

PERSPECTIVES ON FILIPINO OLDER ADULT CARING: AN ETHNONURSING APPROACH.

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ABSTRACT

Caring is the central context of nursing. It encompasses age, religion, race, and traditions. There may be uniqueness as to how a certain culture accords care for their respective older adult. However, certain care practices for the older adult can be considered for replication in other cultures, with the aim of enhancing the quality of care of the older adult, and developing nursing leadership that will address the various care needs of this population. This paper presents the Filipino way of providing care for older adult inside an older adult home. Using the ethnonursing approach, the researchers lived in with these older adult and their carers. Findings from this study can provide nurses and other care providers' insights on developing standard care practices that address the needs of the older adult for quality healthcare services towards quality health outcomes.

Keywords: Older adult care, care meanings, culture care, ethnonursing, nursing home.

INTRODUCTION

The older adult population consists of clients with physical, social, and spiritual needs in the nursing perspective. Caring for them is challenging since provision of these must be within a suitable cultural framework. The Philippines had an older adult population of 4.6 million in 2002 that is expected to reach 9.2 million in 2016 (Philippine Country Report for the Madrid International Plan of Action on Ageing, 2007). This figure is a reminder of the ensuing challenges of providing culturally accepted care not only in the home but also in other settings such in an institution for the older adult called the older adult home.

Older adult in the family have always been looked up with gratefulness and each child in the family has this self-imposed feeling of gratitude as the sense of "utang na loob" or debt of gratitude is deeply ingrained in each family member (Kuan, 1993). When Filipino older adult become frail and unable to do self-care, their families are the main care providers taking turns in giving their parents and older adult relatives the most appropriate care they deserve. In certain instances when an older adult does not have a family to turn to they are sometimes placed under the hospices of an older adult home where trained personnel provide care to them. Hence, when these older adults are provided by carers who are not their family members, will their caring reflect similar culturally-bound caring behaviors they do for their own family members? What meanings do they attach on the caring they provide to these older adults? How do these older adults perceive the care they obtain from these carers?

As of to-date, there is no qualitative research in the Philippines on the meanings of caring on older adult care inside an institution from the perspectives of the carers and the older adult clients themselves. The authors hoped to find relevant themes of caring necessary in enhancing present older adult care standards and explore the perspectives of caring on older adult from the points of view of both the older adult and their carers. It likewise aimed to document various caring practices Filipino carers on their older adult clients.

METHODS

A qualitative, ethnonursing approach (Fain, 2004) was utilized for data collection and analysis of the perspectives on caring among older adult clients and their carers. Ethnonursing comes from the ethnography research tradition in which the researchers immerse themselves in the way of life of a group of people in order to describe and understand their culture from the vantage point of those who lived the experience.

Ethical issues

The study obtained ethical and institutional approval from the university and the adult home. Respondents consented for the taped interviews. Confidentiality, privacy, and anonymity issues were considered to protect the respondents.

Sampling

Older adult clients who participated (n=9 females; n=1 male) were chosen based on their consent, coherence on multiple interactions, and non-diagnosis of cognitive impairment at the time of the study. All were Roman Catholics with the average age of 80.

On the other hand, carers (n=10; 9 female, 1 male) were chosen based on consent and their years of work experience (at least 1 year) in the older adult home. All of the carers were Roman Catholics with the average age of 35 and had been trained in caregiving.

Data collection

Information was collected using an ethnonursing approach (Fain, 2004). Supplementing the researchers' real life experiences in the older adult home were field notes, and interview guides for both the older adult and carer participants. Utilizing the ethnonursing approach, fieldwork was divided into prefield work, fieldwork phases 1, 2, and 3, and post-fieldwork. The data collection was done for 6 months in the year 2009. Interviews and fieldwork were discontinued once themes were identified and information saturation was achieved.

Data analysis

The study utilized Leinenger's ethnonursing data analysis framework. Under this framework, field notes and interview responses were collected,

described, and documented as raw data. Then descriptors were identified and categorized, patterns and contexts were analyzed until major themes and theoretical formulations were discovered. All data were validated through repeated involvement in the field, triangulation, and peer debriefing. Data underwent reliability testing by means of asking similar questions of different informants over a long period of time, matching informant responses with observations, and conduct of post-interview workshops.

RESULTS

Findings revolved around (1) caring practices for older adult clients performed by the carers, (2) meanings of caring for older adult among carers, and (3) meanings of caring performed by the carers from the point of view of the older adult clients.

Caring practices for older adult clients

The older adult institution caters to both paying and non-paying clients. Those who were classified as poor, and totally abandoned were admitted for free. Those who can afford were admitted for minimal payment and had their own personal carers. Despite their classification, older adult clients received similar program of care from their respective carers. The caring program for older adult is said to be holistic with great emphasis on providing for their spiritual needs. The usual program of activities for them is displayed on Table 1.

Table 1. Daily program of elderly care.

Time	Activities
600 AM	Bathing
630 AM	Attending holy mass
700 AM	Breakfast, sunlight exposure
800 AM	Physical exercise
900 AM	Rosary
930 AM	Physical therapy/occupational therapy rehabilitation/clinic visit
1000 AM	Snacks, interaction activities
1130 AM	Lunch
1200 NN	Siesta or nap time
0200 PM	Rehabilitation
0300 PM	Interaction activities
0400 PM	Rosary
0500 PM	Supper
0600 PM	Sleeping time

Along with these activities, based on the integration of the field notes, and interview data, informants were able to perform the following activities that practically address the holistic needs of their clients. First is by limiting older adult clients' anxiety and agitation. Carers responded that because some older adult clients have short temper, they limit their clients' agitation by talking and sharing stories with them. At times, the carers even sing and dance for the clients to entertain them, and upon their clients' request regular wheelchair tour inside the institution was also done to them.

Second, carers continuously organize socialization activities for the older adult clients. They do this by allowing the clients to mingle with each other through recreation activities such as gathering them in a hall and listening to an older adult who plays the piano, conducting parlor games, and allowing the older adult clients to sing, dance, or recite a poem they like. Third, carers made it a point to allow their clients to perform their activities of daily living on their own if still warranted such as bathing, going to the comfort room to urinate, combing their hair, changing their clothes, eating their meals, going to the church with little to no assistance. Fourth, if older adult clients were physically incapable of performing such, carers assist them mostly on keeping them tidy, performing perineal care, changing their diapers, and giving their medications as ordered. Lastly, aware of the cognitive losses associated with aging, the carers support the older adult clients' cognitive functioning by reorienting them to reality such as the time, the date, the current events happening. They also help their clients re-acquaint with their life stories by letting them share stories about their families, showing them their old pictures, and reading them with the newspaper or letting them watch television shows.

Professionally, carer informants were personal caregivers, health staff, a nurse, and a houseparent. Their involvement in older adult care and responsibilities among the older adult clients range from performing daily health assessment, checking vital signs, documenting patient care, giving medications, giving 24-hour assistance in activities of daily living,

accompanying clients for referral to hospitals, providing food and clothing, and other measures to ensure the comfort and safety of the clients.

Meanings of caring for older adult among carers

The meanings of caring for older adult taken from their interviews were categorized into three aspects: affective, behavioral, and cognitive meanings of caring for the older adult.

The first aspect of caring – the affective meaning- tends to extract from the carers their emotions on caring for their older adult clients. The second aspect

of caring- the behavioral meaning- refers to the way the carers find relevance in the caring behaviors they do, the meanings of their actual caring behaviors. The third aspect of caring – the cognitive meaning- refers to the way they perceive their clients. The researcher asked them what they think of their older adult clients when they provide them with care. From the analysis of the informant statements, descriptors were identified and major themes were synthesized. Tables 2, 3, and 4 display the highlights of statements and the major themes of caring for older adult clients.

Table 2. Affective meanings of caring.

Statements	Descriptors	Themes
I feel happy when the older adult client I am caring for is also happy with the way I care.		
The satisfaction comes at the end. When I did something for them.		
There is this feeling of having helped other people when you take care of her. I do not think of the salary but on how she would feel happy.	Older adult feeling satisfied with caring.	Caring is doing things that will make the older adult feel happy and comfortable.
When you extend help to them and seeing them comfortable, that makes me happy.	Keeping the older adult client comfortable.	
Now, I accept my work as a caregiver. I realized I am happy where I am now and on the things I do. I am happy since I like what I do. I feel happy when the older adult client I am caring for is also happy with the way I care.	Both the older adult clients and the carers feel happy with each other.	Caring involves an exchange of feelings between the older adult clients and the carer. The mutuality of feeling happy with each other makes the caring relationship more enduring.
When you are able to help them, I do not think about the salary, I am happy with the clients I take care of. When you see your client happy, it is heartening.		

Table 3. Behavioral meanings of caring.

Statements	Descriptor	Themes
I am always with her. If she wants me to accompany her, I go with her. She attempted suicide when she took Zonrox, that's why I have to look after her always.	Carers making sure that the older adult are always safe in their hands.	Caring for older adult involves performing caring activities in safe way.
When we feed her she should be on a sitting position. When she is asleep, the side rails are always applied.		
They are important because their lives are on my hands. It involves a human life here, whatever happens, it is your accountability.	Caring as a sense of obligation.	Caring for the older adult means fulfilling an obligation of the carer by virtue of the formal contract that binds them. Yet, caring for older adult is not just because of the contract, but more of the relationship that has already been built between them.
You can give them what they need the way you perceive it as important to you. Caring for people is caring the way you extend care to a person, or the way you care for your mother or grandmother.	Caring is doing the work that is expected of you.	
I went here for work. I personally need a job. But I think your heart must go with your job because you cannot care well if you do not put your heart on it. I do not consider my client as anybody, I treat her as a family.	Caring is doing work, in the long run; relationship is built between the carer and the client.	

Table 4. Cognitive meanings of caring

Statements	Descriptor	Themes
I do not consider her as just somebody. I consider her as my grandmother.	Older adult clients are regarded as close family or relatives.	Caring for older adult is showing a family-like care. Older adult clients are not just regarded as clients but as an extension of the carers' families.
I consider the older adult woman I care for as not just as a client, or as a superior, we eventually consider each other a family.		
Even if I am not related to them in anyway, I still see them as my relatives. I learned to consider her as my grandmother. When she gets hurt, I also feel the pain.		
I consider the older adult I care for as my parents. I consider taking care of the older adult important.		
Caring for the older adult here is not different from caring for my older adult relatives.		

Meanings of caring performed by the carers from the point of view of the older adult clients

All of the older adult respondents validated the caring practices (as presented above) being rendered to them. Perceptions of the older adult clients on the care given to them by the carers are categorized into three: (1) providing for physiologic needs such that one client said:

“Our life here is good. Somebody bathes us, gives us breakfast. And then put on our clothes, send to the church. When sick, there is someone who takes care of us, there are medicines available. What else can we ask for? We are okay here”;

(2) respecting them as a person; one client mentioned: “Our caregivers here are kind. They don’t shout at me. They treat me well and treat me as their grandmother”.

Another client said:

“I am respected here. I am provided with the things I needed, tender care. My caregiver does not allow me to smell foul. My things are always clean and in order”;

and (3) showing genuine concern and love as narrated by a client:

“I can feel if a caregiver only wants money. But my caregiver is not like that. She knows how to empathize with me. She will be rewarded greatly by the Lord. I pray that she will soon find a man to marry”.

In addition, one older adult woman client revealed:

“I cannot say anything more about my caregiver. She is hard working, very kind, and respectful. I do not have bad words for her. My own children really like her”.

DISCUSSION

The interplay of all the cultural factors has defined the values being placed by the society on the older adult, and eventually, on how they will be taken cared of. Culture as way of life provides a worldview, which is fundamental in defining and creating a person’s reality, determining their meaning, and purpose in life, and providing guidelines for living (Matzo and Sherman, 2004).

As a way of life, culture are learned and shared beliefs, values of a designated or particular group that are generally transmitted intergenerationally and influence one’s thinking and action modes (Leininger and McFarland, 2002). Literatures reviewed presented the studies of Bulatao (cited in Panopio and Raymundo, 2004) on the four basic Filipino values, wherein two of which are essential in understanding the Filipino family values on the care of the older adult. These two basic Filipino values are emotional closeness and security in a family, patience, endurance, and suffering. It has been established that the cultural background of a person has a lasting effect on the views that he holds, on the feelings that he possesses, and on the behavior that he shows. These three contexts reflected on the affective, behavioral, and cognitive meanings of caring emerged. The commonality among the themes and meanings of caring for older adult suggested that a unifying, central theme for older adult care is the culture of the caregiver the way he finds meaning in the caring practices he does for the older adult clients. From the perspective of family-related caregivers, the cultural values of family responsibility and reciprocity appear to influence the way they view and care for their older adult. The studies of Arnsberger (2005), Kabitsi and Powers (2002), Kong (2007), and Long and Harris (2000) revealed that family care giving is borne out of the responsibility for the elders. Caring for older adult is a reflection of the universal cultural values on respect for elders and assuming familial responsibility when the older adults are sick and cannot care for themselves. The cultural pressure of “paying back” is seen as a major aspect for the assumption of familial responsibility. For non-family caregivers, however, cultural values affect how caregivers find meanings for caring (Ho et al., 2003), work commitment (Nooanan et al., 1996), and the personality of the older adult (Lewinter, 2003). Interviews with 48 informal caregivers to older adult indicate several caregiver meanings which include gratification and satisfaction with the care giving role, a sense of responsibility or reciprocity, the friendship and company which care

giving provided, and a commitment to doing what needs to be done (Nooanan et al., 1996). On the other hand, while informal caregivers see their care giving as normative or as generalized reciprocity, many stressed that the older adult person's personality and their expressions of gratitude and appreciation were important factors facilitating care giving (Lewinter, 2003). Among nurses, caring for people with illness such as severe dementia meant an intertwined life world (consisting of interaction between the nurses' and the patients' lives), emanating from making together and doing together (relationship based on the oneness of the nurse and the patients with severe dementia) and the delicate interpretative work that the care provision required (Berg et al., 1998). For Rundqvist and Severinsson (1998), caring relationships with patients means establishing a relationship with "touching", "mutual confirmation", and the caregivers' values in the caring culture. Finally, in the process of finding meanings for the caring for people, the nurses searched for meaning and that, in turn, meant that the patient's inner world was determined by the nurses and thus the patient was seen as being in their hands (Berg et al., 1998). The study of Nooanan et al. (1996) also revealed that the care giving meanings have both an emotional and a cognitive component. The process of finding meanings among family caregivers includes interpreting both the experience of care giving and their own attractive response (Ayres, 2000). For older adult nursing home residents, the meanings of caring that emerged in a study of Hutchison and Bahr (2007) included protecting, supporting, confirming, and transcending. In a study on the meanings of giving touch in the care of older persons (Edvardsson, 2003), findings show that touch is central to nursing and health care workers frequently touch their patients, consciously or unconsciously in their interactions with them. The relationship described as calm, friendly and humane is created between caregiver and patient when giving touch, it transcends the moment of touch and influences one's way of caring. Moreover, the experience also transforms the way one regards older patients, instead of seeing a demanding patient

suffering from dementia and or pain, one is able to see the person behind the disease as a human being, like oneself (Edvardsson et al., 2003).

Meanings, therefore, emanate from the interactions between the caregiver and the older adult clients as they together create a therapeutic environment. Caring practices for older adult such as limiting experiences of anxiety and agitation, organizing socialization in which the caregiver also encourages expression of love such as touching and holding (Smeltzer and Bare, 2004), letting the older adult clients perform self-enhancement activities, assistance in safe activities of daily living when necessary, and supporting cognitive functioning were all consistent with the needs of the older adult clients for physical, social, cognitive, and spiritual support.

CONCLUSIONS

In view of the foregoing, the study concludes that carers for the older adult have been influenced by the Filipino culture of respect and regard for older adult, in the way they render care to their clients. Evidence of which would be they call their clients "Lola" or "Lolo" (Filipino terms for grandmother and grandfather, respectively), they respond to their clients with "po" and "opo" (respectful terms to address older adult clients), they show affection to the clients by physical touch, and they repay the goodness that the clients provide for them, and their families. Caring for Filipino older adult is intertwined with the obligation to care, and willingness to share. The obligation to care for the older adult is stipulated in the contract that the carers have with their older adult clients. The willingness to share is the human caring relationship that binds the older adult clients and their carers. For Filipino carers, caring is not just because of the contract, but more of the relationship that has already been built between them. Respect for older adult has been enduring in the interactions between older adult and the carers. Patience, love, and emotional attachment are evident in the caring relationship. Carers brought with them the Filipino culture of being family oriented, that they treat their clients

as close family relative more than as clients. It is, therefore, recommended that selection of carers must continuously be based on the cultural views of the carers toward older adult and older adult care to achieve a culturally congruent care. The caring framework by institutions should be a holistic and culturally relevant program for older adult. Research endeavors on geriatric care that generate culturally relevant care programs across countries can be done to come up with a universally accepted culture-based caring program for the older adult.

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