

Perspectives of Independent Living among Filipino Older Adults: A Qualitative Study

Ritzmond F. Loa,* Pranom Othaganont, Gabriel Culbert

Abstract: As individuals grow older, a gradual decline in physiological function, psychosocial interaction, and financial resources can limit their ability to live independently. This qualitative descriptive study explored the perspectives of 32 older adults aged 60 years or older with no physical disability residing in Metro Manila and Central Luzon Island in the Philippines. The data were collected through in-depth interviews using a semi-structured interview guide from April to December 2019, and data were analyzed using content analysis.

The findings revealed that Filipino older adults' perspectives of independent living encompass a range of factors: 1) Ensuring physical health, with two subcategories (maintaining good health and ability to engage in self-care); 2) Maintaining mental capacity, with three subcategories (unburdening others, gaining control over their lives, and being able to make decisions); 3) Maintaining social relationships with others, with two subcategories (forming meaningful connections, and maintaining positive relationships with others); 4) Being financially stable by having a stable source of income; and 5) Being spiritually connected by maintaining religious practices. Independent living is a multidimensional concept that reflects Filipino older adults' physical, psychosocial, economic, and spiritual needs. By understanding and utilizing these findings, nurses can develop targeted interventions to help older people meet their needs and remain independent as possible. Furthermore, policymakers can use the findings to make informed decisions in healthcare planning to promote independent living and healthy aging in the Philippines.

Keywords: Independent living, Mental capacity, Older adults, Pilipino, Physical health, Qualitative description, Social relationships

Received 22 March 2023; Revised 3 July 2023;

Accepted 11 July 2023

Introduction

As individuals grow older, a gradual decline in physiological function, psychosocial interaction, and financial resources can limit their ability to live independently.¹ The Philippines is a Southeast Asia country where 8.6% of the population is older adults, and this proportion is increasing rapidly compared to other age groups.² An aging society and the increase in the numbers and proportion of aging adults have

Correspondence to: Ritzmond Loa, PhD (Candidate), Faculty of Nursing, Thammasat University, Thailand and Unit 828 KB Arizona Towers, 838 P. Campa Street, Sampaloc, Manila, Metro Manila, Philippines.

E-mail: ritzloa1@gmail.com

Pranom Othaganont, Faculty of Nursing, Thammasat University, Thailand.

E-mail: otpranom@gmail.com

Gabriel Culbert, University of Illinois, College of Nursing, Chicago, USA.

E-mail: gculbert@uic.edu

placed pressure on families, communities, and governments to respond to the needs of older adults.³

In the Philippines, the family is the primary support system for older adults, and most older adults receive physical assistance (66%) or monetary support (87%) from their children.⁴ Moreover, adult children

are obligated under a 1986 Philippine law (Philippine Constitution Article XV, series 4) to provide such support in addition to services the government may provide. Adult children face increasing hardship and financial insecurity to provide such financial aid, and Philippine law offers informal caregivers little protection.⁴ Even caregivers who can meet caregiving's financial and physical demands may experience high stress. The Philippine government has declared policy objectives to increase independence among older adults.⁵ Independent living is one of the strategies identified in the Philippine Plan of Action for Senior Citizens. However, the policies surrounding independent living need to be clarified as to how it is defined and how it is to be measured or achieved.

The term independent living originated from the word independence. Most often, independence is synonymously used with autonomy. Independence is the ability to participate in activities of daily living.⁶ In contrast, autonomy refers to the right to make decisions without being influenced by others and is related to the ability and opportunity to govern oneself.^{7,8} Many commonly accepted definitions of "independent living" focus on physical, emotional, and social components. In geriatric literature, independent living refers to living in one's home or outside an institution.⁹ For people with disability, independent living refers to the ability to direct, manage, or control living tasks through one's actions or others.¹⁰ Independent living can be conceptualized according to functional independence or a person's ability to care for oneself, such as toothbrushing or bathing.¹¹ By contrast, a capacity-based approach recognizes that independence encompasses many dimensions of the individual's physical, emotional, and economic functioning. Even for individuals with limited physical functioning, independence can be demonstrated in their capacity for decision-making. Moreover, in many Western cultures, independence in the perspective of older adults means doing things alone¹²; having family and friends, having money¹³; preserving physical and mental capacities¹¹; being in

control and making one's decisions;¹⁴ and having the ability to adapt and use devices and equipment.¹⁵ While acknowledging these meanings, Asian cultures also emphasize independence, such as engagement with life.¹⁶ In a qualitative study conducted by Harnirattisai and Vuthiarpa, independent living from Thais's perspective means engaging in activities independently of others, making decisions without control of others, and engaging in personal activities comfortably. Additionally, independent living was characterized by having a job, money for private life, participation in religious activities, and time to relax.¹⁷ Furthermore, the factors that contribute to independent living are individual factors, the environment, and social support from the family and community. In the Philippines, due to the predominant practice of filial piety, there is limited understanding of how Filipino older adults perceive independent living.¹⁸ However, studies on aging in the Philippines suggest that financial security, accessible health care services, living in an age-friendly environment, and family support are essential to independent living.¹⁹

Independent living is essential for older adults as it positively impacts health and well-being.²⁰ Independence is a goal and identity many older adults desire because of its positive associations with health and vitality and being productive and contributing members of society.³ Additionally, Erickson argued that although physical and cognitive changes restrict the capability of older adults to care for themselves and others, independence is essential to develop their sense of self-worth, dignity, self-esteem, life-fulfillment, sense of achievement and prevent despair.²¹ Although priorities for aging differ somewhat across cultures,²² many things people idealize or desire for themselves as they age are human universals²³ and are associated with better quality of life and other indices of overall well-being in older adults. At any age, one's quality of life relates to one's capacity to live independently.^{8,24} However, the life skills and circumstances required to meet everyday demands differ between cultures and individuals. These societal changes and the lack

of qualitative literature on independent living in the Philippines underscores the need for further investigation. This study was necessary because the findings help fill a gap in our knowledge of what older adults most value or seek to avoid as they age and how they utilize resources to achieve these goals of independence. Such information is needed to enable nurses to plan interventions consistent with older adults' expectations and values.

Study Aim

This qualitative study explored the perspectives of independent living among Filipino older adults in Metro Manila and Northern Luzon Island in the Philippines.

Methods

Study Design: This study used a qualitative descriptive design, which allows researchers to explore and describe how phenomena are experienced and their meanings socially constructed.²⁵ Our reporting follows the Consolidated Criteria for Reporting Qualitative Research (COREQ) to ensure that the reporting is thorough and comprehensive.²⁶

Sample and Recruitment: This study was conducted in two urban cities in Metro Manila and two rural provinces in Central Luzon island of the Philippines. To recruit a convenience sample of older adults, we posted flyers within each municipality's government-operated non-residential senior community center (Office for Senior Citizens Affairs). Eligible participants were aged ≥ 60 years or older and conversant in English or Filipino, physically healthy, and able to perform activities of daily living with a rated Barthel Index score of ≥ 90 . We excluded those hospitalized, living in assisted care facilities, or with comorbid conditions or disabilities that would limit their ability to participate in the study's in-depth interviews. Based on previous studies, we estimated that a sample size of 20–40 participants was adequate, and we continued to recruit and interview until reaching data saturation.²⁷

Ethical Considerations: The Ethics Review Sub-Committee approved the study for research involving Human Research Subjects of Thammasat University No. 3 on June 28, 2018, with protocol number 080/2561. Written informed consent was obtained from all study participants before the interview. The primary investigator (PI) explained the nature of the study, potential risks and benefits, and voluntary participation. Audio recordings were destroyed after transcription, and personal identifiers were removed from transcripts to protect the participants. Participant information was never disclosed to any unauthorized entity and was used solely for this study.

Data Collection: Data were collected from April to December 2019 through in-depth interviews. Preliminary visits in the government-operated non-residential senior community center (Office for Senior Citizens Affairs) within each municipality were conducted to establish rapport with the participants. The PI participated in their social activities organized by the officers of the Senior Citizens Affairs. Participants were interviewed in their homes or another private location chosen by the participant. The researchers developed a semi-structured interview guide with the guidance of experts in qualitative research and geriatric nursing. An expert panel translated it into Filipino using a direct forward translation approach. Interviews consisted of open-ended questions which asked participants to reflect on the aspects of independent living that were most important to them, such as "Tell me something about the things that matter to you?" and "What does independent living mean to you?" More probing questions were used, and the PI conducted audio-recorded interviews for accuracy and transcribed verbatim. The interviews lasted about one hour. Data saturation was achieved after data duplication, and the participants stated no further description of independent living.

Data Analysis: Content analysis was used to analyze the verbatim reports from in-depth interviews. Conventional content analysis by Hsieh and Shannon was used to interpret information through a systematic

classification process of coding or identifying themes or patterns from narrative responses or open-ended interview questions.²⁸ Voice-recorded interviews were transcribed verbatim and translated into English by the PI. Transcripts were checked for accuracy by listening to the recordings while simultaneously reading the transcripts. The data analysis was carried out concurrently with the data collection to ensure the depth of the data collection. The researcher read each transcript from beginning to end to achieve immersion and to obtain a sense of the whole, followed by a closer reading to derive codes by highlighting the exact words that capture the perspectives of independent living. The PI wrote notes, impressions, thoughts, and initial analysis in the margin of the highlighted text. Codes that emerged from the text became the initial coding scheme. The codes were sorted into categories. Expressions (word or phrase) that describe the perspectives of independent living were listed separately from other words or phrases, while irrelevant expressions were eliminated. Similar expressions describing independent living perspectives were grouped and labeled. Groups of expressions that were closely related were clustered and labeled. A total of five categories and nine subcategories were identified. The identified core of common elements was checked against a sample of original descriptions by respondents. To confirm and clarify the data collected, the researchers returned to the participants to verify that the categories identified from interviews accurately reflected their thoughts and perspectives captured in interviews and checked for disagreement.

Table 1. Demographic characteristics of participants (N = 32)

Characteristics	Group	N	%
Age (years)	60-64	13	40
	65-74	15	46
	75-84	3	9
	85 and above	1	3
Gender	Female	20	62
	Male	12	37
Religion	Roman Catholic	29	90
	Nontrinitarian Christian	2	6
	Born Again	1	3

Rigor and Trustworthiness: The PI ensured the trustworthiness of the qualitative process by establishing credibility, confirmability, transferability, and dependability. Credibility was provided by iterative questioning through probes during the interview to obtain a detailed description of independent living.²⁹ The researcher returned to the key informants to restate the meaning of independent living and site situations that describe independent living. Member checking was done to recheck the summary statements.³⁰ Participants were asked to check whether the summary was accurate and identify missing categories and disagreements with the meaning of independent living. To ensure transferability, the researcher provided a detailed account of the experiences during data collection. The thick description included the environment, duration, and observations of the in-depth interviews of the researcher with the key informants. Data collection and analysis were reported in the study to establish dependability. Moreover, an external audit was done by a qualitative expert to review the processes and accuracy of data collection, data analysis, and the results of the qualitative findings. The external auditor reviewed the verbatim transcripts and the analysis done by the PI.

Findings

Thirty-two participants were interviewed, ranging from 60 to 94 years of age, with a mean age of 72.5 years. Their characteristics are shown in **Table 1**.

Table 1. Demographic characteristics of participants (N = 32) (Cont.)

Characteristics	Group	N	%
Marital status	Married	20	62
	Widower	8	25
	Single	2	6
	Divorced/Separated	2	6
Source of income	Given by children/relatives	19	59
	Own pension	13	40
	Own salaries/wages	7	2
	Stocks and dividends	2	6
	Spouse's salary	1	3
	Spouse's pension	1	3
	none	1	3
Monthly income in Pesos (US Dollars)	999 and below (below \$ 20)	2	6
	1,000–3,999 (\$20–\$79)	10	31
	4,000–6,999 (\$80–\$139)	4	12
	7,000–9,999 (\$140–\$199)	3	9
	10,000 & above (\$200& above)	12	37
Living arrangements	Living alone	1	3
	Living with relatives	2	6
	Living with grandchildren	13	40
	Living with husband/wife	11	34
	Living with children	17	53
	Living with others	2	6

The data analysis identified five categories with nine subcategories (see Table 2). The findings described the perspectives of independent living of Filipino older adults.

Table 2. Categories, subcategories, and codes of perspectives of independent living of Filipino older adults

Categories	Subcategories	Codes
Ensuring physical health	Maintaining good health	Having healthy body
	Ability to engage in self-care	Having the ability to care for oneself Being able to perform activities of daily living
Maintaining mental capacity	Unburdening others	Not a burden to others Being able to support own financial needs
	Gaining control	Being able to do things without help from others Achieving self-satisfaction
Maintaining social relationships with others	Having a right to make decisions	Having the ability to decide on your own
	Forming meaningful connections with others	Having the ability to connect with family and significant others
	Having positive relationships with other	Having a peaceful relationship with family and friends
Being financially stable	Having a source of income	Managing a business Receiving regular pension Being employed
Being spiritually connected	Maintaining religious practices	Having a connection with the supreme being Being active in religious activities

Category 1: Ensuring physical health

This category, divided into two subcategories, describes the importance of good health and functional capacity for independent living.

Subcategory 1.1: Maintaining good health

Maintaining good health is essential for Filipino older adults to perform activities of daily living. Participants viewed physical strength and activity as key to independent living. One participant mentioned:

“I need to exercise my body. It would be wrong just to stay at home because I am old. I should move my body so the blood vessels and bones will become lighter.” (P31)

Participants contrasted independent living with sickness and disability and said that the gradual onset of chronic conditions was the impetus for seeking medical advice and undertaking lifestyle changes. A participant explained:

“I think I can still be independent as long as I am not sick. I go to the infirmary when I don’t feel well. They provide all the medicines, including the doctors and laboratories. I have regular blood work every six months because I have hypertension. I am taking my maintenance medicines, and I go on a diet. I eat less fat.” (P1)

However, making these changes, such as taking daily medications, could be difficult for older adults and serve as a constant reminder of frailty and physical limitations.

Subcategory 1.2: Ability to engage in self-care

Participants regarded the ability to care for and cook for themselves, move about their neighborhoods, and maintain their homes as essential aspects of independent living. Being physically capable of doing things for oneself, such as personal hygiene, dressing, bathing, toileting, moving, and eating, were considered the minimum. Meanwhile, other activities such as cooking, cleaning, and travel were considered rewards of successful aging. Participants often measured their

independence and found rewards in their ability to perform house chores. One participant explained:

“I can still perform daily activities for my age. I can clean the house, launder clothes, cook food, and travel places. I do all the household chores like ironing and laundering. I still can without limitation.” (P3)

Category 2: Maintaining mental capacity

This category comprises the importance of making independent decisions on matters concerning them without force or influence from others. The subcategories included unburdening others, gaining control, and having a right to make decisions.

Subcategory 2.1: Unburdening others

The feeling of being a burden to others creates feelings of frustration and guilt due to the suffering it imposes on others. Participants recognized that their adult children have their own families to care for. Therefore, being taken care of is considered a burden to their families. The following quotes illustrate this perspective:

“I do not want to experience being taken care of by my children. I will be a burden to my children because they are also taking care of their own family.” (P12)

“I do not want to depend on my children for survival because I do not want to be a burden to my children.” (P11)

Moreover, participants viewed being a burden to their families as contributing to physical decline. One participant stated that physical caregiving is a burden to family. A participant explained:

“I will feel weak if I am treated like a baby. I should not be a burden to my children because my children have a comfortable life.” (P15)

Subcategory 2.2: Gaining control

Gaining control or a sense that they can do things they want to are essential to independent living. A participant explained:

“I am independent because I can accomplish what my heart desires. For example, I can do whatever I want. If I want to work, I can work as long as I am capable.” (P29)

Participants viewed that they could do what they desired depending on their capability and without the interference of their adult children or significant others. Gaining control promotes their confidence, self-worth, and dignity.

“I am independent because I can do what I want. I do not want to depend on others if I can. I think independent seniors can do what they want. I do not want my children to interfere with me.” (P20)

Additionally, loss of control is discouraging for older adults. Participants feel less of an individual when they lose control in carrying out activities they once did. Loss of control creates a feeling of helplessness. Being in control when seeking assistance provides a sense of self-worth.

“It feels good if the food I eat is the product of my effort, compared to what is given by others. I feel hurt when I rely on another person. I feel confident talking if I do not rely on the person. I ask for help if I cannot do it on my own.” (P30)

Subcategory 2.3: Having a right to make decisions

Making decisions was important for participants to achieve independent living. They viewed the decision-making process as essential to their dignity and self-worth. A participant said:

“Seniors like me have a right to decide. I will lose my dignity if I let my children decide for me.” (P13)

Moreover, the ability to make decisions also lets them feel they are in control of their lives. A participant explained:

“I want to decide for myself. I want to decide when to bathe, and change my clothes. I see old people bathed by their caregivers. I have kept my privacy, body, dignity, and sanctity for a long time. I hope I will not lose my ability to care for myself and make decisions. I don’t want to experience in the future that someone will decide for me.” (P1)

Category 3: Maintaining social relationships with others

This category describes the capacity of older adults to establish meaningful relationships with family, friends, and social networks.

Subcategory 3.1: Forming meaningful connections with others

Having meaningful relationships with others is vital to achieving independent living. In the Philippine culture, the family is considered the primary support network of older adults. Thus, constant communication with the family provided a sense of well-being. A participant stated:

“If there is an opportunity, I always communicate with my other children working in other countries through the Internet. I usually go out with my wife or with my wife’s siblings, my siblings, and my grandchildren. If all of my children are present, we bonded together. I feel good and relieved from stress when I talk to my family.” (P30)

Older adults with constant communication with their friends maintain their self-esteem, reinforce a sense of identity, and cope with stresses related to aging. A participant said:

“I still communicate with my friends through Facebook. I meet them whenever I have time. There is no regular time. I need to meet my friends because it makes me happy.” (P3)

Subcategory 3.2: Having positive relationships with others

Harmonious relationships and avoiding conflict with friends and family members were seen

as manifestations of love and belongingness, essential to their well-being. One participant stated,

“It makes me happy when I do not have any conflicts with my wife and grandchildren. I can feel their love for me. It is a big thing for me whenever they hug me.” (P8)

“I have a good relationship with my family. I feel happy if we do not fight each other in the family. They also listen to what I want. We have a harmonious relationship.” (P10)

Category 4: Being financially stable

Subcategory 1: Having a source of income

A source of income is essential for Filipino older adults to achieve independent living. Due to retirement, many Filipino older adults do not have a stable source of income to support their basic needs. A participant said:

“I think it is important to have a source of income to live independently. I need to have a stable source of income even if it is just a small amount because it will provide me the money that I need to buy the things that I want and when I get sick.” (P7)

Moreover, participants did not want to depend on their adult children for financial support while they could manage alone. Therefore, a stable job in the community can provide opportunities to earn, sustain their food purchases, and buy the medicines and things they wanted. A participant exclaimed:

“I should have a source of income so I will not depend on my children. I can afford to buy anything I want without depending on my children. I am still strong, and I can sell food. Seniors like me can cook or sell food in the community to earn an income.” (P17)

Although Filipino older adults receive their pension through the social service program of the government, it is not enough to meet their basic needs. A participant said:

“The pension that I receive is not enough to buy for the things that I need. I like planting so I can do gardening. I can still remove the grass and take care of animals like goats to earn a living.” (P12)

Category 5: Being spiritually connected

Subcategory 1: Maintaining religious practices

Faith played an essential part in the life of Filipino older adults. Developing a personal relationship with God promotes physical wellness by providing meaning to hope for something and maintaining their purpose in life. A participant exclaimed:

“With my age, my faith is important to me. I pray that he gives me a good body so I can live my life with my children and grandchildren for a long time.” (P8)

Moreover, maintaining their religious practices contributed to their positive aging. Participants mentioned that expression of faith decreases their feelings of helplessness and loss of control that older adults often experience with aging. For example,

“Aside from prayer, to deepen my relationship with the Lord, I go to church to attend the mass, I help other people whatever I can. Religion is important for old people like me.” (P1)

“I have strong faith in God. I always call the Lord. He is with me all the time and everywhere I go. He is in my mind and my heart. I embraced him, and whatever happens to me, he knows it.” (P7)

Discussion

This study explored the perspectives of independent living of older adults living in urban and rural communities in the Philippines. Findings revealed that independent living for Filipino older adults is composed of 5 categories: 1) Ensuring physical

health, 2) Maintaining mental capacity, 3) Maintaining social relationships with others, 4) Being financially stable, and 5) Being spiritual.

Ensuring physical health was common for our participants. Maintaining good health and the ability to engage in self-care is imperative for Filipino older adults to live independently.³¹ As individuals age, their bodies undergo various changes that can limit their ability to perform activities of daily living, such as walking, taking a shower, eating, dressing, standing up from bed, walking around the house, going outside, and toileting. In the study conducted by Cruz, 22% of Filipino older adults have difficulty performing at least one of the seven activities.⁴ An essential aspect of maintaining good health for Filipino older adults is incorporating different physical activities into their daily routines. This can include walking, doing household chores, and exercising. In the longitudinal study conducted by Cruz, physical exercise (52%) were observed to be a significant daily activity of Filipino older adults.⁴ Many older adults recognize the benefits of regular physical activity and actively incorporate it into their daily routine to achieve independent living. Physical activity and exercise improves cardiovascular health, builds muscle strength, and has been linked to a decreased risk of chronic diseases. In addition, proper diet plays a vital role in maintaining good health.³² It is essential for older adults to be mindful of the food that they eat and follow a balanced diet that meets their nutritional needs.³³ Furthermore, regular visit with the physician, routine laboratory test, and medication management are essential to preventing complications.³⁴

Maintaining mental capacity by being able to make decisions, gaining control over their lives, and unburdening others is vital for older adults to live independently. Similar to previous studies conducted by Harnirattisai and Vuthiarpa, gaining control over their lives and actively participating in the decision-making process preserves the mental capacity of older adults.^{17,35} Encouraging older adults to express their preferences and opinions, whether in matters

related to healthcare, finances, or daily activities, empowers them to maintain control over their lives.³ It is essential to cultivate a supportive environment that values their autonomy and respects their choices. Additionally, unburdening others by fostering self-sufficiency is crucial for older adults to maintain a sense of independence. Developing routines and habits that allow for personal care, household management, and organization can alleviate the need for constant assistance from others.

Maintaining social relationships with others, such as forming meaningful connections and having positive relationships with others are essential for older adults to live independently.¹⁶ Meaningful connections significantly impact Filipino older adults' mental and emotional well-being. Regular interaction and quality time spent with family and friends help combat feelings of loneliness and isolation, which are common challenges older adults face. By engaging in regular conversations, participating in activities, and sharing experiences, older adults feel a sense of companionship and belonging.³⁶ The strong family ties in Filipino culture contribute to the psychological well-being of older adults.

Being financially stable by having a stable source of income is crucial for Filipino older adults to attain independent living.¹⁹ Due to retirement, many older adults face the challenge of needing a consistent income to support their basic needs. Retirement often marks the end of a regular paycheck. Many Filipino older adults are financially vulnerable with decreasing work opportunities and limited access to pensions or retirement plans. In the study conducted by Cruz, 34% of older adults received income from work and 42% received income from pension.⁴ The pension coverage usually applies to those who are formally employed. Private sector employees receive their pensions from the Social Security System (SSS), while public sector employees receive it from the Government Service Insurance System (GSIS). The minimum SSS monthly pension of Php1,200 (\$21) and the GSIS pension of Php 5,000 (\$90) is not

enough to support the basic needs of older adults. Furthermore, older adults do not want to feel a burden to their family and the community; as such, they want to support their own financial needs by earning an income and receiving their regular pensions.^{17,37}

Being spiritually connected by maintaining religious practices is crucial for older Filipino adults to achieve and sustain independent living. The Philippines is predominantly Christian, with 86% of the citizens being Roman Catholics. Religion is more than just a belief system. It is highly associated with the diverse life experiences that define their views about independent living.¹⁸ Maintaining their religious practices offer a sense of purpose, emotional well-being, social connection, healthy lifestyle choices, and hope and resilience. Believing in a higher power and following religious teachings provides a framework for navigating life's challenges to live independently. Similar to a study conducted by Harnirattisai and Vuthiarpa, participating in religious activities characterize independent living.¹⁷

In the Philippines, as in many Asian countries, independent living is intimately interconnected with culture. Filipino culture places a strong emphasis on the family unit. The familial collectivism, coupled with traditional beliefs of filial piety, fosters close family ties and cultivates a sense of relational independence among older Filipino adults.

Limitations

The findings of this study had several limitations. The findings of this study are limited to physically healthy older adults living in urban and rural communities in Metro Manila and Central Luzon island of the Philippines. The researcher excluded older adults living in-home care facilities and other regions of the country. The findings may not accurately reflect the opinions of older adults from different regions. It is also important to note that most participants were Catholic, whose perceptions and beliefs may differ from those of other

religions like Muslim. Therefore, it is essential to view findings in the sample context.

Conclusion and Implications for Nursing Practice

This research adds to the literature by contributing a more thorough understanding of Filipino older adults' perspectives of independent living. The study's findings suggest that independent living for older adults is not a unidimensional concept but a multidimensional construct that reflects various aspects of their lives. This construct is influenced by factors such as cultural identity, the resources they require, and their attitudes toward aging. Moreover, findings revealed that the environment and culture of older adults influence their perspectives on independence. Older adults living in different settings, cultures, social policies, and health care services have different views. The implications of this study can be significant in establishing effective interventions for promoting older adult independence. By recognizing the perspectives of older adults, interventions can be tailored to meet the specific needs of individual seniors and ensure their success in remaining independent for as long as possible. Therefore, it is essential to approach older adult independence from a holistic perspective that considers these various factors to promote optimal outcomes.

These findings highlighted several critical issues in the nursing care of older adults. The results of this study can provide information on the needs of older Filipino adults. It can assist nurses in creating individualized nursing care plans for Filipino older adults to achieve independent living in the community. It is recommended that nurse practitioners be able to utilize the findings in creating programs that will ensure the health and well-being of older adults. Additionally, the results of this study can provide a basis for nurse researchers to develop a tool to measure independent living.

Meta-analysis and quantitative comparative studies are recommended in future studies to correlate the findings of this study. Nurse educators can utilize the findings of this study to improve the nursing curriculum regarding older adults. By incorporating the current research into the curriculum, nursing students can better understand the unique healthcare demands of the older adult population. Furthermore, this study may guide policymakers in developing policies addressing older Filipino adults' needs. It is recommended that policymakers utilize the findings in creating laws and programs that will ensure the health and well-being of older adults in the community and their families.

Acknowledgments

The authors thank the participants who generously shared their time and experience for this project. We are grateful to all of the participants for their cooperation. The Faculty of Nursing, Thammasat University, supported the financial expenses for the publication of this research paper.

References

1. Maresova P, Javanmardi E, Barakovic S, Barakovic Husic J, Tomsone S, Krejcar O, et al. Consequences of chronic diseases and other limitations associated with old age – a scoping review [Internet]. *BMC Public Health*. 2019;19(1):1431. Available from: <https://doi.org/10.1186/s12889-019-7762-5>
2. Network HG. Ageing population in the Philippines [Internet]. 2020 [cited 2023 Jun 1]. Available from: <https://ageingasia.org/ageing-population-philippines>
3. Abdi S, Spann A, Borilovic J, de Witte L, Hawley M. Understanding the care and support needs of older people: a scoping review and categorisation using the WHO international classification of functioning, disability and health framework (ICF). *BMC Geriatr* [Internet]. 2019; 19(1):195. Available from: <https://doi.org/10.1186/s12877-019-1189-9>
4. Cruz GT, Cruz CJP, Saito Y. Ageing and health in the Philippines. Jakarta: Economic Research Institute for ASEAN and East Asia; 2019.
5. Badana ANS, Andel R. Aging in the Philippines. *Gerontologist*. 2018 Mar 19;58(2):212–218. doi: 10.1093/geront/gnx203.
6. Bimou C, Harel M, Laubarie-Mouret C, Cardinaud N, Charenton-Blavignac M, Toumi N, et al. Patterns and predictive factors of loss of the independence trajectory among community-dwelling older adults. *BMC Geriatr* [Internet]. 2021;21(1):142. Available from: <https://doi.org/10.1186/s12877-021-02063-7>
7. Moilanen T, Kangasniemi M, Papinaho O, Mynttinen M, Siipi H, Suominen S, et al. Older people's perceived autonomy in residential care: an integrative review. *Nurs Ethics* [Internet]. 2021;28(3):414–34. Available from: <https://doi.org/10.1177/0969733020948115>
8. Bölenius K, Lämås K, Sandman PO, Lindkvist M, Edvardsson D. Perceptions of self-determination and quality of life among Swedish home care recipients – a cross-sectional study. *BMC Geriatr* [Internet]. 2019;19(1):142. Available from: <https://doi.org/10.1186/s12877-019-1145-8>
9. Ryu SI, Cho B, Chang SJ, Ko H, Yi YM, Noh E-Y, et al. Factors related to self-confidence to live alone in community-dwelling older adults: a cross-sectional study. *BMC Geriatr* [Internet]. 2021;21(1):291. Available from: <https://doi.org/10.1186/s12877-021-02214-w>
10. Lewis O, Richardson G. The right to live independently and be included in the community. *Int J Law Psychiatry* [Internet]. 2020;69:101499. Available from: <https://doi.org/10.1016/j.ijlp.2019.101499>
11. Molenaar EALM, Barten D-JJA, de Hoop AMS, Bleijenberg N, de Wit NJ, Veenhof C. Cluster analysis of functional independence in community-dwelling older people. *BMC Geriatr* [Internet]. 2022;22(1):996. Available from: <https://doi.org/10.1186/s12877-022-03684-2>
12. Barken R. 'Independence' among older people receiving support at home: the meaning of daily care practices. *Ageing Soc* [Internet]. 2019;39(3):518–40. Available from: <https://doi.org/10.1017/S0144686X17001039>
13. Hillcoat-Nallétamby S. The meaning of "independence" for older people in different residential settings. *J Gerontol B*. 2014;69(3):419–30.
14. Motamed-Jahromi M, Kaveh MH. Effective interventions on improving elderly's independence in activity of daily living: a systematic review and logic model. *Front Public Health*. 2021;8:516151. doi: 10.3389/fpubh.2020.516151.

15. Tsartsidis A, Kolkowska E, Hedström K. Factors influencing seniors' acceptance of technology for aging in place in the post-implementation stage: a literature review. *Int J Med Inform [Internet]*. 2019;129:324–33. Available from: <https://www.sciencedirect.com/science/article/pii/S1386505619302850>
16. Hirano YO, Tamagawa R, Matsumoto T. Factors influencing the psychological independence of retired community-dwelling older adults in Japan. *Front Psychol*. 2022;13:1004645. doi: 10.3389/fpsyg.2022.1004645.
17. Harnirattisai T, Vuthiarpa S. The perception of independent living among Thai older adults. *Ageing Int [Internet]*. 2020;45(2):181–90. Available from: <https://doi.org/10.1007/s12126-020-09362-1>
18. Moncatar R, Nakamura K, Rahman M, Senio K. Health status and health facility utilization of community-dwelling elderly living alone in the Philippines: a nationwide cross-sectional study. *Health*. 2019;11(11):1554–72.
19. Carandang RR, Shibanuma A, Asis E, Chavez DC, Tuliao MT, Jimba M. “Are Filipinos aging well?”: determinants of subjective well-being among senior citizens of the community-based ENGAGE study. *Int J Environ Res Public Health [Internet]*. 2020;17(20):7636. Available from: <https://www.mdpi.com/1660-4601/17/20/7636>
20. Wilkowska W, Offermann-van Heek J, Laurentius T, Bollheimer LC, Ziefle M. Insights into the older adults' world: concepts of aging, care, and using assistive technology in late adulthood. *Front Public Heal [Internet]*. 2021;9:653931. Available from: <https://www.frontiersin.org/articles/10.3389/fpubh.2021.653931>
21. van Leeuwen KM, van Loon MS, van Nes FA, Bosmans JE, et al. What does quality of life mean to older adults? A thematic synthesis. *PLoS One*. 2019;14(3):e0213263. doi: 10.1371/journal.pone.0213263.
22. Kornadt AE, de Paula Couto C, Rothermund K. Views on aging—current trends and future directions for cross-cultural research. *Online Readings Psychol Cult*. 2022;6(2). <https://doi.org/10.9707/2307-0919.1176>
23. Allen K-A, Gray DL, Baumeister RF, Leary MR. The need to belong: a deep dive into the origins, implications, and future of a foundational Construct. *Educ Psychol Rev [Internet]*. 2022;34(2):1133–56. Available from: <https://doi.org/10.1007/s10648-021-09633-6>
24. Rondón García LM, Ramírez Navarro JM. The impact of quality of life on the health of older people from a multidimensional perspective. *J Aging Res*. 2018;2018:4086294. doi: 10.1155/2018/4086294.
25. Turale S. A brief introduction to qualitative description: a research design worth using. *Pacific Rim Int J Nurs Res*. 2020;24(3):289–91.
26. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Heal Care [Internet]*. 2007;19(6):349–57. Available from: <https://doi.org/10.1093/intqhc/mzm042>
27. Guest G, Namey E, Chen M. A simple method to assess and report thematic saturation in qualitative research. *PLoS One*. 2020;15(5):e0232076. doi: 10.1371/journal.pone.0232076.
28. Hsieh H-F, Shannon SE. Three approaches to qualitative content analysis. *Qual Health Res [Internet]*. 2005;15(9):1277–88. Available from: <https://doi.org/10.1177/1049732305276687>
29. Shenton A. Strategies for ensuring trustworthiness in qualitative research projects. *Educ Inf*. 2004;22(2):63–75. doi: 10.3233/EFI-2004-22201.
30. Busetto L, Wick W, Gumbinger C. How to use and assess qualitative research methods. *Neurol Res Pract [Internet]*. 2020;2(1):14. Available from: <https://doi.org/10.1186/s42466-020-00059-z>
31. Wang B, Wu Y, Zhang T, Han J, Yu L, Sun W. Effect of physical activity on independent living ability among community-dwelling elderly in urban areas of Liaoning Province in China: a population-based study. *BMJ Open*. 2019;9(10):e023543. doi: 10.1136/bmjopen-2018-023543.
32. Yeung SSY, Kwan M, Woo J. Healthy diet for healthy aging. *Nutrients*. 2021;13(12):4310.
33. Kitreerawutiwong N, Keeratisiroj O, Mekrungrongwong S. Factors that influence physical activity among older adults living in a rural community in Wangthong district, Phitsanulok, Thailand. *SAGE Open [Internet]*. 2021;11(4):21582440211061368
34. Pereira F, Bieri M, Del Rio Carral M, Martins MM, Verloo H. Collaborative medication management for older adults after hospital discharge: a qualitative descriptive study. *BMC Nurs [Internet]*. 2022;21(1):284. Available from: <https://doi.org/10.1186/s12912-022-01061-3>
35. Amaral AS, Simões MR, Freitas S, Vilar M, Sousa LB, Afonso RM. Healthcare decision-making capacity in old age: a qualitative study. *Front Psychol [Internet]*. 2022;13:1024967. Available from: <https://www.frontiersin.org/articles/10.3389/fpsyg.2022.1024967>

36. Sirén A-L, Seppänen M, von Bonsdorff MB. Social participation considered as meaningful in old age – the perceptions of senior housing residents in Finland. *Ageing Int* [Internet]. 2023 Feb 21. Available from: <https://doi.org/10.1007/s12126-023-09522-z>
37. Du Q, Gong N, Hu Q, Chen G, Xie J, Luo L, et al. Why do older adults living alone in cities cease seeking assistance? A qualitative study in China. *BMC Geriatr* [Internet]. 2022;22(1):540. Available from: <https://doi.org/10.1186/s12877-022-03217-x>

มุ่งมองของการดำเนินชีวิตอย่างอิสระของผู้สูงอายุชาวฟิลิปปินส์: การศึกษาเชิงคุณภาพ

Ritzmond F. Loa, * ประนอม โอทกานนท์, Gabriel Culbert

บทคัดย่อ: ในขณะที่ผู้คนมีอายุมากขึ้น การทำงานทั้งทางด้านร่างกาย การมีปฏิสัมพันธ์การทางสังคม และแหล่งสนับสนุนทางการเงินได้กล่าวไปเป็นข้อจำกัดของความสามารถในการดำเนินชีวิตอย่างอิสระ งานวิจัยเชิงคุณภาพนี้เป็นการศึกษามุ่งมองของผู้สูงอายุจำนวน 32 คน ที่มีอายุตั้งแต่ 60 ปีขึ้นไปที่ไม่มี ความสามารถทางด้านร่างกายซึ่งอาศัยอยู่ในเมืองหลวงกรุงมะนิลา และเกาะลูซอนตอนกลางในประเทศไทย ผลการวิจัยแสดงให้เห็นว่ามุ่งมองของผู้สูงอายุชาวฟิลิปปินส์เกี่ยวกับการใช้ชีวิตอย่างอิสระนั้น ครอบคลุมปัจจัยหลายประการ:

- 1) การดูแลสุขภาพร่างกายซึ่งแบ่งออกเป็น 2 ประเภท คือ การรักษาสุขภาพที่ดีและความสามารถที่จะใช้ในการดูแลตนเอง
- 2) การดูแลสุขภาพจิตใจ มี 3 ประเภท คือ การไม่เป็นภาระของผู้อื่น การเพิ่มการควบคุมชีวิตตนเองได้ และความสามารถในการตัดสินใจ
- 3) การรักษาความสัมพันธ์ทางสังคมกับผู้อื่น มี 2 ประเภท คือ การสร้างความสัมพันธ์ที่มีความหมาย และการรักษาความสัมพันธ์เชิงบวกกับผู้อื่น
- 4) มีความมั่นคงทางเศรษฐกิจโดยการมีแหล่งรายได้ทางการเงินที่มั่นคงและ
- 5) การมีความเชื่อมโยงทางจิตวิญญาณด้วยการคงไว้ซึ่งการปฏิบัติทางศาสนา

การดำเนินชีวิตอย่างอิสระนั้นเป็นแนวคิดที่มีมิติอันหลากหลายซึ่งสะท้อนถึงความต้องการทางด้านร่างกาย ด้านจิตสังคม เศรษฐกิจ และจิตวิญญาณของผู้สูงอายุชาวฟิลิปปินส์ ด้วยความเข้าใจและใช้ประโยชน์จากผลการวิจัยนี้จะทำให้พยาบาลสามารถพัฒนาโปรแกรมที่มุ่งเน้นการช่วยเหลือผู้สูงอายุให้ได้รับการตอบสนองตนเองและความเป็นอิสระได้มากที่สุด นอกจากนี้ผู้กำหนดนโยบายสามารถใช้ผลการวิจัยนี้เป็นข้อมูลในการตัดสินใจวางแผนการดูแลสุขภาพผู้สูงอายุและส่งเสริมการดำเนินชีวิตอย่างมีอิสระและเพื่อสุขภาพที่ดีของชาวฟิลิปปินส์

Pacific Rim Int J Nurs Res 2023; 27(4) 722-735

คำสำคัญ: ฟิลิปปินส์ การดำเนินชีวิตอย่างอิสระ สมรรถภาพทางจิตใจ ผู้สูงอายุ สุขภาพกาย การบรรยายเชิงคุณภาพ สัมพันธ์ภาพทางสังคม

Correspondence to: Ritzmond Loa, PhD (Candidate), คณะพยาบาลศาสตร์ มหาวิทยาลัยธรรมศาสตร์ ประเทศไทย และ College of Nursing, University of Santo Tomas, Manila, Metro Manila, Philippines. E-mail: ritzloa1@gmail.com
ประนอม โอทกานนท์ คณะพยาบาลศาสตร์ มหาวิทยาลัยธรรมศาสตร์ ประเทศไทย E-mail: otpranom@gmail.com
Gabriel Culbert, University of Illinois, College of Nursing, Chicago, USA. E-mail: gculbert@uic.edu