DDC Professional Journal
Vol. 7, No.1, January 2026
ISSN 1908-3130

CARING FOR ELDERLY PATIENTS: FROM THE LOOKING GLASS OF CAREGIVERS

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Abstract

The essential, yet demanding, role of professional caregivers in managing the complex needs of the elderly is often overlooked. This descriptive phenomenological study examined the lived experiences of 12 employed caregivers caring for the elderly in a long-term care facility in Davao City, Philippines. Using purposive sampling, participants were selected based on TESDA NC II qualification and a minimum of six months of experience. Colaizzi's method was employed for data analysis, and rigor was established through verification procedures such as member checking and expert review, as well as strict adherence to bracketing. The systematic application of Colaizzi's seven steps ensured the thematic framework was rigorously derived from the data. Results revealed that caregivers' experiences caring for the elderly in a long-term care facility included daily demands of caregiving, which included consistent care and hygiene, safety and risk awareness, and managing difficult behaviors. Their means of coping focused on emotional resilience and human connection, encompassing inner fortitude and resilience, gratitude and emotional validation, meaning and joy in caregiving, and the strain on the caregiving bond. The insights that caregivers wanted to share with their colleagues and with the nursing practice centered on professional identity and adaptive strategies, which revolved around vocation as a moral imperative, creative and communication strategies, and weaving relational safety nets. These findings urge administrators and educators to implement support systems and specialized training that acknowledge the emotional and adaptive skills required to enhance caregiver well-being and the overall quality of care.

Keywords: *Caregiving, Caring for Elderly Patients, Long-Term Care Facility, Descriptive Phenomenology, Davao City, Philippines*

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Introduction

The demanding nature of caring for elderly patients in facility-based settings presents significant challenges that can manifest as caregiver burnout and stress, potentially impacting the quality of care provided to residents (Soysal et al., 2022). This stressful and burdensome role, particularly when managing multiple residents with diverse

and complex needs such as physical disabilities and cognitive impairments, increases workload, time constraints, and emotional strain (Young, 2023), therefore significantly impacting caregiver well-being and leading to burnout, anxiety, depression, and physical health problems (Premanandh et al., 2022).

Driven by a growing global aging population and complex care needs, facility-based settings provide vital structured support for individuals with diverse age-related conditions (Asadzadeh et al., 2022). In the United States, the number of Americans requiring long-term care is set to almost triple by 2030 (Jones & Dolsten, 2024). The United Nations published the World Social Report in 2023, revealing an increase in demand for long-term care due to the aging population and changes in the living arrangements of the elderly. The report also detailed statistics on long-term care recipients and deficits. Acknowledging the challenges of an aging population, researchers continue to explore the evolving needs of older adults and their caregivers. (Coe, 2024).

Factors such as staffing ratios, resources, and training may exacerbate these challenges, underscoring the importance of understanding these difficulties to support this workforce (Baria et al., 2025). Davao City's established network of home care facilities provides a valuable setting to investigate the lived experiences and coping strategies of trained caregivers managing diverse elderly residents.

According to 2024 Assessed and Certified TESDATVET Statistics for the province of Davao Del Sur, the region maintains a highly active and standardized technical workforce, with 27,922 individuals successfully certified out of 32,313 assessed (including 12,349 certified females and 15,573 certified males across all technical sectors.

While there's a recognized critical shortage of Filipino care workers in healthcare in developed countries (Cabalza, 2025), Davao City's pool of trained caregivers in private long-term care facilities present a valuable research opportunity.

Understanding the experiences of facility-based caregivers is crucial because their perspectives provide invaluable insights into their daily realities, coping mechanisms, training needs, and support requirements (Fabiani et al., 2024). While global and national research exists, a deeper investigation is needed into the specific distinctions of managing diverse residents (Mesas-Fernández et al., 2024).

Significant gaps persist in understanding the caregivers' lived experiences, specifically their coping mechanisms, the impact of cultural and organizational factors, and their emotional and psychological well-being (Yang et al., 2024). Recognizing the unique setting of Davao City's long-term care facilities and the need to view the complexities of elderly care through the provider's lens, this study aimed to deeply explore the lived reality of caregivers, illuminating their challenges and coping mechanisms, in order to develop more effective support systems and practices for quality elderly patient care.

This phenomenological study is anchored in a dual theoretical lens to comprehensively explore the lived experiences of caregivers. The complexity of caregiving encompasses both deeply relational, meaning-making aspects of the profession and the intense psychological demands and stressors inherent in the work. Therefore, this research draws upon Jean Watson's Transpersonal Caring Relationship Theory to interpret the humanistic elements and Lazarus and Folkman's Transactional Model of Stress and Coping to interpret the challenges and adaptive responses. Together, these theories provide a complete framework for understanding the duality of the caregiver's daily reality.

This study aimed to illuminate the very phenomenon of this challenging experience, the lived reality of caring for elderly patients in these settings, as perceived by the caregivers.

Methods

This study employed a descriptive phenomenology, based on Husserl's philosophy, to gain a deep understanding of the immediate, lived experiences of caregivers in facility-based elderly care. The design specifically focuses on the caregiver's perceptions, thoughts, memories, imagination, emotions, and intentionality within specific caregiving interactions (Renaudie, 2022). Descriptive phenomenological research is a step-by-step process for understanding the essence of a lived experience by identifying significant statements and developing composite descriptions of the core themes (Oluka, 2024).

This phenomenological qualitative study was conducted within a selected private long-term care facility located in Davao City, Philippines. The facility, chosen as its representation of a typical long-term care setting in the region, provides a range of services, including residential care, assisted living, and skilled nursing care. It caters to elderly individuals with diverse needs, including those with age-related chronic conditions.

Participants for this phenomenological qualitative study were selected from caregivers working at a certain private long-term care facility in Davao City. Employing purposive sampling, specifically criterion sampling, participants were chosen based on the following inclusion criteria: (1) active involvement in the direct care of elderly residents, (2) with a least six months of employment at the facility, (3) TESDA NC II Qualification, (4) voluntary participation with informed consent; (5) ability to communicate effectively in either the local dialect (Cebuano), Tagalog, or English.

These criteria ensured homogeneous group of 12 participants who were sufficiently immersed in the roles to describe the phenomenon's lived experiences. The number of participants was determined by data saturation, with recruitment continuing until no new themes emerged. Methodologically, these participants are representative of the professional caregiving population through the successful achievement of this saturation point. While qualitative research lacks strict rules for determining the optimal sample size, factors such as the researcher's expertise and the scope of the study influence the optimal sample size (Sharma et al., 2024).

In this study, the researcher prioritized achieving data saturation. Based on current research suggesting 9-17 participants may be sufficient (Hennink & Kaiser, 2022), a target of seven (7) participants was prioritized for the in-depth interviews and five (5) participants for the focus group discussions. Saturation was considered achieved when the final interviews or discussions yielded no new concepts, categories, or novel insights relevant to the phenomenon of the lived caregiving experience.

A semi-structured interview protocol, featuring open-ended questions, guided the interviews. This protocol will be flexible, enabling the researcher to use follow-up questions and probes to delve
deeper into participants' narratives, focusing on the 'what' and 'how' of their experiences. Interviews and focus group discussions were conducted in a private and comfortable setting within the facility, ensuring confidentiality and encouraging open sharing. All interviews were audio-recorded and transcribed verbatim to ensure accuracy and facilitate detailed analysis.

The initial step in the data collection procedure involved securing approval from the Research Ethics Committee, ensuring the ethical conduct of the study. Following ethical

approval, the researcher coordinated with the facility's management to identify and screen potential participants who met the study's inclusion criteria. This coordination facilitated the screening of participants who met the study's inclusion criteria.

Before the formal data gathering, the content and organization of the semi-structured interview questions were validated by experts in the field of caregiving. Informed consent was obtained from all participants prior to the start of the actual interviews. The researcher then approached the selected caregivers, providing a brief introduction to the study's purpose and procedures and securing informed consent prior to the start of any interview or discussion. Throughout the entire process, all health protocols were strictly adhered to.

Following the interviews and discussions, audio recordings were transcribed verbatim to ensure accuracy. The researcher conducted final assessments to determine if any questions remained unanswered or required further clarification. The researcher expressed appreciation for the participants' time, cooperation, and active participation throughout the data collection process. Participants were assured that all information and data would be treated with strict confidentiality.

This study employed Collaizi's (1978) seven-step analytic method, which is entirely consistent with the goals of descriptive phenomenology. Descriptive phenomenology is a systematic process for understanding the essence of a lived experience, requiring methodical steps to move from raw data to a comprehensive final description (Praveena & Sasikumar, 2021).

The core of this approach lies in bracketing. During data collection, the researcher actively and non-judgmentally received the caregivers' narratives, setting aside any temptation to compare their stories to the researcher's own experiences or expectations. During analysis, the researcher actively documented expectations and reflections in the reflective journal. By holding these personal assumptions in suspension, the words, concepts, and meanings are experienced and articulated by the participants themselves.

First, the process began with familiarization, where the researcher re-read all the transcribed interviews from the participants or caregivers to gain a deeper understanding of them. Second, the researcher extracted significant statements, wherein are phrases or sentences that directly pertain to the investigated phenomenon, aligning with the experiences of caring for elderly patients and the responsibilities of caregivers. Third, the researcher formulated meanings for these statements. During this process, the researcher translated the pertinent verbatim quotes into concise, explicit phrases that conveyed the underlying psychological or emotional content expressed by the caregivers.

Fourth, the researcher repeated steps one to three for each interview, after which the researcher began to create overarching themes by grouping the formulated meanings into clusters of themes based on commonalities, aligning with the experiences of caring for elderly patients and the responsibilities of caregivers. Fifth, the analysis culminates in the development of an exhaustive description, where the researcher compiled and integrated the established themes into a detailed, holistic account of the caregivers lived experience. Sixth, the researcher summarized the exhaustive description to identify the fundamental structure of the phenomenon, aligning with the lived experiences of caring for elderly patients and the responsibilities of caregivers. Lastly, the researcher emphasized the credibility of the data, which was ensured through discussions with experts and independent reviewers.

Results and Discussions

This chapter presents the core of this study, featuring the rich results obtained from in-depth interviews and focus group discussions with the purposive sample of caregivers in a private long-term care facility.

Through a detailed thematic analysis of their narratives, the researcher explored the lived experiences of caregivers, moving beyond the routine and structure of their daily work to reveal the deep complexities and sustaining motivations that define their role. The analysis of the transcript resulted in three Emergent themes: *Daily Demands of Caregiving, Emotional Resilience and Human Connection,* and *Professional Identity and Adaptive Strategies.* The identified emergent themes were further substantiated into ten cluster themes: *Consistent Care and Hygiene, Safety and Risk Awareness, Managing Difficult Behaviors, Inner Fortitude and Resilience, Gratitude and Emotional Validation, Meaning and Joy in Caregiving, Strain on the Caring Bond, Vocation as Moral Imperative, Creative and Communication Strategies, and Weaving Relational Safety Nets.*

Profile of the Participant

The demographic characteristics of the 12 participants are detailed in Table 1. The table provides the Codename assigned to each participant (P1 through P12), their Sex, the total years employed in a long-term care facility for the elderly, and their assigned study group (In-Depth Interview [IDI] or Focus Group Discussion [FGD]).

The cohort included three male participants (P1, P5, P12) and nine female participants, reflecting the predominantly female demographic often found in the caregiving profession. Their years of experience were highly varied, ranging from a minimum of one year (P7, P11) to a maximum of eleven years (P2), ensuring that the study incorporated perspectives from both newly established and highly experienced caregivers.

Seven participants were assigned to the IDI group (P1-P7), and five were assigned to the FGD group (P8-P12), allowing for both deep personal narratives and group insights.

The initial analytical phase focused on extracting significant statements and subsequently translating them into formulated meanings. The translation allows the data to move from the descriptive accounts of the caregiver to the abstract concepts that define the experience.

Following the systematic steps of Colaizzi's method, the narratives gathered from the 12 caregivers underwent a rigorous process of reduction to reveal the essential structure of their lived experiences.

This process was meticulously performed by the researcher immediately following the verbatim transcription of all the in-depth individual interviews and focus group discussions. Each extracted statement was transformed into a concise Formulated Meaning.

Following the initial phase of data reduction, the next step in Colaizzi's method is to synthesize the individual Formulated Meanings into broader conceptual categories. With the Formulated Meanings established, the analysis proceeded to the critical third phase of thematic clustering. Significant Statements were initially extracted from the transcripts of the 12 participants. Through the succeeding grouping and interpretation using Colaizzi's method, these statements were condensed and organized into 11 overarching Cluster Themes.

The researcher synthesized the findings through the lens of the study's dual theoretical

Table 1. Participants' Profile

Codename	Sex	Years employed in a long-term care facility	Study Group
Participant 1 (P1)	Male	4 Years	IDI
Participant 2 (P2)	Female	11 Years	
Participant 3 (P3)	Female	3 Years	
Participant 4 (P4)	Female	5 Years	
Participant 5 (P5)	Male	10 Years	
Participant 6 (P6)	Female	2 Years	
Participant 7 (P7)	Female	1 Year	
Participant 8 (P8)	Female	7 Years	FGD
Participant 9 (P9)	Female	3 Years	
Participant 10 (P10)	Female	5 Years	
Participant 11 (P11)	Female	1 Year	
Participant 12 (P12)	Male	2 Years	

framework (Watson's theory and Lazarus and Folkman's model), ensuring that the themes related to fulfillment and meaning were integrated with those concerning stress and coping strategies.

This final structure representation, detailing their professional commitments, coping mechanisms, and ultimate sources of purpose, is visually presented in Figure 2: Thematic Map, which serves as the blueprint for understanding the complex reality revealed through the caregivers' narratives.

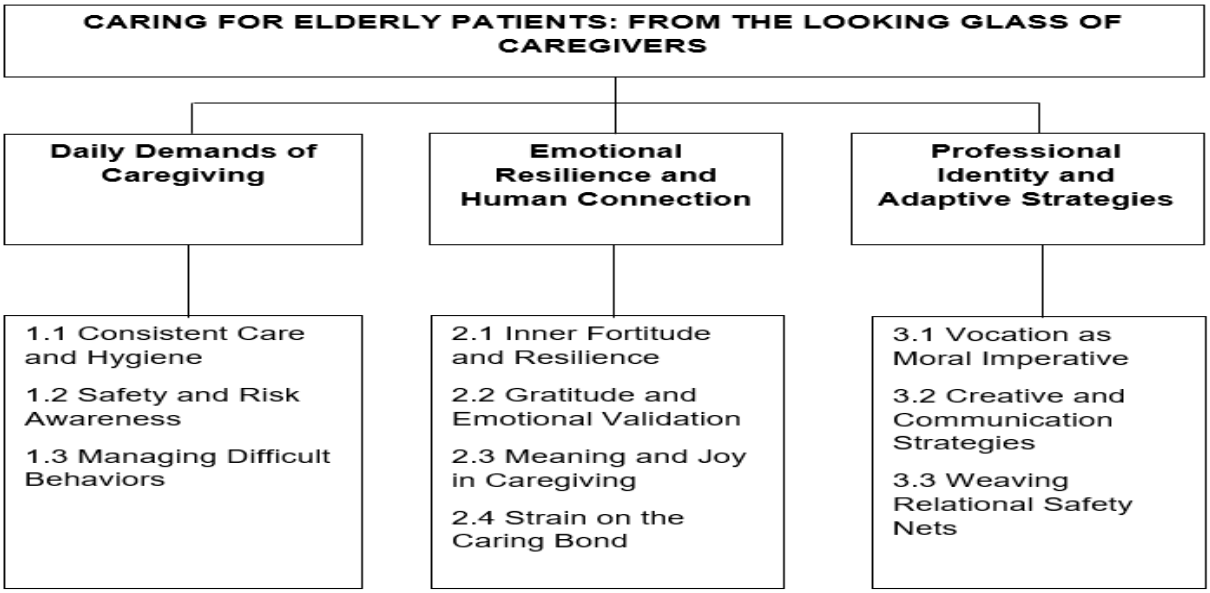

Figure 2: Thematic Map

Emergent Theme 1: Demands of Daily Caregiving

The demands of daily caregiving are intense because the labor is non-negotiable, often repetitive, and emotionally taxing. The researcher acknowledged that this theme captures the immediate tangible pressure that defines the caregivers' professional lives, serving as the primary source of stress identified in the study. Instances where the workload is demanding because the caregivers are multifaceted.

They include physical demands of constant lifting and repositioning immobile residents; the procedural demands of adhering strictly to feeding schedules and medication protocols; the behavioral demands of coping with verbal abuse, physical resistance, or refusal of care; and the cognitive demands of remaining constantly vigilant for subtle changes in a resident's physical or mental status to prevent accidents.

Caregivers serve as frontline providers of essential services, including bathing, feeding, dressing, and monitoring the physical condition of residents. These tasks demand not only technical proficiency but also consistency, patience, and attentiveness (Donvito, 2025).

Additionally, caregivers often manage challenging behaviors associated with dementia, physical discomfort, or emotional distress, which require specialized training and emotional resilience (Scharre, 2021).

Emergency preparedness is another critical aspect of caregiving, as caregivers must be equipped to respond swiftly to medical crises, prevent accidents, and maintain a safe environment (Federal Emergency Management Agency [FEMA], 2024; Centers for Medicare & Medicaid Services [CMS], 2021). These responsibilities highlight the multifaceted nature of caregiving in long-term care facilities and underscore the importance of comprehensive support systems and ongoing training.

Cluster Theme 1.1 Consistent Care and Hygiene

This cluster, Consistent Care and Hygiene, is defined as the range of routine, non-medical support tasks essential for sustaining an elderly resident's basic needs, comfort, and physical health, typically including grooming, bathing, dressing, toileting, and feeding. The core of this subtheme lies in the foundational, hands-on tasks essential for resident well-being, including bathing, grooming, feeding, and mobility assistance.

Most of the caregiver's day is spent on these highly structured, repetitive tasks. Because lapses in technique or consistency can have a direct impact on a resident's comfort, dignity, and physical health, these tasks require a great deal of discipline. As a result, proficiency and careful attention to detail are essential standards of care that define this primary demand of the role. This Cluster Theme was expressed by the participants through these statements:

"I'm the one who gives them a bath, then changes their clothes, and looks for nice outfits for them, especially when there are visitors. After that, in the morning, we feed them, and after feeding, we check their nails." (SS 7 Lines 339-442, P4)

"It's already part of our daily routine that once we start taking care of our elders, we attend to them right away, fixing their seat, changing their clothes, and replacing their diaper if it's wet. That's really our routine every single day. We feed them, provide drinks, and offer snacks. That's the most common flow of our day." (SS 8 Lines 444-

448, P5)

"You just finished addressing their request, and you get called immediately to come because it's something different again." (SS 26 Lines 779-780 P11)

The caregivers' specific narratives underscore that the cluster theme is defined not merely by what they do, but by the unwavering consistency and emotional labor required to perform basic tasks within a high-demand facility setting. The demands of daily care and hygiene center on the constant, structured, and physically draining routine that constitutes the primary flow of the caregiver's day. The demanding nature of the work is exceptionally difficult when compared to caring for other populations, such as healthy children or short-term medical patients.

A study stated that people need to be informed about the challenges caregivers face and the difficulties in balancing work and care (Vos et al., 2021). This is due to the chronic and progressive nature of geriatric conditions, which require constant, high-level readiness and adaptation to meet the continually shifting needs.

The demanding nature of work often leads to occupational burnout, characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment, which is becoming increasingly common due to the growing intensity of care work. (Low et al., 2024). Most caregivers described the repetitive cycle as requiring a constant state of readiness and preparedness to prevent them from becoming drained. Furthermore, the scope of the daily routine extends beyond basic hygiene to include physical activities, showcasing the need for adaptability.

An unbalanced trade-off between time devoted to caring for others and time devoted to oneself can be detrimental to health, life satisfaction, and well-being (Bongelli et al., 2024). Caregivers must perpetually adapt their methods based on each resident's unique needs, and these intimate care moments are vital opportunities for ongoing assessment and observation of subtle changes in the resident's condition.

Cluster Theme 1.2 Safety and Risk Awareness

Safety and Risk Awareness are the constant, proactive processes of identifying, evaluating, and mitigating potential hazards within the care environment to prevent injury, harm, or decline in the physical and mental well-being of elderly residents. This concept involves both the physical application of safety measures, such as using securing belts and ensuring proper medication administration, and the cognitive demand of continuous vigilance.

This subtheme examines that preventive measures and regular attention to detail are required to maintain a safe environment. Continuous identification of hazards is an essential part of a caregiver's job, which includes everything from preventing falls and using safety devices like bed alarms and gait belts appropriately. In a setting in which residents may have chronic health conditions, mobility impairments, or impaired judgment that make them more vulnerable to harm, this safeguarding focus is vital. The goal is to establish and maintain a secure environment that minimizes risks to the residents' health status and the facility setting.

This Cluster Theme was expressed by the participants through these statements:

"There are times when you have to prepare in advance and be ready for whatever may happen." SS 118 Lines 58-59, P1

"I want to learn. If something happens

now, I want to know what to do so it doesn't happen again, so we can prevent it." SS 59 Lines 149-151, P2

"Maybe in terms of equipment, like the BP monitor and also the belt, since that really helps with the safety of the patient. For example, when making the patient sit down, there's a belt that holds them in place." SS 155 Lines 334-336, P3

This focus on safety is severely challenged by both resource deficits and complex behavioral risks. The participants reported that the lack of essential safety items, such as blood pressure monitors, oxygen saturation monitors, and supportive belts, poses risks for the elderly. Due to multiple influencing factors, the balance for care providers in long-term care generally tends towards safety over physical activity (Portegijs et al., 2022). Furthermore, the necessity of taking turns using the equipment because certain items a broken forces caregivers to compromise safety protocols.

Risk awareness extends beyond the physical environment into behavioral management, where caregivers must manage high-risk situations, such as the residents' refusal to eat or drink medicine, which presents a direct safety and nutritional risk. They must also be prepared for potential physical aggression and exposure to bodily fluids. These situations require quick decision-making under pressure, highlighting the caregivers' legal and ethical accountability and directly contributing to the facility's overall compliance with health and safety regulations. Enhancing safety culture in long-term care settings requires a multifaceted approach. Key elements include staff training, implementation of reporting systems, and process optimization, supported by strong leadership engagement (Haeger et al., 2025).

Cluster Theme 1.3 Managing Difficult Behaviors

Managing Difficult Behaviors refers to the daily, often emotionally painful, process of enduring, responding to, and strategically defusing a diverse spectrum of persistent, unpredictable, and challenging resident behaviors to ensure patient safety and sustain the quality of care.This subtheme focuses on the specific skill set needed to manage challenging or agitated behaviors, which are frequently caused by illnesses like dementia, pain, or psychological distress. This is more about therapeutic communication and de-escalation of the environment than it is about physical limitation. Rather than just responding to the outburst, caregivers need to be trained to recognize the underlying cause of the behavior, which may be confusion, fear, or anger.

This Cluster Theme was expressed by the participants through these statements:

"What's really frustrating for us is when they fight back and hurt us." SS 27 Line 16; 19-20, P1

"One challenge is when they play with their waste: that's one of the hardest parts. Since there are many of them, if you don't watch them closely, some might even try to eat them. SS 17 Lines 106-108, P2

"When an elder tells you that you're not a good caregiver. It can really bring you down, because you feel like, 'I'm already doing my best." SS 18 Lines 109-111, P2

In behavioral management, the core demand of extreme patience is continually challenged by the day-to-day realities described by the participants. Patience enables caregivers to listen actively and understand the underlying causes of challenging behaviors, rather than reacting with frustration. This is evident when caregivers confront high-risk and emotionally draining behaviors like a resident playing with or attempting to eat their waste. Success in this area requires emotional detachment and an

individualized approach, employing techniques of skilled negotiation and compassionate deception, as verbalized by one of the caregivers: "You have to trick her; you have to persuade her."

A study on compassionate deception suggests that, applying this concept, the authors argue that lies and deception can be respectful, meaningful, and necessary ways of caring for individuals, such as patients with dementia, in care facilities (Sofie Smedegaard Skov et al., 2024). These strategies highlight the emotional labor involved, leading to moments of frustration that require caregivers to draw on deep reserves of personal and professional resilience. It is an improvised intervention, reflecting the caregivers' commitment to beneficence. Caregivers' resilience may indirectly predict their caregiving ability through the mediating effect of uncertainty about the illness (Wang et al., 2022).

The challenges in managing behavior for elderly residents often require strategies that move beyond standard care protocols, frequently relying on reactive strategies to de-escalate potential crises (O'Donnell et al., 2022). For example, when faced with tantrums, physical aggression, or refusal of care, caregivers avoid direct confrontation and instead pivot immediately to distracting activities, such as taking the resident for a walk, offering a reward like a favorite snack, or initiating a playful routine like singing or dancing. This approach ensures that the primary goal – patient safety and compliance with essential tasks, such as medication or feeding - is met, while protecting the caregiver from physical harm and minimizing the risk of burnout.

Emergent Theme 2: Emotional Resilience and Human Connection

Emotional Resilience refers to the inner effort and psychological endurance caregivers require processing, adapt to, and recover from the chronic emotional strain, severe stress, and difficult psychological burden inherent in their demanding role. Human Connection refers to the relational and spiritual strengths that arise from forming deep, meaningful, and compassionate relationships with elderly residents and their families. This theme explores the emotional landscape of caregiving, examining how caregivers navigate stress, foster meaningful relationships, and discover purpose in their work despite the psychological and emotional challenges they face.

Caregiving extends beyond physical labor; it is a profoundly emotional experience. Caregivers often develop meaningful relationships with the elderly, sharing in moments of joy and sorrow as they witness the progression of aging, illness, and, at times, death. Emotional resilience is essential for navigating the psychological challenges of caregiving, including burnout, grief, and frustration (Panzeri et al., 2024).

Despite these difficulties, many caregivers find emotional fulfillment and validation through expressions of gratitude from residents, families, and colleagues, which can enhance their sense of purpose and well-being. Cultivating resilience and acknowledging the emotional aspects of caregiving are crucial for maintaining caregiver mental health and enhancing care outcomes.

The theme also emphasizes the importance of support systems, whether through peer networks, supervisors, or family, which help caregivers sustain their emotional well-being. Despite the hardships, many caregivers find meaning and joy in their roles, viewing their work as a form of service and a means of human connection.

Cluster Theme 2.1 Inner Fortitude and Resilience

Inner Fortitude and Resilience define

the sustained psychological capacity and intentional self-regulation caregivers cultivate to withstand the intense emotional burdens of their role. Fortitude demands continuous exercise of patience and suppression of negative emotions, such as anger and frustration, to ensure the caregiver remains mentally and emotionally available for the demanding work. Resilience is the continuous psychological persistence that enables caregivers to repeatedly adapt to stressors and the inevitable pain of loss, such as grief or cognitive decline.

This subtheme focuses on the inner strength that caregivers need to develop to cope with the emotional strain of their work. Providing care involves regularly addressing issues of death, cognitive decline, and physical decline. Maintaining a professional yet compassionate manner while observing suffering calls for a high level of emotional control to avoid secondary trauma and compassion fatigue.

This Cluster Theme was expressed by the participants through these statements:

"Every day, ma'am, you really need to bring a lot of patience and also know how to understand your patient." SS 5 Lines 239-24, P3

"And sometimes we do a bit of playful convincing to cheer them up so they'll be happy."SS 6 Lines 243-244, P3

"You cannot just let your temper out or reveal your true attitude, because you are holding someone's life in your hands." SS 42 Lines 133-134, P2

Resilience is an intentional process actively maintained to manage repetitive cycle of daily caregiving demands. Providing care is a highly personal and emotionally challenging task, and it is largely hidden from or ignored by others in society (Keating et al., 2021). This can be sustained by drawing strength from three primary sources: personal spiritual coping, personal sense of fulfillment, and external validation.

When caregivers categorized daily routines as repetitive but necessary, they were performing Primary Appraisal such as identifying a challenge. Another example is using persuasion to feed a resistant resident; they were employing Problem Focused Approach. In line with Lazarus and Folkman's model, the caregivers demonstrated vigorous appraisal of their daily stressors. Their ability to maintain inner fortitude despite physical exhaustion serves as a form of emotion-focused coping, allowing them to regulate their distress and sustain psychological endurance required for long-term care. Caregivers rely on prayer as a foundational practice to maintain inner peace and manage conflicts with residents or colleagues. Essentially, they derive fulfillment from seeing the elderly in good condition, driven by a deep, almost familial love for the residents. Caregivers adapted emotionally, faced physical and emotional stress, and coped through spirituality and peer support. (Fransiskus Kadi Wanu et al., 2025). This strong emotional attachment, however, is a double-edged sword, introducing a profound vulnerability where the grief felt at an elder's passing is a genuine, personal pain. External validation, such as the gratitude expressed by residents' families can be a powerful source of encouragement. Consequently, setting personal boundaries is vital for emotional preservation, as it helps caregivers intentionally separate work-related anxiety from their family life, \ thereby preventing compassion fatigue.

Cluster Theme 2.2 Gratitude and Emotional Validation

Gratitude and Emotional Validation are the essential emotional reward that transforms a physically and psychologically demanding job into a meaningful vocation.

This validation is the external proof that the caregivers' daily efforts matter and are worth the cost. It is derived from unsolicited thanks and appreciation received from both the elderly residents and their families, which is a critical emotional reward that transcends monetary compensation. When the caregivers received the affirmation served as a powerful mechanism that counteracted the chronic stress and frustration they felt, causing upset feelings to fade away. Ultimately, this recognition reinforces their professional worth and commitment to providing optimal care to the elderly.

This subtheme explores the powerful psychological reward mechanisms that sustain caregivers despite the strenuous nature of their work. While caregiving is a profession, emotional labor often exceeds the transactional nature of employment. Expressions of gratitude from residents, families, and supervisors serve as external validation that their often-invisible work is valuable and impactful.

This Cluster Theme was expressed by the participants through these statements:

> *"What's most fulfilling, though, is when we receive appreciation from them; even a simple 'thank you' makes us happy." SS 27 Lines16; 19-20, P1*
> *"Even if we were upset, once they show gratitude, it feels lighter because at least they still know how we feel as caregivers." SS 31 Lines 462-464, P5*
> *"The way they treat you can really warm your heart, because there are some who approach you in a good and kind way." SS 32, Lines 586-587, P6*

The emotional validation received by caregivers significantly improves job satisfaction and acts as a necessary balance to the strenuous demands of caregiving. During the interviews, caregivers shared that expressions of gratitude, even a simple 'thank you', instantly make the emotional burden lighter. This external validation reinforces the caregivers' sense of purpose, exemplified by the fulfillment felt when they successfully manage a challenge, such as getting a resistant resident to eat their meals or simply seeing the elders smile and laugh. Family involvement is a crucial aspect of caregiving, significantly impacting the physical and emotional well-being of the elderly (Omolara Oluseun Juba et al., 2024). This appreciation changes the demanding job into a meaningful career centered on a deep human connection, reinforcing their commitment to love and care for the elderly as if they were their own. When caregivers feel acknowledged, they gain a sense of being "enough as a worker", which is essential for lessening the effects of burnout and recognizing their effort.

Cluster Theme 2.3 Meaning and Joy in Caregiving

Meaning and Joy in Caregiving is the intrinsic, sustaining sense of purpose and personal happiness that caregivers derive directly from their professional role. They find meaning in their daily interactions with the elderly, and the joy they experience serves as fuel to keep on caring for the residents they treat as family. It encompasses the active strategies used by caregivers to transform routine tasks into a meaningful vocation.

This subtheme explores the personal significance and deep fulfillment that many caregivers derive from their caregiving work. Despite the difficulties, many view their role not as a task but as a calling, finding deep satisfaction in making a tangible difference in the lives of vulnerable people. This sense of meaning often arises from small, intimate moments of connection, such as a shared laugh or a successful intervention that restores comfort.

This Cluster Theme was expressed by the participants through these statements:

> *"We were truly thankful and relieved when she got better." SS 29 Line 255, P3*
>
> *"The most fulfilling experience for me is learning to love the elderly. Even though they sometimes feel stressed, there are also times when they are happy and say, 'Thank you.' Some even tell me not to forget them, and that makes the experience meaningful." SS 30 Lines 352-355, P4*
>
> *"I feel happy too because I've learned how to take care of elderly people, and I've become more patient." SS 100 Lines 396-399, P4*

Caregivers find joy by engaging in positive interactions, such as joking and talking with residents to bring them happiness and taking pleasure in observing their behavior or mood. This transforms the work from a mere task into a calling, where fulfillment is derived from witnessing the residents' well-being, as evidenced by the relief and gratitude felt when a resident improves. Furthermore, the knowledge that they are making a lasting impact, as noted by the meaningful request of a resident to "not forget them", reinforces the value of their human service. This satisfaction is often connected to a larger philosophical framework; participants reflect on life, death, and the need for a relationship with God, which provides a spiritual foundation for their commitment and the belief that the elderly should never be neglected. Self-perceptions of the role of joy in caring for older adults in the care home setting reflected its necessity for satisfying daily work and success in aging (Hung et al., 2025). Caregivers felt happy in the end, even when they were physically exhausted.

Cluster Theme 2.4 Strain on the Caring Bond

Strain on the Caring Bond describes the deterioration and disruption of the essential human connection that can occur in a caregiving environment due to emotional and cognitive obstacles. From the researcher's perspective, this cluster synthesized two major sources of conflict: Cognitive Stressors that arise from direct communication failures, such as repetitive questioning or residents not following instructions, and the high cognitive burden of managing external distractions to maintain focus. Emotional Stressors like emergencies severely compromise the caregiver's empathy, directly threatening the compassionate bond with the resident and requiring constant coping efforts. This subtheme acknowledges the mental obstacles that can impede a caregiver's effectiveness and well-being. These barriers include the stress of dealing with challenging behaviors, the frustration of communication breakdowns with residents who have cognitive impairment, and the emotional guilt associated with being unable to meet every resident's needs perfectly due to systemic constraints.

This Cluster Theme was expressed by the participants through these statements:

> *"They don't understand when you talk to them." SS 24 Line 772, P8*
>
> *"I just know that in time, no matter how much anger you hold, there comes a point when you eventually surrender." SS 57 Lines 34-35, P1*
>
> *"It can be frustrating, because instead of going home, I have to bring the patient to the emergency room, and sometimes I even end up staying there for another whole day." SS 28 Lines 117-119 P2*
>
> *"Before, whenever an elder would suddenly get sick or have an attack, I*

would panic so much that I'd end up crying right away." SS 42 Lines 136-138, P2

The lived experience of caregiving is marked by significant cognitive and emotional barriers that demand disciplined mental separation. The frustration stems from communication breakdowns, where residents with cognitive impairment, we cannot understand, forcing the caregiver to have constant patience and readiness to handle all kinds of behavior. To cope with the stress, caregivers practice a form of cognitive reframing, where they wear a mask and always smile at work, and strictly separate their personal life from their professional one. This involves the intentional decision to leave problems at home and use the family environment as a source of relief. As one of the caregivers stated, seeing their children and eating a meal allows them to let go of anger or frustration and reset for the next day.

The caregiver's personality plays a crucial role in forming relationships with the elderly and providing effective care (Nagara, 2025). This active management of one's mental state is crucial for maintaining focus and effectiveness in a job.

Emergent Theme 3: Professional Identity and Adaptive Strategies

Personal Identity defines how the caregiver views their role, often as a vocation or an extended familial duty, and the continuous personal growth that the job fosters. Adaptive Strategies refer to practical, problem-focused techniques, such as inventive communication, unconventional methods, mentorship, and seeking resources, used to overcome resistance, manage complex situations, and provide appropriate care to the elderly. This theme focuses on the evolving professional identity of caregivers, their pursuit of growth, and the strategies they develop to communicate effectively and adapt to complex care situations.

Caregiving in institutional settings requires a high level of professionalism, encompassing adherence to ethical standards, ongoing education, and skill development. Professional caregivers are expected to engage in continuous learning to enhance their competencies and respond effectively to evolving challenges in long-term care environments (Aldaz Arroyo et al., 2023). Ethical practice is foundational, guided by established codes such as those from the American Psychological Association and the American Counseling Association, which emphasizes respect, integrity, and responsibility in caregiving roles (American Psychological Association, 2020; American Counseling Association, 2014).

This theme also includes the use of creative and communication strategies to engage elderly individuals, particularly those with cognitive impairments. Effective communication involves both verbal and nonverbal techniques tailored to individual needs, fostering trust and improving care outcomes (Sunjaya et al., 2025; Mishari & Ali, 2024).Professional growth is not only about formal education but also about experiential learning—gaining insights from daily interactions, problem-solving, and teamwork. The presence of a support system (e.g., supervisors, mentors, peer groups) plays a key role in fostering this growth and encouraging reflective practice.

Cluster Theme 3.1 Vocation as Moral Imperative

This cluster of Vocation as a Moral Imperative defines the caregiver's identity as being rooted in a deep, intrinsic sense of calling and an ethical duty to provide dignified care for the elderly. This theme asserts that the drive to adhere to high standards, as well as

the how and why of professional growth, stems from this inner conviction. The Moral Imperative requires ethical poise, such as maintaining composure and setting aside personal problems, as practiced by caregivers.

This is exemplified by the supreme act of prioritizing the residents' welfare and dignity above all else. This perspective reframes growth in terms of increasing patience, emotional control, and seeking continuing education, not merely as a career step, but as a continuous act of self-improvement to ensure that the caregiver is fully equipped to meet this obligation. The challenges of the role become a catalyst for self-transformation, reinforcing the caregiver's vocational identity. This subtheme defines the identity of the caregiver as a professional who adheres to ethical standards, seeks continuous improvement, and views their role as a career, not just a job. Professionalism is rooted in accountability, ethical decision-making, and commitment to upholding the rights and dignity of residents, often guided by codes of conduct established by various health and counseling associations.

This Cluster Theme was expressed by the participants through these statements:

> *"When I come in here, I really have to leave my personal problems behind." SS 39 Line 24, P1*
>
> *"By the grace of God, my patience grew. Every day, my character and attitude were being tested and trained. You cannot just let your temper out or reveal your true attitude, because you are holding someone's life in your hands." SS 42 Lines 132-134, P2*
>
> *"You have to strategize on how you'll get her to take the medicine. You'll realize how much patience you really need. "SS 55 Lines 814-815, P10*

Professionalism in caregiving is an active commitment characterized by the development of both ethical conduct and technical skills. Caregivers demonstrate their commitment by practicing disciplined separation of thought, believing they have to leave their personal problems behind to maintain focus and accountability. This is most apparent during emergencies, where it is necessary to stay calm, think carefully about what to do, and focus on how to save the elderly. Professionalism involves problem-solving strategies, such as learning how to strategize to encourage residents to take their medication.

The role is deeply integrated into the caregivers' personal identity, often transforming their character into one that is more patient and proactive. This suggests that caregiving joy is a fluid concept influenced by both personal and relational growth over time (Hung et al., 2025). Self-improvement encompasses making lifestyle changes, such as adopting a more focused daily schedule. The participants embrace their role as a vocation, and it is not just a job, but a commitment to seeing residents as part of their family.

Cluster Theme 3.2 Creative and Communication Strategies

This subtheme focuses on the specialized and highly individualized methods used to connect with residents, particularly those who struggle with traditional verbal communication. When words cannot adequately convey a resident's needs, creative methods such as music, art, touch, or sensory stimulation can be used. Caregivers using this method must be adaptable and highly capable of interpreting nonverbal cues.

This Cluster Theme was expressed by the participants through these statements:

> *"You really have to enjoy it, ma'am,*

and be ready for possible things to happen, like getting hurt." SS15 Lines 764-767, Participant 12

"There are also times when we need to be total performers—it's like a training ground for us. Some of us are singers. Our talents come out and get discovered; we dance." SS 117 Lines768-770, P12

"When they have tantrums, what we do is give them rewards, something that can help them relax. Sometimes we take them for a walk, or we let them do activities like singing, exercising, or simply talking with them and keeping them company." SS 16 Lines 10-13, P1

Creative and communication strategies emerged from the challenge of caring for residents who struggle with listening, requiring caregivers to actively find solutions to the problems. These behavioral and psychological symptoms tend to intensify caregiver burden and should be addressed through integrated care strategies (Genaro et al., 2025). When caregivers describe acting like a joker, or uplifting the mood of the elderly, they practiced Watson's creative-problem-solving-caring process. The caregivers' use of humor and role playing as a creative communication strategy reflects Watson's emphasis on the transpersonal caring relationship, where the caregiver moves beyond the technical tasks to engage in a emotional connection that preserves the dignity and the spirit of the elderly. This forces them into a role of being total performers, engaging in a theatrical form of care; most of the time, they bluff, lie, and act as comedians to build rapport and manage difficult behaviors. These creative, non-verbal techniques include the use of distractions and sensory stimulation, such as singing, dancing, and walking, as therapeutic tools to calm tantrums and promote relaxation. The use of humor, singing, and dancing by caregivers is not merely a source of entertainment but also a strategic and therapeutic function.

Caregivers deliberately adopt these performative roles, often referring to themselves as "jokers" or "total performers", to intentionally alter the emotional atmosphere and facilitate essential care. Humor and playful communication are employed to uplift the elderly's mood, create a joyful environment, and act as a tool for de-escalation when residents are agitated or non-compliant.

The key to successful communication lies in the caregiver's ability to be adaptable and improvisational, actively playing along with residents to gain their trust. However, the improvisational strategy is carefully balanced by professional boundaries, as participants acknowledge the need to respect the safety of the elderly. This subtheme emphasizes that effective care is not just about following protocols but about developing highly personalized, resourceful, and performance-based skills, making their job a training ground for continuous creative adaptation.

Cluster Theme 3.3 Weaving Relational Safety Nets

Weaving a Relational Safety Net involves the active construction and utilization of formal and informal support networks that caregivers rely on to manage occupational stress, enhance their competence, and ensure long-term commitment. The caregiver's support system comprises three interconnected resources. Organizational/Formal Support is provided by the facility's structure, including guidance, feedback, recognition from superiors, as well as essential physical resources such as necessary equipment and food. Peer Support

focuses on the aid the caregivers receive from colleagues, encompassing practical assistance, knowledge sharing, mentorship, and immediate emotional help to manage shared challenges through teamwork. Finally, Personal/Informal Support encompasses internal coping mechanisms, such as spiritual reflection and emotional release through venting to family or partners, as well as external family connections. The metaphor of the "Safety Net" highlights the protective function of these woven relationships against the constant threat of burnout and stress.

This subtheme highlights the vital role of institutional and peer networks in supporting the caregiver's professional life and mental health. A solid support system, including supervisors, mentors, and fellow caregivers, offers crucial opportunities for debriefing stressful situations, receiving constructive feedback, and accessing resources for personal well-being.

This Cluster Theme was expressed by the participants through these statements:

"Especially with our admin, I like her because when I approach her, she really listens to me. My colleagues also help and assist me, especially since I'm still new to the workplace. They help me with the elders." SS 103 Lines 714-716, P7

"My father also tells me to take care of myself here. Sometimes, if I have a problem, I just talk to them, and they listen." SS 104 Lines 716-718, P7

"We help each other, ma'am." SS 171 Line 852, P11

"Another factor why I stay long here is probably because the owner themselves manages the home care." SS 168 Lines 824-825, P10

The existence of a support system is vital for mediating the psychological and professional demands of caregiving, acting as both a mental health buffer and a developmental tool. Investment in emotional support mechanisms may yield dual benefits, support the workforce while indirectly promote better outcomes for the elderly population (Maina et al., 2025). The support network comprises institutional, peer, and familial elements. Institutional support is highly valued when it is delivered with empathy, such as when an administrator genuinely listens; it provides an avenue for both emotional and professional debriefing. Peer support is crucial for providing practical assistance and fostering collective accountability. This is evident when newer caregivers rely on colleagues for help and supervisors emphasize that mistakes affect the entire team.

Conversely, the absence of support, such as a lack of essential equipment, can compromise the ability to provide good services. These needs may be met through various sources, and most frail older people in the community receiving assistance are provided with help by a network of caregivers. (Soldo et al., 2024). Finally, the family serves as a comfort zone, offering a profound emotional reward that alleviates stress and reinforces the caregiver's dedication by emphasizing the importance of time spent with family over solely pursuing wealth. This, in turn, enhances job retention and prevents burnout.

Implications

This chapter discusses the implications of the research results for long-term care practice, healthcare education, and future research. Enhanced nursing practice requires examining lived experiences through the lens of caregivers, which necessitates a systemic effort to formally recognize the hard physical and emotional work involved and implement institutional changes in support and resource management. The findings call for a transition

of the caregiver's intense, often improvised efforts into a supported, evidence-based professional service.

First, healthcare systems must address and prevent caregiver burnout stemming from the intense emotional cycles and grief by mandating structured psychological support and self-care training. When caregivers feel emotionally validated by superiors and colleagues, their focus can shift from personal hardship to finding joy and meaning in their work. Second, elevating caregiver resilience requires standardizing adaptive strategies. This involves validating therapeutic non-pharmacological techniques, such as "bluffing" and "performing," as skilled, person-centered interventions, rather than simply improvisation, particularly for managing complex resident behaviors.

Moreover, enhancing safety and resource advocacy is a prerequisite for quality care. This can be achieved by establishing efficient reporting to replace broken or inadequate equipment and provide necessary safety tools, thereby protecting both caregivers and residents from harm. It is also beneficial to foster a peer centric support system and mentoring within the staff to ensure collective accountability, physical protection, and sustained mental preparedness. Nursing education programs, particularly those focused on long-term and geriatric care, must evolve to prepare future professionals for the basic duties and for the emotional and adaptive challenges of the role. Prioritizing simulation-based training can help develop specialized skills in therapeutic de-escalation, skilled negotiation, and identifying causes of challenging behaviors. The caregivers' narratives paved the way for utilizing realities in dealing with the elderly in various situations. The Nursing Education and Allied Health courses should actively promote vocation and meaning making exercises through reflection influence the sense of calling and spiritual coping found by participants, building the essential motivation needed to sustain them through challenging daily routines.

Finally, to support the innovative coping strategies observed, incorporating performance and improvisation skills in training can help build the non-verbal and emotional intelligence requires the use of distraction and compassionate deception as effective therapeutic tools. Nursing research now could move beyond merely documenting caregiver challenges by utilizing the rich, qualitative narratives from participants to inform and ground future studies. The caregivers' narratives themselves serve as a critical methodological roadmap for developing targeted, effective, and appropriate interventions, particularly in Davao City. Consequently, research is critically needed to validate the therapeutic efficacy of adaptive strategies by conducting ethical
studies to measure the effect of creative and communication strategies, such as"compassionate deception," on resident well-being, thereby establishing professional guidelines.

Further study is needed to enhance caregiver resilience, improve their ability to achieve work-life balance, and teach more effective strategies for managing stress and preventing burnout. Teamwork, shared accountability, and peer support are essential for developing a healthy caregiving system and enhancing staff members' coping effectiveness. These insights can shape future directions, leading to a better grasp of how to support and develop caregivers for the elderly, which is crucial for fostering a healthier environment for residents receiving care.

While this study provides rich, qualitative insights, several limitations must be acknowledged. First, the geographic and institutional scope was limited to a single

private long-term care facility in Davao City.

Therefore, the findings may not fully reflect the experiences of caregivers in government-run facilities or those providing home-based care, when resources and support systems differ. Second, the descriptive nature of the study focuses on describing the essence of the experience rather than identifying the causal relationships or the long-term psychological effects of caregiving over the years.

Recommendation

The following recommendations are proposed by the researcher to further enhance the research study.

For nursing practice, targeted support systems can be created by quantifying the specific difficulties faced by caregivers, such as managing intense emotional cycles and physical strain and identifying the personal resilience standards that sustain their commitment to their role and prevent burnout.

Nursing education should revise its teaching methods to model and embed adaptive strategies, such as peer support, self-care, and creative communication techniques, that current caregivers effectively use to manage stress. It is essential to reconcile the professional demands of their role with critical personal obligations, such as maintaining a work-life balance and family time, to protect their overall well-being.

Nursing research can guide the development of evidence-based techniques for fostering a healthy work environment by examining factors such as supportive administrative behavior and effective mentorship programs, which promote sustained caregiver retention and improved resident safety and quality of care.

Future research could expand on the findings by conducting comparative study between private and public elderly care settings in the Philippines to see how institution culture affects coping mechanisms. A longitudinal study could track how the meaning and joy in caregiving evolves or diminishes as caregivers gain more years of experience. Lastly, exploring the gendered experience of male caregivers in this predominantly female field could provide a more diverse perspective on professional caregiving.

References

Albarracin, M., Pitliya, R. J., Ramstead, M. J. Boamah, S. A., Yous, M.L., Gao, H., Weldrick, R., Dal Bello-Haas, V., & Durepos, P. (2023). Insight into the experiences of caregivers of older adults in long-term care homes: A photovoice study. *Journal of Advanced Nursing*.https://doi.org/10.1111/jan.15888

Bongelli, R., Busilacchi, G., Pacifico, A., Fabiani, M., & Santini, S. (2024). Caregiving burden, social support, and psychological well-being among family caregivers of older Italians: a cross-sectional study. *Frontiers in Public Health*, *12*, 1474967. https://doi.org/10.3389/fpubh.2024.1474967

Cabalza, D. (2025, January). *New solution to PH lack of health workers eyed*. INQUIRER.net. https://newsinfo.inquirer.net/2020330/new-solution-to-ph-lack-of-health-workers-eyed

Coe, C. (2024). An Aging World Relies on Migrant Care Workers. *Current History (New York, N.Y. 1941. Online)/Current History*, *123*(849), 27–32. https://doi.org/10.1525/curh.2024.123.849.27

Daniel James Acton, Sujeet Jaydeokar, Taylor,

R., & Jones, S. (2024). Exploring the lived experiences and care challenges of formal paid caregivers for people with intellectual disability and dementia. *Journal of Intellectual Disabilities*. https://doi.org/10.1177/17446295241259076

De La Vega, S., Perez, J., & Borja, L. (2021). *The Philippine Health and Care Workforce in and Ageing World* (pp. 96-101).https://www.eria.org/uploads/media/Books/2021-Coping-with-Rapid-Population-Ageing-Asia/16_Part2-Ch-4-Philippines-Care-Workers.pdf

Denzin, N., & Lincoln, Y. (1994). Handbook of qualitative research. *British Journal of Educational Studies*, *42*(4), 409. https://doi.org/10.2307/3121684

DiMaria-Ghalili, R. A., & DiMaria-Ghalili, R. A. (2022). Caring for older adults across the care continuum: Experiences of older adults and formal caregivers. *Innovation in Aging*, *6*(Supplement_1), 412–412. https://doi.org/10.1093/geroni/igac059.1618

Erwin, J., & Dela, A. (2025). Emotion and Problem-Based Coping of Caregivers in an Elderly Care Institution: A Case Study. *SSRN Electronic Journal*, 896–915. https://doi.org/10.2139/ssrn.5156447

Fabiani, B., Stampini, M., Aranco, N., Benedetti, F., & Ibarrarán, P. (2024). *Caregivers for Older People: Overburdened and Underpaid: Evidence from an Inter-American Development Bank Survey in Latin America and the Caribbean. Version 1: June 2024*. https://doi.org/10.18235/0013053

Fenequito, A. C., Robles, C. F., Santos, A. F., & Kate, V. (2023). Effects of caregiver burden to the psychosocial adjustment and quality of life of caregivers of older people with debilitating diseases. | globus: An international journal of medical science, engineering & technology | ebscohost. *Ebsco.com*, *12*(1), 41. https://doi.org/10.46360/globus.met.320231005

Gautam, P., Venkatesan, B., Kumar, N., & Maheswari, B. U. (2022). Caregivers' experiences in caring for the elderly. *RGUHS Journal of Nursing Sciences*, *12*(2), 180–185. https://doi.org/10.26715/rjns.12_2_5

Genaro, L. E., Marconato, J. V., Valsecki Júnior, A., Adas Saliba, T., & Rosell, F. L. (2025). Home Caregivers of Elderly People:

Perceptions and Quality of Life. *Geriatrics*, *10*(3), 61. https://doi.org/10.3390/geriatrics10030061 (Genaro et al., 2025)

Gillis, K., Linda van Diermen, Lips, D., Lahaye, H., Marianne De Witte, Leen Van Wiele, Roelant, E., Hockley, J., & Peter Van Bogaert. (2024). The impact of need-based care on formal caregivers' wellbeing in nursing homes: A cluster randomized controlled trial. *International Journal of Nursing Studies*, *150*, 104654–104654. https://doi.org/10.1016/j.ijnurstu.2023.104654

Gönen Şentürk, S., & Küçükgüçlü, Ö. (2021). Bridging Healing and Therapy. *Holistic Nursing Practice*, *35*(2), 81–91. https://doi.org/10.1097/hnp.0000000000000435

Haeger, M., Garay, S., Krieger, K., & Eggert, S. (2025). Enhancing Safety Culture for Formal Caregivers in Long-Term Care: A Rapid Review. *Journal of nursing management*, *2025*, 3887187.

https://doi.org/10.1155/jonm/3887187

Hafez, S. H., Hasan Abualruz, M., N. A., Alwesabi, S. A., Alkhadher, M. A., & Harfoush, M. S. (2024). The Burden and Coping Mechanisms among the Caregivers of Immobilized Elderly Patients: A Multinational Comparative Study. *Iranian Journal of Nursing and Midwifery Research*, *29*(5), 577–582. https://doi.org/10.4103/ijnmr.ijnmr_61_23

Hennink, M., & Kaiser, B. N. (2022). Sample sizes for saturation in qualitative research: A systematic review of empirical tests. *Social Science & Medicine*, *292*(1), 1–10. https://doi.org/10.1016/j.socscimed.2021.114523

Huang, S.-S. (2022). Depression among caregivers of patients with dementia: Associative factors and management approaches. *World Journal of Psychiatry*, *12*(1), 59–76. https://doi.org/10.5498/wjp.v12.i1.59

Hung, Lillian, et al. "Exploring the Sources and Experiences of Joy in Caregiving: Insights from Formal Caregivers in Long-Term Care." *Journal of the American Medical Directors Association*, vol. 26, no. 3, Mar. 2025, p. 105437, https://doi.org/10.1016/j.jamda.2024.105437. (Hung et al., 2025)

Jackson, C., Vaughan, D. R., & Brown, L. (2018). Discovering lived experiences through descriptive phenomenology. *International Journal of Contemporary Hospitality Management*, *30*(11), 3309–3325. https://doi.org/10.1108/ijchm-10-2017-0707

Jones, C. H., & Dolsten, M. (2024). Healthcare on the brink: navigating the challenges of an aging society in the United States. *Npj Aging*, *10*(1), 1–10. https://doi.org/10.1038/s41514-024-00148-2

K Premanandh, M Rajalakshmi, & Mohan, R. (2022). Caregiving for Elderly Population. *Journal of the Indian Academy of Geriatrics*, *18*(4), 177–180. https://doi.org/10.4103/jiag.jiag_53_22

Kazemi, A., Azimian, J., Mafi, M., Allen, K.-A., & Motalebi, S. A. (2021). Caregiver burden and coping strategies in caregivers of older patients with stroke. *BMC Psychology*, *9*(1). https://doi.org/10.1186/s40359-021-00556-z

Keating, N., McGregor, J. A., & Yeandle, S. (2021). Sustainable care: theorising the wellbeing of caregivers to older persons. *International Journal of Care and Caring*. https://doi.org/10.1332/239788221x16208334299524

Lamura, G., & Nies, H. (2024). Longer lives with long-term care needs: Research needed to tackle the care gap. *Edward Elgar Publishing EBooks*, 183–202. https://doi.org/10.4337/9781802208139.00020

Low, Y. S., Bhar, S., & Almond, H. (2024). Perspectives of residential aged care staff on the management of occupational burnout: A qualitative interview study. *Geriatric Nursing*, *61*, 250–258. https://doi.org/10.1016/j.gerinurse.2024.11.016 (Low et al., 2024)

Maina, C. W., Chege, A., & Macharia, E. (2025). Faith, Feelings, and Wellbeing: The Role of Emotional and Spiritual Support in Formal Elderly Caregiving. *International Journal of Research and Innovation in Social Science*, 4023–4037. https://doi.org/10.47772/IJRISS.2025.

909000327 (Maina et al., 2025)

Mesas-Fernández, J., Jordi Tous-Pallarès, & Espinoza-Díaz, I. M. (2024). Systematic review in relation to support of diversity in nursing homes. *Frontiers in Aging*, *5*. https://doi.org/10.3389/fragi.2024.1389610

Moncatar, T. R. T., Nakamura, K., Siongco, K. L. L., Seino, K., Carlson, R., Canila, C. C., Javier, R. S., & Lorenzo, F. M. E. (2021). Interprofessional collaboration and barriers among health and social workers caring for older adults: A philippine case study. *Human Resources for Health*, *19*(1). https://doi.org/10.1186/s12960-021-00568-1

Nagara, Nesreen. "QUALITY of CARE STARTS with CAREGIVERS – EXPLORING EMOTIONAL INTELLIGENCE in GERIATRIC SETTINGS." *E-Journal VFU*, no. 23, 17 Jan. 2025, pp. 45–62, https://doi.org/10.53606/evfu.23.45-62. Accessed 23 Apr. 2025. (Nagara, 2025)

Pereira, V., Chia Chen Lin, Q., E., Andrade, R., & Vicentini, D. (2024). Estresse e estratégias de enfrentamento de cuidadores de pessoas idosas com Doença de Alzheimer. *Revista Brasileira de Geriatria E Gerontologia*, *27*. https://doi.org/10.1590/1981-22562024027.230273.pt

Perry, J. (2022a, November 17). *Caregiving in an ageing world | Division for Inclusive Social Development (DISD)*. Un.org. https://social.desa.un.org/issues/ageing/news/caregiving-in-an-ageing-world

Pierre-Jean Renaudie. (2022). Description, reflection, reduction. *Phainomenon*, *33*(1), 85–98. https://doi.org/10.2478/phainomenon-2022-0006

Portegijs, Suzanne, et al. "We Usually Choose Safety over Freedom'': Results from Focus Groups with Professional Caregivers in Long-Term Dementia Care." *BMC Health Services Research*, vol. 22, no. 1, 20 May 2022, https://doi.org/10.1186/s12913-022-07952-0.

Praveena, K. R., & Sasikumar, S. (2021). Application of Colaizzi's Method of Data Analysis in Phenomenological Research. *Medico Legal Update*, *21*(2). https://doi.org/10.37506/mlu.v21i2.2800

Rıdvan Kocaman. (2024). A practical guideline for addressing data trustworthiness in qualitative research. *Advances in Library and Information Science (ALIS) Book Series*, 317–346. https://doi.org/10.4018/979-8-3693-3069-2.ch011

Rola Ajjawi, Bearman, M., Luong, V., O'Brien, B. C., & Varpio, L. (2024). Researching lived experience in health professional education. *Medical Education*. https://doi.org/10.1111/medu.15361

Sharma, S. K., Mudgal, S. K., Gaur, R., Chaturvedi, J., Rulaniya, S., & Sharma, P. (2024). Navigating sample size estimation for qualitative research. *Journal of Medical Evidence*, *5*(2), 133–139.https://doi.org/10.4103/jme.jme_59_24

Shorey, S., & Debby, E. (2022). Examining characteristics of descriptive phenomenological nursing studies: A scoping review. *Journal of Advanced Nursing*, *78*(7), 1968–1979.

https://doi.org/10.1111/jan.15244

Sirwan Khalid Ahmed. (2024, April). *The pillars of trustworthiness in qualitative research*. ResearchGate; Elsevier BV. https://www.researchgate.net/publication/377266049_The_pillars_of_trustworthiness_in_qualitative_research

Sloane, P. D., Efird-Green, L., Reed, D., Travers, J. L., & Zimmerman, S. (2024). Stress-related coping and its relationship to well-being in nursing assistants and personal care aides in nursing homes and assisted living. *Alzheimer's & Dementia: Translational Research & Clinical Interventions*, *10*(4). https://doi.org/10.1002/trc2.70011

Sofie Smedegaard Skov, et al. "Compassionate Deception: An Ethnographic Study of How and Why Health Professionals and Family Members Lie When Caring for People with Dementia in Danish Nursing Homes." *SSM - Qualitative Research in Health*, 1 July 2024, pp. 100457–100457, https://doi.org/10.1016/j.ssmqr.2024.100457.

Soldo, B. J., Agree, E. M., & Wolf, D. A. (2024). The balance between formal and informal care. *Routledge EBooks*, 193–216. https://doi.org/10.4324/9781032689524-13 (Soldo et al., 2024)

Solikhah, F. K. (2023). Identifying the sources and impacts of caregiver fatigue and burnout among mental health caregivers: A qualitative approach. *Environment and Social Psychology*, *8*(3). *Health*, *11*,1153588. https://doi.org/10.3389/fpubh.202.1153588

Vos, Eline K, et al. "It's like Juggling, Constantly Trying to Keep All Balls in the Air": A Qualitative Study of the Support Needs of Working Caregivers Taking Care of Older Adults." https://doi.org/10.54517/esp.v8i3.1539

Soysal, P., Rossi, F., Portera, D., Smith, L., Yang, L., & Isik, A. T. (2022). The Role of Caregivers in the Care of Older People. *Practical Issues in Geriatrics*, 275–288. https://doi.org/10.1007/978-3-030-78923-7_17

Sun, L., Zheng, L., Chen, L., Wang, Z., Li, Q., & Liu, L. (2024). Experiences of formal caregivers of elderly inpatients with physical disabilities in china: A qualitative study. *Research Square (Research Square)*. https://doi.org/10.21203/rs.3.rs-3859514/v1

Theng, B., Tran, J. T., Serag, H., Raji, M., Tzeng, H.-M., Shih, M., Lee, W.-C. (Miso), Theng, B., Tran, J., Serag, H., Raji, M., Tzeng, H.-M., Shih, M., & Lee, W.-C. (Miso). (2023). Understanding caregiver challenges: A comprehensive exploration of available resources to alleviate caregiving burdens. *Cureus*, *15*(8). https://doi.org/10.7759/cureus.43052

Tu, J. Y., Jin, G., Chen, J.-H., & Chen, Y.-C. (2022). Caregiver Burden and Dementia: A Systematic Review of Self-Report Instruments. *Journal of Alzheimer's Disease*, *86*(4), 1527–1543. https://doi.org/10.3233/jad-215082

Uhm, K. E., Jung, H., Woo, M. W., Kwon, H. E., Oh-Park, M., Lee, B. R., Kim, E. J., Kim, J. H., Lee, S. A., & Lee, J. (2023). Influence of preparedness on caregiver burden, depression, and quality of life in caregivers of people with disabilities. *Frontiers in Public*

International Journal of Environmental Research and Public Health, vol. 18, no. 11, 26 May 2021, pp. 5701–5701, www.ncbi.nlm.nih.gov/pmc/articles/PMC8198548/,

Wang, A., & xiong, zhiyao. (2023). Interaction of resilience and distress in the elderly-caregiver dyads: An actor-partner interdependence model. *Innovation in Aging*, *7*(Supplement_1), 1070–1070. https://doi.org/10.1093/geroni/igad104.3437

Watson, A. (2024). A Postmodernist Qualitative Research Approach: Choosing Between Descriptive and Interpretive Phenomenology. *Journal of Advanced Nursing*. https://doi.org/10.1111/jan.16730

Wester, K. L., Morris, C. A. W., Trustey, C. E., Cory, J. S., & Grossman, L. M. (2021). Promoting rigorous research using innovative qualitative approaches. *Journal of Counseling & Development*, *99*(2), 189–199. https://doi.org/10.1002/jcad.12366

Wolf, B. M., & Fisher, C. L. (2022). Stress, Appraisal, and Coping Theory. *The International Encyclopedia of Health Communication*, 1–6. https://doi.org/10.1002/9781119678816.iehc0669

Yang, F., Roche-Dean, M., & Williams, K. (2024). Uncovering the dimensions of well-being among caregivers for older americans in the national study of caregiving. *Innovation in Aging*, *8*(Supplement_1), 664–665. https://doi.org/10.1093/geroni/igae098.2173

Young, K. M. (2023). Caring for the caregiver in dementia. *The Journal of Family Practice*, *72*(05). https://doi.org/10.12788/jfp.0606