Caring Even If It Hurts: Lived Experiences of Nurses Working as Caregivers

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ABSTRACT

This study aimed to explore the lived experiences of nurses who are working as caregivers in a home care facility. The study was conducted at Balay Taripato, Magsingal, Ilocos Sur. Data collection was done from June 29 to July 15, 2015. The participants of the study included all Bachelor of Science in nursing graduates employed as caregivers. An unstructured interview was done to collect data that lasted for about 30-60 minutes guided by the question: What are your lived-experiences as a nursing care home worker? The interview was audio-recorded with the permission of the participants. There was no specific sample size, and the data collection halted when data saturation was met. The study showed that the experiences of the nurses working as caregivers in Balay Taripato, Magsingal are classified into:

1. How I got here. This includes all experiences/ reasons why the participants chose to work as a caregiver. This is divided into: a) I did not pass my board exams; b) Hospital work is not for me; c) I want to be with my family;
2. What I had to do. This includes all the participants’ experiences pertaining to their duties, responsibilities and usual repetitive work as a caregiver. This is further divided into three subthemes: a) Routine work; b) Walking the extra mile; and c) Dealing with difficult residents;
3. What I have been through. In this theme, the difficulties and challenges faced by the participants during their conduct of duty is discussed. The theme is further divided into: a) Getting hurt; b) How it was the first time; and c) Losing a resident;
4. Why I chose to stay. In this theme, the participants share the reasons why they decided to work as caregivers amidst the challenges and difficulties they face. This is further divided into: a) I have a tight bond with my workmates; b) I feel attached to our residents; and c) I am contented with my work;
5. Why I want to leave. This theme provides the reason why the participants consider moving out from the care home. The theme is further divided into: a) I am not happy with my salary, and b) I want to be a nurse…again.

The central theme that emerged from the findings is that there are positive and negative experiences of nurses working as caregiver in a care home facility when it comes to their day-to-day tasks (What I had to do) and their other work-related difficulties/challenges (What I have been through). These lived experiences are what keeps the nurses thriving in their new, unfamiliar territory/environment (Why I choose to stay), and at the same time, it’s what drives them away from being caregivers (Why I want to leave).

Based on the results of the study, the researcher has the following recommendations in order to improve the working condition of the nurses working as caregivers in the care home facility, and to reinforce their good experiences:
1. To ensure safety of the residents and employees, residents diagnosed with mental conditions must be referred to higher mental care facilities.
2. Programs and activities like socializations and outings must be conducted annually to ensure and promote good relationships among the care home staff.
3. Annual counseling and stress-debriefing should be conducted among the care home staff to help them get through the loss of their residents.
4. The conduct of a quantitative research must be sought to better corroborate the results of this study.
5. Qualitative research on a longer duration on the same topic must be conducted on all Balay Taripato/ care home facilities of the province of Ilocos Sur.
INTRODUCTION:

Nursing home care has been the subject of widespread concerns and criticism (Kane, Garrard, Skay, Radosevich, Buchanan, McDermott, Arnold & Kepferle, 1989). Within professional circles, it enjoys little prestige. Nursing home care is viewed as low technology care with little to no hope of patient improvement. Working in a nursing home provides little opportunity for professional nursing skills to be practiced (Kane, 1988). Physician visits tend to be infrequent, conforming to the minimal levels required to authorize the care of residents (Willemin, 1980 as cited by Kane et al, 1989). More so, Phillips (2015 as cited by carehome.co.uk, 2015) states that “working in a nursing home is seen as a job you do when you can’t get a job in a hospital or maybe when you’re close to retirement and want an easier life”. Furthermore, nurses belittle the nursing home sector as a possible career path (Phillips, 2015). According to the Royal College of Nursing (2015), the poor image that proliferates about working in a care home coupled with the pay generally not being as good has led to some care homes having to close in England and in Wales because of the lack of nursing staff (carehome.co.uk, 2015).

Levels of staff turnover are high in nursing homes because of occupational and resident characteristics that affect levels of staff stress and satisfaction. Working with more cognitively impaired residents, especially on day shift, is associated with high levels of stress in nursing home staff. Workload is highly predictive of the experience of burden and job pressure, while these outcomes vary according to whether staff works full- or part-time (Brodaty, Draper & Low, 2003). In addition, Brodaty et.al (2003) enumerated five attitudes of nursing home residents that nursing home staff finds difficult to cope with: aggressive/hostile, having little control over their difficult behaviour, being stubborn/resistive, deliberately difficult, and unpredictable. More so, in a study of Edberg et.al (2008), nursing home staff described the complexity of their situation and referred to environmental factors such as ‘the system’, community attitudes, other staff, residents' family members and also their own family as causes of their strain.

If working in nursing care home is so stressful, then why do nurses still opt to work in these institutions? Citing statistics from the Professional Regulations Commission (2011), the number of unemployed and underemployed registered Filipino nurses is estimated to range from a low of 160,000 to a high of 200,000. National budgetary constraints of public hospitals have given rise to the “volunteer nurse” scheme which allowed private and public hospitals to cut cost and at the same time raise revenues. Newly registered nurses render free labor and are obliged to pay training fees (Mateo, 2011). These reasons may have caused newly registered Filipino nurses to just settle in working at nursing care homes.

While there are some who work in nursing care homes just to “settle”, there are some who whole-heartedly want to serve the older persons. Respect for the older persons has always been the mark of Asian societies like ours. We put a high premium on preserving the dignity of our older person and put them in an exalted place in society. Our history has witnessed the importance ancient Filipinos gave to elders of the community. Their contributions in the enhancement of the country’s institutions such as government, family, education, and religion cannot be ignored (Carlos, 1999). Filipinos are generally family oriented, tightly-knitted with relatives, and are loving individuals.

If Filipinos really care for the older persons, why do some families leave their elders in nursing homes? Wouldn’t it be better for these aged individuals to stay with their families instead? Secretary Dinky Soliman of the Department of Social Welfare and Development (2013) reasons out that “We recognize that though we Filipinos really care for our elders, there are factors that also drive families to abandon their elders especially if they are already sickly and can no longer function normally”.

In the Philippines, older persons are also referred to as Senior Citizens. As defined by the Republic Act 9257, Senior Citizens are those Filipinos who are 60 years old and above. The said act provides the legal basis for the social services and support of Filipino senior citizens including: self and social enhancement services, after care and follow-up services, neighborhood support services, and “substitute family care” in the form of residential care/group homes for the abandoned, neglected, unattached or homeless senior citizens and those incapable of self-care (Expanded Senior Citizens Act of 2003). Balay Taripato is Ilocos Sur's version of "Home for the Aged" where the older Ilocanos are given care when no family members are able to take care of them (Ilocos Daily, 2012). More than just
a haven for the abandoned older Ilocanos, the establishment of Balay Taripato in the different towns of Ilocos Sur has also provided job opportunities for Ilocano nurses and caregivers to practice their profession and to provide for their families.

Drawing from the above statements, the following are my beliefs regarding the phenomenon being studied. Staff nurses working as caregivers have low job satisfaction because of limited opportunities for career development, unglamorous nature of their job, and dismal regard the society has for them. They have low self-confidence, feeling of stagnation and low perception of competence. As part of the overlooked and discounted health care team, it is assumed that these nursing home workers have low enthusiasm towards their occupation, and that they just try to “get by” with their daily task. It is also presumed that these nursing home personnel have implicit desires to find another job for a greener pasture since their job is very stressful yet low-paying. Furthermore, I believe that home care workers try to personally distance themselves from their residents to avoid grieving if ever their patients meet their end, and that they have mastered the grieving process. I also assume that they have frequent burn-out episodes because of the physical, financial and emotional strain that come with their career.

This study aimed to explore the lived experiences of nurses who are working as caregivers in a home care facility. This phenomenon is already well-studied; however, there is only a meager literature apt for the Philippine setting. This current study may provide a clearer, deeper and richer picture of the reality that is being experienced by nurses working at different care home facilities. The outcomes of this research may serve as an eye-opener to the government units of Ilocos Sur in improving the care home workers’ and residents’ conditions under their jurisdiction. Subsequently, it may assist in instigating the necessary support for the nurses of Balay Taripato-Magsingal, and in turn ultimately improve quality of care to clients.

METHODS AND PROCEDURES:

The study made use of the phenomenological design. The study was conducted at Balay Taripato, Magsingal, Ilocos Sur, Philippines. Data collection was done from June 29 to July 15, 2015. The participants of the study included all five Bachelor of Science in nursing graduates working at Balay Taripato. Permission was asked from the Governor of Ilocos Sur and the Deputized Department Head of Balay Taripato, Magsingal before the conduct of the data collection. An unstructured interview was done to collect data, guided by the question: “What are your lived-experiences as a nursing care home worker?” The interview was audio-recorded with the permission of the participants. Data collection halted when data saturation was met.

Collaizzi’s method was used in the data analysis and identification of themes. Emergent themes were revealed to all the participants for the purpose of validation.
RESULTS AND DISCUSSION

The themes that emerged from the data are presented in the conceptual map below.

![Concept Map of the lived experiences of nurses working as caregivers](image)

**How I got here:**
- I did not pass the board exams
- Hospital work is not for me
- I want to be with my family

**Lived Experiences of nurses working as Caregivers**

**What I had to do**
- Walking the extra mile
- Routine Work
- Dealing with difficult residents

**What I have been through**
- How it was the first time
- Getting hurt
- Losing a resident

**Why I choose to stay**
- I have a tight bond with my workmates
- I feel attached to our residents
- I am contented with my work

**Why I want to leave**
- I am not happy with my salary
- I want to be a nurse again

**How I got here:**
- I did not pass the board exams
- Hospital work is not for me
- I want to be with my family

**I did not pass the board exams.** This subtheme explains why a graduate of nursing would opt to work as a caregiver. Participant B, despite being a graduate of Bachelor of Science in Nursing (BSN), decided to apply as a caregiver because she was not able to pass the nursing licensure examinations. “Di bale nag take three nak san, ngem awan latta iti gasat, isunga nag-caregiver nakun.” (I took the board exams three times already but I was not that lucky, that’s why I became a caregiver.) After three unsuccessful attempts of becoming a registered nurse, Participant B decided to take another path. Participant B also added that being a caregiver at Balay Taripato is only a stepping stone for her future plans. “Kayat ko talaga uma agserbi ditoy ta mangala nak kuma ti experience ko sakbay nak agabroad.” (I really wanted to serve here and to earn work-experience before I go abroad.”) According to Article VIII, Section 35 of the The Philippine Nursing Act of 2002, any person practicing nursing in the Philippines without a certificate of registration/professional license and professional identification card or special temporary permit will be imprisoned for 1 to 6 years, and be fined Php 50,000.00 to Php 100,000.00. Nursing graduates who do not pass the board exams are forced to exit the profession to find other means of making a living because of this legal provision.

**Hospital work is not for me.** This subtheme discusses the reasons why the participants decided to choose the caregiving profession over a career as a hospital staff. Hospital work became boring for Participant A. She further exclaims that she wants to work in a new environment. “Makapauma met gamin iti hospital nga kanayon. Kayat ko met iti sabali nga field iti propesyon ko. Kayat ko ket dejay agalaga met iti lallakay babbaket.” (I got bored at always having to work in the hospital. I want to explore a new field of my profession. I want to provide care for the elderly.) Participant A adds that she wants her job to be challenging. “Kayat ko gamin dejay ma-chal-challenge nak. Kayat ko, iba met. Kasla kuma sabali met nga patahe.” (I like it when I am challenged. I want something new, like trying a new dish) Several factors are related to young nurses’ intentions to leave the profession, including an imbalance of effort and reward, high psychological demands, and higher
job strain, which all influence young nurses’ intention to resign from their nursing careers (Lavoie-Tremblay, O’Brien-Pallas, Gélinas, Desforges & Marchionni, 2008).

On the contrary, the other participants went into caregiving not because the preferred it over a hospital job but because of certain circumstances. Participant C wanted to work as a hospital staff, but the training fee he had to pay to the hospital made him change his mind. “Pinaggigiddan koi da nga tallo nga nag-apply’an, ngem kunak met: ‘Nu anya man iti umuna, isu iti papanak’. Ditoy hospital agpeso iti immuna a ngem adda gimin bayanadan. Dikwan ditoy ti maykadwa nga timmawagen, sunga dadiyoyakun.” (I had three simultaneous work applications. I said to myself, “whichever calls first is where I will go”. The hospital was the first one to call me, but I had to pay a certain fee. Balay-Taripato was the seconde to give me a call, that’s why I am now employed here). Participant D found it very difficult to earn a plantilla position as a hospital staff. “Ken iti maysa pay, narigat iti agapply iti hospital. Napadasak metten. Inggana nak laeng iti volunteer. Nagrigat iti sumrek.” (One thing more, applying for a job in the Philippines is very tough. I have tried it already. I was only a volunteer then. It’s really hard to land a job.) Nurses in the Philippines are driven away from the profession because of the country’s current practice of “volunteering”. Many hospitals have implemented “nurse volunteerism” in the guise of “training programs in order to justify the collection of training fees, whereby such basic skills training put no added value to the career of the nurses (Pipau, 2011). Memorandum 2011-0238 issued by Department of Health Secretary Enrique T. Ona mandates the termination “Nurse Volunteer Programs” and all similar related programs in the country because they are deemed to be oppressive and abused by opportunistic hospitals.

I want to be with my family. This subtheme illuminates the participant’s reasons for prioritizing her family over her work abroad.

Participant E has been a nurse abroad but decided to stay in the Philippines and work as a caregiver just to be with her family. “Nag-gapu nak abroad, ngem umumi ako dito, tapos nagkaroong ako ng baby. Bakasyon lang sana, ngem during dun sa bakasyon ko, naalaan nak met kadetoy innuna kunk. 11 years nga agasawa kamin, isu met iti in-priority kon. Kaya di na ako bumalik sa Singapore. Idi kwan, idi ag-1 year dejay panganay, nagsikugak manen. 3 months nga sikug ko. Isu nga di nak nakasubli’n. Adda kuma chance ko ngem mas pinilik ditoyen.” (I came from abroad, but when I came home, I had a baby. It was supposed to be just a vacation, but during that period, I became pregnant with my first born. We were married for 11 years, so I prioritized my pregnancy. That is the reason why I did not go back to Singapore. When my first-born child was turning one, I got pregnant again. I was pregnant 3 months then. That’s why I did not go back. I had a chance, but I chose to stay,)Family comes first. Some nurses give up their high-paying jobs abroad because of they want to be with their family. In a study of Ryan (2008), nurses described their early experiences of migration to be peppered with emotions of loneliness and homesickness.

What I had to do.

This includes all the participants’ experiences pertaining to their duties, responsibilities and usual repetitive work as a caregiver. This is further divided into three subthemes which are as follows:

Routine work. This subtheme holds the experiences of the participants along their usual day-to-day duties and responsibilities as employees of the care home facility.

Participant B relates how their work as caregivers varies from the work of nurses employed in the hospital. “Ti gamin pinag-dipersensyaan mi nga caregivrs ditoy ken nurses, awan iti panaginnaw da... kasjay... awan dagijay ag-mop da. All-around kami ditoy.” (The difference between our works as caregivers from that of nurses is that nurses do not do the dishes, they don’t also mop the floors. Our work here is “all-around”.) Participant A, as one of the senior staff members, divides the task among themselves to better delineate their daily responsibilities. “Kasi ti agduty gamin ket lima. Tapnu awan iti agpipinnatudun, bingayekun.” (There are only five of us during the shift. So that we won’t have to point fingers on who is to do what, I divide the task). Participant D also speaks of their work as cyclical. “Dejay nga ub-abraen mi ket agik-ikot laeng. Everyday ket sabasabali iti task mi.” (What we do here is just round-roving. We have a different task everyday.) Participant E conforms to this statement, saying “Adda ti task mi nga by schedule; by rotation. Kumbaga jack of all trades kami dito.” (Our tasks are by schedule. It’s like being a jack of all trades.) Providing physical care to an
impaired older person can cause physical stress. General homemaking and housekeeping activities such as cleaning, laundry, shopping, and meal preparation require energy and can be tiring, particularly when added to existing responsibilities in one's own home (The Caregiver’s Handbook, 1990).

Aside from their day-to-day activities, the participants also relay their monthly doings. Participant A recounts her other duties to include assisting the doctors during their monthly visit. “As a nurse, iti ub-ubraen mi ditoy ket agassist kami during visit ti medical society, agassist kami during check-up da, dakami ti agi-carry out dagiti orders da.” (As a nurse, what we do here is to assist during visit of the medical society, assist during their check-up, and carry-out their orders.) Participant A also takes on the responsibility of tending to the residents’ hair. “Nu makitak nga napunpunno dagiti barbas da, masikuran ka met nga mangkita, di shave’am. Kayat ko gamin ket na-neat da dagijay langa da, dejay haan nga matakabana dagigay rup-rupa dagijay babaklet.” (When I see them full of facial hair, I don’t feel at ease looking them, so I shave them. I like seeing them look neat and see to it that their faces are not covered with hair, especially for the ladies.) Ensuring that the residents receive monthly check-up and hair-grooming are ways of safeguarding and promoting their health.

During guest visits, the caregivers are also expected to facilitate a simple program as verbalized by Participant E. “Nu adda um-umay nga bis-bisita, dakami iti agas-assist numuna ket nu 8-4 ket adda iti program latta nu adda it ibis-bisita. Dakami iti ag-entertain.” (If we have visitors, we assist them. Especially for the 8-4 shift, we always conduct a program when we have visitors. We entertain them.) Simple socialization programs keep the residents and caregivers entertained. It is also one way for the caregivers to alleviate their work stress.

Walking the extra mile. More than just attending to the physiologic needs of the residents, the participants also shared their experiences pertaining to how they provide emotional care and support to their patients. Talking and spending time with the residents prove to be a common practice in their workplace. Participant A tries to provide reassurance to her residents who long for her family members. “Awan mang-bis-bisita kanyak’ Kunkunada. ‘Ket maan-anu lola ket adda kami met ditoy’ kuna mi met. Kasla makasang-sangiten da, ngem ‘Di kay madanagan lola. nakaad-adu kay la garud ditoy’ kunak to manen.” (“Nobody’s even visiting me anymore” says one of our residents. We respond by saying “we are here for you, and that is all that matters. Sometimes, they are even on the verge of tears. “Don’t worry, lola. You have plenty of companions here”, I tell them.) Participant B has another way of showing emotional care to her patients. She buys one of the residents the food which she likes. “Nu adda gamin nu, nu rum-rumwar kami, agpapagatang ti meryenda na. Alaak lattan a ta kasla garud maktiktak ni lolang ko kanyanan.” (Sometimes, when I go out, she asks me to buy her some snacks. I buy her the food she wants because I see my grandmother in her.)

When a resident gets sick, Participant A goes to the hospital to watch over the resident even if it entails breaking the protocol. “Didiay gamin manual operation protocol, once nga nai-hospital ti residentel, dejay kabagyan da talaga iti dapat nga dedjayen. Ngem adda met instances nga dagijay kabagyan da, haan da met nga masaparan, isu nga kapilitan nga dakami.” (According to the manual operation protocol, once a resident is hospitalized, his/her relatives should be the ones watching them over. But there are some instances wherein their relatives cannot do so, so we are left with no choice.) The participants give their residents emotional care and support to help them cope with the feelings of sadness and being alone. Pejner, Ziegert and Kihlgren (2012) posit emotional support to be important to older patients because it is a contributing factor to experiencing good health and it has been shown that it can prevent depression.

Dealing with difficult residents. In this subtheme, the participants recount the activities they do along with the techniques they implore to manage difficult residents. Ignoring the patient is the most common defense mechanism utilized by the participants to help them get through the day. Participant A claims to have ignored the resident when she was punched on her shoulders. “Haan ko met nga kayat nga patulan ta agkabaw met. Ad-adda gamin nu i-provoke mo.” (I didn’t want to hit him back because he’s already senile. He becomes aggravated when provoked.) Similarly, participant A used the same technique when she had to take care of a male resident who masturbates in front of
her. Slightly grinning, she answered: “Ken sa ket maysa ket nurses tayo met.” (One thing more, we’re nurses.) Participant C also chose to remain calm after being spat on the face. “Idi tinupraan nak a ket pinatugaw ko lattan, sa ko binary-bay-anen ta sumro manen dejay kina-kwa nan, kina-mauyong nan. Panawak lattan nu kasjayen. Ipatugaw ko, panawakun, tapos agsao-saon to latta metten.” (When she spat on me, I made her sit and let her be because she’s going crazy again. I just leave her when that happens. After I make her sit, I leave her and let her carry on with her incessant talking.)

Through their years of experience, the participants have already mastered other techniques in managing difficult residents aside from simply ignoring them. Participant B claims that coaxing the residents whenever they have tantrums. “Pangay-ayo lang ti pampamay-an mi. Like ikkan mi iti biskwit, kapat-patang mi, balbalatongan mi, tapnu agsardeng.” (Persuasion is what we usually do. Like giving them biscuits, talking to them, coaxing them, so that they will stop.)

Diverting the attention of the resident when they are difficult to handle is also a technique used by the participants. When Participant B saw an angry resident who was about to attack someone, he lured him into calming down by diverting the resident’s attention. “Kuna mi ket ‘Neh, adda biskwit mo, umay da kanto kanu pasyaren dagiti kabsat mo’, kasjay. Kakabsat na iti ibaga mi nga nagan. Tapos agsardeng to metten, idi kwan, umisem-ism to.” (We tell them “here, have your biscuit. Your siblings will come and visit you soon.” We tell him the names of his siblings. After hearing that, he stops being angry, then he starts to smile momentarily) Participant E diverts the attention of their residents with a different approach. When Participant E and her colleagues saw two male residents bickering at each other, they try to shout at one of the residents to keep him from hurting the other. “Nu kuma nakaiaggem isuna iti bato wennu kayo, ken nu kabilen na iti maysa nga residente, tapnu maihaling dejay attention na, ‘UMAY KADTOY, LOLONG!’ kunana dejay maysa nga kadwa min. Ikkan mi iti boxes nga naunget. Kasi ayaw nya nun eh. Tono kwan, dejay nang bugkaw kanyana iti kagura nan. Ibati nanto dejay residente nga kayat na nga kabinilen.” (When we see him holding a stone or a piece of stick, and when he is about to hit another resident, so that we can divert his attention, one of my companions shout “COME HERE, LOLONG!” We add a little angst to our tone. After that, the resident will get mad and pursue the person who shouted at him instead, eventually leaving behind the other resident who he originally wanted to hit.)

According to the participants, some of their residents are still able to understand reason. Participant A shares her experience in reasoning with a male resident picking a fight against a female resident diagnosed of schizophrenia. “Ti ungtan mi, dagijay adda nakem na. Iyem-emphasize mi nga ‘sika iti umadayon ket agmauyung. Nu patulam, sika met ti agmauyungen’, kunu mi.” (We scold those who are still able to understand reason. We emphasize and tell them “you should be the one staying away from her because you know that she’s crazy. Picking a fight with her makes you the crazy one.”) Participant E admits that she sometimes shout at the unruly residents if she feels that her message is not getting across. “Through my experience, mabugkawak met isuda. Ngem nu maki tak nga agsubsind dejay kwak kanyanan, ken nu maki tak nga OK met ni lolo’n, mapan kon to iexplainen a. (Through my experience, I sometimes shout at them. But once I my anger at them subsides, and when I see that lolo is already Okay, I will go to him and explain.)

The participants illuminated the importance of understanding and accepting the residents’ mental condition. “Nasakit talaga, aglalo nu mismo nga sika iti pagsaw-an na. Nasakit met nga talaga a, nasakit met ti rikna a. Ngem anya ngarud ket baket da metten. Haan da met ammo iti saw-saw-en dan kada ub-ubraen dan, isu nga Patience lattan a.” (It really hurts. Especially if the cursing is directed to you, it really hurts a lot. But what can we do? They are already old. They do not anymore know what they are saying and doing; I simply exercise patience.) Participant A relates her experience in dealing with the schizophrenic patient who was constantly cussing at her. “Ket ipapan ko lattan a nga sakti na dejay.” (I just tell myself that she’s just sick) The participants are exposed to a lot of physical and emotional stress because their residents have high needs and demands. Piesyk (2008) provides a definition of “caregiver stress” as a condition of exhaustion, anger, rage, or guilt which results from unrelieved caring for a chronically ill dependent.
In this theme, the difficulties and challenges faced by the participants during their conduct of duty is discussed. The theme is further divided into the following subthemes:

**How it was the first time.** This subtheme discusses the feelings and experiences of the participants during their first months as caregivers. Participant B shares her feeling of being scared the first time she had her duty. “Kasla latta adda buteng ko kasi hanko pay met am ammu dagitoy residente mi.” (I was a little scared before for I do not know the residents’ behavior.) Participant B has the same experience. “Ta gamin jak payla ammu ti ugalidagiitoy residente mi. Dejay ugalidagiito residente.” (I still didn’t know the residents’ attitudes. It was their attitude which scared me.) Participant A recalls feeling shocked and hurt during the first time she heard one of her residents speak bad words. “Idi damuk a ket nakigtutak ah! Makig-kigtutak kadejay nga ibag-baga na. Dejay lang, nakigtutak a ta makapa-kwa met gamin iti rikna ta haan met nga us-usto datjyay nga ibagbaga na.” (I was shocked the first time. I got shocked at the things she was saying. I was shocked and a little affected of what she was saying because they’re not true.) Participant E shares the same sentiments. “Alla, idi first time ko pay nga ‘Puta!’ kunana kanyak ket nakigtut nak pay! Nagpangit nga mangeg mo! Kasi even ako, haan nak nga agsasao iti kakjasay.” (I really got shocked the first time she called me a “whore”. It’s very unpleasant to the ears! Even I do not speak those kinds of words. I choose the words I utter.) Instead of letting it pass, Participant D decided to confront the resident who cussed at her. “Alla idi damdamu a ket nasakit met. ‘Anya iti nakitam nakitam nga nagput-putaak?’, kasjay! Sungbatan mi met.” (I was also hurt the first time. “What is your basis for calling me a whore? Have you seen me being a whore?” , I answer her.) Adjusting to the new environment proves to be challenging, and it takes a lot of getting used to.

The participants also narrate how they grew a thick skin in dealing with these experiences. Participant B shares how she got over her fear of their residents. “Ket kunak met, ‘Isu ti sinerreko ko, panindigak’, kunak. Ta ‘nu agabroad nak, isunto met laeng ti ubraek nga trabahok’, kunak.” (I tell myself: “I wanted this, so I will stand by my decision”. I also say to myself: “even if I go abroad, I will do the exact same thing.”) Participant C said that bad words from one of the residents have already become a staple sound. “Kasla kuma nasanay nakun ta binigat gamin! Bigat, malem, kasjay. Agsaa-sao latta. Haan met kedi a nga direcho, basta nu makarugi kuman ket pag-saw-saw-an nakamin aminen dittoyen.” (Every day, I had to listen to her. That’s why I have grown accustomed to it. Morning until afternoon, all she ever does is talk and talk. It’s not every day, but once she’s not in the mood, she cusses at all of us.) Participant E, in order to push through the resident’s frequent cussing, reminded herself that it’s the patient’s condition that makes her utter bad words. “Ibagbagak latta metten a toy bagi kon nga ‘daytoy ket pasyente. Kastoy iti diagnosis na”. (I just tell myself that “she is my patient and she has been diagnosed this way.”)

The aforementioned experiences coincide Brodaty et.al (2003)’s finding regarding the five attitudes of nursing home residents that nursing home staff finds difficult to cope with: aggressive/hostile, having little control over their difficult behaviour, being stubborn/resistive, deliberately difficult, and unpredictable. Caregivers need to develop a strong sense of resilience to prevent exhaustion and burn-out. Resilience and positive adaptation is needed in order to healthily thrive in an environment full of adversity.

**Losing a resident.**This subtheme includes the experiences and feelings of the participants with regards to an impending loss and/or death of a resident, and the coping techniques they used to get over the loss. Participant A also recounts her feeling of hopelessness when she saw the patient fighting for her life. “Awaken, awan sa man nam-nama nan’, kunak ta talaga sag-gaysa iti anges na idin, although timmulungak met latta tapnu marevive suna. Nag-pump iti ambo-bag” (“The odds are not in her favor”, I said to myself upon seeing her struggle for breath, although I was doing what I can to help revive her. I helped pump the ambo-bag.)

The death of a resident brings about varying reactions from the participants. Participant B was aggrieved when one of the residents her died. “Nasakit ti nakem ko ah nga naawan isunan. Ta dejay...
gamin nga baket ket dita latta ayan mi iti ayan na. Nakatugaw, umay nakami kapat-patang.” (It was painful to know that she’s gone. That old lady who died always followed us around while she was still alive. She sits and chats with us always.) Participant D was not able to hold back her tears when she found out that the resident who she watched over at the hospital already died. “Syempre adda met latta dagiti favorite mo nga residente. Adda pasyente mi idi nga napan mi pay binanbantayan dita hospital. Agmamangit kami pay a idi namwan mi nga natayen.” (Of course, there will always be residents who are your favorites. We had a patient before who we watched over when she was confined in the hospital. We all cried when we found out that she’s dead.) Participant B found it difficult to muster the strength to look at the bed of the dead resident. “Haan nak nga nagsangang ngem kasla napalidayan nak. Nag-luwa nak lang bassit a. Kasla nasakit latta iti nakem ko, kasla jak pay kayat iti tumalayw dijay bed na kuman.” (I did not really cry… I just felt sad. I may have had shed a tear or two. It was really painful; I couldn’t even bear looking at her bed.) Furthermore, Participant A thinks that the death of the resident is God’s will of taking their pain away. “Life must go on. Ti panunutek ket: “siguro namay-mayat pay nga innala ni Apo Dyos ta aginana’n.” (Life must go on. I think to myself: “Maybe it is better that the Good Lord has put her to rest.)

Participant A admits that a part of her being is taken away if their residents die. “Masanay ka met nga dig-digusam, pak-pakanem, tapos adda matay, makissayan da. Kasla kuma, adda ti part iti kwam nga kurang.” (You get used to bathing and feeding them every day, and if one of them dies, their number gets lessened. It’s like a part of you becomes missing.)

The participants have varying approach when it comes to coping with a death of a resident. Participant C copes with the loss by reassuring himself that he did everything in his capacity to serve the resident when he was still alive. “Ibagak latta toy bagi kon a ket ‘Awan iti nagkurangak’. Nasyaat nak met kanyada, awan iti nagkurangak.” (I just tell myself “I did not fall short. I treated them with kindness. I did not fall short.”) Aside from self-reassurance, Participant C manages his pain by playing the guitar and doing other things to rid his head off the loss. “Nu kasjay, iliw-liwak iti sabali nga banbanagen. Kasla kuma, ni Lolo ______. Close ko pay dejay nga lilong. Ket natay ida isuna ida anniversary mi. Mahilig isuna iti gitara. Mahilig nak met nga aggitar. Ag-binbinulod kami iti gitara, agkinkinnanta kami nu kwa. Tapnu maawan dejay nga nasakit nga nangyari, iyaw-awan ko lattan. Ag-gitagitara nak, wenu nagtrabaho nak lattan. Tapnu pang-iwas laeng kadejay nasakit nga marikriknak. Ibaling ko iti sabali nga trabahon.” (I focus my attention to other stuff. Like for example, I was very close to him. He died during our anniversary. He loves playing the guitar. I also love playing the guitar. We take turns playing the guitar together and sing along with each other. To get my head off of the pain, I entertain myself. I play the guitar, or find something to work on just to avoid the pain that I am feeling. I focus my attention on my work.) Participant A copes with the loss by visiting the dead resident’s wake. “Rebbengen mi met latta nga mapan, ta syempre konsensyam met nga di mapan kitaen dejay pasyentem.” (We are expected to visit the wake of our resident; of course, it’s our conscience that tells us to visit our patient.) Sharing stories and laughing about the good memories of the dead resident is helpful for Participant D. “Paginnistoryaan mi dejay good memories mi nga kadwa suna.” (We tell stories about our good memories together.) Participant D furthers: “Nu dadduma met, nu malag-lagip mi isuda ket agkikinnatawa kami lattan kadagiti napas-pasamak idi, dagiti experiences mi kenyada. Inggana tatta, malag-lagip mi latta” (Whenever we remember them, we laugh at the funny things that happened along with our experiences with the. Until now, we still remember them.)

To guard against becoming physically and emotionally drained, caregivers must emotionally and psychologically take good care of themselves. They need to maintain their health and develop ways to healthily undergo the grieving process so as to cope with the loss of a resident.

**Getting hurt.** This theme holds the experiences of the participants regarding being inflicted with physical, emotional and psychological pain by their residents. One resident threw her excreta at Participant B. “Detoy baket nga haan nga makakita, madama nga pad-padigusek idi, pinidut na dejay takki na sa na impalladaw kanyak. Natriwan detoy baduk.” (We have this lady resident who is visually impaired. I was giving her a bath when she picked up her feces and threw it at me. It hit my clothes.) When asked how she was physically hurt, Participant A answers: “Haan la nga danug. Nu dadduma..."
agtupra da, matupraan ta rupa. Napadasak pay iti nakaramutan manipid rupa inggana tengnged.” (Punching is not the only thing they do. Sometimes, they spit on us, spit on our faces. I have also experienced being scratched from my face down to my neck.) Participant C recalls a similar experience of being scratched and spat on the face. “An-anawaek gamin isuna ta adda bato na. Ket tatta, inikkat ko dejay bato na ket ginam-matan na met toy rupa kon sa nak tinupra-tupraan. Ibansag na kuma iti kadwa na. Ta agpungtott man ngamin detoy baketen. Ket sinippaw ko nga mapan alaen dejay ima na sir, napan na met ginammataan kadejay mesa nga ima na toy rupa kon. Sa nak tinupra-tupraan.” (I was trying to calm her down when she had a piece of stone in her hand. She suddenly grabbed me when I took away the stone from her. When I tried to stop her hand from grabbing me, she used her other hand to grab my face. Then she spat at me multiple times.) Participant B is familiar with being physically hurt by their residents. She has been thrown at by one of their residents. “Nu alaen mi dejay plata da nga sisasangyu pay laeng isuna, haan na kayat nga alaen mi. Ipalladaw na kanyami dejay panganan na wenuu baso na.” (She does not like it when we bus-out the plates in front of her. She throws her plate or cup at us.)

All the participants have experienced being emotionally hurt. Most of these emotional pains are caused by verbal abuse from residents. Participant C narrates how he is greeted with bad words by one of their residents. “Nu payla bigbigat kuma, nu umay kami agduty lalo nu morning shift, sumungad kami paylang nga apag-sangpet, apag-lukat mi paylang kadeta awngangan a ket ti saw-saw-en nan a ket puro bad aminen.” (Every morning, when we come for duty especially during the morning shift, even if we’re still on the doorway and we’ve barely opened the door, all we hear are bad words from her). Aside from hearing unpleasant words, Participant C also claims to have been reduced to being a “service crew” by the same resident. “Puta, yutninayo nga serbidoro kada serbidora!” (“Whore! Mother*ckers! All of you are just maids and butlers!”) Participant B was also accused of theft by one of their residents. “Tinakaw yo manen dagiti kwartakun!” (She tells us: “I am the one who’s feeding you, whores!”). Participant C narrates how he is greeted with bad words from her. That’s how she treated him. “Puta dejay lakay nan. Uray sinu nangaramid kanyana, tudwen nan.” (She always blames us, saying: “You stole my money again!” She accuses everyone.) Participant A recalls how she was cursed at and banished by one of their residents. “‘Pak-pakanen kayo, puputa!’ kunana. ‘Pak-pakanen kayo! Um-umay kayo la ditoy balay ko! Pumanaw kayo min!’ kunana.” (She tells us: “I am the one who’s feeding you, whores!”). Participant B agrees to this, as she claims to have the same exact experience. “Ti kunana a ket ‘Puta!’; kada ‘Tokinnam!’; wennu ‘pinagsipilyo mo ti boto iti lakay ko!’; wennu ‘Sika! Babai naka ni lakay ko!’” (“Whore!”, “Cunt!”, “you used the penis of my husband as your toothbrush”, “You are the mistress of my husband.”)

The residents’ actions do not just wound the participants skin-deep. Some of the participants become psychologically affected by the residents’ scary deeds. Participant D narrates how she got scared for her life during the time a resident wanted to stab one of her workmates. “Nagsyaat iti tug-tugaw mi ditoy kubo, bigla latta nga adda iti nag “LIPAK!” nga kasla bote. Sumirip kami ad, adu gamin iti mulmula mi ditoy idi, “anay dejay???”,”kuna mi ah! Idi kwan, tumakder isunan, nakaiggem met iti 1-litre nga bote’n! Ket nagudwan! Adda iti tallo nga tudok nan(drawing 3 sharp edges of the bottle using finger) nga kasla kutsilyo lattan! Ket umay met kanyamin dijay kubo!” (We were peacefully seated inside the nipa hut. Out of nowhere, we heard a loud “LIPAK!” which sounded like a bottle. We peeped at what was happening through the plants, asking each other “what was that???” Then, he suddenly appeared holding a one-liter bottle. The bottle was already broken and had three sharp edges which resembled a knife. He went after us inside the nipa hut!” Participant D further adds: “Ay apo! Timmaray kamin ah! Di mi mimeagine iti buteng min! limmagto kami pay a ta kubo! “alla, apay lolo??!!??!” kunami ah! Timmaray-taray kami! Ay apo!” (Oh, god! We all ran away! We
cannot imagine how scared we were! We even jumped out of the nipa hut! We asked him: “Lolo, what’s wrong?!!??!!” and scampered away from him. Oh god!) Participant E was also on duty when the incident happened. She still recalls how the resident’s aura felt like and claims that until now, she is still afraid of that resident. “Di mi maanaawa ta sabali iti aura na. Adda gamin dadduma ket mabuteng kami iti pasyente mi.” (We cannot stop him because his aura was different. Until now, we are sometimes scared of our residents.) Participant E further narrates: “Umay nakami met amin darupenen. Dejay maysa nga litro nga bote ket ikarit na met kanyamin…. Mabuteng kamin ah! Ang unang nasa mind ko: ‘Nu matay nak ditoy, kawawa yung mga anak ko!’” (He rushed towards use. He was taunting us using the one-liter bottle he was holding… We were very scared. The first thing that came to my mind was “if I die, my children will suffer.”) Participant E admits that her fear was magnified by what she heard the resident say that day. “Adda pay gamin iti sao na ni lolong nga ‘uray itugawak dijay pagbaludan!’ “ (I even heard him say “I am willing to spend my time in jail.”)

With the above mentioned experiences, the participants may be at risk of developing caregiver syndrome. As Piesyk (2008) states, caregiver syndrome occurs when caring for an individual with behavioral difficulties, such as fecal incontinence, memory issues, sleep problems, dementia and aggression. Caregivers may experience typical symptoms including fatigue, insomnia, stomach complaints, with the most common symptom being depression.

**Why I chose to stay.**

In this theme, the participants share the reasons why they continue to work as caregivers amidst the challenges and difficulties they face each day. This is further divided into three themes which are as follows:

**I have a tight bond with my workmates.** The participants unanimously describe their good relationship with the other staff members. Participant B equates her oneness with her colleagues to her relationship with her family members. “Mayat met ti langen-langen mi ti maysa ken maysa. Kasla may-maysa kami nga pamilya latta ditoyen.” (We have a good relationship with each other. It’s as if we’re one family here.) Participant C claims that they regard each other as friends. “Dagiti coworkers ko ket good relationship kami met amin. Namayat iti samahan. Ditoy ko nga nakita iti nalalaing nga barkada. Nalalaing da nga friends.” (We all have good relationships with each other as coworkers. We have healthy rapport with each other. It’s in here that I found good circle friends. They are great friends.) Participant D conforms to the above statements, saying “Ay mayat a iti bonding mi ditoy. Kasla kami lang pamilya ditoyen. Aghisinakit kami, aghikinanalob kami payen nu adda iti issue’n… Nu adda is-issue kada kwa, aghikinanalob kami payen, awan latta nakita min.”(We have greatly bonded here. We’re like family. We look after and defend each other, even to the point of covering for each other. If there are issues that arise, we cover-up for each other and pretend that we did not see anything.)

Participant E feels proud about their good working relationship. “Iti ipagpanpannakkel ko ditoy, uray nu adda individual differences tayo, sikami, nalaka kami laeng nga ag adjust. Nu adda kuma iti di mi pagkikin-naawatan, nu may-sao’m dejay kayat mo ibaga, agkakadwa kami manen.” (What I can be proud of here is that, even though we have individual differences, we can easily adjust with each other. If we have misunderstandings, after we say our piece, we become allies again.) Participant E alludes that open communication and acceptance are the reasons why they have a good working relationship with each other. “Adda iti open communication mi ditoy, nu adda saksakiten ti nakem mo, matbagam latta… Ken adda acceptance mi ti maysa ken maysa’n. Nalaka mi la nga mauurones iti bag-bagi mi.” (Here, we have open communication, and if you feel hurt, you are free to voice it out… We also have acceptance for each other. We can easily fix ourselves.) However heavy and stressful the work may be, having a good relationship with the people around you lightens the burden. Maslow (1943) described human need for love and belongingness as one of the most basic needs. Friendship and other positive connections with other people are important in keeping a person healthy, happy and contented.

**I feel attached to our residents.** Some participants openly state that part of why they stay in the care home is because of their deep connection with their residents. Participant C states that he regards their residents as more than just patients. “Pamilya, kapuso, kapatid. Adda amin
I am contented with my work. This subtheme discusses the participants’ feelings regarding their workload. Participant A simply feels at home when she on duty. “Sabali gamin iti work ditoy. Talaga nga balay talaga’n.” (Our work here is different. It’s feels like staying at home). Participant C conforms to this statement and even compares their work to that of the hospital staff’s. “Napintas met ti pinag-kunak ti aya kon ta ti oras mi ket dakami nga mangigigemen, dakami nga nakaduty ditoy. Dita hospital gamin, everytime, every minute ka nga agitatarabaho.” (I think I already have a good job because we manage our own time here. In the hospital, you are working every hour, every minute.) Participant C corroborates this statement with an explanation of how easy their workload is. “Nu kastoy kuma malem, ti la ubraen min ket agpakan, sa aginana kami inggana alas dyes’in. Tapos parbangun to man laeng iti pinag-riing min, pinag-prepare to man laeng iti kanen dan.” (During the afternoon, what we only do is feed the residents, and then we rest until ten in the evening. We only wake up in the midnight to prepare their food.) Proximity to their house also adds up to the convenience Participant D feels towards her present work. “Asidegak gamin ditoyen, ken anytime nga adda emergency’k ket mabalim nak lang nga agpakada nga rumwar bit.” (Our house is located near the area. Anytime I have an emergency, I can easily go out after asking permission.)

Participant D says that her present employment is the best there is. “Haan mo nga mapanunut iti mapan agbra iti sabalin ta awan iti birukem kuma nga namay-mayat payen ditoyen.” (I do not even think about finding another job because mine is the best there is.) Participant C regards his employment as a blessing from God. “Nahanap ko metten ngatan iti inkeddeng kanyak ni Apo nga trabaho’n... Halos 3 years nga nagtamtambay nak gamin. Siguro baka inkeddeng na ni Apo detoy nga trabaho kanyakan. Kasla blessingen.” (I already found the job that God wanted for me. I have been a bum for three years straight. This job was given to me by God. It’s a blessing from him.)

Participant E found emotional stability on her present work because she gets to be with her family. “Kahit mas maliiit ang sahod ko dito compared sa mga ibang trabaho ko, at least dito, mas malapit ako sa kanila. Kumpara sa previous work ko, adda nak diay adayo, adda nak abroad. Noon, mas financially okay, pero ngayon, mas emotionally okay naman ako.” (Even though I have a smaller salary now compared to my previous employments, at least I get to be with my family. Compared to my previous work, I’m away from them when I work abroad. I was financially okay before; but now, I am more emotionally okay.) In an article of TimelessTime (n.d.), it has been mentioned that staff who have control over the way they work report greater satisfaction. This fits what is called the job demand-control model, wherein the higher the demands of the job, the more the workers need control over the work they do to sustain their well-being. Convenience and emotional stability keep the participants in their present employment.

Why I want to leave.

This theme provides the reasons why the participants consider moving out from their employment in the care home. The theme is further divided into two subthemes which are as follows:
I am not happy with my salary. This subtheme discusses the participants’ feelings towards their emolument in a care home facility. Participant A describes her salary to be “Bassit. Delayed. Two months.” (Little. Delayed for two months.) Participant B admits not being compensated on time. “Nu tutuusem ket three months nga haan kami nga nagsweldon. Mayka-4 months tatta July.” (Come to think of it, it’s been three months since we have received our salary. It’s going to be the fourth this July.)

However, some of the participants have different feelings towards their delayed salary. Some of the participants think that having their salary delayed is more beneficial as they will be receiving higher amounts because their compensation gets compounded. Participant B claims to manage her salary better if it gets delayed. “Para kanyak ket kasla namay-mayat nu ma-delay-delay ta gulpe gamin ti dwa bulan, tapnu adda maurnong met lang.” (For me, I think it’s better if our salary gets delayed because we will be receiving it in lumpsome, and I am able to save more.) Participant C shares the same thoughts, stating: “…dejay gamin pag-syaatan na, maurnong gamin…dakdakkel ti maala mi. Sunga okay latta met.” (What is good about it is that our salary becomes compounded. We will be receiving higher amounts. And for me, it’s okay.)

Although reluctant at first, Participant E discloses her sentiments about not having any savings. “Ihm… Financially, ammun ditoy ket sapat lang for your everyday needs. Walang excess, walang savings. Haan mo mabalin nga ikariman. Nu dakdakkel kuma iti swelom, adda iti mabati… Dejay sweldo ditoy nasyaat lang nga pang-araw-araw.” (Uhmm… Financially, our salary is just enough for our everyday needs. No excess, no savings. We are not promised tomorrow. If only our salary is a little higher, we would have some extra cash to spare…Our salary is just for our daily needs.) Participant D divulges that she is considering to look for another job everytime their salary gets delayed. “Nu dadduma ket mahayag iti sweldo mi, nu dadduma ket mapag-papatangan mi met iti ‘agresign tayon!’” (If our salary gets delayed for a long time, we sometimes talk among ourselves, saying “let’s just all resign!”) Participant E does not shy away from the topic of going abroad again for her family. “Based sa experience ko sa anak ko, he is starting to go to school na. Mas marami na ang kailangan at financial na gastusin. Deep in my mind, parang gusto ko na naman to look for a greener pasture.” (Based on my experience with my child who is already starting to go to school, he has more financial needs and expenses. Deep in my mind, I think I want to look for a greener pasture again.)

Participant D discloses that sometimes, government funds for the care home facility are not sufficient. Participant D narrates that they are able to make ends meet by growing their own vegetables. “Sa totoo lang, nu dadduma ket kurang. Syempre government detoy. Ti nang-nanggruna la unay ket dejay makan nu dadduma ket agkurang. Nasyaat laengan ta adda iti nat-nateng naga pagalaan mi dita ig-igid”. (Honestly, sometimes it’s inadequate. Of course, this is a government institution. Most especially the food for the residents, sometimes it is not enough. It’s good that we have planted vegetables around as their other source of food.) The participants sometimes shoulder some of the food expenses, and voluntarily spend their own hard-earned money. “Aglalo nu agsweldo kami metten, gumatang kami pay iti bagas. Mapadasan mi met amin a nu kasjay. Nu awan bug-goong, gumatang kamin.” (Especially if we just received our salary, we buy ricegrains. We take turns buying ricegrains, so all of us will have the same experience. We buy fish sauce if we do not have any.) The findings are congruent to the study of Castle, Degenholtz and Rosen (2006) which states that nursing home caregivers are satisfied with the work and coworkers, but are less satisfied with promotional opportunities, superiors, and especially compensation.

I want to be a nurse… again. This subtheme illuminates the desire of the participants to go back to the nursing profession. When asked about her thoughts and feelings about seeing other nurses wearing white clinical uniforms, most of the participants admitted feeling envious. Participant A shares: “… Adda panagapal ko. Tatta, nalipatak sa pay ketdi ti hospitalen”. (…I envy them. Now, I feel like I have forgotten how to work in the hospital.) She further adds that she misses working in the hospital as a nurse. “Adda met latta a iti time nga mamiss mo met iti ayan iti hospital, kasi syempre nurse ka.” (Of course, there will always be a time that you miss working in the hospital because you’re a nurse.) Participant D openly expresses her desire to go abroad and work as a nurse. “Nu dadduma a
ket mapanpanunut ko met ketdi iti agabroad ta kayat ko man ipakat kina nurse ko.” (Sometimes, I think of going abroad and use my profession as a nurse.)

Participant B, on hindsight, regrets not taking the board examinations for the fourth time. “Nasi-syaat latta kuma metten nu intuloy ko iti nag-boboard ta kasla kasta nak kuma met tattan’ kunkunak met ti panunut ko... Kayat ko nga maikurre iti inadal ko.” (“It would have been better if I took the board examinations. I would have been a nurse like them by now”, that’s what is in my mind. .. I want to put to use what I studied for.) Participant B further states that having her own lincense would make her feel more professional. “Syempre nu adda ti lisensyam, na-prof-professional. Nasisyaat kuma met laeng nu adda lisensyak ta adda pakakit- kitaak dejay nagbanbannugak.” (Of course, if you have your own license, you are more professional. It could have been better if I had my own license so I can be reminded of what I worked hard for.) Participant C agrees to this statement, saying: “Talaga nga mainggitak talaga met ah ta isuda ket board passer da, ket syak ket haan nak met gamin nga board passer... adda met agpeso iti inggit, ta isu da ket RN. Adda kwa dan, adda propesyun dan. Syak ket awan pay.” (I really feel envious because they have already passed the board exams, as for me, I am not yet a board passer... So now, I really feel very envious, because they are already R.N.’s. They already have a profession. As for me, I have none of that.) Participant C admits his plans of taking the board examinations in the future. “Ngem addan to latta met siguro time nga agtake nak to manen. Kaasi ni apo.” (There will always be a time when I will take the board exams once again. In God’s Time.) The participants want to return to the nursing profession for financial reasons. According to House Bill 5541 authored by Bayan Muna Partylist Representative Neri Colmenares, a salary grade 15 with an equivalent of P25,000 is the mandated monthly salary for nurses under the Nursing Act of 22. The increase of salary for Filipino nurses may reel unemployed and underemployed nurses back to the profession.

CONCLUSIONS

The central theme that emerged from the findings is that there are positive and negative experiences of the nurses working as caregiver in a care home facility when it comes to their day-to-day tasks (What I have to do) and their other work-related difficulties/challenges (What I have been through). These lived experiences are what keeps the nurses thriving at their new and unfamiliar territory/environment (Why I choose to stay), and at the same time drives them away from being caregivers (Why I want to leave).

RECOMMENDATIONS

1. To ensure safety of the residents and employees, residents diagnosed with mental conditions must be referred to higher mental care facilities.
2. Programs and activities like socializations and outings must be conducted annually to ensure and promote good relationships among the care home staff.
3. Annual counseling and stress-debriefing should be conducted among the care home staff to help them get through the loss of their residents
4. The conduct of a quantitative research must be sought to better corroborate the results of this study.
5. Qualitative research on a longer duration on the same topic must be conducted on all Balay Taripato/ care home facilities of the province of Ilocos Sur.

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