the streets. Because on the streets...different kind of illnesses you’ll get because you’re on the streets... here you have bed, someone looks after you...someone feeds you, on the street no one”*. - Delfin

Table 6. Theme clusters and formulated meanings under the emergent theme “Rediscovering Meaning and Well-Being in Recovery”

| Emergent Theme | Theme Cluster | Formulated Meanings |
|--|--|--|
| Rediscovering Meaning and Well-Being in Recovery | Influence of Healing Towards Meaningful Life | <ul style="list-style-type: none"> • Transformative impact of receiving care • Stability through supportive environment • Perceived improved well-being |
| | Redirected Purpose | <ul style="list-style-type: none"> • Finding meaning through a renewed sense of direction • Recovery nurtured by empathy and genuine support • Appreciation of personal worth |
| | Perceived Changes of Overall Well-Being | <ul style="list-style-type: none"> • Better life direction • From abandoned to well sheltered • Emotional burden to peace of mind • Acknowledges growth and recovery at the facility |

In the first cluster, *“Influence of Healing Towards Meaningful Life”*, it fosters peace, appreciation, and a renewed sense of purpose, contributing to their emotional and physical recovery. One informant stated, *“Right now, I can say that I’m doing okay – both physically and emotionally... I really feel that we’re well taken care of here...”* - Dante

Extending from the transformative impact of care, the second cluster, *“Redirected Purpose”*, captures how informants, begin to reshape and rediscover their sense of purpose while living inside the care facility. An elderly emphasized, *“It’s like I became more responsible for my own health because of their support...But here, you can really feel that you’re not being neglected...”* - Nestor

Redirected purpose is closely tied to how an elderly *“Perceived Changes in Overall Well-Being”*. This cluster highlights the perspectives of elderly individuals regarding their emotional and spiritual improvements experienced throughout their journey. An informant shared, *“...Before, I always felt like I had weight in my back – full of anger, sadness, and the feeling of having no one on your side. But since I’ve been here, slowly, my perspective have changed...”* - Nestor

Each component of the acronym **O.L.D.E.R.** captures a distinct phenomenon, collectively illustrating the process of recovery including the challenging progress involving the complex realities in adjustments to new environments and emotionally,

physically and social obstacles. “O” represent for **Obstacles faced in Institutional Life**, emphasizing the emotional and social challenges, particularly those related to the loss of loved ones and feelings of isolation. Aligned with this is “L” refers to **Learning Diverse Coping Strategies to Manage Emotional Distress**, pointing to management and strategies they exhibit in the peak of emotional and spiritual distress, often to keep the elderly individuals to strive and gather the courage to accept limitations. “D” stands for **Discovering Pathways of Emotional Resilience**, underscoring how elderly individual discover meaning and strength independently and through the assistance of Social Workers and House Parents. “E” refers to **Exhibiting Anchors of Inner Strength**, highlighting the up bringing of spiritual beliefs and addressing the needs of the elderly to help them establish their strength deeply through faith that is crucial for their recovery and ongoing progress. Lastly, “R” represent for **Rediscovering Meaning and Well-Being in Recovery** reflects the perception of older adults towards the support they received which impact their well-being to achieve a sense of recovery, highlighting the improvements and development they encountered with their selves during recovery.

Discussion

The findings reflect the existing literature on the challenges and coping strategies that the abandoned elderly used while living in residential facility, yet it introduces new insights. Similar to the previous study of Sebastian et al. ⁽⁹⁾, the informants highlighted the effects of structured institutionalized rules, routines, impact of understaffing, and the lack of autonomy. While Sutton et al. ⁽¹⁰⁾ discuss implementation strategies and risks, including workflow integration, staff training, and user acceptance—factors that also influence how elderly residents perceive care and recover. This study goes further by showing how the informants’ past trauma (e.g., abandonment) unfold during times of solitude which is a link that previously not emphasized. The informants described persistent feelings of isolation due to abandonment and limited family contact. This aligns with research showing that disruptions in social relationships contribute to loneliness in later life. For example, Yang ⁽¹¹⁾ reported heightened loneliness among widowed

older adults, particularly women. While the causes differ, both findings emphasize that the absence of meaningful social support can hinder emotional well-being and, ultimately, recovery. Spirituality has been identified as important coping strategies when faced with stressor related to aging. Victorino et al. ⁽¹²⁾ emphasized that environment plays a significant role in facilitating religious coping among Brazilian older adults. Although the study focuses on abandoned elderly, the findings suggest that environmental structures and institutional support system may shape how informants engage in spiritual coping as part of recovery.

The findings extend by reframing solitude as a form of resilience rather than isolation alongside affirmative thinking. When it comes to resilience of the elderlies, previous study emphasized the importance of relational trust ⁽⁷⁾, while this study showed different pathways such as internal resilience through self-regulation during solitude and resilience promoted by gradually trusting the caregivers despite initial resistance to care. Moreover, meeting the basic needs and security were said to be fundamental in emotional recovery ⁽¹⁾. The findings identified how external support redirected the survival concerns to peace and stability. By addressing a structured policy, this study finds that the progression of policy is proven to be effective to observe a gradual improvement among abandoned elderly individuals. The nurses and caregiver plays a vital role for the abandoned elderly to reflect, understand, and help themselves find strength and development towards recovery for improve well-being. This also shows the nature of the Filipinos to be dedicated and patient to the elderly individuals to provide the appropriate care and foster hope amidst challenges despite.

The researchers followed the concept of reflexivity through the bracketing method, wherein the researchers had to identify and make themselves aware of their own biases, assumptions, and preconceptions that influenced the research process and findings through a reflective journal. Once one becomes aware of biases, there is a significant potential to prevent having them.

While this study provides rich, qualitative insight into the recovery experiences of abandoned elderly individuals in institutional care, several limitations

must be acknowledged. The study was geographically limited to selected residential care facilities in Metro Manila. This urban concentration does not reflect the diversity of experiences among elderly individuals living in rural or smaller institutional settings across the Philippines. Despite its limitations, the study also offers several strengths. The purposive sampling method used in selecting informants allowed the study to have rich and authentic content of lived recovery experiences, providing insights of internal and external pathways to resilience.

Conclusion

In conclusion, this research highlights the obstacles, coping mechanisms, and the viewpoints of abandoned elderly individuals, which played a crucial role in their well-being and development towards recovery in a Residential Care Facility. The continuous care, dedication, and understanding from caregivers, nurses, and social workers significantly influence the pace of recovery and the transformation in behaviors and attitudes, which helps to foster hope and attain serenity amidst challenges. By coordinating nursing education, clinical practice, and future research with the expanding system and institutions, Residential Care Facilities in the Philippines adopt a more transformative approach aimed at delivering more efficient and effective care for abandoned elderly individuals. To address the gaps identified in this study, future research should expand its geographical scope beyond Metro Manila to provide a more comprehensive and nationally representative picture of the recovery experiences of abandoned elderly individuals.

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