

Caring Practices of Family Members with Geriatric Relatives/Patients

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Abstract – This study determined the caring practices of family members with geriatric patients/relatives. It also focused on the profile of the respondents, the different caring practices and the problems being encountered in caring for the geriatrics. The case study method was used, with questionnaire as the main tool in gathering data. Frequency, percentage, and average weighted mean were used in the treatment of data. Results of the study showed that the caregivers of the geriatrics always practice the proper selection and preparation of food and make their geriatric relatives safe and comfortable at all times. Findings also show that the caregivers don't give proper attention in dosage and giving of medications; don't give much attention to giving personal care and maintaining their proper hygiene, recreational activities, conversations and watching TV with someone; and to the emotional and spiritual development of the geriatrics. Problems encountered were regression, transferring patient from bed to wheelchair, irritability, assisting in ambulation, and in communicating with the geriatric patients.

Keywords – caring practices, geriatrics, geriatric care

INTRODUCTION

Home care for aging parents and relatives can be challenging and difficult at times, but it is also an honor and privilege to do so. Caring for an aging relative is a great way to give back some of the love, care, and nurturing the parents gave their children.

Geriatric care emphasizes the provision of the needs of the elderly, particularly assistance with daily activities and health care. In the Philippines, this is commonly done by family members or relatives, as home for the elderly and nursing homes are not yet that popular. Most geriatrics prefer to stay in their own homes where they are most comfortable and at peace. However, family members and relatives may see elderly care to be burdensome. They find it hard to do because it requires a lot of time, attention, and energy which are hard to commit if the caregiver has a job and a family of his own. Other family members may have difficulty in caring for the geriatrics because they may not have enough knowledge and experience in geriatric care.

This study determined the caring practices of family members with geriatric relatives, the profile of the family members who serve as the caregivers of the geriatrics, and the problems encountered by the caregivers. This study can be a basis for training for family members on how to improve elderly care and to help family members increase their level of understanding on the essential needs to care for geriatric family members.

OBJECTIVES OF THE STUDY

This study determined the caring practices of family members with geriatric relatives who live with them and how they handle it. Specifically, the study aimed to look into the following questions: 1) What is the profile of family members caring for geriatric relatives in terms of age, gender, relationship with the patient, monthly income of the family, civil status, educational attainment, and background/training for geriatric care/case?; 2) What is/are the case/s or physical impairment/s of their geriatric relatives?; 3) What are the caring practices of the family members with geriatric relatives in terms of food selection and preparation, safety and comfort measures, medication administration, personal care, recreational and activities of daily living, and emotional and spiritual care?; and 4) What are the problems encountered in caring for their geriatric relatives?

MATERIALS AND METHODS

The case study method was used in this study because it aimed to gather information about the caring practices of family members with geriatric patients. According to Maheshwari case study research excels at bringing us to an understanding of a complex issue or object and can extend experience or add strength to what is already known through previous research [2]. The respondents of the study are the 10 different families who are caring for their geriatric parents/relatives aged 75 years and above who are living in the different barangays of Bayambang, Pangasinan, namely: Del Pilar, Alinggan and Nibaliw Norte.

The researchers used an interview guide as the main tool in gathering data. Part 1 of the interview guide included the profile of the respondents caring for the geriatric parents or relatives. This includes their age, gender, relationship with the patient, monthly income, civil status, educational attainment, and case or the physical impairment/s of the geriatric relatives. Part 2 includes the caring practices of the family members with geriatric patients/relatives and an enumeration of the problems encountered in caring for their elderly relatives. The list of indicators describing the caring practices are expressed using the four-point scale as follows: (3) Always; (2) Sometimes; (1) Seldom; and (0) Never. Frequency count, percentage, and average weighted mean were used in the treatment of data. The following scale and descriptive values were used in interpreting the data. 2.26 – 3.00 = Always (everyday); 1.56 – 2.25 = Sometimes (approximately 5x a week); .76 – 1.55 = Seldom (approximately 3x a week); 0 – 0.75 = Never.

RESULTS AND DISCUSSION

Table 1 below shows that three out of the 10 family members caring for geriatrics have ages ranging from 21-30 years and that eight of them are females and the remaining two are males. According to Lewin [2], while some men provide the primary care to their parents, the usual pattern is that sons offer financial help while daughters or daughters-in-law do the hands-on care [2]. And that there is a powerful, almost primordial feeling that women have to provide all the care, no matter at what cost to themselves. In addition, Grigoryeva, as cited by the American Sociological Association, found out that daughters spend twice as much time, or almost seven more hours each month, providing care to their elderly parents than sons [3]. It can also be gleaned from the table that most of the geriatrics cared for by family members is their mother. As to monthly income, most of the families have income ranging from P 5,000-P 10,000. Furthermore, caregivers of the geriatrics are mostly married, high school graduates, with no background or training on geriatric care.

Table 1. Profile of the Respondents

Variables	Frequency (f)
Age	
60-above	1
51-59	2
41-50	2
31-40	0
21-30	3
20 below	2
Total	10

Sex	
Female	8
Male	2
Total	10
Relationship to the patient:	
Mother	5
Father	1
Grandfather	2
Grandmother	2
Total	10
Monthly family income	
5,000 below	3
5,001-10,000	4
1,001-15,000	3
15,001 and above	0
Total	10
Civil Status	
Single	4
Married	6
Widow/widower	0
Total	10
Educational attainment	
College graduate	4
High School graduate	6
Elementary graduate	0
Total	10
Background/Training in geriatric care	
Yes	2
No	8
Total	10

Table 2 below shows that seven of the geriatrics being taken cared of have hearing impairment, six have degeneration in vision, and three have decreased sense of taste. As persons, age- structures inside the ear start to change and their functions decline. The ability to pick up sounds decreases. The sharpness (acuity) of hearing may decline slightly beginning about age 50, possibly caused by changes in the auditory nerve. It is estimated that 30% of all people over 65 have significant hearing impairment.

Table 2. Physical Impairment of Geriatric Relatives

Variables	Frequency (f)
Degeneration in:	
Hearing	7
Vision	6
Taste	3
Disabilities:	
Bedridden	4

None	6
Illness:	
Hypertension	6
Diabetes Mellitus	2
Alzheimer's disease	1
Respiratory problem	1
Urinary Tract Infection	1

As to vision, vision acuity may gradually decline with aging and the most common problem is difficulty focusing the eyes. In addition, changes in smell and taste in elderly people may be related to diseases, to which geriatrics are prone to have. Furthermore, sensitivity to tastes often declines after age 60 and the sense of smell can also diminish, especially after the age of 70 [4].

It was also revealed that four are bedridden while six are ambulatory. As to illness, six of the geriatrics have hypertension, two have diabetes mellitus, and one is suffering from Alzheimer's disease, respiratory problem and urinary tract infection. According to Vann, as people age, they are increasingly living with risk factors, such as high blood pressure and high cholesterol that increase the chances of having a stroke or developing heart disease. Patients sometimes mistakenly take blood pressure medication only when they feel tense. These fail to control blood pressure [5].

It could be gleaned from Table 3 that the respondents always practice the proper selection and preparation of food with an overall weighted mean of 2.6 with a descriptive value as "Always". It only implies that the caregivers really take good care of the geriatrics. They always think or consider the geriatrics health conditions and that the food served are healthy for their age. This is important to prevent malnutrition, as older persons are particularly vulnerable to malnutrition [6].

The findings also signify the respondents' good understanding on how to prepare food for the elderly, that even though they have no background in geriatric care, they always consider healthy food for the geriatric patients.

Table 3. Caring Practices on Food Selection and Preparation

Practices:	AWM	Descriptive Value
1. Food served on time	2.7	Always
2. Often prepares the patient a food rich in Vitamins, proteins, and other nutritious food appropriate for the patient	2.6	Always
3. Allows the patient to eat what is available at home	2.6	Always
4. Considers their health conditions in preparing food for the patient	2.6	Always
5. Chose and buy whatever food the parent wants to eat	2.5	Always
6. Prepares food according to what they want	2.4	Always
	2.6	Always

Table 4 presents the caring practices on safety and comfort measures.

Table 4. Safety and Comfort Measures

Practices:	AWM	Descriptive Value
1. Let the patient wear clothes he/she is comfortable with	2.9	Always
2. Kept the surroundings free from things that can cause falls or accident	2.7	Always
3. Let him/her sleep in an area where I can see or easily reach him/her in case of emergency	2.5	Always
4. Kept the kitchen condiments labeled to be safe from confusion	1.7	Sometimes
5. Accompanies the patient in doing activities of daily living	1.5	Seldom
	2.3	Always

Table 4 shows that majority of the respondents "always" let their geriatrics wear clothes he or she is comfortable with, keep the surroundings free from things that make them fall and let them sleep in an area wherein they can easily reach them in case of emergency with an average weighted mean of 2.9, 2.7, and 2.5 respectively.

They sometimes keep the condiments labeled to be safe from confusion. The respondents explained that the geriatrics no longer go to the kitchen to prepare food for themselves so there is no need to label all the condiments. Accompanying the geriatrics to do activities of daily living has an average weighted mean of 1.5 with a descriptive value of seldom. This is because majority of the elderly are still ambulatory.

The overall weighted mean of 2.3 with a descriptive value of “Always” implies that safety and comfort of the geriatric parents/relatives are of utmost importance to the caregivers.

Table 5 presents the caring practices on medication administration.

Table 5. Medication Administration

Practices:	AWM	Descriptive Value
1. Prepares and gives the medicines appropriate to their illness on time and as prescribed by doctors	2.5	Always
2. Kept medicines ready when they're needed	2.4	Always
3. Gives the best time in watching him/her while taking medicines	2.3	Always
4. Maintains their regular check up with their doctor	1.3	Seldom
	2.1	Sometimes

The table shows that majority of the caregivers always prepare and give medicines appropriate to the illness of their geriatric parents/relatives on time which has an average weighted mean of 2.5. This implies that family members attend to the needs of the patients all the time. On the other hand, maintaining the regular checkup of the elderly with their doctors got the lowest average weighted mean of 1.3 with a descriptive value of “Seldom”. This means that the caregivers only bring the elderly to their doctors for a check-up when they are not feeling well or are already very sick.

As a whole, the overall average weighted mean of medication administration is 2.1 with a descriptive value of “Sometimes” which means that the caregivers don’t give enough and proper attention in giving medications and regular check-ups. This could be attributed to the fact that most of the caregivers do not have background or training in caring for the geriatrics as revealed in Table 1.

Table 6 is about the personal care accorded to the geriatrics.

Table 6. Personal Care Accorded to the Geriatric Patients

Practices:	AWM	Descriptive Value
1. Maintains the personal hygiene of the patient like bathing and tooth brushing	2	Sometimes
2. Always inspect the skin for abrasions or lesions	2	Sometimes
3. Gives skin care (cologne and powder)	2	Sometimes
4. Gives them food by spoon feeding with napkin to keep them clean while eating	1.5	Seldom
5. Regularly cuts the nails, brush the hair, change the clothing and bedding of patient	1.4	Seldom
	1.8	Sometimes

It could be gleaned from the table that the respondents sometimes maintain the personal hygiene of the elderly, inspect the skin for abrasions or lesions, and give skin care. The practice of feeding the food by using spoon with napkin, and regularly cutting their nails, brushing the hair, and changing their clothes and beddings are seldom done with a weighted mean of 1.5 and 1.4 respectively.

The results reveal that caregivers don’t give much attention to the personal care and proper hygiene of the geriatrics. This could be attributed to the result in Table 1 that most of the caregivers lack background in geriatric care.

Table 7 presents the caring practices on recreational activities and activities of daily living.

Table 7. Caring Practices on Recreational Activities and Activities of Daily Living

Practices:	AWM	Descriptive Value
1. Assisted him/her in waking up on bed and walking around the yard or home	2	Sometimes
2. Let the patient do some recreational activities	1.4	Seldom
3. Accompanies the patient in walking or strolling around the park or mall	1.4	Seldom
4. Spends time watching TV together with the patient	1.4	Seldom
5. Spend time in playing indoor and outdoor games	0.7	Never
	1.4	Seldom

The table reveals that respondents sometimes assist their geriatric relatives in waking up on bed and walking around the backyard which gained an average weighted mean of 2.

Spending time in playing outdoor and indoor games with the geriatrics got the lowest mean of 0.7 with a descriptive value of never. This could be due to the fact that their relatives are aged with some of them bed ridden and most have illness as indicated in Table 2.

The table reveals an overall weighted mean of 1.4 which means that the caregivers seldom give attention on recreational and activities of daily living of the geriatrics.

On Table 8, which is about the emotional and spiritual practices of the caregivers in caring for the geriatrics, it could be gleaned that most of the caregivers “Always” spend time listening to the stories or anything the elderly wants to talk about and giving of inspiring words to encourage the elderly to talk and think. On the other hand, accompanying their relatives in going to church to hear masses is “Seldom” done by the caregivers. Over all, the average weighted mean for emotional and spiritual practices is 2.0 with a descriptive value of “Sometimes”. This implies that the respondents didn’t give much attention to emotional and spiritual development of their geriatric patients.

Table 8. Emotional and Spiritual Practices

Practices:	AWM	Descriptive Value
1. Spend time listening to their stories or anything they want to talk about	2.8	Always
2. Gives inspiring words to encourage them to talk and think or as words boosters	2.5	Always
3. Still lets them give opinions in making decision at home	2.0	Sometimes
4. Shouts at them whenever they can’t hear what I say	1.6	Sometimes
5. Accompanies them in going to church to attend masses	1.2	Seldom
	2.0	Sometimes

Table 9 presents the problems encountered by family members in caring for their geriatric relatives/parents.

Table 9. Problems Encountered by Family Members in Caring for their Geriatric Relatives/Parents

Practices:	Frequency (f)	Percentage (%)
1. Regression	3	30
2. Feeding	3	30
3. Transferring the patient from bed to wheelchair	2	20
4. Problems in communication	2	20
5. Irritability		
6. Difficulty in assisting in ambulation	1	10
	1	10

The table above reveals the different problems encountered by the respondents while caring for the elderly. They have problems in regression because one of the qualities of geriatrics is going back to childhood and the caregivers find it hard to deal with. They also had problems in feeding their geriatric parents because they already have degeneration in sense of taste. Elders are not contented with the taste of food served to them. The respondents also find it difficult to transfer their relatives/parents from bed to wheelchair because some of them are bedridden and most of the geriatrics only depend on the strength of the caregiver and they do not know the techniques for transfer since they lack background or training in caring for geriatrics. Communicating with elders is another problem of the caregivers because some of their patients have degeneration in hearing. Impaired hearing is really a barrier every time caregivers communicate with their elderly patients. They also had problems with irritability of the geriatrics because they easily get angry and has a lot of complains with everything. Problems on difficulty assisting in ambulation also occur because caregivers need a lot of time assisting them wherever they want to go, and the caregivers have their works at home.

CONCLUSIONS AND RECOMMENDATIONS

Based on the results of the study, the following conclusions were derived:

1. Most of the caregivers are female, young adults who cared for their mother, married, high school graduate, belongs to the family with sufficient income, and have no background or training in geriatric care.
2. Most of the geriatrics have hearing impairment and are hypertensive, but most of them are ambulatory.
3. Caregivers are always practicing proper food selection and preparation and making their geriatric parents and relatives safe and comfortable. They don’t give enough and proper attention in giving medications, regular check-ups, personal

care and proper hygiene of the geriatrics. They also don't give much attention in emotional and spiritual care.

4. Most of the problems encountered by the caregiver in caring for their geriatric parents/relatives are regression, feeding, transferring patient from bed to wheelchair, problems in communication, irritability of patient, and difficulty in assisting in ambulation.

Based on the findings and conclusions, the researchers came out with the following recommendations:

1. Caregivers must attend class, trainings or seminars about basic and relevant techniques, and ways on how to properly care for their geriatric parents or relatives. Caregivers can also read pamphlets, magazines, books, or any reading materials related in caring for geriatric people. The knowledge they will learn from the readings can help them to minimize or understand their problems in caring for the elderly.
2. Caregivers should practice sign language in communicating or use alternative means like writing. They should also carefully watch the diet of the geriatrics to prevent or avoid hypertension.
3. Caregivers should give much attention in medication giving and maintaining the regular check-up of the elderly to prevent complications of the disease or illness that the patients have. In terms of spiritual care, since their geriatric parents and relatives can no longer go to church to hear mass, caregivers can turn on the radio or television where they can hear or watch masses and spiritual messages. Reading materials such as bible and pamphlets can be given to the patients, or the caregiver can read the passages to the geriatrics.
4. The caregivers should spend time reading pamphlets, magazines, and books, and attend seminars about care of the elderly so that they can make a plan on how deal with the problems they are encountering. The caregivers are also encouraged to have long patience in taking care of their geriatric parents or relatives to avoid conflict.

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Family caregivers had greater knowledge of dementia than did FPCs. For family caregivers, CES-D scores (Spearman's $r = 0.650$; $p < 0.01$) and patients' NPI scores (Spearman's $r = 0.471$; $p < 0.01$) were correlated with caregiver burden. For FPCs, only CES-D scores (Spearman's $r = 0.511$; $p < 0.01$) were correlated with caregiver burden. Conclusion: Both family caregivers and FPCs need emotional support. Adequate treatment to reduce the neuropsychiatric symptoms of patients with dementia might reduce the burden on family caregivers. Export citation Request permission. Copyright. Attention to the family members of patients hospitalized in Intensive Care Units (ICUs) is one of the most important items of the global patient care. The present study involves the health needs of the relatives of patients hospitalized in ICUs of a school hospital of a Higher Education Institution (HEI) located in a Brazilian State (São Paulo). This HEI, with a differentiated curriculum in the country, aims at the practical/theoretical integration and teaching/service articulation. Request PDF | On Oct 1, 2010, Antonella Surbone and others published Cultural competence in the practice of patient-centered family-centered geriatric oncology | Find, read and cite all the research you need on ResearchGate. Caregivers for older patients with cancer may go through a continuous process of disengagement, resulting in a reduction in social involvement. The emotional support the patient could supply is either diminished or absent, leaving the caregiver with an unfulfilled expectation of support and emotional care [29]. Informal caregiving to older cancer patients: Preliminary research outcomes and implications. Article. Simply put, geriatric nurses care for elderly patients and because the number of the elderly is growing, the geriatric nurse can expect to take on an even more active role in health care than in foregoing years. However, their responsibilities can vary, depending upon the needs of the patient, the medical facility, and the attending physician. patient medical tests in-home or in a medical office; Administering medications to patients based on a care plan; Teaching family members about a patient's condition and how to promote self-care skills; and Much of the remaining duties of a geriatric nurse fall under mental health and more general care such as changing sheets, feeding patients, and bathing them.