



**FSH-PH Publication**

# **CARING FOR OLDER PERSONS IN THE PHILIPPINES: PRINCIPLES AND PRACTICES IN NURSING**

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## **Dedication**

This book is respectfully dedicated to our elders—our parents, grandparents, teachers, and all the elders who have lived, shared their wisdom, survived their struggles, and made sacrifices that endure and inspire us. You are the living embodiments of strength and grace in the journey of life.

We also dedicate this book to the Filipino nurses and nursing students who tirelessly give their compassion, skills, and advocacy to see to it that older persons live in dignity, comfort, and hope. May this book be of service as an instrument to empower you in your noble profession.

Lastly, this is dedicated to every community and family who cherishes the blessing of aging and accepts responsibility for taking care of those who took care of us.

## **Foreword**

Aging is a universal human experience, yet the way societies care for their elderly indicates their most enduring values of respect, compassion, and dignity. In Philippine settings, aging is being cared. Moreover, where kinship bonds persist and the elderly are honored as founts of wisdom, the nursing profession has a vital role to play in ensuring the well-being and health of the older person. Caring for Older Persons: Principles and Practices in Nursing is a suitable and opportune addition which resolves theory, practice, and advocacy in gerontological care. Each chapter provides a comprehensive overview of the biological, psychological, social, ethical, and cultural components of aging, as well as relevant topics including chronic illness, medication management, mental health, and end-of-life care. More importantly, it highlights the unique role of Filipino nurses to promote resilience, autonomy, and well-being among older

persons, either in home, community, or institution. This book is not just a guide to nursing students and practitioners but also an inspiration to maintain respect, compassion, and professionalism in the care of our seniors. It is both a learned source and a humanitarian appeal to action—urging us to recall that the care of elderly individuals is not just an obligation but a privilege and honor committed to the nursing profession.

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## **Chapter 1 – Understanding Aging and the Older Adult**

### ***1. Demographics and Global Trends in Aging***

The world population is aging rapidly. According to WHO, the number of people aged 60 and above is expected to double by 2050.

In the Philippine setting, the proportion of older persons (60 years and above) continues to rise. The Philippine Statistics Authority (PSA) reported that as of 2020, there were 9.2 million Filipinos aged 60 and above (8.5% of the population). By 2030, this is expected to reach 11 million.

*Increased life expectancy is attributed to:*

Advances in medicine and technology

Better health awareness and nutrition

Decline in fertility rates

*Challenges:*

Increased burden of non-communicable diseases (hypertension, diabetes, heart disease)

Pension and social support issues (limited coverage for senior citizens)

Dependency ratio (fewer young people supporting more elderly persons)

## ***2. Biological, Psychological, and Social Aspects of Aging***

### *Biological Aspects*

Aging is marked by progressive physiological decline.

#### *Common biological changes:*

Cardiovascular: reduced cardiac output, arterial stiffening

Respiratory: decreased lung elasticity

Musculoskeletal: loss of bone density (osteoporosis), sarcopenia (muscle loss)

Neurological: slowed reflexes, memory decline

Sensory: vision (presbyopia, cataract), hearing loss (presbycusis)

These changes increase vulnerability to disease and disability.

### *Psychological Aspects*

Some older adults experience memory lapses, slower information processing, and mild cognitive impairment.

Others may remain mentally sharp but face emotional challenges such as:

Depression due to loss of spouse, peers, or role in society

Anxiety over illness, financial problems, or loneliness

However, many older adults develop wisdom, resilience, and acceptance.

### *Social Aspects*

The Filipino culture traditionally values "*utang na loob*" (debt of gratitude) and family caregiving, with older persons often cared for by children or relatives.

However, urban migration and overseas work of younger Filipinos (OFWs) sometimes leave older adults unattended or dependent on community programs.

Social participation, church activities, and senior citizens' organizations provide support networks for the elderly.

### ***3. Theories of Aging***

#### *Biological Theories*

Wear and Tear Theory: aging is due to accumulated damage in body cells.

Free Radical Theory: free radicals cause oxidative stress leading to aging.

Genetic Theory: lifespan is programmed into the genes.

## *Psychosocial Theories*

Disengagement Theory: older people gradually withdraw from social roles, preparing for the end of life.

Activity Theory: staying active and engaged leads to better life satisfaction in old age.

Continuity Theory: older persons maintain habits, behaviors, and relationships from earlier life into old age.

## *Relevance in Philippine Setting*

Filipino elders often remain active in community and religious activities, consistent with the Activity and Continuity Theories.

In rural areas, some older adults gradually withdraw (Disengagement Theory) due to illness or dependency.

### Essay Questions:

1. How do biological changes in aging affect nursing care planning for older patients?
2. In what ways can Filipino culture help or hinder the well-being of older persons?
3. Which theory of aging best applies to the Filipino elderly today? Why?
4. How can nurses advocate for better health services for senior citizens in the Philippines?

### **Conclusion**

Aging is a natural and inevitable process influenced by biological, psychological, and social factors. In the Philippines, older adults are growing in number, presenting both challenges and opportunities for nursing care. Understanding demographic trends, health changes, and cultural influences prepares nurses to provide holistic and compassionate care that promotes dignity,



independence, and quality of life for older persons.

### **Multiple Choice Examination (with Rationale)**

1. Which age group is officially considered "older persons" in the Philippines according to the law?

A. 55 years and above

**B. 60 years and above**

C. 65 years and above

D. 70 years and above

Rationale: The Expanded Senior Citizens Act of 2010 (RA 9994) defines senior citizens as those 60 years and above.

2. Which biological change is most common in aging?

A. Increased bone density

**B. Decreased cardiac output**

C. Improved lung elasticity

D. Enhanced immune response

Rationale: Aging results in decreased cardiac output, making older adults prone to cardiovascular disease.

3. Which psychological issue is most commonly seen among Filipino elderly left behind by migrant children?

A. Increased resilience

**B. Loneliness and depression**

C. Enhanced learning ability

D. Greater social engagement

Rationale: OFW migration often leaves elderly parents in social isolation, leading to loneliness and depression.

4. The theory that suggests "older people maintain their habits and roles for life satisfaction" is called:

A. Disengagement Theory

**B. Continuity Theory**

C. Activity Theory

D. Free Radical Theory

Rationale: Continuity Theory emphasizes maintaining earlier patterns of behavior for stability in old age.

5. Which Philippine cultural value emphasizes care for parents in their old age?

A. Bayanihan

**B. Utang na loob**

C. Pakikisama

D. Hiya

Rationale: Utang na loob (debt of gratitude) is the Filipino cultural value that motivates children to care for elderly parents.

6. What is the fastest growing health concern among older adults in the Philippines?

A. Infectious diseases

**B. Non-communicable diseases**

C. Childhood diseases

D. Accidental injuries

Rationale: PSA data shows that non-communicable diseases (diabetes,

hypertension, cancer) are the leading causes of death among older Filipinos.

7. An older Filipino joins daily morning exercises at the barangay plaza. Which theory of aging applies?

**A. Activity Theory**

B. Disengagement Theory

C. Genetic Theory

D. Wear and Tear Theory

Rationale: Activity Theory states that active participation promotes better adjustment and satisfaction in aging.

8. Which of the following is an example of biological aging?

A. Loss of social role after retirement

**B. Slower reflexes and memory decline**

C. Withdrawal from community activities

D. Depression after spousal loss

Rationale: Biological aging refers to physiological changes such as slower reflexes and cognitive decline.

9. Which government program provides medical benefits to senior citizens?

A. SSS

**B. PhilHealth**

C. PAG-IBIG

D. GSIS

Rationale: Senior citizens are automatically covered by PhilHealth, providing health benefits and hospitalization coverage.

10. A nurse caring for an older adult emphasizes regular screening for hypertension and diabetes. This demonstrates:

A. Curative care

B. Palliative care

**C. Preventive care**

D. Alternative care

Rationale: Regular screenings are part of preventive care to avoid complications in older persons.

## **Chapter 2 – Ethical and Legal Considerations in Geriatric Nursing**

### ***1. Patient Rights and Autonomy***

Autonomy is the right of older adults to make decisions about their own health and life, even if their choices differ from what others expect.

*In the Philippines, older persons are protected under:*

RA 9994 (Expanded Senior Citizens Act of 2010) – grants health, medical, and social benefits.

Philippine Patients' Rights and Responsibilities (DOH) – includes the right to information, privacy, dignity, and participation in care decisions.

*Ethical nursing practice means:*

Respecting older persons' decisions about treatment and care

Supporting independence (e.g., deciding daily routines, activities, place of care)

Promoting dignity and avoiding paternalism (*“we know what’s best” attitude*).

## **2. Informed Consent and Capacity**

Informed consent is a process where patients voluntarily agree to treatment after being informed about:

- a. Nature of the procedure
- b. Risks and benefits
- c. Alternatives
- d. Consequences of refusal

Capacity refers to an older person’s ability to understand, reason, and decide.

In older adults, decision-making capacity may be affected by:

Dementia, Alzheimer’s disease  
Stroke or cognitive decline  
Mental illness

Philippine context:

If the elderly lacks capacity, the next of kin or legal guardian can give consent.

DOH and hospital policies often follow surrogate decision-making hierarchy (spouse → adult children → parents → siblings).

Nurses play a key role in assessing capacity, explaining procedures, and advocating for the patient's choice.

### ***3. Elder Abuse and Advocacy in Care***

Elder abuse: any act that causes harm or distress to an older person. Forms include:

Physical abuse (hitting, restraining)

Emotional abuse (verbal insults, neglect, isolation)

Financial abuse (exploitation of pensions or property)

Neglect (failure to provide care, food, or medication)



In the Philippines, elder abuse is often underreported due to:

Cultural respect for family privacy

Dependence of older adults on children or relatives

Fear of abandonment

***Legal Protections:***

RA 7876 (Senior Citizens Center Act)  
– provides care and protection services.

RA 7610 (Special Protection of Children Law, expanded to vulnerable adults in some contexts).

Barangay VAWC desks may handle elder abuse cases, especially when linked to family violence.

***Nurses' role in advocacy:***

Identifying and reporting abuse or neglect

Promoting awareness of senior citizens' rights

Collaborating with DSWD, barangay, and NGOs for protection services

## **Essay Questions**

1. How can nurses balance respecting autonomy with ensuring safety in cognitively impaired older adults?
2. In cases where an elderly patient refuses life-saving treatment, what should the nurse do?
3. Why is elder abuse underreported in the Philippines, and how can nurses help address it?
4. How does the Senior Citizens Act (RA 9994) strengthen patient rights in healthcare?

## **Conclusion**

Ethical and legal considerations in geriatric nursing are centered on respecting autonomy, ensuring informed consent, and protecting older adults from abuse. In the Philippine setting, strong family values coexist with modern healthcare rights. Nurses must act as advocates, ensuring that older persons are respected, protected,

and empowered to live with dignity and security.

### **Multiple Choice Examination (with Rationale)**

1. Which Philippine law provides health benefits, discounts, and protection to senior citizens?

A. RA 7876

**B. RA 9994**

C. RA 7600

D. RA 6713

Rationale: RA 9994, the Expanded Senior Citizens Act of 2010, ensures rights and privileges for Filipinos aged 60 and above.

2. What is the ethical principle that highlights respect for the older person's ability to make their own health decisions?

A. Beneficence

B. Non-maleficence

**C. Autonomy**

D. Justice

Rationale: Autonomy is the right to self-determination in decision-making.

3. A nurse explains risks, benefits, and alternatives before a senior signs a surgical consent form. This process is called:

A. Advocacy

**B. Informed consent**

C. Guardianship

D. Confidentiality

Rationale: Informed consent ensures the patient understands before agreeing to a medical procedure.

4. Which of the following indicates an elderly patient lacks capacity to give informed consent?

A. The patient is 85 years old

B. The patient forgets minor details of conversation

**C. The patient cannot understand or reason about the treatment**

D. The patient is anxious about the procedure

Rationale: Capacity is not about age but about the ability to understand, reason, and decide.

5. A widowed 70-year-old Filipino woman refuses chemotherapy despite her children's wishes. The nurse should:

**A. Respect her decision**

B. Convince her to follow her children

C. Force her to accept treatment

D. Ask the doctor to override her decision

Rationale: Autonomy requires respecting the patient's decision if she has capacity.

6. Which is the most common type of elder abuse in the Philippines?

A. Physical abuse

**B. Emotional abuse and neglect**

C. Financial abuse

D. Sexual abuse

Rationale: Neglect and emotional abuse are the most frequently reported but often hidden forms of elder abuse.

7. If an elderly patient lacks capacity and has no immediate family, who should decide on treatment according to Philippine practice?

A. The barangay captain

***B. A social worker or court-appointed guardian***

C. A nurse on duty

D. A fellow patient

Rationale: In the absence of family, legal guardianship or social services are involved.

8. A nurse suspects an older adult is being financially exploited by a relative. The best action is to:

A. Ignore the situation

B. Confront the relative directly

***C. Report to proper authorities (DSWD, barangay)***

D. Wait for the patient to complain

Rationale: Nurses are mandated advocates and must report suspected elder abuse.

9. The ethical principle that obligates nurses to “do good” for patients is:

A. Justice

**B. Beneficence**

C. Autonomy

D. Fidelity

Rationale: Beneficence means acting in the best interest of the patient.

10. Which action best demonstrates advocacy for elderly patients in the Philippine context?

A. Providing charity alone

**B. Ensuring they receive PhilHealth coverage and exercise their rights**

C. Making decisions for them without consultation

D. Ignoring minor abuse if the family insists on privacy

Rationale: Advocacy means empowering seniors to claim their rights and access healthcare and protection.

## **Chapter 3 – Communication and Cultural Sensitivity in Caring for Older Persons**

### ***1. Effective Communication Strategies with Older Adults***

#### ***Barriers to communication in older adults:***

Hearing loss (presbycusis)

Vision problems (cataract, presbyopia)

Slower cognitive processing

Speech difficulties (stroke, Parkinson's disease)

#### ***Strategies for effective communication:***

Speak clearly, slowly, and at a normal tone (avoid shouting).

Use simple and respectful language (avoid medical jargon).

Maintain eye contact and face the patient when speaking.



Use non-verbal cues (gestures, touch, written instructions).

Provide adequate time for response.

Ensure assistive devices (hearing aid, eyeglasses) are used.

***Philippine setting example:*** Nurses often use Tagalog, Cebuano, Tausug, Ilocano, or other dialects to communicate with elderly patients in rural areas. Using the patient's language builds trust and rapport.

## ***2. Cultural Perspectives on Aging***

In the Philippines, aging is viewed with respect and dignity. Elders are seen as repositories of wisdom.

### ***Values influencing elder care:***

*Utang na loob* (debt of gratitude) – children are expected to care for parents in old age.

*Pakikipagkapwa* – shared humanity, caring for others as equals.

**Religiosity** – spiritual support is vital for older persons.

*Differences in perspectives:*

Rural communities: elders often live in extended families.

Urban areas: more cases of institutional care (nursing homes) due to migration and work demands.

Some elders prefer active community roles (barangay leaders, church volunteers, madrasah *murid*), while others embrace quiet retirement.

### **3. Family Dynamics and Intergenerational Care**

In Filipino families, care for older adults is often collective and multigenerational.

*Traditional practice:* Elders live with their children, and decisions are made within the family.

*Modern changes:* Due to OFW migration and urbanization, some older persons live alone or in institutions.

*Challenges in family caregiving:*

Financial strain

Caregiver burnout

Conflict between traditional expectations and modern lifestyles

*Positive aspects:*

Intergenerational care fosters respect, bonding, and emotional support.

Many grandchildren develop empathy and cultural pride by caring for their grandparents.

*Role of nurses:*

Facilitate communication between elders and their families.

Support family-centered care planning.

Advocate for government and community programs that reduce caregiver burden.

## Essay Questions

1. How can nurses adapt communication when older adults have hearing or vision impairments?
2. In what ways does Filipino culture promote respect for older persons? Are there instances where it hinders elder care?
3. What are the benefits and challenges of intergenerational caregiving in Filipino families?
4. How can nurses bridge the gap between traditional family care and modern healthcare needs?

## Conclusion

Communication and cultural sensitivity are essential in geriatric nursing. In the Philippine context, understanding cultural values like *utang na loob* and respecting intergenerational care structures strengthen the nurse-patient-family relationship. By using effective communication strategies and

acknowledging cultural perspectives, nurses can provide holistic, dignified, and person-centered care for older adults.

### **Multiple Choice Examination (with Rationale)**

1. Which of the following is the best communication strategy when speaking with an elderly Filipino patient with hearing loss?

A. Shout loudly to get attention

***B. Speak slowly and clearly while facing the patient***

C. Use only written communication

D. Ignore hearing difficulty and continue normally

Rationale: The most effective strategy is to speak slowly, clearly, and face the patient to allow lip reading and better comprehension.

2. In Filipino culture, which value emphasizes children's responsibility to care for their aging parents?

A. Pakikisama

**B. *Utang na loob***

C. Bayanihan

D. Hiya

Rationale: *Utang na loob* (debt of gratitude) obliges children to care for their parents in return for upbringing and sacrifices.

3. A nurse explains a medication to an older adult using simple Filipino terms instead of medical jargon. This shows:

A. Cultural sensitivity

**B. *Effective communication***

C. Family-centered care

D. Autonomy

Rationale: Using simple, understandable language demonstrates effective communication with older adults.

4. Which perspective is commonly held about older persons in the Philippines?

A. They are a burden to society

***B. They are respected as sources of wisdom***

C. They must be institutionalized at old age

D. They should always live alone

Rationale: Filipino society traditionally values elders as repositories of wisdom.

5. What is the major challenge of intergenerational caregiving in the modern Philippine setting?

A. Lack of religious values

***B. Financial and caregiver burden***

C. Refusal of elders to live with family

D. Elders preferring foreign caregivers

Rationale: Due to poverty and migration, financial and caregiver burden is the biggest challenge.

6. A nurse caring for an elderly Tausug patient in Sulu notices communication difficulties. The best nursing action is to:

A. Speak only in English

**B. Use Tausug words or seek an interpreter**

C. Ignore cultural differences

D. Avoid explaining care

Rationale: Using the patient's native language or interpreter shows cultural sensitivity and improves communication.

7. Which Filipino cultural trait may sometimes hinder older adults from seeking healthcare?

A. *Pakikipagkapwa*

**B. Hiya**

C. Bayanihan

D. *Utang na loob*

Rationale: *Hiya* (sense of shame) may prevent elders from expressing needs or reporting illness.



8. A 70-year-old grandmother cares for her grandchildren while parents work abroad.

This situation demonstrates:

A. Disengagement theory

**B. Intergenerational care**

C. Neglect

D. Autonomy violation

Rationale: The grandmother's role reflects intergenerational caregiving, a common Filipino family practice.

9. The nurse ensures that family members are included in the discharge planning of an elderly patient. This reflects:

A. Individual care

**B. Family-centered approach**

C. Institutional care

D. Professional dominance

Rationale: In the Philippines, including family members in decisions supports family-centered care.

10. Which of the following best demonstrates cultural sensitivity in nursing care for older Filipinos?

A. Providing care based only on Western models

***B. Recognizing and respecting Filipino values and beliefs***

C. Ignoring family involvement in care

D. Avoiding discussions about traditions

Rationale: Cultural sensitivity means respecting Filipino values, family roles, and traditions in elder care.

## **Chapter 4 – Health Promotion and Disease Prevention in Older Adults**

### ***1. Healthy Lifestyle and Wellness Programs***

Healthy lifestyle is key to successful aging.

#### *Components:*

Balanced diet: Eat nutrient-rich food, limit salt and sugar (important in Filipino diets where salty/processed food is common).

Physical activity: At least 30 minutes of moderate exercise (e.g., walking, stretching, yoga, tai chi, barangay Zumba).

Mental wellness: Engage in reading, social activities, spiritual practices, and hobbies.

Avoidance of risky habits: Quit smoking, limit alcohol.

#### *Philippine initiatives:*

Barangay Health Stations (BHS) conduct health promotion campaigns.

PhilHealth and DOH programs encourage wellness (e.g., free checkups for senior citizens, free vaccination).

Senior Citizen organizations often conduct morning exercise, Bible study, Adult *Madrasah* and health lectures.

## **2. Immunizations and Preventive Screenings**

*Immunizations for older adults (Philippine DOH guidelines):*

Influenza vaccine: yearly, especially for those with chronic illnesses.

Pneumococcal vaccine: once in a lifetime or every 5 years depending on health status.

Herpes zoster (shingles) vaccine: recommended but unavailable in public health system yet available in clinics with pay.

COVID-19 vaccines and boosters: a priority for seniors.

*Preventive screenings:*

Blood pressure monitoring: for hypertension.

Blood sugar testing: for diabetes.

Cholesterol testing: for cardiovascular risk.

Cancer screenings: breast exam, cervical pap smear (women), prostate exam (men), colon cancer screening.

Vision and hearing tests: for sensory decline.

In the Philippines, free screenings are often available during medical missions, barangay health programs, and government campaigns.

### ***3. Promoting Independence and Functional Ability***

*Goal of geriatric care:* maintain independence and improve quality of life.

*Strategies:*

- a. Encourage self-care in daily living (feeding, dressing, bathing).
- b. Rehabilitation and physical therapy for those recovering from stroke or fractures.
- c. Assistive devices (cane, walker, eyeglasses, dentures, hearing aids) to support functionality.
- d. Modify home environment to prevent falls (non-slip mats, grab bars, good lighting).

*Social support:* encourage participation in senior citizen clubs, religious groups, and family events.

In Filipino families, intergenerational caregiving plays a vital role in maintaining older adults' independence while offering them a supportive environment.

## **Essay Questions**

1. What barriers prevent Filipino senior citizens from participating in wellness programs?
2. How can barangay health stations and nurses encourage immunization among older adults?
3. Is promoting independence important for older adults instead of full dependency on family members?
4. How can nurses integrate cultural values in encouraging disease prevention among the elderly?

## **Conclusion**

Health promotion and disease prevention are essential strategies in geriatric nursing. In the Philippine setting, lifestyle modifications, regular

immunizations, and preventive screenings are crucial in addressing non-communicable diseases. Nurses must also focus on promoting independence and functional ability, ensuring that older adults not only live longer but also live healthier and with dignity.

### **Multiple Choice Examination (with Rationale)**

1. Which physical activity is most commonly practiced by older Filipinos as part of wellness programs?

A. Swimming

***B. Zumba and walking***

C. Basketball

D. Mountain climbing

Rationale: Many barangays organize Zumba and walking exercises for senior citizens as part of wellness programs.

2. Which immunization is recommended yearly for older adults in the Philippines?

A. Pneumococcal vaccine



**B. Influenza vaccine**

C. Hepatitis B vaccine

D. Tetanus vaccine

Rationale: Influenza vaccine is recommended annually for older adults, especially those with chronic conditions.

3. The nurse encourages an elderly patient to use a cane when walking. This is an example of:

A. Limiting independence

**B. Promoting functional ability**

C. Encouraging dependency

D. Restricting mobility

Rationale: Assistive devices like canes promote independence and safety in mobility.

4. What is the most common barrier to preventive screenings among older Filipinos?

A. Lack of interest

**B. Limited access and financial constraints**

- C. Excessive hospital care
- D. High literacy levels

Rationale: Many older Filipinos cannot afford screenings or lack access in remote areas.

5. Which government program provides automatic health coverage for senior citizens?

- A. GSIS
- B. Pag-IBIG
- C. PhilHealth**
- D. DSWD only

Rationale: Senior citizens are automatically enrolled in PhilHealth under RA 10645.

6. The nurse includes family members in teaching about an older adult's diet and exercise. This reflects:

- A. Western individualistic care
- B. Family-centered health promotion**
- C. Institutional neglect
- D. Palliative care

Rationale: In the Philippines, family involvement is key to successful health promotion.

7. What is the primary goal of health promotion in older adults?

A. Prolonging life only

**B. Maintaining independence and quality of life**

C. Full reliance on family

D. Reducing hospital costs only

Rationale: The main goal is not just living longer, but living healthier and more independently.

8. A nurse advises a 65-year-old Filipino man to undergo regular blood pressure monitoring. This is an example of:

**A. Preventive screening**

B. Curative care

C. Emergency care

D. Rehabilitation care

Rationale: Blood pressure monitoring is part of preventive screening for hypertension.

9. An elderly woman insists she doesn't want vaccines due to fear. The best nursing response is to:
- A. Respect her refusal without explanation
  - B. Explain benefits and address misconceptions**
  - C. Force the vaccination
  - D. Ignore her decision

Rationale: Nurses must educate and address fears while respecting autonomy.

10. What is the most important nursing role in health promotion for older adults in the Philippine setting?
- A. Enforcing strict medical orders
  - B. Educating and empowering older persons and families**
  - C. Replacing family caregivers
  - D. Isolating elders for safety

Rationale: Nurses act as educators and advocates, empowering both elders and families in disease prevention.

## **Chapter 5: Common Health Issues in Older Persons**

### ***1. Chronic Illnesses in Older Adults***

Older persons in the Philippines, like in other countries, are more vulnerable to chronic diseases due to biological aging, lifestyle factors, and limited access to health care.

#### **Hypertension (High Blood Pressure)**

Prevalence: The leading chronic condition among Filipino elderly.

Risk factors: High-salt diet, stress, sedentary lifestyle, family history.

Complications: Stroke, heart disease, kidney damage.

Nursing focus: Blood pressure monitoring, lifestyle modification, adherence to medication.

### Diabetes Mellitus (Type 2)

Common among older adults due to reduced insulin sensitivity and lifestyle factors.

Complications: Neuropathy, vision loss, kidney disease, delayed wound healing.

Nursing focus: Monitoring blood sugar, dietary management, exercise, leisure time, medication adherence, foot care.

### Arthritis (Osteoarthritis)

A degenerative joint disease-causing pain, stiffness, and reduced mobility.

Common among older Filipinos who have engaged in manual labor.

Nursing focus: Pain management, physical therapy, mobility support.

### Chronic Obstructive Pulmonary Disease (COPD)

Caused by long-term smoking or exposure to air pollution.

Symptoms: Chronic cough, breathlessness, fatigue.

Nursing focus: Respiratory therapy, oxygen support, health teaching on smoking cessation.

## ***2. Cognitive Impairments***

### **Dementia**

A progressive decline in memory, language, and problem-solving.

In the Philippines, often underdiagnosed due to limited geriatric specialists.

Nursing focus: Supportive care, memory aids, family education.

### **Alzheimer's Disease**

The most common form of dementia.

Symptoms: Forgetfulness, confusion, personality changes, loss of independence.

Nursing focus: Safe environment, structured routines, caregiver support.



### **3. Sensory Impairments**

#### **Hearing Loss (Presbycusis)**

Age-related decline in hearing ability.

Common problem: Difficulty in communication, social isolation.

Nursing focus: Use of clear speech, assistive hearing devices, referral to audiology.

#### **Vision Loss**

Causes: Cataracts, glaucoma, diabetic retinopathy.

Cataract is highly prevalent among Filipino elderly, leading to blindness if untreated.

Nursing focus: Referral for surgery, promoting eye checkups, assistance in daily activities.

In the Philippine setting, the burden of chronic diseases among older persons is worsened by poverty, limited access to health facilities, and cultural beliefs about aging. Many elderly prefer to rely on herbal remedies or self-medication, delaying

treatment. Family members serve as the primary caregivers, highlighting the importance of family-centered nursing interventions.

Nurses play a critical role in:

- a. Early detection of chronic illnesses.
- b. Promoting health literacy in communities.
- c. Advocating for accessible elder care programs under the Department of Health (DOH) and PhilHealth.

## **Conclusion**

Common health issues in older adults such as chronic illnesses, cognitive impairments, and sensory decline significantly affect quality of life. In the Philippine setting, addressing these challenges requires not only clinical interventions but also community-based and family-centered approaches. Nurses must act as educators, advocates, and caregivers to improve health outcomes for the elderly population.

## Multiple Choice Examination

1. Which chronic illness is the leading cause of morbidity among older Filipinos?

A. Diabetes

**B. Hypertension**

C. Arthritis

D. COPD

Answer: B. Hypertension

Rationale: Hypertension remains the most prevalent chronic condition among Filipino elderly, often leading to stroke and heart disease.

2. A common complication of diabetes in older adults is:

A. Joint stiffness

**B. Vision loss**

C. Hearing impairment

D. Memory loss

Answer: B. Vision loss

Rationale: Diabetes can lead to diabetic retinopathy and blindness if uncontrolled.

3. A farmer who worked all his life complains of knee pain and stiffness. This is most likely:

A. Alzheimer's disease

B. Hypertension

**C. Osteoarthritis**

D. COPD

Answer: C. Osteoarthritis

Rationale: Manual labor increases risk for degenerative joint disease in older adults.

4. Which symptom is most associated with COPD in the elderly?

A. Confusion

**B. Persistent cough and breathlessness**

C. Loss of hearing

D. Loss of vision

Answer: B. Persistent cough and breathlessness

Rationale: COPD manifests with chronic cough and breathing difficulties, especially in smokers.

5. The most common type of dementia worldwide, including in the Philippines, is:

A. Vascular dementia

**B. Alzheimer's disease**

C. Lewy body dementia

D. Frontotemporal dementia

Answer: B. Alzheimer's disease

Rationale: Alzheimer's is the leading cause of dementia in elderly populations.

6. A key nursing intervention for dementia patients is:

A. Strict bed rest

**B. Structured routines and safe environment**

C. Restricting family involvement

D. High-protein diet

Answer: B. Structured routines and safe environment

Rationale: Familiarity and safety help dementia patients maintain independence longer.

7. A common age-related hearing impairment is known as:

**A. Presbycusis**

B. Cataract

C. Glaucoma

D. Otitis media

Answer: A. Presbycusis

Rationale: Presbycusis is gradual hearing loss due to aging.

8. The most common cause of blindness among Filipino older adults is:

**A. Cataract**

B. Glaucoma

C. Stroke

D. Diabetic neuropathy

Answer: A. Cataract

Rationale: Cataracts are highly prevalent and preventable with surgery.

9. A nursing student observes that an elderly diabetic patient has numbness in the feet. This complication is known as:

**A. Neuropathy**

B. Cataract

C. Presbycusis

D. Arthritis

Answer: A. Neuropathy

Rationale: Peripheral neuropathy is a common diabetes complication.

10. In the Philippine context, family caregiving for older adults is important because:

A. Nursing homes are widely available

**B. Families often serve as the primary support system**

C. Elders prefer to live alone

D. DOH discourages family involvement

Answer: B. Families often serve as the primary support system

Rationale: Filipino culture emphasizes filial piety, where families take the lead in elder care.

## **Chapter 6: Medication Management in the Elderly**

### ***1. Polypharmacy and Its Risks***

Definition: Polypharmacy is commonly defined as the simultaneous use of five or more medications by a patient.

Prevalence in the Elderly: Older adults often have multiple chronic conditions (e.g., hypertension, diabetes, arthritis) requiring complex medication regimens.

Risks:

Adverse drug reactions (ADR): The elderly have altered metabolism and organ function (liver, kidney), increasing susceptibility to toxicity.

Drug-drug interactions: Taking many medications increases the risk of harmful interactions.

Medication non-adherence: Confusion due to multiple prescriptions.



Increased hospitalization: Adverse reactions from polypharmacy are among the leading causes of hospitalization in older persons in the Philippines.

Philippine Context: Elderly patients in the provinces often rely on “*reseta*” from different doctors without coordination, or sometimes buy OTC medications recommended by family or neighbors, worsening polypharmacy risks.

## ***2. Safe Medication Administration***

The “*Ten Rights*” of Medication Administration in Nursing:

1. Right patient
2. Right medication
3. Right dose
4. Right route
5. Right time
6. Right documentation
7. Right reason
8. Right response
9. Right education
10. Right to refuse

## Elderly-Specific Precautions:

Start low, go slow: Initiate medication at lower doses due to decreased organ reserve.

Avoid Beers list drugs: Certain medications (like long-acting benzodiazepines, antihistamines) should be avoided in older adults.

Simplify regimen: Encourage once-daily dosing if possible.

Monitor closely: Check for dizziness, confusion, constipation, or changes in vital signs.

Philippine Setting: In barangay health centers, nurses must carefully review the elderly's medicines since many obtain drugs from botika without prescription. Health education is vital in preventing misuse.

### **3. Role of Nurses in Medication Adherence**

Assessment: Check if older patients understand their prescriptions and observe if they have trouble remembering doses.

Education:

- a. Teach using simple Filipino/vernacular language.
- b. Explain purpose and side effects in understandable terms.

Practical Strategies:

- a. Use pill organizers.
- b. Encourage family involvement in monitoring doses.
- c. Encourage follow-up checkups for dose adjustments.

Philippine Context: Many elderly Filipinos live with extended families; nurses should include caregivers in medication education. In rural areas, nurses can coordinate with Barangay Health Workers (BHWs) for adherence monitoring.

### **Essay Questions:**

1. Why is polypharmacy more common in the elderly than younger populations?
2. How can community nurses in the Philippines address self-medication practices among older adults?
3. What role do family members play in ensuring adherence to medications?

### **Conclusion**

Medication management in the elderly requires careful assessment, safe practices, and continuous education. Nurses play a critical role in preventing adverse drug events, especially in the Philippine context where polypharmacy, self-medication, and fragmented healthcare access are common. By applying safety principles, collaborating with families, and strengthening community-level interventions, nurses can promote safer and more effective medication use among older persons.

## **Multiple Choice Questions (MCQs) with Rationale**

1. Which term best describes the simultaneous use of multiple medications by an elderly patient?

A. Adverse reaction

**B. Polypharmacy**

C. Drug tolerance

D. Non-adherence

Rationale: Polypharmacy refers to the concurrent use of multiple medications, common in elderly patients due to chronic conditions.

2. A 70-year-old patient takes 8 different medicines. Which is the MOST significant risk?

A. Drug tolerance

**B. Polypharmacy complications**

C. Enhanced immunity

D. Improved adherence

Rationale: The major risk is adverse effects from polypharmacy.

3. The principle "start low and go slow" in medication means:

A. Give elderly patients no medication

B. Start with high doses then taper

**C. *Initiate with lower doses and increase cautiously***

D. Withhold treatment until necessary

Rationale: Elderly patients metabolize drugs slower, so doses should start lower.

4. Which of the following is NOT included in the "*Rights*" of medication administration?

A. Right patient

B. Right documentation

**C. *Right expiration date***

D. Right time

Rationale: "*Right expiration date*" is important but not part of the ten rights.

5. A nurse observes an elderly patient taking herbal supplements with prescribed meds. The nurse should first:
- A. Ignore since herbs are natural
  - B. Record only the prescribed drugs
  - C. Assess possible interactions**
  - D. Discontinue the herbal supplement

Rationale: Herbal–drug interactions must be assessed first.

6. Which strategy BEST improves medication adherence in elderly patients?
- A. Encourage family involvement**
  - B. Give all meds in one container
  - C. Allow patient to self-adjust doses
  - D. Use medical jargon when explaining

Rationale: Family support ensures adherence in Filipino culture.

7. An elderly patient develops dizziness after starting a new medication. The nurse's FIRST action is to:
- A. Stop the medication immediately
  - B. Document and continue giving

***C. Report the side effect to the physician***

D. Ignore, as it is expected in old age

Rationale: Dizziness may be a side effect and should be reported.

8. What common practice in the Philippines increases medication risks among the elderly?

A. Proper physician follow-ups

***B. Buying OTC meds without prescription***

C. Family support in adherence

D. Nurse-led home visits

Rationale: Self-medication with OTC drugs worsens polypharmacy risks.

9. A nurse educates an elderly patient about antihypertensive medication. Which statement shows understanding?

A. "I will stop taking it if my BP is normal."

***B. "I will take my medicine daily as prescribed."***



- C. "I will double the dose if I miss one."
- D. "I will keep my medication to myself."

Rationale: Adherence to prescribed daily dose is correct practice.

10. The role of Barangay Health Workers (BHWs) in medication management is to:

- A. Prescribe medication
- B. Monitor and support adherence**
- C. Replace nurses in giving meds
- D. Decide on drug interactions

Rationale: BHWs assist in monitoring adherence but cannot prescribe medications.

## **Chapter 7: Nutrition and Hydration Needs of Older Adults**

### ***1. Dietary Requirements for Aging Individuals***

As people age, their metabolism slows, muscle mass decreases, and nutrient absorption changes.

Energy needs: Reduced calorie requirements but higher nutrient density.

Protein: Helps maintain muscle mass and prevent sarcopenia. Recommended 1–1.2 g/kg/day.

Carbohydrates: Prefer complex carbohydrates (brown rice, root crops, corn, camote) for sustained energy.

Fats: Limit saturated fats (e.g., fatty pork, chicharon) and encourage omega-3 sources (fish, malunggay, peanuts).

Micronutrients:

Calcium & Vitamin D – prevent osteoporosis; sources: dilis, sardines, malunggay leaves.

Iron – prevent anemia; sources: liver, dark green leafy vegetables.

Vitamin B12 – often deficient due to decreased absorption.

Fiber – aids digestion, prevents constipation; sources: fruits, gulay, root crops.

## ***2. Malnutrition, Dehydration, and Feeding Difficulties***

Malnutrition: Common due to poor appetite, financial constraints, chewing/swallowing difficulties.

Dehydration: Older adults have decreased thirst sensation. Signs: dry mouth, confusion, low urine output.

Feeding difficulties: May be caused by stroke, dementia, or poor dentition. Nurses should assess swallowing ability (risk of aspiration).

Philippine context: Limited access to balanced diet due to poverty, reliance on

rice as staple, preference for salty/oily foods.

### ***3. Role of Nurses in Promoting Adequate Nutrition***

Assessment: Use tools like BMI, Mini Nutritional Assessment (MNA).

Education: Teach families proper meal planning using affordable local foods.

Intervention: Encourage small, frequent meals; soft or pureed diets when necessary.

Hydration: Encourage regular water intake (at least 6–8 glasses/day) even without thirst.

Community approach: Collaborate with barangay health workers for feeding programs, nutrition education, and promotion of backyard gardening.

Nutrition is central to the quality of life of older adults. In the Philippines, issues such as limited income, poor access to healthcare, and traditional food

preferences pose barriers to healthy aging. Nurses must not only provide bedside care but also educate families, monitor nutritional intake, and advocate for community-based programs. Addressing malnutrition and dehydration can prevent hospitalization, reduce complications, and extend functional independence of the elderly.

## **Conclusion**

Adequate nutrition and hydration are crucial for older adults to maintain strength, prevent chronic diseases, and promote longevity. Nurses play a vital role in assessing risks, guiding families, and ensuring that older persons—whether in hospitals, homes, or communities—receive proper nourishment and hydration suited to their needs and context.

## Multiple Choice Examination

1. Which nutrient is MOST important to prevent osteoporosis among Filipino older adults?

A. Vitamin C

**B. Calcium**

C. Iron

D. Potassium

Answer: B. Calcium

Rationale: Calcium, with Vitamin D, helps prevent bone loss and fractures. In the Philippines, common sources are dilis and malunggay.

2. An 80-year-old patient with poor dentition prefers only soft foods. Which food is MOST appropriate?

A. Fried chicken

**B. Pureed squash soup**

C. Chicharon

D. Dried fish

Answer: B. Pureed squash soup

Rationale: Soft, pureed food prevents

choking and aspiration in patients with chewing/swallowing difficulty.

3. Older adults are at high risk of dehydration because they:

A. Eat more salty foods

**B. Have decreased thirst sensation**

C. Produce more urine

D. Prefer sweetened drinks

Answer: B. Have decreased thirst sensation

Rationale: The aging process reduces thirst awareness, making regular reminders for water intake essential.

4. Which Filipino dish BEST provides both protein and calcium?

A. Sinigang na baboy

**B. Ginisang monggo with dilis**

C. Lechon kawali

D. Pancit bihon

Answer: B. Ginisang monggo with dilis

Rationale: Monggo provides plant protein

and dilis is rich in calcium—nutrient-dense and affordable for older adults.

5. A nurse educates a family about small, frequent meals for their elderly mother. The PRIMARY goal is to:

- A. Save money on food
- B. Prevent aspiration
- C. Improve appetite and digestion**
- D. Encourage family bonding

Answer: C. Improve appetite and digestion  
Rationale: Small, frequent meals prevent fullness, enhance digestion, and stimulate appetite.

6. Which is a SIGN of malnutrition in an elderly patient?

- A. Normal BMI
- B. Dry skin and brittle hair**
- C. High energy levels
- D. Clear mentation



Answer: B. Dry skin and brittle hair

Rationale: These are clinical signs of malnutrition and nutrient deficiency.

7. Which nursing action BEST promotes hydration in older adults at home?

A. Offer water only when thirsty

**B. Encourage at least 6–8 glasses/day**

C. Restrict water intake to prevent incontinence

D. Provide soft drinks instead of water

Answer: B. Encourage at least 6–8 glasses/day

Rationale: Regular hydration prevents dehydration and kidney problems. Older adults must drink water even without thirst.

8. A 70-year-old with dementia often forgets to eat. The nurse should FIRST:

A. Restrain the patient during feeding

**B. Use reminder cues and scheduled mealtimes**

- C. Give only vitamin supplements
- D. Refer immediately for tube feeding

Answer: B. Use reminder cues and scheduled mealtimes

Rationale: Non-invasive interventions such as reminders and routine mealtimes promote independence and nutrition before invasive measures.

9. Which factor MOST contributes to malnutrition among older Filipinos in low-income communities?

- A. Cultural food preferences
- B. Limited income and access to nutritious foods**
- C. Increased food advertisements
- D. Overeating during fiestas

Answer: B. Limited income and access to nutritious foods

Rationale: Poverty restricts food choices, leading to reliance on rice and low-nutrient diets.

10. Which nursing intervention BEST prevents aspiration in an older adult with swallowing difficulty?

A. Positioning the patient supine during feeding

***B. Providing soft or pureed food***

C. Encouraging fast eating to finish meals

D. Withholding water during meals

Answer: B. Providing soft or pureed food

Rationale: Soft/pureed diets reduce aspiration risk and ensure safe swallowing.

## **Chapter 8: Mental Health and Emotional Well-being in Older Adults**

### ***1. Depression, Anxiety, and Loneliness in Older Adults***

Depression is the most common mental health problem among older persons, often underdiagnosed because symptoms may be mistaken for "normal aging."

Causes: chronic illness, loss of spouse/friends, financial problems, neglect.

Symptoms: sadness, withdrawal, loss of appetite, fatigue, sleep disturbances.

In the Philippines, stigma around mental illness often prevents elders from seeking help.

Anxiety in older adults may manifest as excessive worry about health, finances, or family.

Physical symptoms: palpitations, restlessness, poor sleep.

Cultural factors: Some Filipino elders may somatize anxiety (express it through body pains rather than words).

Loneliness is exacerbated by migration of family members (e.g., children working abroad as OFWs), leaving the elderly feeling abandoned.

*"Empty nest"* syndrome is common, as Filipino families traditionally live in extended households.

## **2. Coping with Loss and Grief**

Types of losses in older adults: spouse/partner, friends, physical ability, independence, financial stability.

Stages of Grief (Kübler-Ross Model): denial, anger, bargaining, depression, acceptance.

In the Philippines, grief is heavily influenced by faith and traditions (e.g., novenas, community gatherings, and church support).

Role of nurses:

- a. Provide emotional support during bereavement.
- b. Encourage expression of feelings.
- c. Refer to counselors, priests, or peer-support groups.

### ***3. Role of Nurses in Promoting Resilience and Social Connection***

Nurses play a key role in preventing mental health decline through:

Health teaching: encouraging participation in community senior citizen activities, church groups, and livelihood projects.

Counseling and support: providing a safe environment for older adults to express emotions.

Encouraging resilience: helping older adults focus on strengths, spirituality, and meaningful roles.

Community connection: linking older adults to programs like Social Pension for Indigent Senior Citizens, PhilHealth benefits, and Barangay Health initiatives.

Family-centered approach is crucial in the Philippine setting because Filipino culture emphasizes close family ties and collective decision-making.

### **Essay Questions**

1. Why are depression and loneliness often underreported among older Filipinos?
2. How do Filipino cultural and religious practices influence coping with grief?
3. What community-based interventions can nurses implement to address elderly loneliness?
4. How can nurses collaborate with barangay health workers to promote mental well-being?
5. What role does family play in preventing mental health decline in Filipino elderly?

## **Conclusion**

Mental health and emotional well-being are central to holistic geriatric care. Depression, anxiety, and loneliness remain pressing but often hidden issues among older Filipinos due to stigma, limited access to mental health services, and family migration. Nurses must recognize early signs, provide compassionate support, and strengthen resilience through culturally sensitive and family-centered care. Promoting social connection, faith-based coping, and community engagement can significantly improve the quality of life of older adults in the Philippines.

## **Multiple Choice Exam Questions (Philippine Setting)**

1. Which of the following is the most common but underdiagnosed mental health condition in older Filipinos?

- a) Schizophrenia
- b) Depression**
- c) Bipolar disorder
- d) Dementia



Answer: b) Depression

Rationale: Depression is common in elderly Filipinos but often mistaken as "normal aging."

2. A 70-year-old widow expresses sadness, isolation, and loss of appetite. As her nurse, what should be your priority action?

a) Tell her it is normal to feel sad and ignore it.

b) Refer her immediately to a psychiatrist without discussion.

**c) Encourage her to verbalize her feelings and provide emotional support.**

d) Prescribe sleeping pills.

Answer: c) Encourage her to verbalize her feelings and provide emotional support.

Rationale: Listening and support are essential first steps in addressing grief and depression.

3. Which Filipino cultural factor may contribute to underreporting of anxiety and depression in older adults?

- a) Strong sense of bayanihan
- b) Reliance on herbal medicine
- c) *Stigma surrounding mental illness***
- d) Extended family households

Answer: c) Stigma surrounding mental illness

Rationale: Mental illness remains stigmatized in the Philippines, preventing elders from seeking help.

4. Which of the following is a community-based strategy to reduce loneliness among older Filipinos?

- a) *Organizing senior citizen dance clubs and livelihood programs.***
- b) Prescribing multiple medications for mood.
- c) Discouraging elderly from socializing to avoid fatigue.
- d) Allowing them to isolate to process grief.

Answer: a) Organizing senior citizen dance clubs and livelihood programs.

Rationale: Social engagement activities foster connection and reduce loneliness.

5. A nurse is assisting an elderly man grieving the loss of his wife. Which culturally sensitive intervention is appropriate in the Philippine setting?

**a) *Encourage participation in novena prayers and community gatherings.***

b) Advise him to stay alone until he feels ready.

c) Prohibit religious coping because it delays acceptance.

d) Immediately recommend hospitalization.

Answer: a) Encourage participation in novena prayers and community gatherings.

Rationale: Faith-based practices are central to Filipino coping with grief.

6. Which statement best reflects the role of nurses in promoting resilience among Filipino elderly?

- a) Encouraging them to dwell on losses.
- b) Empowering them to focus on strengths, spirituality, and meaningful roles.**
- c) Avoiding discussions about their life experiences.
- d) Limiting their involvement in decision-making.

Answer: b) Empowering them to focus on strengths, spirituality, and meaningful roles.

Rationale: Promoting resilience helps elders maintain mental health and life satisfaction.

7. A nurse notices an older patient often complains of headaches, chest pain, and dizziness without medical cause. What mental health concern should the nurse consider?

- a) Psychosis
- b) Somatization of anxiety**

- c) Schizophrenia
- d) Dementia

Answer: b) Somatization of anxiety

Rationale: Filipino elders often express anxiety through physical complaints rather than verbalizing emotions.

8. Which government program provides financial support that may indirectly improve elderly mental health by reducing financial stress?

- a) PhilHealth
- b) Social Pension for Indigent Senior Citizens**
- c) Pag-IBIG Fund
- d) 4Ps (Pantawid Pamilyang Pilipino Program)

Answer: b) Social Pension for Indigent Senior Citizens

Rationale: This program provides ₱500 monthly allowance, easing financial burdens of elderly.

9. An elderly client refuses to eat and withdraws socially. Which nursing intervention is MOST appropriate?

a) Allow isolation until appetite returns.

**b) Encourage participation in communal meals and light activities.**

c) Force-feed to maintain nutrition.

d) Ignore the behavior since it is common in aging.

Answer: b) Encourage participation in communal meals and light activities.

Rationale: Social eating promotes both nutrition and emotional well-being.

10. Which best describes the family's role in elderly mental health in the Philippines?

a) Families must leave all responsibilities to nurses.

b) Families should isolate elders for rest.

**c) Families provide emotional, social, and spiritual support critical for elderly well-being.**

d) Families should avoid talking about mental health.

Answer: c) Families provide emotional, social, and spiritual support critical for elderly well-being.

Rationale: Filipino culture values close family ties, making family involvement crucial in elderly care.

## **Chapter 9: Palliative and End-of-Life Care**

### ***1. Pain Management and Comfort Measures***

Definition of Palliative Care: Specialized medical care focused on improving the quality of life for patients with serious or life-limiting illnesses, regardless of age or diagnosis.

*Pain Management:*

Use of WHO analgesic ladder (stepwise use of non-opioids, weak opioids, and strong opioids).

Non-pharmacologic interventions: relaxation techniques, massage, spiritual support.

Consideration of cultural beliefs in the Philippines (e.g., reluctance to use morphine due to misconceptions about addiction).



### *Comfort Measures:*

- a. Ensuring patient dignity, hygiene, and comfort.
- b. Positioning, oxygen therapy, and spiritual care (important in a religious country like the Philippines).

## **2. Hospice Care Principles**

Definition of Hospice Care: Care given to patients in the final phase of terminal illness, emphasizing comfort rather than cure.

### *Core Principles:*

- a. Patient and family-centered.
- b. Holistic approach: physical, emotional, social, and spiritual support.
- c. Interdisciplinary teamwork.

### *Philippine Context:*

Hospice programs are limited and often provided by NGOs, church-based organizations, or private hospitals.

Family plays a central role in caregiving, often with support from barangay health workers.

### **3. Ethical Issues in End-of-Life Decision-Making**

Autonomy vs. Family-Centered Decisions: In the Philippines, family members often decide for the patient, especially in rural areas. Nurses must balance respect for patient autonomy with family dynamics.

Do Not Resuscitate (DNR) Orders: Legally sensitive and culturally challenging because prolonging life is often equated with “good care.”

Truth-Telling vs. Protecting from Harm: Families may request that nurses/doctors not disclose a terminal diagnosis to the patient to "protect" them.

Nurses should advocate for honest yet compassionate communication.

Euthanasia and Assisted Dying: Illegal in the Philippines and against cultural/religious values, but palliative sedation for comfort is accepted.

## **Discussion**

Palliative and end-of-life care in the Philippines faces unique challenges:

Cultural values: Family is central in caregiving; Filipino families prioritize caring for older and ill relatives at home.

Religious influence: Catholic and Islamic teachings strongly shape views on death, suffering, and the sanctity of life.

Healthcare access: Limited hospice facilities make community and home-based palliative care essential.

Role of nurses: Nurses serve as advocates for compassionate care, educators for families, and providers of comfort measures.

## **Conclusion**

Palliative and end-of-life care is not just about managing pain, but also about preserving dignity, supporting families, and respecting cultural and ethical values. In the Philippine setting, where strong family ties and faith influence decision-making, nurses must combine clinical competence with cultural sensitivity and empathy to ensure that older persons and terminally ill patients live their final days with dignity and comfort.

## **Multiple Choice Questions with Rationale**

1. Which is the main goal of palliative care?

A. To cure the patient's disease

B. To prolong life at all costs

***C. To improve quality of life and relieve suffering***

D. To ensure hospital admission until death

Rationale: Palliative care focuses on comfort and quality of life, not cure or prolongation of life at all costs.

2. In the Philippines, what is the most common setting for end-of-life care?

A. Nursing homes

B. Hospices

**C. Community and home settings**

D. Government institutions

Rationale: Due to limited hospice facilities, most Filipinos receive end-of-life care at home with family involvement.

3. A patient with advanced cancer complains of severe pain. According to the WHO analgesic ladder, which is the appropriate next step if non-opioids are ineffective?

A. Use herbal medicine

**B. Prescribe weak opioids**

C. Stop medications

D. Use antibiotics

Rationale: The WHO analgesic ladder recommends progressing to weak opioids if non-opioids are inadequate.

4. Which ethical issue commonly arises in Filipino families during end-of-life care?

A. Refusal of family involvement

***B. Families requesting nondisclosure of diagnosis to the patient***

C. Overuse of euthanasia

D. Patients refusing palliative sedation

Rationale: Families often request nondisclosure due to protective cultural beliefs. Nurses must balance honesty with compassion.

5. What is the nurse's role when the family refuses to inform the patient of their terminal condition?

A. Immediately tell the patient without consideration

***B. Respect cultural context and advocate for honest, compassionate communication***

- C. Ignore the issue
- D. Seek police intervention

Rationale: Nurses must respect culture while advocating ethical patient-centered care.

6. Which of the following is NOT a principle of hospice care?
- A. Holistic care
  - B. Patient and family-centered
  - C. Focus on cure**
  - D. Interdisciplinary teamwork

Rationale: Hospice care does not aim to cure, but to provide comfort.

7. In Filipino culture, which of the following is most important in end-of-life decisions?
- A. Physician's autonomy
  - B. Patient's legal representative
  - C. Family consensus**
  - D. Barangay officials

Rationale: In the Philippines, family plays a central role in caregiving and decisions.

8. Which is a legal and ethical issue related to end-of-life care in the Philippines?

A. Use of traditional healers

**B. DNR orders**

C. Free access to morphine

D. Mandatory hospice referral

Rationale: DNR orders are legally sensitive and culturally controversial in the Philippine context.

9. A 78-year-old terminally ill patient requests euthanasia. What is the nurse's correct response?

A. Support the request immediately

**B. Explain that euthanasia is illegal but comfort care is available**

C. Ignore the request

D. Report the patient to authorities



Rationale: Euthanasia is illegal in the Philippines, but nurses can provide comfort and palliative interventions.

10. A nurse provides oxygen, positions a terminally ill patient comfortably, and prays with the family. This demonstrates which aspect of palliative care?

A. Technical interventions only

**B. Holistic and culturally sensitive care**

C. Purely religious care

D. Legal compliance

Rationale: Palliative care is holistic—addressing physical, emotional, social, and spiritual needs.

## **Chapter 10: Nursing Roles and Competencies in Gerontological Care**

### ***1. Professional Competencies in Geriatric Nursing***

Definition: Competencies are the knowledge, skills, and attitudes nurses must demonstrate in caring for older adults.

Core competencies in the Philippine setting (aligned with DOH, PRC-Nursing, and WHO):

Clinical competence: Proficiency in assessing, diagnosing, and managing age-related conditions (e.g., hypertension, dementia, arthritis).

Holistic care: Addressing physical, emotional, social, cultural, and spiritual needs.

Ethical competence: Respect for patient rights, autonomy, and dignity, especially in vulnerable situations.

Communication skills: Adapting communication for hearing or cognitive impairments.

Cultural competence: Sensitivity to Filipino values of *paggalang sa nakatatanda* (respect for elders) and family-centered care.

Research and evidence-based practice: Using updated geriatric care practices in line with DOH policies and global guidelines.

## ***2. Multidisciplinary Teamwork in Caring for Older Adults***

Concept: Older persons often have multiple chronic illnesses, requiring a team-based approach.

*Key team members in the Philippines:*

Nurses – coordinate care, monitor health, provide patient education.

Physicians (geriatrics, family medicine, internal medicine) – oversee medical management.

Nutritionists – address malnutrition, obesity, or feeding difficulties.

Social workers – support financial, legal, and social services for older persons.

Psychologists or counselors – address mental health issues.

Physical and occupational therapists – promote mobility and independence.

Barangay health workers – provide grassroots health services, home visits, and follow-ups.

Importance: Collaboration ensures holistic and cost-effective care, which is vital in resource-limited areas of the Philippines.

### **3. Leadership and Advocacy in Gerontological Nursing**

#### *Leadership in practice:*

- a. Nurses often serve as patient advocates in decision-making.
- b. They lead patient education on chronic disease management, lifestyle changes, and end-of-life care.
- c. Leadership also involves mentoring junior nurses in geriatric competencies.

#### *Advocacy for older adults in the Philippines:*

- a. Promoting government programs like PhilHealth Konsulta, Senior Citizens Act benefits, and DOH Healthy Pilipinas initiatives.
- b. Fighting against elder abuse and neglect.
- c. Encouraging inclusion of older adults in community health planning.
- d. Supporting policies that expand access to affordable medicines and geriatric services.

## **Conclusion**

Nursing care for older persons requires competence, collaboration, and compassion. Nurses must be skilled not only in clinical practice but also in cultural sensitivity, teamwork, leadership, and advocacy. In the Philippine context, where the family and community play a central role in elder care, nurses are uniquely positioned to bridge healthcare systems and family support structures. By promoting multidisciplinary teamwork and advocating for the rights of older adults, nurses ensure dignified, holistic, and equitable care for the aging Filipino population.

## **Multiple Choice Questions**

1. Which of the following is considered a core competency in gerontological nursing in the Philippines?
  - A. Specialization in pediatric nursing
  - B. Skill in holistic care for older persons***
  - C. Exclusive focus on acute care

conditions

D. Avoidance of community health work

Answer: B

Rationale: Holistic care is a key competency, addressing physical, psychological, social, and spiritual needs. Pediatric nursing is outside the scope, and geriatric nursing integrates both acute and community care.

2. In the Philippine setting, who often provides grassroots health services to older adults in rural communities?

A. Hospital directors

**B. Barangay health workers**

C. Private caregivers

D. Nursing educators

Answer: B

Rationale: Barangay health workers (BHWs) act as the first line of community health care, especially in remote areas.

3. Which Filipino cultural value strongly influences nursing care for older persons?

A. Bayanihan (communal unity)

B. Hiya (sense of shame)

**C. Paggalang sa nakatatanda (respect for elders)**

D. Utang na loob (debt of gratitude)

Answer: C

Rationale: Respect for elders shapes how nurses communicate, provide care, and advocate for older adults.

4. What is the role of nurses in a multidisciplinary geriatric care team?

A. Make final diagnoses

**B. Coordinate care and patient education**

C. Provide financial assistance

D. Conduct laboratory tests independently

Answer: B

Rationale: Nurses play a coordinating role, ensuring care is holistic, patient-centered, and well communicated.



5. Which law in the Philippines provides benefits and privileges to senior citizens, ensuring better access to health care?

A. RA 7600

**B. RA 9994 (*Expanded Senior Citizens Act of 2010*)**

C. RA 6713

D. RA 9173

Answer: B

Rationale: RA 9994 grants discounts, PhilHealth coverage, and improved healthcare access for seniors.

6. A nurse advocates for an older patient who is being pressured by family members to undergo an unwanted surgery. Which nursing role is being applied?

A. Researcher

**B. Advocate**

C. Educator

D. Supervisor

Answer: B

Rationale: Advocacy ensures the patient's autonomy and rights are respected, particularly in ethical dilemmas.

7. Which of the following demonstrates leadership in gerontological nursing?
- A. Delegating all geriatric care to caregivers
  - B. Mentoring new nurses in geriatric competencies**
  - C. Avoiding involvement in health policy
  - D. Focusing only on hospital-based care

Answer: B

Rationale: Leadership involves guiding colleagues, advocating for patients, and influencing health care practices.

8. In rural Philippine communities, what is a key challenge in multidisciplinary teamwork for older persons?
- A. Lack of traditional beliefs
  - B. Overstaffing of geriatric specialists
  - C. Limited access to specialized health professionals**
  - D. Excessive use of modern technology

Answer: C

Rationale: Rural areas often lack geriatric specialists; hence, nurses and BHWs take greater responsibility.

9. What best describes the nurse's advocacy role in promoting health equity among older adults?

**A. Ensuring equal access to services regardless of socioeconomic status**

B. Prioritizing care for wealthy older patients

C. Limiting care to institutionalized elders

D. Avoiding involvement in government programs

Answer: A

Rationale: Advocacy includes promoting access to affordable and equitable healthcare for all older adults.

10. Which program of DOH focuses on promoting healthy aging in the Philippines?

**A. Healthy Pilipinas**

- B. Oplan Tokhang
- C. Tulong Panghanapbuhay sa Ating Disadvantaged Workers
- D. K-12 Program

Answer: A

Rationale: Healthy Pilipinas includes initiatives for healthy aging, prevention of chronic diseases, and wellness promotion.

## **Chapter 11: Community and Institutional Care for Older Persons**

### ***1. Home-Based Care and Community Programs***

In the Philippines, most older adults prefer to age at home, surrounded by family. Filipino culture values close family ties and *utang na loob* (debt of gratitude), making home-based care common.

Nurses play a key role in providing health education, home visits, and monitoring chronic conditions.

Community programs such as barangay health centers, senior citizen organizations, and the Office of Senior Citizens Affairs (OSCA) provide health checkups, wellness activities, and discounts for medicines.

Example: Barangay health workers and nurses conduct medical missions, free BP checks, and promote healthy aging programs like Zumba for seniors.

## ***2. Long-Term Care Facilities and Nursing Homes***

Nursing homes and residential facilities are less common in the Philippines compared to Western countries because of the strong cultural expectation that families care for the elderly.

However, urban migration and overseas work (OFWs) leave many older persons alone or neglected, increasing the need for institutional care.

Facilities such as Golden Reception and Action Center for the Elderly and Other

Special Cases (GRACES) in Quezon City provide shelter, food, and medical care to abandoned or neglected elderly.

Nurses in these facilities are responsible for daily care, rehabilitation, medication management, and psychosocial support.

### ***3. Role of Government and NGOs in Elder Care***

Government Programs:

Republic Act 9994 (Expanded Senior Citizens Act of 2010): provides discounts, free PhilHealth coverage, and social pensions.

Department of Social Welfare and Development (DSWD): operates residential care facilities and provides social pension.

PhilHealth: covers hospitalization, outpatient care, and some geriatric services.

## NGOs and Faith-Based Organizations:

Provide feeding programs, medical missions, and psychological support.

Example: Caritas Manila offers food packs and medical services to abandoned elderly.

### *Nurses' Role in Advocacy:*

- a. Advocate for better elder services and funding.
- b. Empower families and communities to sustain elder-friendly initiatives.
- c. Ensure that older adults' rights to dignity, safety, and quality healthcare are upheld.

## **Conclusion**

Caring for older persons in the Philippines is deeply influenced by cultural values, family traditions, and limited institutional infrastructure. While most older adults prefer home-based care, the rise of urbanization and migration makes

community programs and institutional care increasingly essential. Nurses play a central role as caregivers, advocates, and leaders in strengthening elder care services in both home-based and institutional settings, working alongside government and NGOs to improve the lives of Filipino seniors.

### **Multiple Choice Examination**

1. Which Filipino cultural value strongly influences home-based care for older persons?

A. Pakikisama

B. Bayanihan

**C. *Utang na loob***

D. Hiya

Rationale: Utang na loob (debt of gratitude) compels family members to care for their elders at home as a form of respect and repayment.



2. Which government agency primarily manages residential facilities for abandoned elderly in the Philippines?

- A. DOH
- B. PhilHealth
- C. DSWD**
- D. OSCA

Rationale: The Department of Social Welfare and Development (DSWD) is responsible for running residential facilities and providing pensions for indigent seniors.

3. The Expanded Senior Citizens Act of 2010 (RA 9994) grants older persons which of the following benefits?

- A. Free education
- B. 20% discount on medicines and services**
- C. Tax exemption on luxury goods
- D. Priority in housing loans

Rationale: RA 9994 ensures that senior citizens receive 20% discount and VAT exemption on medicines, transportation, and basic services.

4. A nurse assigned in a barangay health center provides home visits to monitor an older adult's blood pressure. This is an example of:

A. Institutional care

B. Palliative care

**C. Home-based care**

D. Hospice care

Rationale: Home-based care involves health services delivered directly to older adults within their homes.

5. Which of the following is a challenge in providing nursing home care in the Philippines?

A. High availability of facilities

**B. Cultural stigma of abandoning elders**

C. Lack of trained nurses abroad

D. Excess funding from NGOs

Rationale: Filipino culture emphasizes family responsibility, so institutionalizing elders is often viewed negatively.

6. What is the primary role of nurses in institutional care facilities for the elderly?

A. Policy-making only

***B. Daily care, rehabilitation, and psychosocial support***

C. Distribution of financial aid

D. Conducting legal investigations

Rationale: Nurses are directly responsible for holistic care, including physical, emotional, and social needs of institutionalized elders.

7. A nurse advocates for increased government budget allocation for geriatric programs. This role reflects:

***A. Leadership and advocacy***

B. Medication management

C. Technical skill development

D. Case management only

Rationale: Advocacy is a core nursing role to influence policy and ensure better elder services.

8. What is the function of the OSCA (Office of the Senior Citizens Affairs) at the local government level?

A. Provide hospitalization

**B. Implement senior citizens' benefits and privileges**

C. Build nursing homes nationwide

D. Manage national pension funds

Rationale: OSCA is mandated to oversee the implementation of RA 9994 and assist in coordinating senior citizen programs.

9. Which of the following is a common NGO contribution to elder care in the Philippines?

A. Free land ownership

**B. Feeding and medical missions**

C. Building private hospitals

D. Providing lifetime employment

Rationale: NGOs often supplement government programs with feeding programs, medical care, and psychosocial support for the elderly.

10. Which best describes the ideal nursing approach in Philippine elder care?

A. Focusing only on physical health

***B. Integrating cultural, family, and community values***

C. Relying only on institutional facilities

D. Transferring care responsibility to NGOs

Rationale: Nursing care for older Filipinos should be holistic, integrating cultural respect, family involvement, and community-based programs.

## **Chapter 12: Innovations and Future Trends in Caring for Older Adults**

### ***1. Technology in Geriatric Nursing (Telehealth, Assistive Devices)***

Telehealth: The use of digital platforms (Zoom, Google Meet, DOH Telemedicine apps) to connect older patients with doctors and nurses. This became more prominent during the COVID-19 pandemic in the Philippines.

Benefits: Reduces the need for travel, increases accessibility, saves cost.

Challenges: Limited internet access in rural areas, lack of digital literacy among older Filipinos.

Assistive Devices: Includes hearing aids, canes, walkers, wheelchairs, and home-based monitoring systems (BP monitor, glucometer).

Smart devices (wearables like smartwatches) can track heart rate, oxygen saturation, and fall detection.

In the Philippines, affordability and accessibility remain issues, requiring government and NGO support.

## ***2. Policy Directions for Aging Populations***

The Philippine Plan of Action for Senior Citizens (PPASC 2012-2016, updated versions) aims to enhance the welfare of older persons.

Republic Act 9994 (Expanded Senior Citizens Act of 2010) grants discounts, health benefits, and privileges to Filipino elderly.

The Universal Health Care Act (RA 11223) emphasizes primary care access for all, including senior citizens.

PhilHealth Z-benefit packages support chronic disease management for older adults.

Future trend: Stronger integration of elderly health care in barangay health centers and community-based programs.

### ***3. Preparing the Nursing Profession for Future Challenges***

Training in Geriatric Nursing: Filipino nurses must specialize in elderly care due to increasing population aging (expected to reach 16% senior citizens by 2050).

Global Opportunities: Demand for Filipino geriatric nurses abroad (Japan, Europe, Middle East) highlights the need for gerontology-focused curricula in nursing schools.

Holistic Care Approach: Beyond clinical skills, nurses must develop competencies in cultural sensitivity, mental health support, and family-centered care.

Leadership and Advocacy: Nurses must actively participate in policy-making, research, and innovations to ensure elder-friendly healthcare systems in the Philippines.

## **Conclusion**

The future of geriatric nursing in the Philippines lies in the integration of technology, policy reform, and advanced nursing education. As the elderly population grows, the healthcare system must adapt through telehealth, community-based care, assistive technology, and geriatric-specialized training. Filipino nurses are in a pivotal role—not just as caregivers, but as leaders, advocates, and innovators ensuring that older adults live with dignity, independence, and quality of life.



## Multiple Choice Questions

1. Which Philippine law provides senior citizens with health benefits, discounts, and privileges?

A. RA 11223

**B. RA 9994**

C. RA 7160

D. RA 10931

Answer: B. RA 9994

Rationale: RA 9994 or the Expanded Senior Citizens Act of 2010 enhances the privileges of senior citizens, including healthcare benefits.

2. The use of digital platforms like telemedicine in elderly care became more prominent during which global event?

A. Typhoon Yolanda

**B. COVID-19 pandemic**

C. Philippine Independence

D. ASEAN Integration

Answer: B. COVID-19 pandemic

Rationale: Telehealth expanded rapidly

during the pandemic to minimize exposure and provide safe healthcare access.

3. Which government agency in the Philippines is primarily responsible for implementing policies on elder care?

A. Department of Agriculture

**B. Department of Health (DOH)**

C. Department of Education

D. Department of Tourism

Answer: B. Department of Health (DOH)

Rationale: The DOH, in partnership with LGUs, is responsible for geriatric health programs and integration into primary care.

4. What is the biggest challenge in implementing telehealth services for older Filipinos?

A. Lack of interest in technology

**B. Poor internet access and digital literacy**

C. Expensive hospital care

D. Overcrowding in clinics

Answer: B. Poor internet access and digital

literacy

Rationale: Many elderly in rural areas struggle with unstable internet connections and lack of familiarity with gadgets.

5. Which of the following is an example of an assistive device?

A. Smartphone

**B. Walker**

C. Laptop

D. Television

Answer: B. Walker

Rationale: Walkers, canes, and wheelchairs are assistive devices designed to support mobility for older adults.

6. What is the main objective of the Philippine Plan of Action for Senior Citizens (PPASC)?

A. Promote tourism for seniors

**B. Ensure welfare and development of older persons**

C. Provide scholarships to older persons

D. Train seniors in computer use

Answer: B. Ensure welfare and development of older persons

Rationale: PPASC outlines health, social, and economic programs to support senior citizens nationwide.

7. By 2050, what percentage of the Philippine population is projected to be senior citizens?

A. 5%

B. 10%

**C. 16%**

D. 25%

Answer: C. 16%

Rationale: Population aging is a global trend, and projections show 16% of Filipinos will be elderly by 2050.

8. What is the role of nurses in the future of geriatric care?

A. Only providing bedside care

**B. Leadership, advocacy, and innovation in elderly care**

C. Restricting seniors from technology

D. Limiting care to hospitals only

Answer: B. Leadership, advocacy, and innovation in elderly care

Rationale: Nurses will not only provide direct care but also lead in policy-making, research, and innovation.

9. Which law institutionalized Universal Health Care in the Philippines?

**A. RA 11223**

B. RA 10931

C. RA 9994

D. RA 7875

Answer: A. RA 11223

Rationale: RA 11223 (Universal Health Care Act) ensures all Filipinos, including elderly, have access to primary care services.

10. A Filipino nurse advocates for more training in gerontology to address population aging. This reflects which nursing role?

A. Clinician

B. Researcher

**C. Advocate and leader**

D. Volunteer

Answer: C. Advocate and leader

Rationale: Nurses act as advocates and leaders by pushing for policy changes and specialized training in geriatric nursing.

## **COMMON BOARD QUESTIONS**

### **Chapter 1: Understanding Aging and the Older Adult**

#### **1. Problem:**

What major challenge does the increasing global aging population pose to healthcare systems?

Answer: The rise in chronic illnesses and demand for long-term care.

Rationale: Aging populations increase healthcare costs and resource demands, particularly for chronic disease management and elder care services.

## 2. Alternative:

Aside from institutional care, what alternative approach can address the needs of older adults?

Answer: Community-based and home-based care programs.

Rationale: These approaches reduce hospitalization rates, promote independence, and are culturally preferred in many Philippine families.

## 3. Limitation:

What is one limitation of relying solely on biological theories of aging to explain the aging process?

Answer: They overlook psychological, social, and cultural factors influencing aging.

Rationale: Aging is a multidimensional process that cannot be fully explained by biology alone.

## 4. Method:

What method can be used to assess the psychological well-being of older adults?

Answer: Use of standardized tools like the Geriatric Depression Scale (GDS).

Rationale: Validated tools provide objective data for early identification of depression and other mental health issues.

5. Evaluation:

How can the effectiveness of aging theories in nursing practice be evaluated?

Answer: By applying them in care planning and measuring patient outcomes, such as quality of life and functional ability.

Rationale: Theories should guide interventions that can be assessed through real patient improvements.

## **Chapter 2: Ethical and Legal Considerations in Geriatric Nursing**

1. Problem:

What ethical challenge often arises in caring for older adults with cognitive decline?

Answer: Balancing autonomy and safety in decision-making.

Rationale: Older adults may resist care, but nurses must ensure safety without disregarding autonomy.

2. Alternative:

If an older adult cannot give informed consent, what alternative decision-making method is used?

Answer: Substitute decision-making by legal guardians or family.



Rationale: This ensures patient rights are upheld while making necessary care decisions.

### 3. Limitation:

What is a limitation of advance directives in the Philippine setting?

Answer: Limited awareness and lack of legal enforcement.

Rationale: Advance care planning is not widely practiced, leading to ethical conflicts at end-of-life.

### 4. Method:

What method should nurses use to identify possible elder abuse?

Answer: Conducting comprehensive assessments and private interviews.

Rationale: Abuse may be hidden, and direct observation plus private interviews encourage disclosure.

### 5. Evaluation:

How can the effectiveness of advocacy in geriatric nursing be evaluated?

Answer: By reviewing patient satisfaction, case resolutions, and decreased reports of elder abuse.

Rationale: Successful advocacy results in improved protection and empowerment of older adults.

## **Chapter 3: Communication and Cultural Sensitivity in Caring for Older Persons**

### **1. Problem:**

What is the main communication challenge when interacting with older adults?

Answer: Hearing loss and cognitive decline.

Rationale: These conditions hinder clear communication and may cause misunderstanding.

### **2. Alternative:**

What alternative strategy can be used if verbal communication is ineffective?

Answer: Use of visual aids, gestures, and written communication.

Rationale: Non-verbal methods ensure message delivery despite sensory impairments.

### **3. Limitation:**

What is a limitation of a one-size-fits-all communication approach in the Philippines?

Answer: Cultural diversity among ethnic groups.

Rationale: Nursing care must respect linguistic and cultural differences across Filipino communities.

### **4. Method:**

What method can nurses use to strengthen family involvement in elder care?

Answer: Family conferences and collaborative care planning.

Rationale: Family-centered care respects Filipino values and ensures better compliance.

5. Evaluation:

How can cultural sensitivity in communication be evaluated?

Answer: By assessing patient comfort, trust, and cooperation during care.

Rationale: Effective communication leads to improved patient satisfaction and trust.

## **Chapter 4: Health Promotion and Disease Prevention in Older Adults**

1. Problem:

What is the most common barrier to disease prevention among older Filipinos?

Answer: Lack of access to preventive healthcare and screenings.

Rationale: Economic and geographic barriers prevent timely interventions.

2. Alternative:

What alternative can communities provide to promote wellness in older adults?

Answer: Barangay-based health and wellness programs.

Rationale: Localized care makes services accessible and culturally acceptable.

### 3. Limitation:

What is a limitation of health promotion programs in rural areas?

Answer: Shortage of trained geriatric healthcare workers.

Rationale: Lack of professionals reduces effectiveness of interventions.

### 4. Method:

What method can nurses use to promote functional ability in older adults?

Answer: Structured exercise programs like chair yoga or walking clubs.

Rationale: Regular physical activity prevents disability and maintains independence.

### 5. Evaluation:

How can the effectiveness of immunization programs for older adults be evaluated?

Answer: Monitoring vaccination coverage rates and reduction of preventable diseases.

Rationale: Successful programs lead to measurable decreases in morbidity.

## **Chapter 5: Common Health Issues in Older Persons**

### **1. Problem:**

What is the most prevalent chronic disease among older adults in the Philippines?

Answer: Hypertension.

Rationale: It is highly reported in the elderly and often poorly controlled.

### **2. Alternative:**

Aside from pharmacologic treatment, what alternative management helps in dementia care?

Answer: Cognitive stimulation and memory-enhancing activities.

Rationale: Non-drug interventions help slow decline and improve quality of life.

### **3. Limitation:**

What is a limitation of diagnosing sensory impairments in rural communities?

Answer: Lack of specialized diagnostic tools and eye/ear care professionals.

Rationale: Many conditions remain undiagnosed or untreated due to limited resources.

### **4. Method:**

What method is effective in managing multiple chronic illnesses in older adults?

Answer: Use of individualized, multidisciplinary care plans.

Rationale: Coordinated care reduces hospitalizations and improves outcomes.

5. Evaluation:

How can nurses evaluate management of COPD in older adults?

Answer: By monitoring lung function, oxygen use, and hospital readmission rates.

Rationale: Effective management leads to fewer exacerbations and better quality of life.

## **Chapter 6: Nutrition and Hydration in the Elderly**

1. Problem:

What is the most common nutritional problem among older adults?

Answer: Malnutrition due to poor appetite and difficulty chewing.

Rationale: Physiological changes and dental problems often lead to inadequate intake.

2. Alternative:

What alternative diet strategy helps elderly patients with swallowing difficulties?

Answer: Soft or pureed diet with thickened fluids.

Rationale: Prevents aspiration while ensuring adequate nutrition.

3. Limitation:

What is a limitation of nutritional supplementation programs?

Answer: High cost and inconsistent supply in low-resource settings.

Rationale: Limited access reduces long-term effectiveness.

3. Method:

What method can nurses use to monitor hydration in older adults?

Answer: Daily fluid intake/output charts and skin turgor checks.

Rationale: Simple bedside methods prevent dehydration complications.

5. Evaluation:

How can the effectiveness of nutritional interventions be evaluated?

Answer: By monitoring weight, BMI, and laboratory values like albumin.

Rationale: Improvement in these indicators shows better nutritional status.

## **Chapter 7: Medication Management and Polypharmacy**

### **1. Problem:**

What is the major risk of polypharmacy in older adults?

Answer: Increased risk of drug interactions and adverse effects.

Rationale: Age-related changes in metabolism heighten risks.

### **2. Alternative:**

What alternative approach can minimize unnecessary medications?

Answer: Deprescribing protocols with physician collaboration.

Rationale: Reduces pill burden and improves adherence.

### **3. Limitation:**

What is a limitation of self-administered medication in elderly?

Answer: Memory impairment may lead to missed or double doses.

Rationale: Cognitive decline affects compliance.

### **4. Method:**

What method helps nurses ensure safe medication management?



Answer: Medication reconciliation during every hospital/clinic visit.

Rationale: Prevents duplication and contraindicated prescriptions.

4. Evaluation:

How can safe medication practices be evaluated?

Answer: By monitoring hospital admissions due to drug-related issues.

Rationale: Fewer medication-related admissions reflect safer practices.

## **Chapter 8: Mental Health and Cognitive Disorders in Older Adults**

1. Problem:

What is the most underdiagnosed mental health condition among elderly Filipinos?

Answer: Depression.

Rationale: Often mistaken as part of normal aging.

2. Alternative:

What alternative therapy can support dementia patients aside from drugs?

Answer: Music therapy and reminiscence therapy.

Rationale: Non-pharmacologic methods reduce agitation and improve mood.

3. Limitation:

What is a limitation of psychiatric services for the elderly in the Philippines?

Answer: Shortage of mental health professionals trained in geriatrics.

Rationale: Leads to delayed or inadequate treatment.

4. Method:

What method should nurses use for early screening of dementia?

Answer: Mini-Mental State Examination (MMSE) or MoCA.

Rationale: Standardized tools help detect cognitive decline.

5. Evaluation:

How can the effectiveness of mental health interventions be measured?

Answer: By reduced symptoms, improved functioning, and caregiver satisfaction.

Rationale: Success is seen in better quality of life for patients and families.

## **Chapter 9: Rehabilitation and Restorative Care**

### **1. Problem:**

What is a common rehabilitation challenge for older adults after stroke?

Answer: Limited mobility and dependence on caregivers.

Rationale: Stroke often leads to long-term disability.

### **2. Alternative:**

What alternative support can be provided when rehab centers are inaccessible?

Answer: Home-based rehabilitation guided by trained caregivers.

Rationale: Ensures continuity of care even outside hospitals.

### **3. Limitation:**

What is a limitation of rehabilitation services in rural areas?

Answer: Lack of specialized equipment and therapists.

Rationale: Prevents full recovery potential.

### **4. Method:**

What method is essential in fall prevention rehabilitation?

Answer: Balance training and strength exercises.

Rationale: Improves stability and reduces fall risk.

5. Evaluation:

How can rehabilitation outcomes be evaluated?

Answer: By assessing improvement in ADLs (activities of daily living).

Rationale: Functional independence is the main goal of rehab.

## **Chapter 10: Palliative and End-of-Life Care**

1. Problem:

What is the major concern in palliative care for elderly patients?

Answer: Managing pain and maintaining dignity.

Rationale: Comfort is prioritized over cure.

2. Alternative:

What alternative care model supports both patient and family?

Answer: Hospice care.

Rationale: Provides holistic care including emotional and spiritual support.

3. Limitation:

What is a limitation in end-of-life care in the Philippines?

Answer: Cultural reluctance to discuss death.

Rationale: Leads to delayed planning and conflicts in care.

4. Method:

What method can nurses use to assess pain in nonverbal elderly patients?

Answer: Pain assessment scales like PAINAD.

Rationale: Observational tools guide proper management.

5. Evaluation:

How can end-of-life care be evaluated?

Answer: By measuring patient comfort and family satisfaction with care.

Rationale: Quality of dying and peaceful transition are key outcomes.

## **Chapter 11: Family and Community Support for Older Adults**

1. Problem:

What is a common issue faced by elderly in Filipino communities?

Answer: Social isolation due to migration of family members.

Rationale: Children working abroad often leave older parents behind.

2. Alternative:

What alternative support system can replace absent families?

Answer: Community-based elder support groups.

Rationale: Provides social interaction and emotional support.

3. Limitation:

What is a limitation of community programs for elderly?

Answer: Dependence on limited LGU funding.

Rationale: Sustainability is often a challenge.

4. Method:

What method fosters community participation in elderly care?

Answer: Intergenerational programs involving youth.

Rationale: Promotes respect for the elderly and reduces isolation.

5. Evaluation:

How can family and community support effectiveness be evaluated?

Answer: By assessing reduced depression rates and improved life satisfaction.

Rationale: Strong support networks improve elderly well-being.

## **Chapter 12: Role of Nurses in Geriatric Care**

### **1. Problem:**

What is the primary role conflict nurses face in geriatric care?

Answer: Balancing workload with quality care for older patients.

Rationale: Staffing shortages affect patient safety.

### **2. Alternative:**

What alternative care model enhances geriatric nursing efficiency?

Answer: Team-based or collaborative care.

Rationale: Shared responsibilities improve outcomes.

### **3. Limitation:**

What is a limitation of current nursing education in geriatrics?

Answer: Insufficient training specific to elderly care.

Rationale: Nurses may lack competence in handling complex geriatric cases.

4. Method:

What method can improve nursing practice in elderly care?

Answer: Continuous professional development and geriatric training.

Rationale: Up-to-date knowledge enhances patient care.

5. Evaluation:

How can the role of nurses in geriatric care be evaluated?

Answer: Through patient outcomes, satisfaction surveys, and reduced hospital readmissions.

Rationale: Effective nursing is reflected in quality and safety of care.



## **PALMER-GUIDED MULTIPLE-CHOICE QUESTIONS**

***(Professional Adjustment, Administration,  
Leadership, Management, Ethics, and  
Research)***

### **Chapter 1: Understanding Aging and the Older Adult**

#### **1. (Ethics/Professional Adjustment)**

A public forum labels all older adults as “dependent.” What is the nurse’s BEST response?

- A. Ignore; it’s a common belief
- B. Provide data showing many older adults remain independent
- C. Emphasize families should take full responsibility
- D. Recommend institutional care as default

Answer: B

Correct: Counters ageism with evidence; upholds dignity.

Incorrect: A tolerates bias; C & D promote stereotyping and unnecessary institutionalization.

## 2. (Administration/Management)

A barangay clinic anticipates a surge of older adults by 2035. FIRST administrative step?

- A. Buy more ECG machines
- B. Conduct a population-needs assessment
- C. Start a memory clinic immediately
- D. Hire only geriatricians

Answer: B

Correct: Needs assessment guides resource allocation.

Incorrect: A/C/D may be premature or too narrow without data.

## 3. (Leadership)

Which leadership action best integrates biopsychosocial aging into care plans?

- A. Assign diet only to nutritionist
- B. Use a single-diagnosis template
- C. Lead interdisciplinary rounds
- D. Focus solely on lab values

Answer: C

Correct: Interdisciplinary approach reflects the biopsychosocial model.

Incorrect: A, B, D are siloed/biomedical only.

4. (Research)

Which study best tests a theory of aging in practice?

- A. Case report of one centenarian
- B. RCT comparing theory-guided vs usual care plans
- C. Cross-sectional clinic audit
- D. Editorial on active aging

Answer: B

Correct: RCT can evaluate theory-based interventions.

Incorrect: A/D low evidence; C descriptive only.

5. (Ethics/Professional Adjustment)

An older adult refuses a walker despite fall risk.

Best immediate action?

- A. Restrain for safety
- B. Educate on risks/benefits and document capacity
- C. Inform family to overrule
- D. Remove hazards without informing

Answer: B

Correct: Respects autonomy with informed discussion and capacity check.

Incorrect: A violates rights; C ignores autonomy; D lacks consent.

## **Chapter 2: Ethical & Legal Considerations**

### **1. (Ethics)**

Patient with mild dementia wants to go home alone. FIRST step?

- A. Call social services
- B. Assess decision-making capacity
- C. Discharge immediately
- D. Block discharge

Answer: B

Correct: Capacity assessment drives ethical/legal actions.

Incorrect: A may follow; C/D premature.

### **2. (Administration)**

Which policy best prevents covert elder abuse?

- A. Visitation limits only
- B. Mandatory private interview during assessment
- C. Family present at all times
- D. No documentation of suspicions

Answer: B

Correct: Private screening increases disclosure.

Incorrect: A/C can mask abuse; D is unsafe/illegal.

### 3. (Leadership)

Team disagrees about consent for a confused patient. Leader's BEST move?

- A. Decide solo
- B. Ethics huddle using hospital policy and law
- C. Delay care indefinitely
- D. Ask family to sign regardless

Answer: B

Correct: Structured, policy-aligned decision-making.

Incorrect: A autocratic; C unsafe; D may be invalid.

### 4. (Management)

Advance directives are rare locally. Practical system fix?

- A. Ignore
- B. Add ACP prompts to admission workflow
- C. Ask only terminal patients
- D. Refer all to legal counsel

Answer: B

Correct: Embedding into workflow increases uptake.

Incorrect: A/C limit reach; D impractical.

5. (Research)

Best design to explore ethical dilemmas nurses face?

- A. Qualitative focus groups
- B. Meta-analysis of RCTs
- C. Ecological study
- D. Case report

Answer: A

Correct: Captures depth/complexity.

Incorrect: B/C/D not suited for nuanced ethical experiences.

### **Chapter 3: Communication & Cultural Sensitivity**

1. (Professional Adjustment)

Hard-of-hearing elder keeps saying “ha?”

Best technique?

- A. Shout
- B. Speak slowly, face patient, reduce noise
- C. Repeat the same words quickly
- D. Move behind patient

Answer: B

Correct: Evidence-based communication for hearing loss.

Incorrect: A/C/D worsen comprehension.

2. (Ethics)

Family asks you not to disclose diagnosis to the lola. Best response?

- A. Agree automatically
- B. Tell patient anyway without discussion
- C. Explore patient's disclosure preference first
- D. Refuse to engage the family

Answer: C

Correct: Centers patient autonomy/cultural nuances.

Incorrect: A/B/D ignore patient preference or relationship.

3. (Leadership)

Cultural conflict arises about diet restrictions. Leader's action?

- A. Enforce hospital menu
- B. Co-design culturally acceptable alternatives
- C. Ask family to bring food only
- D. Ignore

Answer: B

Correct: Collaborative, culturally safe solution.

Incorrect: A/C/D rigid or unsafe.

4. (Management)

To integrate interpreters effectively, the unit should:

- A. Use children as translators
- B. Create on-call trained interpreter roster
- C. Rely on Google Translate
- D. Ask staff to “manage”

Answer: B

Correct: Ensures accuracy/confidentiality.

Incorrect: A/C/D risk errors/ethics issues.

5. (Research)

Tool to measure communication satisfaction?

- A. Barthel Index
- B. Communication Assessment Tool (CAT)
- C. APGAR (family)
- D. PHQ-9

Answer: B

Correct: Validated for patient-provider communication.

Incorrect: A function; C family support; D depression.

## **Chapter 4: Health Promotion & Disease Prevention**



1. (Management)

Best first step to raise vaccination rates in seniors?

- A. Posters only
- B. Standing orders + nurse-driven reminders
- C. Free coffee events
- D. Wait for doctor request

Answer: B

Correct: System-level prompts improve uptake.

Incorrect: A/C weak; D passive.

2. (Professional Adjustment)

Elder declines exercise due to fear of falling.  
Best response?

- A. Dismiss the fear
- B. Provide supervised balance program education
- C. Switch to bed rest
- D. Argue benefits loudly

Answer: B

Correct: Tailors promotion while addressing fear.

Incorrect: A/C/D ineffective or harmful.

3. (Leadership)

To embed wellness, the charge nurse should:

- A. Add “exercise goal” to all care plans via template
- B. Tell staff to “try harder”

C. Assign it to PT only

D. Ignore barriers

Answer: A

Correct: Standardization drives adherence.

Incorrect: B/C/D nonsystemic.

#### 4. (Ethics)

Screening offered without explaining false positives. Ethical breach?

A. None

B. Violates informed consent

C. Violates confidentiality

D. Violates fidelity only

Answer: B

Correct: Risks/limits must be disclosed.

Incorrect: Not primarily C/D.

#### 5. (Research)

To evaluate a falls program, the primary outcome is:

A. Patient satisfaction

B. Number of falls per 1,000 patient-days

C. Nurse overtime hours

D. Cost of posters

Answer: B

Correct: Direct, measurable outcome.

Incorrect: A/C/D secondary or irrelevant.

## **Chapter 5: Common Health Issues**

### **1. (Management)**

Which order is PRIORITY for COPD exacerbation?

- A. High-flow oxygen to 100%
- B. Titrate O<sub>2</sub> to target SpO<sub>2</sub> per protocol
- C. Encourage large fluid bolus
- D. Withhold bronchodilators

Answer: B

Correct: Avoids CO<sub>2</sub> retention; protocolized.

Incorrect: A can harm; C/D inappropriate.

### **2. (Professional Adjustment)**

Hypertensive elder uses herbal tea only.  
Best action?

- A. Dismiss belief
- B. Assess use, educate on interactions, collaborate plan
- C. Report to authorities
- D. Withhold all meds

Answer: B

Correct: Respectful, safe integration.

Incorrect: A/C/D extreme or unsafe.

3. (Administration)

Clinic with many diabetics and vision loss should invest FIRST in:

- A. New MRI
- B. Retinal screening + referral pathway
- C. More VIP lounge chairs
- D. Cosmetic services

Answer: B

Correct: Targets prevalent complication.

Incorrect: A/C/D low impact.

4. (Ethics)

Family insists secrecy about dementia diagnosis. Best step?

- A. Accept without question
- B. Determine patient's preference/capacity to know
- C. Tell family only
- D. Ignore request and inform publicly

Answer: B

Correct: Centers autonomy and capacity.

Incorrect: A/C/D ethically flawed.

5. (Research)

To compare arthritis pain programs, best design?

- A. Pre-post without control
- B. Parallel-group RCT
- C. Case series
- D. Opinion piece

Answer: B

Correct: Strong causal inference.

Incorrect: A/C/D weaker evidence.

## **Chapter 6: Medication Management in the Elderly**

### **1. (Management)**

Key tool to reduce polypharmacy risk?

- A. “Brown bag” + medication reconciliation every visit
- B. Ask patient to remember all meds
- C. Assume EMR is correct
- D. Focus on newest drugs only

Answer: A

Correct: Evidence-based safety step.

Incorrect: B/C/D error-prone.

### **2. (Ethics)**

Patient declines a high-risk sedative after education. Nurse should:

- A. Administer anyway

- B. Respect refusal and notify prescriber
- C. Remove chart entry
- D. Persuade aggressively

Answer: B

Correct: Honors autonomy; closes loop.

Incorrect: A/C/D unethical.

### 3. (Administration)

Which system best flags high-risk meds in elders?

- A. Paper posters
- B. EMR alerts using Beers Criteria
- C. Verbal reminders
- D. Annual memo

Answer: B

Correct: Point-of-care decision support.

Incorrect: A/C/D unreliable.

### 4. (Leadership)

Team blames patient for nonadherence.  
Leader's best action?

- A. Scold patient
- B. Implement shared decision-making and pill organizers
- C. Discharge patient
- D. Do nothing

Answer: B

Correct: Addresses system and patient factors.

Incorrect: A/C/D not constructive.

5. (Research)

Outcome for deprescribing intervention?

A. Number of colorful labels

B. Potentially inappropriate medications reduced

C. Nurse satisfaction only

D. Pharmacy profit

Answer: B

Correct: Valid clinical metric.

Incorrect: A/C/D not primary outcomes.

## **Chapter 7: Nutrition & Hydration Needs**

1. (Management)

Elder with dysphagia: safest immediate plan?

A. Thin liquids

B. Speech-language eval + texture-modified diet

C. NPO indefinitely

D. Regular solids

Answer: B

Correct: Targets aspiration risk appropriately.

Incorrect: A/D unsafe; C excessive.

2. (Professional Adjustment)

Signs of dehydration at home visits—first nursing action?

- A. Lecture on drinking more
- B. Assess barriers and create fluid schedule
- C. Start IV fluids at home
- D. Wait for next visit

Answer: B

Correct: Practical, patient-centered plan.

Incorrect: A/C/D not appropriate.

3. (Administration)

To prevent malnutrition in a ward, embed:

- A. Weekly weigh-in only
- B. MUST screening on admission with dietitian referral
- C. Only physician orders
- D. Family to handle meals

Answer: B

Correct: Standardized screening + pathway.

Incorrect: A/C/D incomplete.

4. (Ethics)

Family demands forced feeding of competent elder refusing food. Nurse should:

- A. Force feed



- B. Assess capacity and honor informed refusal
- C. Call police
- D. Hide food in drinks

Answer: B

Correct: Autonomy if capacitated.

Incorrect: A/C/D unethical/unsafe.

#### 5. (Research)

Best indicator that nutrition program works?

- A. Meal variety
- B. Weight stabilization and improved MNA scores
- C. TV availability
- D. Number of trays delivered

Answer: B

Correct: Outcome-focused.

Incorrect: A/C/D process, not outcomes.

### Chapter 8: Mental Health & Emotional Well-Being

#### 1. (Professional Adjustment)

Elder appears apathetic; staff say “it’s normal aging.” Nurse’s best action?

- A. Accept it
- B. Screen with GDS/PHQ-9
- C. Restrain

D. Reduce activities

Answer: B

Correct: Depression screening is indicated.

Incorrect: A/C/D harmful.

## 2. (Ethics)

Competent patient refuses antidepressants.

Response?

A. Coerce

B. Offer psychotherapy and social supports

C. Discharge from care

D. Ignore

Answer: B

Correct: Offers alternatives, respects choice.

Incorrect: A/C/D unethical/neglectful.

## 3. (Leadership)

To reduce loneliness in a facility, leader should:

A. Post a motivational quote

B. Implement structured group/reminiscence sessions

C. Limit visiting hours

D. Cancel activities

Answer: B

Correct: Evidence-based programming.

Incorrect: A/C/D ineffective/harmful.

4. (Management)

Caregiver burnout reported. Unit action?

- A. Tell them to “be strong”
- B. Provide respite referrals and education
- C. Remove patient
- D. Ignore

Answer: B

Correct: Supports caregiver health.

Incorrect: A/C/D inappropriate.

5. (Research)

To evaluate a grief program, primary measure?

- A. Ward noise level
- B. Grief symptom scales over time
- C. Number of snacks served
- D. Staff uniform compliance

Answer: B

Correct: Direct outcome measure.

Incorrect: A/C/D irrelevant.

## **Chapter 9: Palliative & End-of-Life Care**

1. (Ethics)

Patient with capacity declines further chemo. Nurse should:

- A. Persuade aggressively
- B. Respect decision; discuss palliative focus
- C. Start chemo anyway
- D. Ask family to override

Answer: B

Correct: Autonomy and goals-of-care alignment.

Incorrect: A/C/D violate rights.

## 2. (Management)

Best tool for nonverbal pain in dementia?

- A. Numeric scale
- B. PAINAD
- C. Visual analog for children
- D. None needed

Answer: B

Correct: Validated for dementia.

Incorrect: A/C/D inappropriate.

## 3. (Administration)

To standardize EOL care, the unit should:

- A. Individual nurse style
- B. Implement comfort-care order set & triggers
- C. Avoid documentation
- D. Defer to last-minute decisions

Answer: B

Correct: System improves consistency.

Incorrect: A/C/D unsafe.

4. (Leadership)

Family conflict over DNR. Leader's action?

A. Choose for them

B. Facilitate goals-of-care meeting with ethics if needed

C. Ignore

D. Delay indefinitely

Answer: B

Correct: Structured, supportive resolution.

Incorrect: A/C/D poor practice.

5. (Research)

Outcome for hospice quality?

A. Number of flowers

B. Family satisfaction + symptom control metrics

C. TV channels available

D. Length of visiting hours

Answer: B

Correct: Captures quality and comfort.

Incorrect: A/C/D irrelevant.

## **Chapter 10: Nursing Roles & Competencies**

1. (Professional Adjustment)

New nurse unsure about geriatric

competencies. Best step?

- A. Hide gaps
- B. Seek mentorship and CPD modules
- C. Avoid older patients
- D. Learn on social media only

Answer: B

Correct: Professional growth pathway.

Incorrect: A/C/D unsafe/inadequate.

## 2. (Leadership)

To strengthen teamwork for complex elders, leader should:

- A. Daily interprofessional huddles with shared goals
- B. Separate notes, no huddles
- C. Only email updates
- D. Work in silos

Answer: A

Correct: Promotes coordination & safety.

Incorrect: B–D fragment care.

## 3. (Administration)

Measuring competency sustainably?

- A. One-time quiz

B. Competency-based checklists + simulation annually

C. Informal observation only

D. Rely on seniority

Answer: B

Correct: Valid, repeatable assessment.

Incorrect: A/C/D insufficient.

#### 4. (Ethics)

Senior nurse delegates beyond junior's scope. Response?

A. Do it anyway

B. Refuse unsafe delegation; seek appropriate support

C. Ignore

D. Resign immediately

Answer: B

Correct: Protects patient and nurse.

Incorrect: A/C/D not proportionate.

#### 5. (Research)

To test a new geriatric training, best design?

A. Post-survey only

B. Pre-post with control group

C. Opinion poll

D. Case report

Answer: B

Correct: Allows attribution to training.

Incorrect: A/C/D weaker evidence.

## **Chapter 11: Community & Institutional Care**

### **1. (Administration)**

Barangay wants home-based elder care.

FIRST action?

A. Buy vans

B. Map resources and conduct community needs assessment

C. Hire randomly

D. Launch without plan

Answer: B

Correct: Data-driven planning.

Incorrect: A/C/D premature.

### **2. (Management)**

Key metric for long-term care quality?

A. Wall color

B. Pressure-injury prevalence and falls rate

C. TV size

D. Visitor count

Answer: B

Correct: Safety/quality indicators.

Incorrect: A/C/D not quality measures.



3. (Ethics)

Elder wants to stay at home despite risks.

Best approach?

- A. Force facility placement
- B. Shared risk plan with supports (e.g., home modifications)
- C. Withdraw care
- D. Tell family to decide

Answer: B

Correct: Honors autonomy with harm-reduction.

Incorrect: A/C/D disregard preferences.

4. (Leadership)

NGO-government partnership stalled.

Leader should:

- A. Assign blame
- B. Convene stakeholders, clarify roles, set milestones
- C. Work alone
- D. Cancel program

Answer: B

Correct: Collaboration and accountability.

Incorrect: A/C/D unproductive.

5. (Research)

Evaluating a community program's impact?

- A. Count brochures
- B. Pre-post comparison of ER visits/hospitalizations
- C. Photograph activities
- D. Count balloons

Answer: B

Correct: Meaningful utilization outcomes.

Incorrect: A/C/D not outcomes.

## **Chapter 12: Innovations & Future Trends**

### **1. (Management/Administration)**

Telehealth for homebound elders—FIRST implementation step?

- A. Buy expensive wearables immediately
- B. Assess digital literacy/internet access
- C. Replace all clinic visits
- D. Ignore privacy

Answer: B

Correct: Determines feasibility and support needs.

Incorrect: A/C/D premature/unsafe.

### **2. (Ethics)**

Using monitoring cameras at home, the priority ethical check?

- A. Entertainment value

- B. Informed consent and privacy safeguards
- C. Camera resolution
- D. Number of outlets

Answer: B

Correct: Protects rights and confidentiality.

Incorrect: A/C/D irrelevant to ethics.

### 3. (Leadership)

Future-ready nursing workforce strategy?

- A. One-off seminar
- B. Continuous upskilling in geriatrics, digital health, and QI
- C. Only hire new grads
- D. Wait for policies

Answer: B

Correct: Sustained capability building.

Incorrect: A/C/D insufficient.

### 4. (Research)

Evaluating an assistive device pilot, strongest design?

- A. Testimonials
- B. Pragmatic RCT or stepped-wedge trial
- C. Cross-sectional survey only
- D. Case report

Answer: B

Correct: Tests effectiveness in real-world settings.

Incorrect: A/C/D weaker inference.

5. (Professional Adjustment/Management)

Nurses resist new electronic MAR. Best management response?

- A. Mandate without training
- B. Provide hands-on training, super-users, and phased rollout
- C. Replace staff
- D. Ignore concerns

Answer: B

Correct: Change management best practice.

Incorrect: A/C/D escalate resistance or risk.

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# CARING FOR OLDER PERSONS IN THE PHILIPPINES : PRINCIPLES AND PRACTICES IN NURSING

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