

Satisfaction of Ilocano Elderly Residents in a Homecare Facility

Mercita Q. Queddeng¹, Constantino F. Queypo²

¹University of Northern Philippines, Philippines

²Department of Education, Vigan City Division, Philippines

¹mamabongpro@yahoo.com

ABSTRACT

This study investigates homecare satisfaction among the elderly residents of Balay Taripato (Elderly Home Care) in the province of Ilocos Sur using a descriptive correlational and qualitative research design of narrative inquiry. Results showed a very high level of satisfaction in all the areas of care, especially medical care, and a significant correlation between educational attainment and support system. This study uses the descriptive-correlational method with the use of an adapted questionnaire checklist, validated by a pool of experts. Results show that most of the residents are females, single, had reached only elementary level and with no support system. Majority of them suffer from Rheumatoid Arthritis. A Very High level of satisfaction was noted in all the areas of care especially medical care, and Relaxation, Sleep and Rest Periods which probably due to the availability of medicines and other programs. Significant correlation was noted in educational attainment and support system among the residents while age and relationship were noted to be significant among the relatives/significant others. The study recommends a development of a stronger program for the elderly residents in all the areas of care with focus on a gender sensitive program especially for the females should be planned and a more frequent visitation be made to the relatives of the residents.

Keywords: *Elderly home care, Ilocano, love, support system*

INTRODUCTION

The care of the elderly is a developing problem that affects the rapidly increasing population and must be addressed with consideration for economic, sociocultural, and even the shifting roles and perspectives of feminine roles. This problem is caused by the rapid increase in the age of the population. The ability of family members and other important people to provide adaptable and all-encompassing care for senior loved ones lays the way for the development of elderly home care. Care for elderly family members has historically been the responsibility of immediate family members and was administered within the context of the extended family home. Care for the elderly is increasingly being given, either by the state or by philanthropic organizations, in contemporary countries. There are several factors that have contributed to this shift, including a decline in the average size of families, an increase in the average lifespan of older people, a geographic dispersion of families, and an increased propensity for women to pursue education and careers outside the house. This shift of responsibility will also assist in realigning the services provided by the various components of local government. According to the findings of Ursulom, F., et al. (2021), local government units have made a commitment to improve service

delivery in order to better assist priority areas, one of which is health, which includes the care of elderly people.

If given the option, most seniors would want to stay in the familiar surroundings of their own homes (aging in place). Regrettably, most elderly persons experience a steady decline in their ability to operate, which usually results in the need for either increased assistance at home or placement in an eldercare facility. The adult offspring of these seniors frequently face a challenging and tough situation while trying to assist their parents in making the best decisions for themselves. "Respite care" is a relatively modern form of assistance that aims to enable elderly people to continue living independently for as long as possible. Without the assistance provided by this type of care, an elderly person might be forced to relocate permanently to an institution outside of their home. This type of care gives caregivers the peace of mind to go on vacation or a trip for business knowing that their elderly loved one will receive high-quality care in the interim.

Care for the elderly places an emphasis on meeting the social and personal needs of senior individuals who require some support with their day-to-day activities as well as their health care, but who want to age with dignity. This is a crucial distinction because it emphasizes how important it is for housing, services, activities, personnel training, and other aspects to be designed with the consumer in mind.

Throughout the course of the last century, various hypotheses about the causes of aging have been proposed by scientists. In more recent times, there has been a resurgence in the scientific community's interest in why people age, as well as what factors affect the physical, physiological, psychological, and functional status of older persons. This coincides with an increase in both the absolute number and the population percentage of elders. Extrinsic factors refer to those that are external to the body, whereas intrinsic theory examines those that are internal to the body.

Becoming older is something that cannot be stopped but can be planned for in advance. It is common knowledge that Filipinos have strong relationships with their extended families. It is, likewise, common to find older people living with other members of their families, regardless of whether they have any functional limitations. Around the world, Filipinos have a reputation for being resourceful, innovative, hard-working, hospitable, compassionate, and polite. They also have strong family ties and are noted for their close-knit communities. They are adaptable, and they can deal with a variety of changes as well as anticipated crises. Yet, the realization of these admirable features, such as providing care for older people, could be hampered by several circumstances, one of which being economic considerations.

La Rue and McCreary, (1991) mentions that elderly population are likely to suffer from an array of various conditions. At least a great percentage of the elderly suffer with the medical conditions whether diagnosed or undiagnosed such as disease of the circulatory system, heart disease, digestive disease, respiratory disease, neoplasm, and pneumonia.

Alharbi (2020) mentioned that to be elderly, the age must be 65 years and above depending on the agreed definitions from other studies. The study made use of

the cross-sectional study coupled with the review of the charts of the elderly patients with chronic illnesses seeking consultation between January to December 2016. Results of the study showed that the most common chronic illnesses were cardiovascular diseases 229 (71.8%), dyslipidemia 183 (57.4%) and diabetes 179 (56.1%). The chronic respiratory and endocrine diseases were common among the elderly females (P value 0.004, P value < 0.001). The most significant problem among males was disease of the genitourinary system. There was a significant positive correlation of multimorbidity with the number of times of consultation in a year.

The people worldwide (WHO, 2016) are living longer and people can expect to live into their sixties and beyond. By 2050, the world's population aged 60 years and older is expected to total 2 billion, up to 900 billion in 2015, 125 million people are aged 80 years or older. By 2050, there will be as many as 120 million living in China alone and 80% older people will live in low- and middle-income countries.

In the context of Filipino culture and tradition, Tarroja (2010) mentioned that that a Filipino family is a bilaterally extended kinship system wherein parents provide their children's basic needs and later the children took care of their elderly parents; discussing further that Filipinos are notably family-cantered, closely knit. Further, Miralao (1997) noted changes in terms of family composition and structure due to the modifications of societal transformation as influenced by worldwide and urban migration and broadening of roles of women.

The need for the establishment of an elderly home care was felt amidst the several cases of neglect and lack of relatives to care for the aged in the province of Ilocos Sur. For instance, the establishment of an elderly home care named as Balay Taripato, initially in Magsingal, Ilocos Sur on July 8, 2009 followed by Balay Taripato Annex in November 24, 2009 thru the initiative of the provincial government headed by no other than Gov. Deogracias DV Savellano with the increasing clamor of its need due reports of neglect to the elderly in some of the municipalities. These were put up despite the much reluctance of the Senior Citizens of the province. This study therefore attempted to determine the quality of care among the elderly in the region with consideration of cultural and geographic differences.

The World Health Organization (WHO) states that the proportion of people aged over 60 years is growing faster than any age group, as a result of both longer life expectancy and declining fertility rates and as a result of the success of public health policies and for socioeconomic development, but it also challenges society to adapt, in order to maximize the health and functional capacity of older people as well as their social participation and security.

The Ilocanos were known to be caring and equipped with loving care to their elders. It is such a sad fact that the elders belong to the vulnerable group of the society and in some areas of the country they are often neglected and taken for granted. The elderly have special needs and multivariate influences hinders the quality of care that they need. In the context of the Filipino culture, the care of the elders were the responsibilities of the relatives and sometimes due to social, economic, and personal constraints often neglect is one of the undesirable situations that the elders must face.

This is may not an unacceptable fact but evident and are happening to their elderly folks. It is therefore a good opportunity in this study taking into account of Ilocano cultural and geographic diversity. Further, through this study, local policies, allocation, and programs could be investigated to determine the extent of prioritization and highlight of the aging sector of our society.

The care of the elderly is anchored to the Watson Theory (which says that care could be shown by nurses to the clients/patients to enhance or promote the much-needed growth, including their environment that embraces or accepts the person in what he does and how he dresses or looks and whatever he will become. The caring includes areas or care such as existential-phenomenological factors, forming humanistic values, helping-trust interaction, nurturing teaching-learning and supportive surroundings, and others. According to Watson, the satisfaction or gratification of the needs of human beings are in the order from lower biological basic needs such as food, water and shelter and inclusion of elimination, and other environmental needs such as ventilation.

In the study of Soriano, (1990), supportive set works considerably contributed to life satisfaction, and they explained around 31% of the variance in the level of happiness experienced by elderly people. Significant individual contributions to life satisfaction can be attributed to several network dimensions, including (in decreasing order of importance) degree of respect, service support received, perceived adequacy of economic support received, social support shared, frequency of interaction, and proximity. The entire contribution made by supportive networks and control factors strongly explained around 70 percentage points of the life satisfaction of senior people.

The research conducted by Ward et al. (1984) offered a more in-depth look at both objective and subjective metrics. They differentiated between different types of support based on network members, the nature of their relationship with the elderly, and the kind of network they belonged to. There were objective metrics available for things like children, extended family members, friends, neighbors, instrumental support, and expressive support. Subjective indicators are a much better indicator of an individual's subjective well-being than their more objective equivalents are. Objective measures have relatively moderate relationships with morale. These differences were also represented in the variances that were explained by multiple regression.

This paper shows the level of satisfaction of care along areas of medical care, physical care, social and rehabilitative and emotional relaxation, Sleep and rest periods, environmental and Physical Facilities to the elderly of Ilocos Sur and its relationships to the variables included that will be basis in directing localized services of the agencies involved in along elderly care and developing a gender sensitive program especially for the females should be planned and a more frequent visitation be made to the relatives of the residents.

METHODOLOGY

This study uses the descriptive-correlational method. It is descriptive as it seeks to explore the cause of presently existing phenomena to provide explanation of questions relative to the concern, description, and interpretation of underlying issues in accordance with the specific questions set in this study. It is correlational as it will be exploring the significant relationships among the variables. The researcher formulated a questionnaire checklist based on the Minimum Geriatric Competencies (Minimum Geriatric Competencies for Medical Students) and was validated by a pool of experts. The province of Ilocos Sur is the primary site of this study and in the municipalities of Magsingal and Cabugao, Ilocos Sur. The elderly home care or locally known as Balay Taripato were in the municipalities at the time of the conduct of this study.

RESULTS AND DISCUSSION

Profile of the Residents According to Age and Sex

Results show that the respondents were older adults and females. The oldest respondent was ninety-three years old and the youngest is sixty years old. This implies that respondents belonged to the older sector of the societal population where utmost care is needed. A great majority of the respondents were single and eleven out of forty-one were married. Only one is separated. In terms of educational attainment, the majority have reached Elementary level. In terms of support system, the family members or significant others were the only source. The findings imply that the residents probably preferred to avail the facility probably due to the reason of being alone, single with no one else to take care of them.

Profile of the Relatives/Significant Others

It is noted from the table that there were five (12.2%) residents with no relatives while thirty-six (87.7%) have relatives or significant others. It is interesting to note that one relative is already ninety-two years old; a great majority were females and separated and reached elementary level with no occupation. Data also shows that most of the relatives were sisters of the residents or granddaughters; it is interesting to note one of the residents has a son. Results agree with the concepts of Miralao, (1997) who have noted changes in terms of family composition and structure due to the modifications of societal transformation as influenced by worldwide and urban migration and broadening of roles of women and male sectors of society. Moreover, the close family ties and idea of children taking care of their aged parents is getting looser and less imposing which could only mean that Filipino culture and tradition is getting lax probably due to various influences and effects of workload demands and diminishing values.

Table 1*Present illness of the residents (Diagnosed only)*

Illness	Frequency
Parkinson's Disease	6
Stroke	7
Emphysema	3
Osteoporosis	4
Rheumatoid Arthritis	12
Vogt-Koyanagi-Harada Disease	1

The table shows that the top three diagnosed present illnesses among the residents were rheumatoid arthritis, stroke and Parkinson's disease. Results of the study agree with the results of Alharbi, B, (2020) wherein among the elderly patients, cardiovascular diseases are one of the most common chronic illnesses. The results aligned to the study of Tutuncu Z. and Kavanaugh, A., (2007) who mentions rheumatoid arthritis as a deterioration of physiologic condition primarily to the elderly that even with advance scientific and technological developments, the disease process brings impacts, problems and challenges to the daily living especially among older adults or elderly.

Table 2*Summary on the level of satisfaction among the residents and their relatives/ significant others*

Area of Care	Residents (Elderly)	Relatives/ Significant Others	As a Whole	Descriptive Rating
	Mean	Mean	Mean	
Medical Care	4.86	4.85	4.85	Very High
Physical Care	4.83	4.76	4.79	Very High
Social and Rehabilitative, Mental and Emotional	4.11	4.27	4.19	High
Relaxation, Sleep and Rest Periods	4.88	4.81	4.85	Very High
Environmental and Physical Facilities	4.51	4.54	4.52	Very High
As a Whole	4.64	4.64	4.64	Very High

Where:

4.20-5.00	Very Satisfied	Very High
3.40-4.19	Satisfied	High
2.60-3.39	nsure	Average
1.80-2.59	Dissatisfied	Low
1.00-1.79	Very Dissatisfied	Very Low

Results show that under Medical Care consisting of the prescribed medication (availability, supervision under a healthcare provider and documentation record/medication chart), a “Very High “($x=4.85$) level of satisfaction was noted. It is a fact that the quality of way of life of the older adults diminished especially when they lose their functions to do their daily chores and that medical care is an identified factor to note risk factors in their dwelling (Kang, et al, 2020)

In terms of Physical Care that includes wound care, physical therapy (if applicable), provision of assistive devices (Mobility aids, such as wheelchairs, scooters, walkers, canes, crutches¹, prosthetic devices, and orthotic devices, Hearing aids to help people hear or hear more clearly) and materials such are slippers/molded shoes/open sandals, casting/splinting/ drop foot support and including personal hygiene kits and necessities, including food and nutrition, a “Very High” ($x=4.79$) level of satisfaction was also noted. In Otto, A. et al. mentioned in their study, (2021), that elderly have complex needs and multiple co-morbidities and needed assistance on professional care where in physical interventions as well as mental measures are needed to promote physical and mental health to the care of the elderly.

Along social and Rehabilitative, Mental and Emotional which includes, Mental and Emotional which speaks on details such as available programmed activities such as mind games play, adaptive exercises (passive and active), staying connected with friends, picking a new hobby, volunteering for residents’ activities, caring for a pet/patting, family visitation and outside activities such as visiting a park/other places, other companion care activities, a “Very High “ ($x=4.85$) level of satisfaction was also noted.

Along Environmental and Physical Facilities, a “Very High “($x=4.64$) level of satisfaction was noted which includes availability of home safety amenities such as handrails (bedroom and toilet), fall prevention (removing throw rugs and other materials that predispose falls and loss of balance), use of yellow lights instead of bright glaring ones in the hallways and other areas to provide better recognition, removing of slippery materials like wax, etc. to prevent occurrence of falls, with overall good infrastructure of housing inclusive of basic necessities like water supply, etc. and good environmental issues such as free of pollution and dementia causing factors and frailty, and other ascribing risks.

Overall, results show that all the areas included in the care of the elderly residents obtained a very high level of satisfaction wherein the areas of Medical Care, Relaxation, Sleep, and rest revealed the highest mean value. ($x=4.85$). However, it is noted that the area on medical care and Social and Rehabilitative, Mental and Emotional Relaxation, Sleep and Rest Periods obtained the highest mean rating (4.85 or Very High). The result could be probably due to the availability of immediate care given to the residents as compared to their previous situation. The results imply that the residents/significant others were highly satisfied since the majority of the basic needs, especially the expensive medical care necessities are readily available in the care of the elderly.

Table 3

Correlation coefficients on the level of satisfaction and profile of the relatives/significant others

Profile	MC	PC	SRME	RSRP	EPF	Satisfaction
Age	0.1154	0.1799	** -0.4660	-0.0188	-0.2536	-0.2232
Sex	*0.3682	*0.4286	0.1560	0.3001	*0.3725	*0.3928
Educ. Att.	-0.0723	-0.0007	0.1079	-0.0176	-0.0855	-0.0003
Civil Status	0.2276	0.1187	0.0417	0.0928	-0.1362	0.0516
Occupation	-0.1659	-0.0619	-0.2406	0.0628	-0.1777	-0.1816
Income	-0.1016	-0.0619	-0.1834	0.0628	0.1470	-0.1391
Relationship	*0.3746	*0.3456	0.2259	*0.3259	0.2159	*0.3420
Family Size	-0.0510	0.0666	0.0966	0.0271	0.3006	0.1481

Sex and relationship show significant relationship to the level of satisfaction of the areas of care to the residents. This means that the family members were content with the areas given to the residents probably due to their lack of resources/support system since it is noted that the great majority of the family members have no occupation. It is noted that most of the relatives/significant others are females which signify feminine care to the elderly that may fulfill their satisfaction in the care of elderly which are their relatives. The female gender could be attributed to a more caring side of the population most especially to the vulnerable group, the elderly. Result is attributed to the gender role and orientation even to the satisfaction of care to our elderly. As Terpstra-Tong, J. et al., gender role is a variable at the societal level that has a positive influence on orientation.

CONCLUSIONS

The study concludes that the majority of the residents are females, single, had reached only elementary level and with no support system. Majority of them suffer from Rheumatoid Arthritis. A Very High level of satisfaction was noted in all the areas of care especially medical care, and Relaxation, Sleep and Rest Periods which probably due to the availability of medicines and other programs. Significant correlation was noted in educational attainment and support system among the residents while age and relationship were noted to be significant among the relatives/significant others.

RECOMMENDATIONS

The researchers recommended the development of a stronger program in Social and Rehabilitative, Mental and Emotional for the residents which obtained the lowest level of satisfaction. Though all the other areas obtained Very High levels of satisfaction, further re-evaluation is needed especially on medical care to optimize the

areas of care being offered by the Balay Taripato (Elderly Home Care). Further, more coordinated effort must be fostered between the healthcare provider, relatives/significant others and residents and the Local Government Units (LGUs) to enhance and update the existing areas of care to increase chances of being successful in providing quality home health care to the elderly. Moreover, Ilocano Values Orientation Program (via an Action Plan – Panangtaliao ken Taripato ti Babbaket ken Lallakay) should be included in the curriculum of the students especially in the Universities in Region 1 to transform, reenforce and revitalize Filipino Values, particularly Ilocano Values to the younger generations which could be the greatest inheritance ever.

ETHICAL STATEMENT

This study was reviewed and approved by the University of Northern Philippines. Ethics Review Committee. Ethical principles observed in the study include the conflict of interest, principle of informed consent, principle of privacy and confidentiality, principle of vulnerability, recruitment, benefits, compensation, and community considerations.

REFERENCES

- Adams, P., & Dominick, G. (1995). *The old, the young, and the welfare state*. Inside Generations, Fall, 38-42.
- Alharbi, B. A. et al. (2020). Association of elderly age and chronic illnesses: Role of gender as a risk factor. *Journal of family medicine and primary care* vol. 9(3), 1684-1690. doi: 10.4103/jfmpc.jfmpc_1060_19
- Applebaum, R., & Logan, R. (1995). *Funding elder homecare from the bottom up: Policy Choices for a Local Community*. Inside Generations, Fall.
- Barnes, R., Wineman, J., & Zimring, C., (1986). *The costs of not knowing*. Environmental Design Research Association, PO box 23129, L' Enfant Plaza Station, Washington D.C. 20024.
- Berman, A., Snyder S. & Frandsen, G. (1995). *Fundamentals of nursing: Concepts, process, and practice*. Eighth Edition. Prentice Hall.
- Breedon, L. (1992). *Autonomy as a policy goal for disability and aging*. Aging and Disabilities, Winter.
- Blais, C. (1991). *Aging into the twenty-first century*. Captus University Publication, York University Campus, 4700 Keele Street, North York, Ontario, M3J 1P3 Canada. 1991
- Duffy, S. (1994). *Rural america: Wide open spaces where disability issues resemble those in urban areas*. Mainstream.
- Dunn, P. (1990). *The impact of the housing environment upon the ability of disabled people to live independently*. Disability, Handicap, & Society.

- Dunn, P. (1991). *Accessible housing legislation and policies: A framework for future policy development*. Prepared for CIB W84 "Building Non-Handicapping Environments", Budapest, Hungary.
- Howe, M. (1995). Why the Graying of the Welfare State Threatens to Flatten the American Dream – or Worse. *Inside Generations*, Fall, 15-19.
- La Rue, A., & McCreary, C. (1991). Emerging Issues in the Care of the Elderly. In: Sweet, J.J., Rozensky, R. H., Tovian, S. M. (eds) *Handbook of Clinical Psychology in Medical Settings*. Springer, Boston, MA. https://doi.org/10.1007/978-1-4615-3792-2_14
- Justice, D. (1995). *The aging network: A balancing act between universal coverage and defined eligibility*. *Inside Generations*, Fall 58-62.
- Miralao, V. (1997). *The family, traditional values and sociocultural transformation of Philippine society*. *Philippine Sociological Review* 45(1-4),189-215. National Statistics Office (2009). Survey on income and living conditions. <http://www.census.gov.ph/>
- Otto, A., Gutsch, C., Bischoff, L., & Wollesen, B. (2021). Interventions to promote physical and mental health of nurses in elderly care: A systematic review *Preventive Medicine*, Volume 148, 106591, ISSN 0091-7435, <https://doi.org/10.1016/j.ypmed.2021.106591>.
- Soriano, M. A. (n.d.). *The Impact of the Elderly's Networks on Their Life Satisfaction*. An Unpublished Master's Thesis. St. Louis University, Baguio City.
- Tarroja, M. C. H. (2007). Filipino adoptive families' experiences: A qualitative analysis of disclosure and adjustment issues. *Philippine Journal of Psychology*, 40(1), 1-25.
- Tong, J., Ralston, D., Treviño, Karam, L., Charlotte, Furrer, Froese, O., Tjemkes, B. León Darder, F., Malika, R., Dabic, M., Yongjuan, L., Fu, P., Molteni, M., Palmer, I. Zuzana Tučková, Z. Szabo, E., Poeschl, G., Hemmert, M., Butt, A., de la Garza, T., Susniene, D., Suzuki, S., Srinivasan, N. Jamie, Gutierrez, R., Ricard, A. Zoltán Buzády, Luis Sigala Paparella, Oswaldo Morales, Naidoo, V., Haapala, M., Dalgic, T., Alas, R., Potocan, V., Dharmasiri, A., Fang, Y. Burns, C. & Henry, M.(n.d.). The impact of gender-role-orientations on subjective career success: A multilevel study of 36 societies, *Journal of Vocational Behavior*, Volume 138, 2022, 103773, ISSN 0001-8791.<https://doi.org/10.1016/j.jvb.2022.103773>.
- Tutuncu, Z. & Kavanaugh, A. Rheumatic Disease in the Elderly: Rheumatoid Arthritis, *Rheumatic Disease Clinics of North America*, Volume 33, Issue 1, 2007, Pages 57-70, ISSN 0889-857X, <https://doi.org/10.1016/j.rdc.2006.12.006>. (<https://www.sciencedirect.com/science/article/pii/S0889857X06000950>)
- Ursulom, F., Martinez, A., Embat, M., Guzman, K., Tabuso, B., Unciano, F., & Casildo, C. (2021). Civil Society Organizations Commitments to Local Government Unit Service Delivery. *IJESTM*, 30(1). <https://vector.unp.edu.ph/index.php/1/article/view/74>.

Satisfaction of Ilocano Elderly Residents in a Homecare Facility

Queddeng, M. Q.

Queypo, C. F.

Ward, R. A., Sherman, S. & Ca Gorg. *Subjective Network Assessment & Subjective Working. Journal of Gerontology.*

Watson, J. (n.d.). *Nursing: Human Science and Human Care.* ISBN -7637-1111-X.
t.ly/S8b_