LIVED EXPERIENCE OF PROFESSIONAL NURSES

CARING FOR AN ELDERLY

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LIVED EXPERIENCE OF PROFESSIONAL NURSES CARING FOR AN ELDERLY

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In Partial Fulfillment of the
Requirements for the Degree
Bachelor of Science in Nursing

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In partial fulfillment of the requirements for the degree of Bachelor of Science in Nursing. This research output entitled "Lived Experience of Professional Nurses Caring for an Elderly" conducted by Lynziel Ann Sellana, Maribeth Soriano, Jodie Ann Suganob and Chariz Grace Turno, is hereby recommended for acceptance and approval.

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ABSTRACT

The global demographic shift increases the need for quality healthcare services for the elderly with the rising demand for expertise in geriatric nursing care. This study aimed to explore the lived experiences of professional nurses caring for the elderly. This study was aligned with Watson's Theory of Human Caring which emphasizes that creative behavior is a holistic process that creates personal connections between nurses and their patients. This study utilized a qualitative descriptive phenomenological design, conducted in Ozamiz City province of Misamis Occidental. Through snowball sampling, participants composed of Professional Nurses who had an active current nursing license and were currently caring for elderly aged 65 years and above for at least 6 months at home and hospital-based were selected. The findings revealed that the experience of professional nurses as they take care of elderly individuals includes complex interactions of challenges and strategies in geriatric nursing. The following were the cluster themes identified: Intrapersonal Dilemma, Interpersonal Challenges, and Coping Strategies, which give view of the dynamics in geriatric care settings. Furthermore, the research results underlined how the balance of the clinical task with an emotional boundary and interpersonal relationship is essential for the nurse caring for elderly individuals. Implications for further action include recommendations for training programs, collaboration, and open communication among nurses, patients, and families. Future research could prioritize older patients and those needing full home care support to improve their well-being and nursing care.

Keywords: *Caring, Elderly, Lived Experience, Professional Nurses*

DEDICATION

We, the researchers, humbly dedicate this research paper to Almighty God, whose unyielding guidance, wisdom, and strength have been our constant foundation throughout this journey. His countless blessings have carried us through every challenge, enabling us to bring this study to fruition.

To our beloved parents, siblings, and friends, we offer our heartfelt gratitude. Your unwavering support, encouragement, and love have been our pillars of strength. Your belief in us has been a guiding light, inspiring us to persevere even in the face of difficulties.

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The Researchers

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The Researchers

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INTRODUCTION

Rationale/Background of the Study

Health professionals, through their years of training and experience, make them experts. However, the process of caring for the elderly is very challenging for professional nurses, which in turn impacts both the skilled nurses and their patients. This reality is not lost in the Philippines, where the burgeoning population, like in many countries, has resulted in a greater need for specialty healthcare services for the elderly (Kim et al., 2020). According to WHO (2022), when 2030 comes around, one in every six people will be over 60 years old. By that time, the elderly population will increase from 1 billion in 2020 to 1.4 billion people as of then. The projection is that 40% will be 80 years and above, 2.1 billion humans in the world will be of the age of 60 years and above come 2050. The number of persons aged 80 and over will also triple from 2020 to 2050 to 426 million. Health systems have to face this changing demography, and by far, the most significant challenge is associated with provision for elderly individuals.

As the population ages, the need for expertise in caring for the elderly increases. According to research, the professional background of professional nurses also influences their proficiency in geriatric care since seasoned professional nurses have the knowledge and tools to offer care to elderly patients (Amsalu et al., 2021). Furthermore, the confidence level can be assessed among professional nurses to understand the attitudes toward caring for the elderly by the nurses, which is also instrumental in the revision of nursing education if it is to rise to the challenge of geriatric care. Filipino nurses balance elderly care with work and life, impacting their health (Muhsin et al., 2020). Just by the fact that the nursing field takes care of older people, which includes a series of responsibilities that have the shape of personal goals, situations, and traditions. Professional nurses who work with the adult population

commonly do so out of compassion, responsibility, and commitment to provide top-notch care, thereby improving the well-being and, in a nutshell, quality of life for the elderly. Professional experience in geriatric care shapes professional nurses' potential in the field. A study conducted by Amsalu et al. (2021) assessed the effect of professional experience on the knowledge of geriatric care among professional nurses in adult care units. The study was aimed at finding out the knowledge of professional geriatric care and its determinants, in the process, opening ways through which experience will influence nurses in providing effective service to the elderly population.

For Finnbakk et al. (2020), the competence of professional nurses in providing care for the elderly was emphasized as belonging to the critical domains of their role. The article discussed that in the increasing complexities in the needs of this population, much hardship is faced by professional nurses in continuously maintaining their clinical competence, specifically in geriatric care. It is increasingly becoming a challenge for professional nurses to take care of the elderly, whether in-home or hospital settings, with the presentation of chronic illnesses or diseases. Professional nurses in their line of duty experience ethical challenges ranging from neglected human care and lack of respect to building effective relationships with the elderly. These further exacerbate the struggles, characterized by inadequate clinical knowledge, poor communication skills, and role ambiguity (Annear et al., 2019). For example, professional nurses may be confronted by attitudes toward aged autonomy and may demand increased empathy toward the elderly to enhance care practice. The inadequacy of training and education in nursing programs on caring for the elderly compounds the challenges professional nurses face. Communication problems, much more so for patients with disabilities, complicate the care being provided, such as in cases of patients with dementia (Setiyani et al., 2020). Transitioning people from independent living to nursing care can also be problematic due to the significant shift in lifestyle

(Sanya & Kumaran, 2020). Additionally, the globally aging population provides an increasing challenge to nursing care health professionals (Khagi et al., 2020). It is also demanded that professional nurses know the social and psychological issues of the elderly to serve them better (Khaton et al., 2022). The insufficiency of nursing staff, especially those with special training for the elderly, further magnifies the challenges faced by professional nurses (Zhang et al., 2021).

Professional nurses often find it challenging that managing care duties and health roles simultaneously may leave them physically and mentally exhausted, low in productivity, and low job satisfaction. Such combinations of caring and professional nursing roles put the nurses at ease and make them uncomfortable (Khatatbeh et al., 2022). In nursing, the care provided to the elderly in terms of professionalism is significant; it ensures the well-being of the elderly, a relatively vulnerable portion of the population. In support of this fact, appreciation should be enforced with professional nurses to make them feel valued as care providers for the elderly; a lack of appraisal would make professional nurses feel isolated. Although nursing elderlies can be rewarding, it also comes with challenges (Smith, 2023). The work of this nature in caregiving, however, has ominous effects on the physical and mental health of professional nurses. It engenders a disposition towards burnout, stress, and compassion fatigue. The positive impact of nursing care on older people may result in happiness and resilience on the part of the professional nurse and the one receiving it (Pakai et al., 2022).

Professional nurses often undergo emotional struggles and are very stressed in their professional and social lives, whether they are family members of frail elderly adults or professional nurses (Sui et al., 2023). This stress tends to lead to burnout, which is a condition characterized by emotional, physical, and mental exhaustion that results from prolonged exposure to demanding and stressful situations (Storm & Chen, 2020). It is essential to understand the challenges and experiences through which

professional nurses find themselves. A clear understanding of the experience of professional nurses gives an insight into the key areas where a focus needs to be placed to ensure that there is a built and sustained nursing workforce (Guttormson et al., 2022), and this underlines the impetus to explore the lived experiences of the professional nurses in such settings. Consequently, this goes a long way to explain why it is justifiable to explore the lived experience of professional nurses in such settings. Understanding these experiences empowers not just the comprehension of human wholeness among professional nurses but also boosts the ability of professional nurses to deliver skilled nursing care, ultimately enhancing total patient outcomes.

This study bridges the gap in research in Ozamiz City as to the experiences of professional nurses giving care to the elderly. Although some studies have been conducted on the elderly patient's experience with nursing care, no research has been done on the lived experience of nurses giving care to the elderly in this locale (Vu et al., 2019). Other relevant studies to the current one includes that of Muhsin et al. (2020) and that of Salia et al. (2022), which examined knowledge, attitudes, and care practices toward older people in a plurality of settings but did not go into detail to understand the experiences of professional nurses directly in the provision of care to the elderly in Ozamiz City. Other relevant studies include Abdu (2024), which looked at just a few of the factors that influence care for the elderly among nursing staff which were not within the localized context of Ozamiz City. The gap identified from the available literature, therefore, forms the basis for conducting expansive research to unveil the experiences, challenges, and views of professional nurses in giving care to the elderly at Ozamis City.

Theoretical Framework

This study seeks to investigate the lived experience of professional nurses in the care of the elderly within the context of the theory of Human Caring, as explained

by Jean Watson, to understand the interpersonal relationship between professional nurses and patients while caring for the elderly. The theory by Watson emphasizes that creative behavior is a holistic process that creates profound personal connections between professional nurses and their patients. This all-around approach emphasizes important physical, mental, emotional, and spiritual aspects of elderly patients in increasing quality care (Kunsmann-Leutiger et al., 2021). Relating to this, the concept of carative factors by Jean Watson in nursing has a great role, especially in caring for the elderly. The causative factors to be put here include the formation of a humanistic-altruistic system of values, the instillation of faith-hope, the development of a helping-trusting, human-caring relationship, and the promotion and acceptance of the expression of positive and negative feelings.

Creating a system of humanistic-altruistic values in the care of the elderly is essential because this allows the perception of each individual as a unique person deserving of care. This creative factor is explained by Watson (2008) toward caring for the elderly with a higher quality of care provided by professional nurses as a result of recognizing the inherent value and dignity of the elderly. Humanistic-altruistic values encourage working professional nurses to have deep feelings of compassion for their patients, the old, which helps in improving the whole caring experience. Hope in the elderly is a significant causative factor and plays an important role in the care given by professional nurses. Embracing humanistic-altruistic values, professional nurses can hold deep respect and concern for the old, improving the whole caring experience. In this respect, this carative factor instills hope in the elderly that professional nurses should enhance. Among the vital carative factors, the instillation of an optimistic attitude and the belief in the capacity of the elderly ignite the embers of triumph and maintain a positive temperament within elderly individuals, giving them the fortitude to summon the challenges of aging with courage. This process involves the development of trust. This process involves the development of trust and confidence in

the ability of the elderly to find meaning and purpose in their lives under even the most difficult circumstances.

The backbone of the nursing practice, particularly in taking care of elderly patients, is the establishment of a helping-trusting, human-caring relationship. There are several nursing theories, and one of them is Watson's Theory of Human Caring, which stipulates that one of the central core phenomena of interest in nursing care is the close relationship between the professional nurse and patient (Antonini et al., 2021). These theories highlight that professional nurse have to be engaged in dependable human caring relationships in support of healing, morality, and completeness.

Therefore, it is expedient to firmly establish a solid rapport based on mutual respect, empathy, and trust for creating a therapeutic alliance that will foster healing and well-being. It is a caring factor in which professional nurses try to build authentic relationships with their elderly patients to know what those patients need, prefer, and worry about, hence a sense of comfort and security in the chosen relationship (Poyato & Rodríguez-Nogueira, 2020). Lastly, the facilitation and acknowledgment of the expression of positive and negative feelings are also essential to be taken care of by the elderly, as feelings play an essential role in their quality of life. The establishment of a supportive environment, in which the elderly feel understood and validated, and their emotional healing and resilience are attested, is augmented. Some studies have shown the role of emotional expression in different scenarios, for example, during the provision of health care, where emotional catharsis can lead to the betterment of outcomes for the patients. Professional nurses are often called upon to determine the care of elderly patients, and many times, these decisions are highly complicated by moral, psychological, and professional issues.

Nursing care for the elderly includes emotional and psychological care, including spiritual support. Chaboyer et al. (2020) also supported the same in their review of reviews regarding the nature of psychological and emotional care. Such

evidence underlines the need to embrace the emotional, psychological, and spiritual dimensions of care when delivering nursing services to the elderly. The human relationship between the professional nurse and the elderly patients tends to go beyond the professional boundaries of the nurses. It extends to not only physical care but also the emotional support, companionship, and security of elderly patients. However, this also imposed professional barriers and social difficulties on the nurses, as put forth by Song and Tang (2019). This relationship is complex, and professional nurses are to experience the genuine feeling of the ways to navigate the professional and social challenges as they pertain to elderly patients. This information is essential for the understanding of experiences significant in the context of caring for older adults, especially with the emergence of a growing number of older adults.

Izquierdo et al. (2021) have conducted research that explained the importance of international recommendations for exercise among the elderly. With Jean Watson's Human Caring Theory, such recommendations can be well understood regarding the need for care of the physical and mental needs of the elderly. The theory directs action to care holistically for individuals concerning their physical, emotional, social, and spiritual needs. The professional nurses who practice under Watson's Theory of Human Caring have improved perceptions of caring at work; this theory has a positive influence on the professional practice environment.

Conceptual Framework

The conceptual framework of this study seeks to identify the lived experiences of proficient professional nurses with the elderly. It is directed towards an inquiry into the unique experiences and perspectives of professional nurses and acquiring a comprehensive understanding of the challenges and rewards that make caring for a person with elderly a challenging yet satisfying experience. This framework explains the levels of factors that affect the competence of professional nurses in giving care to

the elderly, whether they manifest medical issues, and in what ways these are interrelated.

Lived Experiences of Professional Nurses It is the first-hand interactions, perspectives, and insights gathered by a professional nurse who has spent at least six months caring for the elderly. This definition considers practical experiences and emotional relationships that professional nurses have developed through dealing with the specific needs of elderly person patients, in addition to the knowledge, skills, attitudes, and abilities that are vital when effectively taking care of elderly person patients (Vu et al., 2019). This is further corroborated by a study on the impact of professional experience on the learning of geriatric care concepts by professional nurses, showcasing the fact that prolonged exposure to the care of the elderly enhances an individual's knowledge and skills in addressing the complex needs of this clientele (Amsalu et al., 2021). These findings opened the lived experiences of professional nurses in giving care to the elderly as a multifaceted concept, influenced by practical experiences to administer hands-on care, learning how things are done, and relationships with elderly persons. At the same time, elderly individual's preferences and decisions related to the care setting also strongly influence the practical experiences nurses undergo.

As pointed out by Du et al (2019) in the context of preferences for care among older populations, it is a widespread preference by many elderlies to be given care at home, which means that professional nurses must be flexible in changing their practices at diverse places to suit the needs of their elderly patients. Furthermore, Guo et al.'s (2020) research also noted that the elderly embraces the idea of choosing nursing care, and interspersed throughout their discussions of intergenerational family support in the decision-making process is how professional nurses balance between familial dynamics and patient preferences in their roles of caregiving. All these studies help professional nurses in their roles as caregivers. These are evidence of the dynamic

nature and need for nurses to collaborate with the patients, families, and support networks to offer holistic, patient-centered care.

Elderly. Nursing among the elderly transcends years; these people are 65 years and above, with or without illnesses of a chronic nature, inabilities, or any conditions with such inclinations demanding medical care that varies in intensities (Li et al., 2022). This all-inclusive definition takes into account the diverse healthcare needs of the elderly and presses the need for holistic care, addressing, among others, age-related issues and underlying health conditions that may be present in them (Wan & Chin, 2021). Generally, elderly persons are 65 years and above (American Geriatrics Society, 2019). This definition is used commonly in different healthcare settings and in research studies that focus on geriatric care. This age threshold is important because it coincides with the traditional retirement age in several countries and has some specific health considerations related to aging. In geriatric health care, the elderly forms a particular group for which care has to be tailored while considering the changes in health and functions that come with age. Such a definition of the elderly conforms to the classification of those 65 and older by the World Health Organization as individuals, otherwise called elderly or seniors with distinct healthcare needs.

Health professionals who work with the elderly should be competent to handle all kinds of medical challenges, from treating chronic illnesses to promoting overall healthiness and quality of life (Akande-Sholabi & Fafemi, 2022). Also, the idea of the elderly in health touches on preservation from psychosocial problems, not only physical health. The elderly may face challenges like social isolation, cognitive decline, and mental health problems that need special care and support services (Shi & Zhang, 2023). All the same, nursing care for the elderly should consider the needs of the whole population, including its mental and social components (Zhou et al., 2022).

Professional Nurses are registered nurses who hold the required licensure and conditions to be professional nurses. These nurses take responsibility for the care of the

elderly, related or not, and can be employed in various settings of health care delivery: hospitals, clinics, nursing homes, or in-home care agencies (Wu et al., 2020). These roles include the provision of care and comprehensive care delivery for the elderly. Professional nurses have a critical role to play when it comes to the aspect of quality care for the elderly. In this aspect, they are required to observe professionalism, competency, and ethical modes of communication with the clients, families, communities, and healthcare teams.

However, geriatric nurses are scarce in the Philippines, as numerous people serving the elderly proved to be caregivers, not professional geriatric nurses (MPH, 2024). The shortage of geriatric nurses is severe and affects the quality of care that can be given to the country's elderly population. The key to closing this gap involves national government agencies and professional organizations, including the Philippine Nurses Association, Gerontology Nurses Association of the Philippines, and the Philippine Society of Geriatrics and Gerontology. Coupled with the worldwide shortage of professional nurses that affects healthcare systems worldwide, even that of the Philippines, the demand for a specialized workforce of geriatric nurses becomes more pressing. A nursing shortage appears when the demand for nursing services has already surpassed the available workforce, resulting in problems delivering the right care to many who might need it, such as the elderly.

This study explored, in-depth, the experiences, challenges, and barriers that professional nurses face while caring for the elderly. This study aimed to explore the personal experiences of skilled nurses to uncover the underlying complexities involved in providing care for the elderly.

Objectives of the Study

With the research questions in mind and in the quest for developing an exhaustive literature review, this study, therefore, aimed to explore the lived

experiences of professional nurses caring for the elderly in terms of subjective experiences, feelings and encountered challenges. In so doing, it tries to discover what exact obstacles, difficulties, and hurdles professional nurses face when caring for the elderly. In this way, the study attempted to point out areas that require improvement and intervention to improve the quality-of-care services received by elderly individuals.

Significance of the Study

There are significant implications for stakeholders in the healthcare community and beyond. This provides a chance for professional nurses to look into challenges and coping strategies that lie in taking care of the elderly, offering invaluable inputs to the advancement of health, caregiving practices, and work-life balance. Hospital administrators and authorities in health care can further benefit in supporting the role of policies and support systems that will enable the nurses to play their roles as care providers effectively within the constraints of their professional duties. Families of experienced nurses are given a window into the world of nursing and aid in communicating with and supporting the professional nurse. The understanding will aid in the enhancement of bonds and communication among the attending staff to improve the quality of care delivered to elderly relatives under nursing care. Professional nurses would have an opportunity to internalize these discussions, which are going to help in the instillation of a culture of compassion and support in the workplace.

The findings of this study offer educational institutions the potential to apply them to nursing courses, thereby preparing the curriculum for future nurses who will be better suited to meet the demands of juggling private lives with professional careers. Moreover, the study shall provide plausible concepts in areas of academic discussion of nursing, gerontology, and family care, arousing interest and enhancing insight into problems likely to be met in practice by nurses in the same caregiving situation.

RESEARCH METHODOLOGY

This segment examines this study's exploration procedures. The system is used to examine professional nurses' interactions with the elderly regardless of whether they exhibit a chronic illness, disability, or other condition that requires extensive medical treatment for at least 6 months. Ensuring the validity of the study was guaranteed by understanding the parts of this chapter.

Research Design

This study used a qualitative descriptive phenomenological research design. Through the lens of descriptive phenomenological design, it focused on feelings, meanings, and thoughts to get what people went through. This helped to see the whole picture of their experiences (Neubauer et al., 2019). Researchers used open-ended interviews, observations, and written accounts to gather data directly from individuals who have experienced the phenomenon of interest. A descriptive phenomenological investigation of these lived encounters is conceivable with this hypothetical study.

Research Environment

Professional nurses working with the elderly in Ozamiz City, Misamis Occidental, navigate a unique healthcare environment characterized by diverse settings, from hospitals to community centers. They provide comprehensive care addressing physical, emotional, and social needs, often facing challenges such as high workloads, limited resources, and the need for continuous professional development. Ozamiz, officially referred to as the city of Ozamiz, holds the status of a third-class component city in the province of Misamis Occidental, Ozamiz is in proximity to Zamboanga del Norte provinces to its west. Despite the challenges, nurses find fulfillment in improving the quality of life for elderly patients and play a vital role in public health through community outreach and support networks, contributing significantly to the well-being of the aging population in the city.

Participants of the Study/Unit of Analysis and Sampling Procedure

The study used non-probability snowball sampling in selecting study participants to gather in-depth experiences and perspectives. Researchers used this sampling to select individuals based on study goals. Referrals from Ozamiz City professional networks, healthcare facilities, and personal contacts were used to find participants. The following were the criteria that were used to choose the participants: (1) Professional Nurses who had an active current nursing license, employed either in home healthcare settings or within hospital environments. (2) They were currently caring for elderly, aged 65 years and above, regardless of whether they exhibited a chronic illness, disability, or other condition that require extensive medical treatment for at least 6 months.

The study participants included Professional Nurses working in Ozamiz City, Philippines, who had consented to voluntarily partake in the interview. The number of participants depended until data saturation was reached. The researchers chose the Professional Nurses as the target participants due to their broad medical services of extensive healthcare and training; subsequently, they were in a great position to share insightful stories about their mindful encounters while still fulfilling their professional responsibilities. Every Professional Nurse shared their encounters in caring for the elderly without specific health conditions or diseases, making them unique information sources. Analyzing each participant's narratives, viewpoints, and responses was important to

figuring out this study's phenomenon.

Data Gathering Instruments

The qualitative data collection process included deep semi-structured interviews and systematic thematic analysis. Here are the qualitative data collection steps: 1) A comprehensive assessment of research objectives influenced participant selection. One inclusion requirement was being a registered nurse who had experience

caring for an elderly individual aged 65 years old or above regardless of health condition.

These interviews empowered professional nurses to candidly discuss their caregiving experiences. The researchers used data saturation to determine when to stop collecting data. During the interviews, free-form questions were asked about the participants' motivations for caring, challenges, solutions, and how caring for the elderly had affected their careers. 2) One participant at a time, and then two members of the group conducted the interview, and the other two members did the interpretation. After every interview the data were transcribed and encoded for the researchers to determine the saturation of data. In starting the interview, the researchers greeted the participants and reiterated the purpose of the interview. 3) The participants were informed again about the voluntary nature of the study, as well as the anonymity and confidentiality before the interview. Questions in the interviews concerning the participants' experiences with caring for an elderly person were all open-ended to allow the participants to voice their thoughts, feelings, and opinions.

Data Gathering Procedure

Researchers secured first permission from the Dean of the College of Nursing, Midwifery and Radiologic Technology where the study was carried out. Upon approval, the researchers proceeded to identify participants. Before conducting the actual interview, the researchers prioritized the participants' consent. The researchers strictly observed good manners. When interviews were conducted, researchers personally asked for the permission of the participants to gauge their interest in participating in the interview. Participants were required to sign the informed consent papers to ensure their voluntary participation. The researchers ensured that the participants' rights were protected, informing them that if they were uncomfortable during the interview, they had the option of refusing to answer questions or withdrawing their participation without punishment. Following their voluntary

involvement, the researchers set up a timetable and notified them of the location or venue where the interview would take place. The participants' availability was also considered when conducting an interview. The data was collected as many times as necessary to obtain critical and relevant information.

Mode of Analysis

The researchers utilized Collaizi's (1978) seven-step method for data analysis, which includes the following: 1) understanding the protocol; 2) identifying significant statements; 3) formulating meanings; 4) clustering themes; 5) and 6) integrating results, and 7) the validation process. Colaizzi's seven-step analytical method, which includes the foundation for data analysis was established based on rigorous and dependable results. Colaizzi's (1978) method of data analysis is rigorous and robust, and therefore a qualitative method that ensures the credibility and reliability of its results. It allows researchers to reveal emergent themes and their interwoven relationships. To better comprehend the participants' verbal responses and the underlying meanings of their experiences, this study includes nonverbal reactions captured in field notes. The researchers used Colaizzi's (1978)

seven-step technique of data analysis to arrive at their conclusions.

These seven processes are as follows:

1. Making sense of the interviews' transcripts by reading and rereading them.

The first step is to understand or get a sense of the research protocol, which the researcher went over. The researchers next transcribed the information gathered during the interview and verified it to ensure that the transcription and recorded data were correct. After that, the researcher acquainted himself or herself with the data by going through all the participants' narratives multiple times. This technique guaranteed that the communicated information was not altered during transcription. To ensure participant confidentiality, only their response number was included in the written transcription of the participants.

2. Extracting significant statements.

The second stage involved identifying all statements in the accounts that are directly related to the phenomenon being investigated. It began with the textual transcription, translation, or creation of significant statements. The phrase "taking out or creating significant statements" refers to the researcher going back through each transcript. After going over each transcript and removing words or sentences that were directly related to the subject of the study (Colaizzi, 1978), the participants' sentiments or ideas were transferred into a table arrangement along with the relevant remarks. Following each interview, the significant statements (SS) were coded consecutively (e.g., SS1) for all participants.

3. Formulating meanings

After extracting significant statements (SS) from the transcription, the researchers establish meanings related to the phenomena based on a rigorous examination of the important statements. The researchers used safety measures to ensure that they didn't stray from the intended meanings because it was difficult to formulate meanings (FMs). The significant claims were assessed by the researchers for correctness and adherence to the formulating meanings (FM). According to Colaizzi (1978), the researchers determined and clarified the hidden meanings while considering the several angles and possibilities of the phenomena that are mentioned in the first transcript with the warning "meanings that have no connection with the data" should not be formed. To ensure that focus is maintained during formulating meaning development, the researchers share their findings with the research adviser.

4. Clustering themes

The researchers created cluster themes based on these clarified meanings after building each formulated meaning (FM). The researchers clustered the identified meanings into themes that are common across all accounts. This step was finished by going over the transcript and looking at the formulated meaning (FM) and significant

statements (SS). The adviser and the researchers discussed the created meanings, topics, and topic clusters.

5- 6. Integrating results and exhaustive description

In Colaizzi's fifth and sixth steps, the facts on the topic under investigation were analyzed, and compiled into a thorough description, and its underlying structure was determined. We were able to finish this step by combining the themes that were described with the theme clusters. The researchers composed a comprehensive and all-encompassing depiction of the phenomena, including every topic generated during step 4. The thorough explanation is then reduced by the researchers to a brief, dense statement that only includes the details they believe are crucial to understanding the phenomenon's structure. By reviewing the transcription, and its relevant remarks, and meanings, the researchers were

able to confirm the correctness of the transcription.

***7.* Validating**

The validation of results is the last step in Colaizzi's data analysis method. Reexamining the clusters revealed that they correctly captured the participants' experiences and requested that they verify, using their real results, the correctness of the descriptive results (full description). The participants were given access to the entire description so they could peruse it and assess the circumstances they encountered while tending to patients who were near death. Every participant concurred that the researcher's in-depth explanation captured their feelings and experiences exactly.

Ethical Considerations

In this research, the ethical treatment of participating professional nurses was paramount, and meticulous measures were in place to safeguard their well-being, privacy, and autonomy throughout the study. First and foremost, autonomy was respected, as professional nurses had the full freedom to decide whether to participate. They received comprehensive information about the study's objectives, procedures,

and potential risks and benefits before making their decision, with the assurance that they could withdraw from the study at any time without facing any consequences. Confidentiality was rigorously maintained, with all data collected being anonymized and stored securely. The names of participating professional nurses were concealed anonymously, and access to recordings and transcripts was restricted to authorized research personnel only. To ensure nonmaleficence, interview questions were sensitively crafted to minimize any potential emotional harm to participants, and support resources were readily available should any professional nurse express distress during the interviews. On the flip side, the principle of
beneficence guided the study's objectives, aiming to maximize its potential benefits.

Data was securely stored digitally using encrypted platforms like cloud storage or locally on encrypted devices such as hard drives. It was essential to organize data with clear folder structures and anonymize participants' information to protect privacy. Access was restricted to authorized personnel, with regular backups to prevent loss. Determining a retention period based on ethical guidelines and obtaining participants' consent was crucial. When data was no longer needed, it was securely disposed of following documented procedures, ensuring compliance with ethical standards. We also considered participants' rights and obtained ethics approval before implementing storage and disposal practices. By adhering to these principles, we effectively managed qualitative research data while upholding ethical standards and protecting participant confidentiality.

RESULTS AND DISCUSSION

This study explored the lived experience of professional nurses caring for the elderly. The researchers attempted to extract all the significant factors that influenced the life experiences of professional nurses caring for the elderly. Participants were able to attest to the experiences, challenges, and strategies involved in taking care of an elderly person. There were 8 participants in this study; some requested to have their personal information concealed, and few allowed the researchers to reveal their names. These participants are all residents of Ozamiz City. The researchers found that certain individuals are fit to testify and provide data for the reliability and validity of this study. The interviews consist of their accounts or experiences, or the lived experience of professional nurses caring for the elderly.

Discussion of the Themes

Cluster 1: Intrapersonal Dilemma

Intrapersonal dilemmas experienced by professional nurses caring for the elderly face personal contradictions in trying to keep patients safe while respecting their independence. It may be a moral dilemma for nurses when elderly patients refuse treatment or engage in self-destructive acts as nurses have to weigh the patient's safety and respect the autonomy of such patients. This will drain the nurse to further emotional deepness, such as overly getting frustrated and feeling wronged for just getting called and reduced to nothing but a "housekeeper" (Zhou et al., 2024). The nurses often develop deep affiliations with their geriatric patients, so they suffer emotional exhaustion. The constant exposure to pain, decay, and death makes the health of nurses potentially be affected. They might have
feelings of inadequacy, sadness, and some fatigue at times.

Professional Role. The professional role of the nurse as the career of the nurse providing care to the elderly is lauded, but nurses can view themselves as simply

someone who is being ‘treated like a house helper’ if they spend a great deal of time simply helping with the tasks of bathing and dressing, rather than utilizing their skills in nursing care. Nurses can be frustrated and feel they are unappreciated if their knowledge and training are underused as in work roles that are different from roles of caring or tending to human needs that are more typically seen as the domain of house helper (Harris et al., 2020; McDonald & Walsh, 2021). Additionally, when providing care to patients, nurses might stumble into extra challenges, especially if the patient is not the same gender or has cognitive disabilities that make communication difficult (Thompson & Carter, 2022). These challenges are particularly apparent in settings where personal care responsibilities are prioritized above the more specialized aspects of nursing. The cumulative mental and physical stress of this work could lead to devaluation and professional dissatisfaction, as stated by Brown et al. (2021) and, as can be seen in the research by Jones and Smith (2023), it could be tough for a nurse to balance their professional self, which may be a vulnerability to stress and burnout. The psychological and physiological strains of this nature of work would result in devaluation and dissatisfaction professionally (Brown et al., 2021).

> *“...mura lage kog yaya inig manglakaw me usahay ba.” (P6)*
>
> (“…I feel like I was a house helper rather than a nurse especially when we go outside.”) (P6)
>
> *“...American citizen medyo grabe ang struggle ato niya kay tanan nang bad words iyang ge throw sa amoa, maski sa mga doctors, mga consultant, yes wala syay pilion ipang labay jd niya ang mga gamit murag na challenge gud among pagka professional ato” (P3)*
>
> (“…American patient who was verbally abusive to all of us, including the physicians and consultants, which put our professionalism to the test.”) (P3)

Effective management of such challenges can be realized only through appreciation and employing the full scope of the nursing skills, whereby the nurses are appreciated, and their professional contributions are valued. This includes supporting and training in handling the emotional aspects of personal care, especially in distressing situations, with more respect for nurses' well-being and job satisfaction (Smith, 2021)

Emotional Boundaries. Emotional boundaries are a psychological separation between people and others when dealing with emotions. This psychological separation is hard to create, especially in nursing practice when nurses deal with older people. Recent research reports have emphasized the importance of such emotional boundaries in preventing burnout and in ensuring the delivery of high-quality care. There is, therefore, a need to promote emotional boundaries for nurses, such that their psychological needs are met even as they provide sympathetic care to elderly clients. There is a tendency for nurses to succumb to emotional burnout, and compassion fatigue impairs significantly the ability to deliver care at their best without these professional boundaries in place (Smith et al., 2021; Johnson & Brown, 2022)—the work of the nurse with the elderly demands much-needed professional boundaries. Being involved too emotionally may lead them to distress, but, at the same time, they should stay objective and give the best care possible. This balance leads to better patient outcomes and improved nurse job satisfaction (Williams & Thompson, 2021). Emotional boundaries in their protection are among the lived experiences of the nurses caring for older people. Missed emotional boundaries put the nurses at a higher risk of burnout, compromising their effectiveness in service delivery to the clients (Martin & Garcia, 2023).

> *"…dili ta angay maka feel ug sympathy but empathetic ta dapat…" (7)*
> ("… It is not right for us nurses to have so much sympathy, but we should be more empathic with our patients...") (7)

"…ning kalit lang syag kasuko, ako nga himi kaayu kay siguro the way the tone sa iyang voice pabanghag jud mao to mura kog nasakitan…" (2)

("… all of a sudden, she became very angry. Since I'm a sensitive person, perhaps the tone of her voice caused me to become upset…") (2)

Healthy boundary workings mean that these assist individual nurses to attain wellness and, therefore, employment with all the skills needed to deliver loving and reliable care. It was proven that nurses can set up and maintain emotional boundaries and can work off the demand characteristics of their work, which consequently leads to lifelong satisfaction in both the personal and professional spheres (Davis & Clark, 2020; Lee et al., 2023).

Cluster Theme 2: Interpersonal Challenges

Challenges in interpersonal relationships in nursing care for the elderly involve obstacles in communication, forming connections, and working together with patients, families, and healthcare colleagues.

Different Patient Personalities/Preferences. Different patient personalities and preferences concerning professional nursing care for the elderly refer to the differing characteristics, behaviors, and preferences shown by older adults.

Different patient personalities and preferences were stated by Participants 8 and 2.

"Dili jud malikayan na ang ubang pasyente na akong ma handle kay dali ra jud masuko samot na kay tigulang pero sometimes kay naa pod mga panahon na approachable sila nga magkinahanglan jod og patience and understanding pod samot na nga mamili na sila kung onsa ilang ganahan kan on na mga pag kaon". (P8)

(I cannot avoid encountering patients who are difficult to handle because they easily get angry, especially the elderly, but there are also

times when they are approachable and really need patience and understanding, especially in choosing what food they would like to eat."). (P8)

"Nakadawat na ko'g daghan kaayo'g experience sa pag-atiman sa mga tigulang, dili sayon kay lain-lain ilang personalidad ug daghan kaayo'g mga kausaban dayon dali masuko maong kinahanglan natong masabtan sila ilabina sa mga panahon nga kinahanglan sila mo inom sa ilang mga tambal na ge prescribe sa doctor dili sila ganahan ma tugaw sa ilang pag tulog". (P2)

(I have a lot of experience in giving care to the elderly, it's not that easy since they have different personalities and there are lots of changes and they are very short-tempered, so we need to understand them and also there are times when they need to take the medications prescribed by their doctor, but they don't want their sleep to be disturbed.) (P2)

The study by Smith et al. (2019) illuminated the tribulations that emerged among professional nurses trying to accommodate the different personalities and preferences of older people. Significantly, this also recognized differences among older people concerning care preference and communication style, highlighting the need for personalized and patient-centered approaches to nursing care. The experiences of professional nurses in caring for elderly patients are based on their interaction with people who exhibit a diversity of personalities and preferences, and they have to tailor care strategies accordingly to avail quality and individualized care. Besides this, professional nurses who are in the care of elderly individuals must work on these differences in personalities and preferences to ensure every patient is given a kind of care that is specially designed for their needs to lead to well-being maximization (Johnson et al 2020).

Interaction with family/ Significant Others. The necessity of engagement with the family and significant others in the context of professional nursing care for older people is in recognition and interaction with the support systems and caregivers of elderly clients in providing holistic and comprehensive care. Interaction with family/ Significant Others was stated by Participant 6.

> "*Usa sa mga pagsulay nga akong naagian kay ang paghalubilo sa pamilya sa imong pasyente….". (P6)*
>
> (One of the challenges I encounter is how you interact with the family of your patient…) (P6)

According to a study done by Garcia et al. (2020), family presence in the care of elderly patients is significant. Practical cooperation and communication between professional medical workers and families is inevitable. The overall status and conditions of the elderly individuals were in good standing condition; it was very significant for the professional nurse to establish healthy relationships with the families and the significant others to be able to provide the best care for the welfare of their elders. Experienced nurses in establishing relationships with the family and considerable others include health dialogue and working together in treating the elderly patient. Caregiving experiences of nurses in the professional practice with older people indicate that interaction with families underpins developing solid partnerships for enhancing the quality of care.

Availability of resources. Resource availability refers to resource accessibility and adequacy of essential tools, facilities, staffing, and support services that are required to ensure the maximum and effective delivery of nursing services to meet the complex needs of older adults. Resource availability is a significant factor in professional nursing care for older people, with a significant impact on the quality and accessibility of care given to older people. Availability of resources was stated by Participants 4 and 6.

"Dili gyud ta advance kaayo pag-abot sa technology, dili parehas sa Cebu, Manila, o sa laing mga nasud, so kinahanglan gyud nga kaayo na resourceful ta. As nurse, kinahanglan na magpabilin nga resourceful kay kinahanglan gyud nato nga naay mga butang nga kinahanglanon". (P4)

(We are not really advanced when it comes to technology, not like in Cebu, Manila, or other countries, so we are just so resourceful. So as nurses, we need to be more resourceful because we need to have things that are needed.) (P4)

"Usa sa mga challenges sa pag-atiman sa mga tigulang nga pasyente kay ang limitadong mga resources tungod kay naa ra sa balay sama sa pag tabang kung aswaton na ang pasyente walay maka tabang og kanang walay wheelchair na magamit og uban pang gamit na mga kinahanglanon". (P6)

(One of the challenges in taking care of elderly patients is the limited resources because we are at home, for example, when the patient needs to be transferred and there is no one to help, and there is no wheelchair or other necessary equipment available) (P6)

A study conducted by Santos et al. (2020) pointed out that, in some areas, health institutions may not be updated with the latest technology, which leads professional nurses to utilize resourcefulness to provide the necessary care to patient's difficulty experienced by professional nurses in handling home-based settings patients when equipment and infrastructure are not available in settings. It has further explained that resource availability affected this care provision for elderly patients. Working professional nurses face many problems to ensure that the resources like staffing, equipment, and support services essential to meet the multifaceted health needs of older people are provided on demand.

Cluster Theme 3: Coping Strategies

Effective Communication. The responsibilities in handling the elderly identify another feature of patient-centered care that professional nurses may extend, thereby elevating the standard in the care that is given. An excellent rapport between experienced nurses and older patients leads to good results in improved patient satisfaction and results from active listening and clear explanations of things through the utilization of practical communication skills towards older patients (Brown et al., 2019). Establishing trust and creating a safe and comfortable environment for patients are two of how communication is so important in addressing the special needs and concerns of the elderly patient population (Jones et al., 2019). The participants of the survey discuss the techniques they used and the challenges they experienced while working with the elderly.

During the interview, the participants reported:

> *"... Mao ng dapat gyud kaayo ang proper communication then dapat gyud ikaw mismo sa imong self di jud ka mag pa aron ingnon dapat kahibaw jud ka maki bagay sa ila". (P6)*
>
> (… That's why proper communication is really important, and you should not act superior. You should know how to get along with them.) (P6)
>
> *"So, it really matters jud no the way ta mo expresses sa word the way ta mo delivers sa instructions so dapat hinay hinayon jud nato sila kay usahay ma misinterpret pud nila na then dapat long patience lang jud ta sa ilaha" (P2)*
>
> (So, it really matters how we express our words and deliver instructions. We should approach them gently because sometimes they might misinterpret us. We also need to have a lot of patience with them.) (P2)

"So ikaw ra jud ilahang ma istorya mangita jud ta og paagi na matabangan sila ang emotion grabe jud na maka affect sa ilaha." (P3)
(So, you are the only one they can talk to, we must find a way to help them with their emotion because it has a bigger effect on them.) (P3)
"... Imo silang pasabton like kung pwede e word by word nimo sila like baby babyhon nimo sila dayun mag establish og nurse-patient relationship para makuha nimo ilang cooperation." (P7)
(… let them understand if possible in a way that you give instructions word by word and also handle them like they are babies and establish a nurse-patient relationship to gain their cooperation) (P7).

Effective communication and authenticity are key components in providing care for elderly patients and their families. Genuine communication is important in a healthcare setting (Johnson et al 2019). It is crucial for professional nurses to listen actively to the concerns of family members and patients, and to approach interactions with sincerity and empathy. By being authentic and transparent in their communication, professional nurses can build trust and establish strong relationships with families, ultimately enhancing the quality of care provided to elderly patients. It is essential to communicate openly, acknowledge uncertainties, and work collaboratively with families to address their needs and concerns in a supportive and compassionate manner. The critical role of effective communication in the lived experiences of professional nurses caring for the elderly, demonstrates that clear and empathetic communication can greatly impact the quality of
care and overall well-being of elderly patients.

Helping-Trusting Relationship. Trust is instrumental in addressing the issues related to providing care for older people, and this is well exhibited in the surveyed work done (Kim et al., 2021). The research resonates with Jean Watson's theory of human caring, where she describes her theory as a caring healing environment based

upon trust and authenticity. By establishing means of connection in a confident manner, professional nurses are able to have an insight into the needs as well as anxieties of their geriatric patients, thus able to craft better care experiences and to the advantage of patient outcomes.

> *"I make sure jud na mo cooperate sila so you need to gain their trust jud og build trust" (P3)*
>
> (I always make sure that they cooperate, so you need to gain their trust and build trust.) (P3)
>
> *"I have to gain trust in order for the relationship to build, if you build trust dara na dayun mag sunod sunod like mo follow og tuman na sya nimo mo " (P2)*
>
> (I have to gain trust for the relationship to build, and you build trust then they will follow and obey you.) (P2)
>
> *"... you have to lower down your voice and let them understand mao ni dapat ana until makuha nimo ilaang trust, makuha lang nimo nga makasabot sila that they have to do that though di sila ganahan." (P5)*
>
> ("… you have to lower your voice and let them understand what it should be until you get their trust, you can only get them to agree that they have to do that even though they don't like it.") (P5)

Instillation of Faith-Hope. There are several ways that professional nurses can rekindle faith and hope in elderly patients. A study by Reed et al., (2023) in the United States assessed the influence of story-telling interventions on hope in older adults with chronic illness. The narrative approaches among nurses (reminiscing about past achievements or co-creating future visions) promoted hope and equipped patients with how to make current experiences meaningful to them. Professional nurses can help by emphasizing the resources and strengths already available to patients, celebrating even the smallest successes, and supporting a hopeful real outlook. By practicing these

professional nurses may help the professional nurses to enable their elderly patients to cope well and face challenges with higher confidence.

> *"Patience ra jud, ako gi buhat is strengthened nako akong patience for me to continue in taking care and I also pray that ever will be okay. Most of the*
> *time gihimo nako ang tanan". P (8)*
> (It's only patience, what I did was strengthen my patience for me to continue taking care, and I also pray that everything will be okay. Most of the time I did my best". P (8)

Patience. As emphasized by Kim et al. (2021), patience is a fundamental virtue for gerontological nurses to practice as experienced from a hospital in Taiwan; The study showed that elderly patients tend to communicate in a slower fashion, and thus, may need longer to understand the instructions or to voice their concerns. According to Jean Watson's theory of human caring, the caring-healing environment is founded on not rushing patients to the finish line but allowing them to take and embrace each day in their own time. Patience will help to create a safe environment that supports elderly patients to ask questions or to actively engage in their care. This, in turn, contributes to improved patient care and a more rewarding experience for both professional nurses and patients.

> *"Mag take care elderly need jud kag a lot of patience and understanding…." (P3)*
> (Taking care of an elderly requires a lot of patience and understanding ...) (P3).
> *"Case to case basis like for example for me, it was my grandfather gi dementia man gud siya so dapat nimo imo broaden or I extend imo patience…"(P5)*

(On a case-by-case basis, for example, for me, it was my grandfather; he also has dementia, so you should broaden or extend your patience..). (P5)

"Patience, is the number one strategy when taking care of an elderly….(P5)

(Patience is the number one strategy when taking care of the elderly...) (P5)

"Naka experience ko nga maka learn ko nga taas og pasensya…" (P1)

(I have experienced that I can learn to be patient...) (P1)

CONCLUSION AND RECOMMENDATIONS

Conclusions

Based on the findings, the researchers were able to conclude the following:

1. Caring for the elderly requires an all-around understanding of the complex dynamics of geriatric care, addressing intrapersonal dilemmas, interpersonal challenges, and coping strategies. Therefore, recognizing and addressing these complexities is essential to improving geriatric nursing practice.
2. Balancing clinical tasks with emotional boundaries and interpersonal relationships is critical for effective care of older individuals. Therefore, healthcare institutions should prioritize training programs that focus on these aspects.
3. Establishing clear professional roles and personal boundaries is essential in managing emotional stress, resolving ethical dilemmas, and ensuring the independence and safety of elderly patients. Therefore, healthcare providers must develop policies and strategies to support nurses in maintaining these boundaries.
4. Effective and empathetic communication is crucial for building trust and rapport with elderly patients. Therefore, communication skills training should be integrated into geriatric nursing education to improve the quality of care and nurse-patient relationships.
5. Developing the necessary skills to address the emotional demands of geriatric care while maintaining professional boundaries enhances nurses' resilience and improves patient outcomes. Therefore, resilience-building programs should be incorporated into nursing support systems.
6. Family support and active participation play a vital role in enhancing the quality and effectiveness of geriatric care. Therefore, involving family members in care

planning ensures individualized care plans that promote the well-being of elderly patients.

7. Strengthening the collaboration between healthcare providers and family members ensures patient-centered care and achieves the highest level of outcomes in geriatric settings. Therefore, fostering this collaboration should be a core focus of geriatric care policies and practices.

Recommendations

Based on the findings of this study, the researcher made recommendations as follows:

1. Healthcare institutions and administrators may implement training programs focusing on emotional intelligence, communication skills, and self-care strategies for professional nurses in elderly care settings. Institutions may prioritize resource allocation to ensure adequate staffing, equipment, and support services for elderly patients.

2. Professional nurses may foster a culture of collaboration and open communication between professional nurses, patients, and families, which can enhance the overall care experience and promote positive outcomes.

3. Policy makers and healthcare planners should note that future areas of research in-home care by registered nurses could focus on the needs of older patients and those who require full compensatory support in their activities of daily living. The focus on this subpopulation will provide the researchers with many valuable inferences that relate to the unique care requirements, interventions, and support systems that are considered necessary to put in place if improved quality of care is to be offered at home.

4. Researchers and academics suggest that future research could explore the long-term effects of coping strategies on professional nurse well-being and patient satisfaction, further enriching our understanding of effective care practices in geriatric

nursing. By integrating these recommendations into practice, healthcare organizations can create a supportive environment for professional nurses caring for the elderly, ultimately improving the quality of care and outcomes for this vulnerable population.

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APPENDICES

Appendix A: Research Questionnaire

Introductory Phase Questions:

1. Hello! Thank you so much for taking the time for this interview. I hope it's okay if I ask you a few personal questions before we begin?

   (Kumusta! Daghang salamat sa pagkuha sa panahon alang niining panayam. Hinaot okay lang kung mangutana ko og pipila ka personal nga mga pangutana sa imo sauna kita mag- umpisa?)

2. How are you feeling today, and what are your expectations for today?

   (Unsa imong gibati karon, ug unsa imong gilauman karong adlawa?)

3. Is there anything you would like to share or express before we start our interview?

   (Aduna ba kay mga butang nga gusto isulti o ipahibalo kanako sa wala pa kita magsugod sa atong panayam?)

4. Could you please share your name, and if it's okay, a little bit about yourself?

   (Pwede ba nga i-share nimo ang imong ngalan, ug kung pwede lang, gamay'ng bahin mahitungod kanimo?)

5. How do you feel about the topic of caring for elderly?

   (Unsa imong gibati mahitungod sa topiko sa pag-atiman sa mga tigulang?)

Main Questions:

1. How was your experience in taking care of an elderly?

   (Kumusta ang imong kasinatian sa pag-atiman sa usa ka tigulang?)

2. Is it challenging in taking care of an elderly?

   (Lisud ba mag atiman og tigulang?)

3. What are the hurdles you encounter along the way?

Appendix A (cont.): Research Questionnaire

(Unsa ang mga kalisod na imong na agian?)

Follow-Up Questions:

1. Can you share any specific moments or experiences that stood out to you while taking care of an elderly individual?

   (Mahimo ka bang mo-share og mga partikular nga mga kasinatian o mga eksperyensya nga labaw nga nalingaw nimo samtang nag-atiman sa usa ka tigulang?)

2. What strategies did you find most effective in overcoming the challenges of caregiving for an elderly person?

   (Unsa nga mga estratehiya ang nimo nasinati nga labing epektibo sa pag-ubos sa mga mga hagit sa pag-atiman sa usa ka tigulang?)

3. Can you describe how you effectively dealt with or overcame some of the hurdles you encountered while caregiving for the elderly?

   (Mahimo ba nimo ilarawan kung unsa ka epektibo imong gibati o nasulbadan ang pipila sa mga balak nga imong naatubang samtang nag-atiman sa mga matanda?)

Appendix B: Filled Out Research Questionnaire

Introductory Phase Questions:

1. Hello! Thank you so much for taking the time for this interview. I hope it's okay if I ask you a few personal questions before we begin?

Hello! Thank you for having me. Yes, feel free to ask any questions; I'm happy to share P (6).

2. How are you feeling today, and what are your expectations for today?

I'm feeling good, and I expect this to be a meaningful discussion where I can provide insights on elderly care P (6).

3. Is there anything you would like to share or express before we start our interview?

No, I'm ready to begin. I look forward to an open conversation about my experiences (P6).

4. Could you please share your name, and if it's okay, a little bit about yourself?

I worked as a Private Duty Nurse (PDN) before. I have extensive experience in elderly care (P6).

5. How do you feel about the topic of caring for elderly?

I feel deeply committed to the topic of elderly care. It's both challenging and fulfilling, and I believe it requires a compassionate approach to truly support their needs and dignity (P6).

Main Questions:

1. How was your experience in taking care of an elderly?

In my case, during my experience last way back 2013 I think, so I experience having a geriatric patient in their home, Since I was a PDN so on my part it was a little bit challenging and exciting in taking care of an elderly patients (P6).

2. Is it challenging in taking care of an elderly.

Yes (P6).

Appendix B (cont.) Filled Out Research Questionnaire

3. What are the hurdles you encounter along the way?

Maybe one of the challenges in taking care of elderly patients is the limited resources because we are at home. The other challenge is how you deal with your patient, depending on their situation. Either your patient is bedridden or ambulatory, but so far on my first patient, she was ambulatory, so it seems easy for me to handle my patient because I just assist her in her medication, daily living, and what she does every day. We also do endorsements of my fellow nurses, who are your duty. One of the challenges I encounter is how you interact with the family of your patient (P6).

Follow-Up Questions:

1. Can you share any specific moments or experiences that stood out to you while taking care of an elderly individual?

Maybe it is the appreciation of your patient that he appreciates your care for him, and besides, it seems that she can even compare to the other nurses that I work with (P6).

2. What strategies did you find most effective in overcoming the challenges of caregiving for an elderly person?

Uhm, maybe you should know how to deal with the situation because, especially when you are at the patient's house, and also not just with your patient, you will deal with her family. We can't avoid our patients, for example, but how about the family? There are other members of the family who are very strict, so you have to overcome it, but in a positive way. Even though you see it as a struggle, it really should be done in a positive way that you are towards you and your patient's family (P6).

3. Can you describe how you effectively dealt with or overcame some of the hurdles you encountered while caregiving for the elderly?

It's just that you just go with the flow. My first patient is that he has a son who is a doctor who is affiliated with Chong Hua, so every time he complains about his mother, we contact him, and if ever he has those orders, we go to the hospital, for example, and bring her to the hospital. So, there should be proper communication, and you should be yourself; you should not act as if you should know how to deal with them. Either way, is it the child or is it not to be avoided by the employer? He has many children; I am a patient; they are all wealthy; there are doctors; there are businessmen; so many of them are very strict; some of them are also kind; so even if you say

Appendix B (cont.) Filled Out Research Questionnaire

something like that, you really have to go with the flow, and then your main focus is that even if there are times when the family members make noise or whatever, your only focus is the quality care that you provide to your patient (P6).

Appendix C: Consent Form

MISAMIS UNIVERSITY
Ozamiz City
College of Nursing, Midwifery and Radiologic Technology
RESEARCH INFORMED CONSENT FORM

LIVED EXPERIENCE OF PROFESSIONAL NURSES CARING FOR AN ELDERLY

Researcher

This study is to be conducted by Lynziel Ann M. Sellana, Maribeth Soriano, Jodie Ann Suganob, and Chariz Grace D. Turno who are pursuing the degree in Bachelor of Science in Nursing at Misamis University College of Nursing, with Arnielyn M. Elmedulan as the research adviser. The researchers can be contacted through mobile numbers 09776709376, 09639397808, 09614182452, 09054917685, 09616880119, and 09108675634 or by email address lynzielann@gmail.com, maribethsoriano572@gmail.com, suganobjann@gmail.com, and charizgraceturno@gmail.com

Purpose of the Research

This study delves into professional nurses' lived experience in caring for older people in Ozamiz City. The phenomenological analysis of the challenges, coping strategies, and ethical dilemmas that professional nurses in geriatric care face gives insight that could promote quality care for elderly patients.

Description of the Research

The study is a qualitative research study and data will be gathered through face-to-face interviews.

Anonymity, Confidentiality and Privacy

Confidentiality, anonymity, and privacy will be ensured throughout the duration of the study as all data and participant identities will be anonymized in reports and publications; a pseudonym will be used, and no identifier will be collected from the participants.

Autonomy

Participants in this study are assured full autonomy to voluntarily choose their level of involvement and have the right to withdraw at any stage without facing any adverse consequences.

Risks and Benefits

The participants in interviews about their experiences taking care of the elderly may potentially cause emotional harm. This harm could stem from reliving difficult experiences, feelings of guilt or shame, and the stress of discussing sensitive topics. To mitigate this harm, the researchers ensure that participants fully understand the purpose

Appendix C (cont.): Consent Form

of the interview, what topics will be covered, and the potential emotional impact. In cases when individuals experience psychological discomfort, such as emotions of worthlessness, guilt, wrath, fear, or worry, the researchers will take necessary safety measures. The participants may be offered to stop the interview or reschedule the interview and will be offered psychological assistance. Participants will not receive any monetary compensation or benefits of any kind.

Storage and Disposal of Data

The materials that constitute the raw information derived from the participants will be stored in a safe authorized storage and be destroyed after data processing five years after the publication of the study. The results of this study may be published in any form for public and scholarly consumption or used in classroom instruction to enrich learning within a given period.

Participation

This study ensures that all participants are willing to volunteer and take part in the data collection process with no coercion. The participants are also given the freedom to continue with the interview, postpone and reschedule the interview, or opt to withdraw participation.

Informed Consent

By signing this consent form, you are voluntarily allowing yourself to participate in the study titled "LIVED EXPERIENCE OF PROFESSIONAL NURSES CARING FOR AN ELDERLY" This means you agree to engage in face-to-face interviews as part of the data collection process. By signing, you confirm that you have read, understood, and agreed to the initial section of this consent form. It's important to note that you are fully informed about various aspects of the study, including its purpose, methodology, associated risks, and potential benefits. Additionally, you understand how your data will be collected, stored, and handled throughout the study, as well as the possibility of publication and your involvement in it. Importantly, you retain the right to withdraw from the study at any point if you feel uncomfortable or no longer wish to participate in the information-gathering process.

_____

Printed Name and Signature of the Research Participants

Date: _____

Appendix D: Approved Letters of Consent

MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines
Tel No. +63 88 521-0367 / Telefax No. +63 88
521-2917 E-mail Address: mu@mu.edu.ph

April 12, 2024

Dr. JESUS G. OCAPAN JR., PHD, RN
College Dean - CNMRT
H.T. Feliciano St.
Ozamiz City, 7200 Misamis Occidental

Dear Dr. Ocapan,

Warm greetings!

We, the undersigned student researchers from the third-year level of Misamis University, Ozamis City, are currently engaged in a research endeavor under the auspices of the Nursing, Midwifery, and Radiologic Technology program. The focal point of our research study is the profound and nuanced exploration of the lived experiences of professional nurses in the provision of care for the elderly within the community of Ozamis City. The research study endeavors to delve into the intricacies and challenges inherent in the daily professional engagements of nurses across diverse settings, including hospitals, nursing homes, and private residences.

Utilizing a multifaceted methodological approach, the research methodology primarily involves open-ended interviews, direct observations, and the collection of written accounts from participating professional nurses. Rest assured that the research endeavors will be conducted with utmost adherence to ethical principles and rigorous methodological standards. Furthermore, we pledge that all data collected will be handled with the utmost confidentiality and utilized exclusively for this specific research study. We respectfully request your consent and support to proceed with our research study. Your endorsement and guidance are integral to the successful execution of our scholarly endeavor, and we earnestly anticipate your favorable response.

Your approval of this request will be deeply appreciated.

Thank you very much and God bless.

Respectfully Yours,
Sellana, Lynziel Ann
Soriano, Maribeth
Suganob, Jodie Ann
Turno, Chariz Grace
Students

Noted by

ARNIELYN M. EDMEDULAN, MAN, RN
Research Adviser

Approved by

JESUS G. OCAPAN JR., PHD, RN
College Dean

Appendix E: Transcript of Interviews

QUESTION	SIGNIFICANT STATEMENT	THEME FOR EACH SIGNIFICANT STATEMENT	THEMATIC CATEGORY FOR EACH THEME
1. How was your experience in taking care of an elderly?	"Dili jud malikayan na ang ubang pasyente na akong ma handle kay dali ra jud masuko samot na kay tigulang pero sometimes kay naa pod mga panahon na approachable sila nga magkinahanglan jod og patience and understanding pod samot na nga mamili na sila kung onsa ilang ganahan kan on na mga pag kaon". (P8) "Nakadawat na ko'g daghan kaayo'g experience sa pag-atiman sa mga tigulang, dili sayon kay lain-lain ilang personalidad ug daghan kaayo'g mga kausaban dayon dali masuko maong kinahanglan natong masabtan sila ilabina sa mga panahon nga kinahanglan sila mo inom sa ilang mga tambal na ge prescribe sa doctor dili sila ganahan ma tugaw sa ilang pag tulog". . (P2)	26(P8),(P2)	Different Patient Personalities/Preferences

Appendix E (cont.): Transcript of Interviews

2. Is it challenging in taking care of an elderly?	"Usa sa mga pagsulay nga akong naagian kay ang paghalubilo sa pamilya sa imong pasyente….". (P6)	27(P6)	Interaction with family/ Significant Others.
3. What are the hurdles you encounter along the way?	"Dili gyud ta advance kaayo pag-abot sa technology, dili parehas sa Cebu, Manila, o sa laing mga nasud, so kinahanglan gyud nga kaayo na resourceful ta. As nurse, kinahanglan na magpabilin nga resourceful kay kinahanglan gyud nato nga naay mga butang nga kinahanglanon". (P4) "Usa sa mga challenges sa pag-atiman sa mga tigulang nga pasyente kay ang limitadong mga resources tungod kay naa ra sa balay sama sa pag tabang kung aswaton na ang pasyente walay maka tabang og kanang walay wheelchair na magamit og uban pang gamit na mga kinahanglanon". (P6)	28,29(P4),(P6)	Availability of resources.

Appendix E (cont.): Transcript of Interviews

1. How was your experience in taking care of an elderly?	"So ikaw ra jud ilahang ma istorya mangita jud ta og paagi na matabangan sila ang emotion grabe jud na maka affect sa ilaha." (P3) "I make sure jud na mo cooperate sila so you need to gain their trust jud og build trust" (P3) "I have to gain trust in order for the relationship to build, if you build trust dara na dayun mag sunod sunod like mo follow og tuman na sya nimo mo " (P2) "… you have to lower down your voice and let them understand mao ni dapat ana until makuha nimo ilaang trust, makuha lang nimo nga makasabot sila that they have to do that though di sila ganahan." (P5)	31,32(P3) ,(P3), (P2), (P5)	Effective Communication Helping-Trusting Relationship

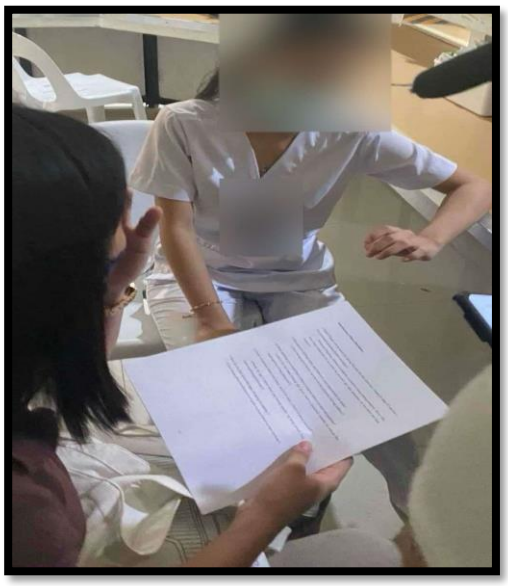
Appendix E (cont.): Transcript of Interviews

	"… Mao ng dapat gyud kaayo ang proper communication then dapat gyud ikaw mismo sa imong self di jud ka mag pa aron ingnon dapat kahibaw jud ka maki bagay sa ila". (P6)		
2. Is it challenging in taking care of an elderly?	"So, it really matters jud no the way ta mo expresses sa word the way ta mo delivers sa instructions so dapat hinay hinayon jud nato sila kay usahay ma misinterpret pud nila na then dapat long patience lang jud ta sa ilaha" (P2) "So ikaw ra jud ilahang ma istorya mangita jud ta og paagi na matabangan sila ang emotion grabe jud na maka affect sa ilaha." (P3)	30,31 (P6)(P2)(3)	Effective Communication
3. What are the hurdles you encounter along the way?	" Imo silang pasabton like kung pwede e word by word nimo sila like baby babyhon nimo sila dayun mag establish og nurse-patient relationship para makuha nimo ilang cooperation." (P7)	31 (P7)	Effective Communication

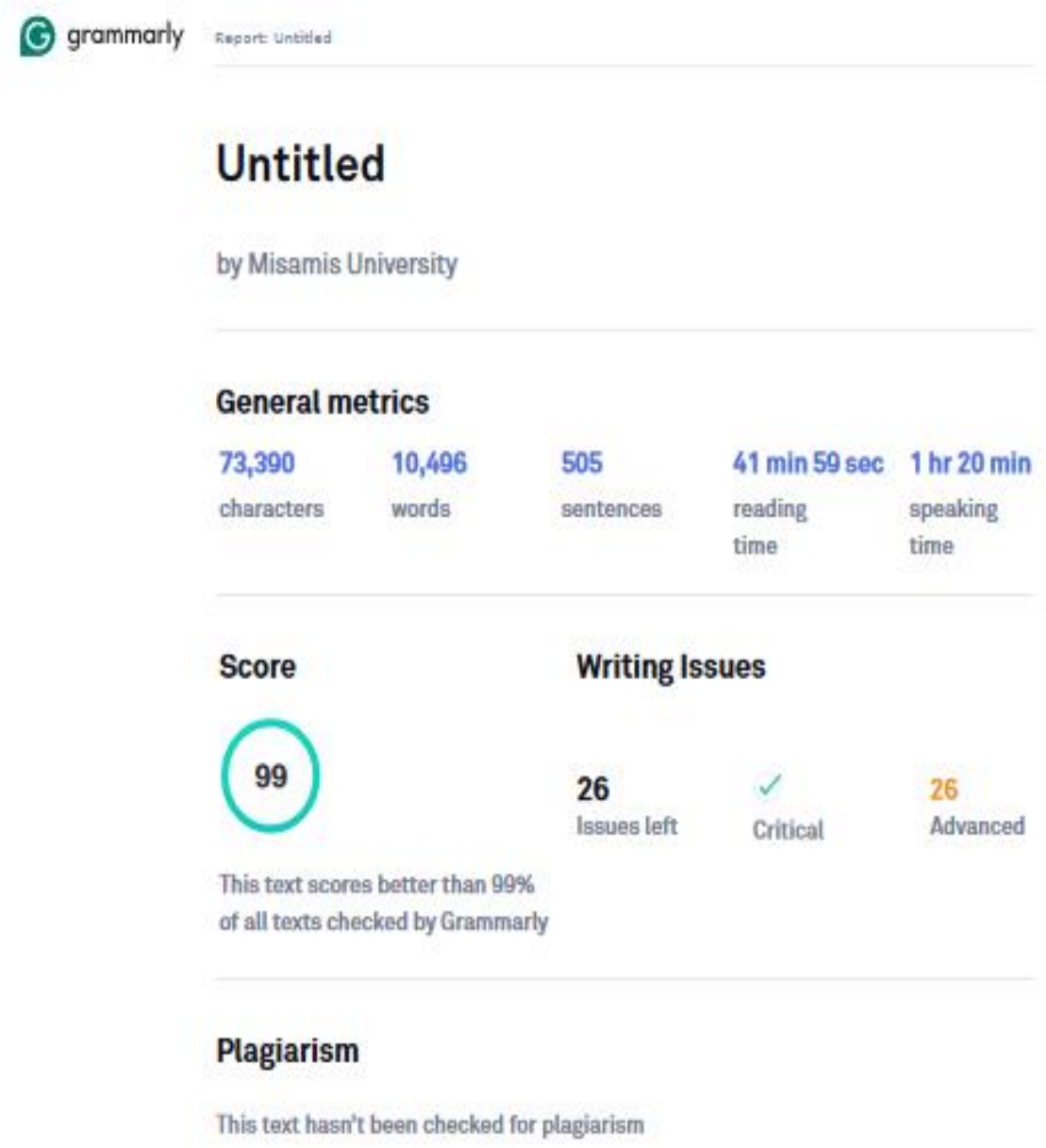
Appendix E (cont.): Transcript of Interviews

1. How was your experience in taking care of an elderly?	"…mura lage kog yaya inig manglakaw me usahay ba." (P6)	23 (P6), 25 (P7)	Professional Roles
	"…dili ta angay maka feel ug sympathy but empathetic ta dapat…" (7)		Emotional Boundaries
2. Is it challenging in taking care of an elderly?	"…American citizen medyo grabe ang struggle ato niya kay tanan nang bad words iyang ge throw sa amoa, maski sa mga doctors, mga consultant, yes wala syay pilion ipang labay jd niya ang mga gamit murag na challenge gud among pagka professional ato" (P3)	24 (P3)	Professional Roles
3. What are the hurdles you encounter along the way?	"…ning kalit lang syag kasuko, ako nga himi kaayu kay siguro the way the tone sa iyang voice pabanghag jud mao to mura kog nasakitan…" (2)	25 (P2)	Emotional Boundaries

Appendix F: Documentation



Appendix G: Grammarly Report, and Turnitin Results



Writing Issues

10	**Clarity**	
9	Word choice	
1	Paragraph can be perfected	
4	**Correctness**	
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CURRICULUM VITAE

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EDUCATIONAL BACKGROUND

Elementary	:	Felipe Carreon Central School P2 Banadero Highway, Ozamiz City
Secondary	:	Ozamiz City National High School Mayor Fernando Bernad Ave, Ozamiz City
Senior High School	:	La Salle University Barangay Aguada, Ozamiz City
College	:	Misamis University H.T. Feliciano St., Aguada, Ozamiz City,