



# THE CHAMP (COMPASSIONATE, HUMANENESS, ASSISTANCE, MEEKNESS, POSITIVISM) PHENOMENOLOGY OF FAMILY MEMBERS IN CARING THEIR BEDRIDDEN PATIENT

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## ABSTRACT

A descriptive phenomenological research design was used in this study to describe The CHAMP (Compassionate, Humaneness, Assistance, Meekness, Positivism) Phenomenology of family members in caring their bedridden Patient. Purposive sampling was utilized to gather information from the respondents. This research aims to explore the significance of these attributes in providing quality care to bedridden individuals and their impact on the overall well-being of both the caregivers and the care recipient. The study employs a qualitative research design, utilizing in-depth interviews and observations to gather data from caregivers who experience in caring for bedridden individuals. The research focuses on understanding the caregivers' experiences, challenges and the perceptions related to compassionate care, humaneness, assistance, positivism and meekness. The findings of this research contribute to the existing body of knowledge by shedding light on the significance of compassionate care, humaneness, assistance, positivism, and meekness in the caregiving context for bedridden individuals. The implications of these attributes on the physical, emotional, and psychological well-being of both caregivers and care recipients are discussed, highlighting the need for comprehensive support systems and training programs to enhance caregiving practices.

**Key words:** *compassionate care, humaneness, assistance, positivism, meekness, caregiving, bedridden individuals, quality of care, caregiver-patient relationship.*

## INTRODUCTION

The expression "family caregiver" refers to someone who provides unpaid and usually intuitive assistance to a sick family member, promoting his/her wellbeing. Because this duty is typically done at home, living together is frequently required, particularly when caring for senior people who have chronic degenerative conditions and/or are bedridden. The reason for this is that in these situations, elderly people's reliance and weakness increase. Cohabitation, on the other hand, may cause family caregivers to disregard their own needs.



Bedridden patients are patients who stay in bed for short or long periods for various reasons, including chronic illnesses, old age, and disability. Bedridden patients cannot perform self-care and medical care partially or completely and need the help of others. Bedridden patients are usually cared for by family members, paid caregivers, and/or health professionals.

Caregivers can be classified as informal or formal. Informal caregivers are the ones who dedicate care without remuneration and are usually a family member. On the other hand, formal caregivers are those paid to perform this activity. The family is usually the main source of support for older adults, providing care and assistance to them. Family members are often called upon to become the family caregiver for a loved one who is bedridden. Caregiving for a bedridden loved one likely includes feeding them, and helping with personal hygiene tasks, such as bed baths, dental care, and toileting. Also, you likely must handle a slew of medical-related tasks, including administering medications and checking for pressure sores. And you need to keep them comfortable and entertained.

Informal care is the most frequent model of care for the elderly identified in the literature, but there is no clear description of the geographical areas where this care takes place. Many relatives prefer this, possibly because of their cultural values, lack of formal care services or lack of financial resources to hire a caregiver. It is a contemporary reality to say that the family is responsible for meeting the social and health demands of the elderly and, therefore, the need for qualified and constant support, and the Family Health Strategy (FHS) team plays a fundamental role in this respect.

The process of caring for someone requires a series of adaptations for both caregivers and dependent individuals. Family caregivers are those who take on the task of caring most of the time suddenly, because they are the closest member and have a more intimate affective relationship or even because they are the only family member and have no option. Generally, caregivers initiate the performance of activities without mastery of techniques and knowledge related to care. This factor makes the activity more arduous, as it generates wear and tear resulting from the change in lifestyle, with restrictions on their personal lives and most of the time dedicated to care. This limits social life, thus generating an overload and directly impacting caregivers' health and quality of life.

Quality of life is defined as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns". The literature points out several factors associated with caregivers' quality of life, such as sex, age, education, recreation and leisure, lack of family support, living with older adults, sleep disorders, anxiety, psychological distress, overload, older adults' dependence level, job tenure as a caregiver, being a primary caregiver, number of hours dedicated to care, presence of sequel and diseases in older adults. The reality a family member faces when he or she has a dependent elderly person at home is worrisome due to the demand for special care, with a considerable variation of tasks. The activities the home-based informal caregiver carries out are complex and can generate physical, psychological, and social isolation. A burden is defined as resistance to care provoked by the inclusion or expansion of activities performed and is related to several factors, linked to the characteristics of the elderly, such as the degree of dependence in daily activities, of the caregiver and of the social support of both.



Caregivers are at risk of caregiver burden. Caregiver burden is defined as a multidimensional response to perceived stress and negative assessments that derive from providing care to a sick person. The risk factors that have been identified in the literature as affecting caregiving burden include being female, having a lower level of education, living in the same house with the care recipient, providing care for long hours, having depression, being socially isolated, being under financial stress, and having no choice but to be a caregiver. Caregiver burden threatens the physical, psychological, emotional, and functional health of caregivers. Moreover, caregiver burden is known to be a significant predictor of quality of life.

The family is assigned the responsibility of assisting its aging members. The family caregivers are part of the informal support network, consisting of family members, friends, acquaintances, and neighbors, who work without pay. This fact marks the difference from the formal network of caregivers, composed of professionals, whether at home, in hospital or outpatient institutions.

Besides the burden, taking care of a dependent elderly can trigger other health problems for the caregiver who performs this activity full time and without assistance. The caregivers face greater chances of depressive disorders and anxiety, worse health conditions, besides substance abuse, including hypnotics and anxiolytics, and smoking.

Because of the importance of knowing the various facets of home-based care for the elderly, concerning the informal caregiver/elderly patient, the study objective was to evaluate the burden and to identify the burden-related factors in home-based informal caregivers to bedridden elderly at home attended by the Family Health Strategy.

## METHODOLOGY

This chapter aims to give a comprehensive analysis of the techniques that were used in carrying out this study including the Research Design, Respondents of the Study, Data Gathering Tool, Data Gathering Procedure, and Data Analysis.

### Research Design

A qualitative descriptive phenomenological research design was utilized in this study. The phenomenology design is an approach that enables the researcher to explore the lived experiences of individuals as they occurred in life. The openness to the phenomenon under study was emphasized when researchers investigate lived experiences. The openness emerged when researchers had questioned their preunderstanding, which means recognizing and becoming informed of preconceptions that might affect the analysis.

### Respondents of the Study



Purposive sampling was utilized in determining the respondents of this study. Purposive sampling, in which selecting participants based on their characteristics, knowledge, experiences and some other criteria. The researchers look for participants who have shared an experience, but vary in characteristics and in their individual experiences. Hence, the researchers conducted interviews at least 5 family caregivers that have family member who is bedridden for at least 2 years.

### **Data Gathering Tool**

Semi- Structured open- ended questions will be utilized in this study to seek and gather information required for analysis and interpretation of the subject of this study. The open-ended interview guide was designed and validated by the research adviser and included questions such as "What are the challenges encountered by the Family Caregivers?" When necessary, probes and follow-up questions (eg, can you please explain more? can you give an example?) was added to encourage discussion and clarify answers. Every interview session ended with the question "Is there anything else you want to add, which I did not ask?" Interviews lasted 20 to 40 minutes, were digitally audio- recorded with participants' permission, and transcribed verbatim. To ensure data confidentiality, if a respondent want to keep their privacy an ID number would be assigned to each participant and the transcripts were without personal information.

### **Data Gathering Procedure**

A letter of request for data collection was created, adhering to the proper guidelines to ensure safety. The researchers prepared open ended questionnaire, which was validated by the subject's professor before being delivered to the selected set of participants. The study was carried out in San Isidro, Iguig, Cagayan Valley. The researchers outlined the goal of the research through an interview, what are Lived Experiences of the Family Caregivers in Caring for their Bedridden Family Members in San Isidro, Iguig, Cagayan Valley. The researchers specified words so that the respondents could completely understand and reply with full knowledge of their duty as the study's subject. The researchers encouraged respondents to answer with all honesty. The researchers used Purposive Sampling, and this sampling will be selected subjectively. Following the completion of the questionnaire, the researchers collected and tallied the acquired data for interpretation. The researchers requested assistance from a statistical expert in determining relevant statistical methods to be employed in data interpretation. Based on the data, the researchers developed a conclusion and recommendation for this study. After collecting all the questionnaires from the respondents, the researchers organized the data according to the statement of the problem.

### **Data Analysis**

In the analysis of variables of family caregivers Colaizzi's Method was utilized. Colaizzi's (1978) method of data analysis is a rigorous and robust qualitative method that the researchers used to find, understand, describe and depict the experiences of satellite nurse academics as they experience them, as well as reveal emergent themes and their interwoven relationships.

To test the Lived Experiences of the Family Caregivers in Caring for their Bedridden Family Members in San Isidro, Iguig, Cagayan Valley open-ended questionnaire was used.

## RESULT

This chapter contains the presentation of analysis and interpretation of the data. The interview of the respondents were transcribed word for word and were fully analyzed to look for the significant statements and coded to make such formulated meaning. From decoding meaning, cluster themes were made until the researchers have come up to an emergent theme that summarized the CHAMP (Compassionate, Humaneness, Assistance, Meekness, Positivism) Phenomenology of family members in caring their bedridden Patient.

Codes	Cluster	Emergent
Physical Strain	Patience	Humaneness
Emotional Stress		
Social Discrimination		
Sharing Responsibilities	Helping hand	
Advocate Patient's Needs		
Giving Patient Care		
Embracing Patient's Condition		
Provide Comfort and Care	Benevolence	
Seek Medical Attention		
Monitor Patient Condition		

Table 1 **EXPERIENCES IN CARING FOR THEIR BEDRIDDEN FAMILY MEMBER**

This table 1 the respondents describe their experiences in caring for their PWD family and, caring a bedridden is not easy but it is one of the most tasks that cannot be paid, taking care of someone who is bedridden requires a lot of patience, compassion and dedication. It involves attending to their physical needs, such as feeding, bathing and changing positions to prevent bedsores. When caring for a bedridden family member, it becomes a deeply personal and emotional journey. It involves not only the physical tasks of caregiving but also the emotional support and connection that come with part of the family. As a family, it's essential to work together as a team, communicate openly and share responsibilities to ensure the well-being of the bedridden loved one.

Table 2

Codes	Cluster	Emergent
Sharing Responsibilities	Importance	Assistance
Supporting patient's Need		
Emotional Support		
Accepting Patient Condition	Effortful	
Divided Time		
Understanding Patient Condition		



## CHALLENGES THAT ENCOUNTERED BY THE CAREGIVER FAMILY

Table 2 emergent assistance theme with a cluster of importance and effortful encounters challenges when taking their bedridden family member. It highlights the significance of helping up their family who is bedridden, especially in challenging like caring for them. This theme emphasizes the importance of being proactive and responsive to the need of their bedridden family individual. It involves putting in effort to overcome obstacles and difficulties that may arise in providing care. This could include physical challenges, emotional strains, and logistical hurdles that come with caregiving. the person in their care.

Table 3 **FORMULATED PREVAILING THEMES FROM THIS ASSESSMENT**

Codes	Cluster	Emergent
Selflessness	Humility	Meekness
Neglecting Own Needs		
Patience		
Strained Relationship		
Working Hard	Support	
Empathy		
Helping The Patient		

Table 3. The theme meekness with a cluster of humility and support emphasizes the virtue of humility and the power of providing support to their bedridden family member. Meekness, often associated with gentleness and humility, involves a willingness to listen, learn, and empathize with others. In this context, the theme of meekness encourages individuals to approach caregiving with a humble and compassionate attitude. It involves recognizing the needs and feeling of those being cared for, showing respect and understanding, and offering support in a gentle and empathetic manner.

Table 4.1 **COPING MECHANISM ON THE CHALLENGES THAT CAREGIVER HAS**

Codes	Cluster	Emergent
Embracing Patient’s Need	Breathing Space	Positivism
Finding Respite		
Emotional Support		
Time Management	Collaboration	
Sharing Responsibilities		
Patient Support		

Table 4.1 emphasizes the importance of caregivers taking care of themselves while handling the challenges that come with caregiving. It recognizes that caregivers often face significant stress, emotional strain, and physical demands while looking after others.

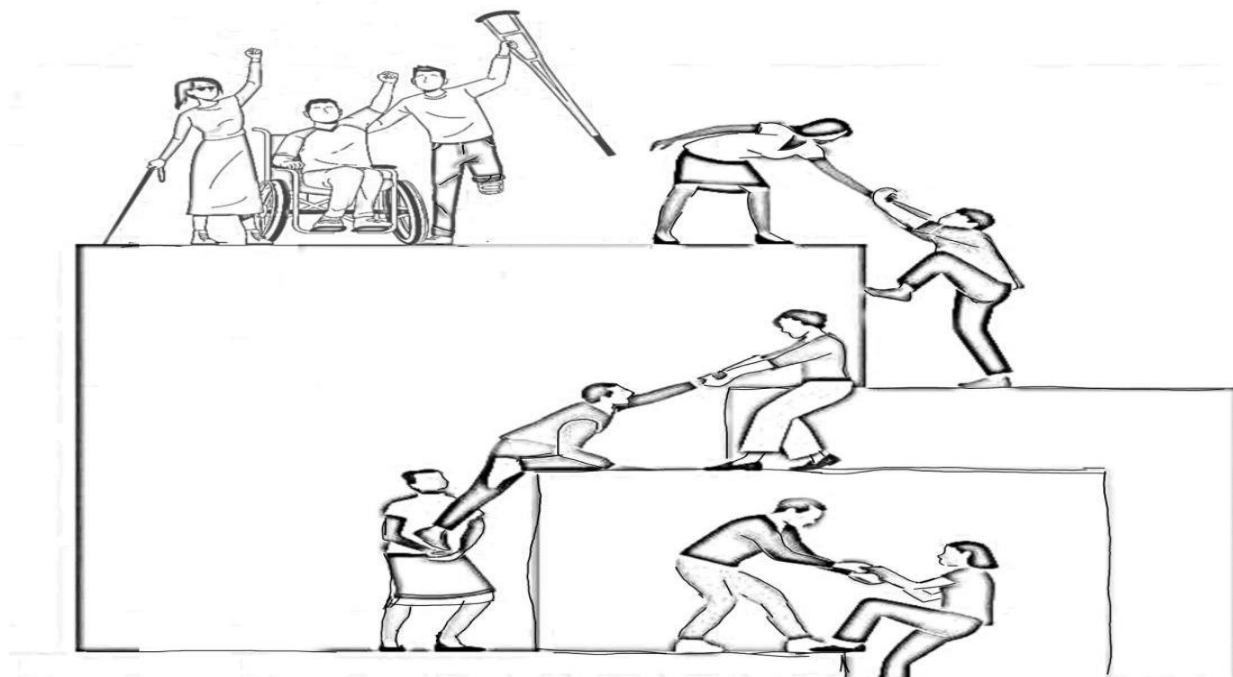


Table 4.2 **MAINTAINING AND IMPROVING FAMILY CAREGIVERS PHYSICAL AND MENTAL**

Codes	Cluster	Emergent
Embracing Positivity through love and care	Dedicated	Compassionate
Unconditional love and Endurance		
Navigating Uncertainly with Compassion		
Quality Time	Determination	
Sacrifice Other Things To Make Sure The Safety		
Diligence And Perseverance		

Table 4.2. In the realm of caregiving for the bedridden, compassion serves as the cornerstone of providing holistic support and comfort. Central gathering dates, in the context of bedridden care, signify crucial moments where caregivers, families, and loved ones come together to collectively nurture and support the individual in need. These gatherings represent not only practical assistance but also emotional sustenance and a reaffirmation of the values of empathy and understanding.

Figure 2: the **CHAMP (Compassionate, humaneness, assistance, meekness, positivity)**





member can have a profound impact on their well-being and quality of life. It is a selfless act that requires patience, empathy, and resilience. The caregiver's presence and support provide comfort and reassurance to the bedridden person, helping them feel loved and valued. In this role, caregivers provide not only physical care but also emotional support and companionship. They ensure that their loved one is comfortable, safe, and well-cared for. This includes assisting with daily activities such as bathing, dressing, feeding, and medication management. Caregivers also help to maintain a clean and comfortable environment, which is essential for the well-being of the bedridden person.

## **DISCUSSIONS**

This chapter presents the summary of findings, conclusions and recommendations based from the findings undertaken by the Researchers from the study entitled "The CHAMP (Compassionate, Humaneness, Assistance, Meekness, Positivism) Phenomenology of Family members in their bedridden patient".

## **SUMMARY FINDINGS**

The following findings of the study:

### **1. Compassionate**

One of the attitudes of the caregivers they are showing empathy, kindness and understanding towards their family PWD member in the times of need, Compassion in caregiving means being patient, attentive, and responsive to their individual requirements, offering reassurance and a sense of security during challenging times. It also involves respecting their dignity, autonomy, and preferences while striving to enhance their quality of life and overall happiness. Ultimately, being compassionate to a bedridden family member is about demonstrating love, empathy, and unwavering support in their journey towards healing and well-being.

### **2. Humaneness**

As a Filipino it is our nature to be humane, especially when the needy is one of our family we do not abandon them, especially if they are old or maybe sick, we can't bear to leave them alone and suffer in their condition. caregiving entails treating the bedridden family member with kindness, compassion, and understanding, acknowledging their emotions, thoughts, and needs. It involves fostering a supportive and nurturing environment that upholds the person's dignity, autonomy, and sense of self-worth. By embracing humaneness in caregiving, one can create a meaningful and compassionate relationship with the bedridden family member, promoting their well-being, comfort, and emotional fulfillment.

### **3. Assistance**





When we assist our family member who is sick, we always look to see if he is comfortable in his position, we always consider those who are improving with him, they help in their responsibilities as caregivers of our family member who has disability. Assisting a bedridden family member, prioritizing their comfort, hygiene, seeking help when needed, maintaining cleanliness, encouraging gentle exercises, and providing mental stimulation are key aspects to consider for their holistic care and well-being.

#### 4. Meekness

In caring a bedridden person we need to have Patience and Understanding, Approach bedridden family member with patience and understanding. It may be challenging for them to rely on others for their needs, so showing patience and empathy can make a significant difference in their well-being. Listening and Communication, Practice active listening and effective communication with your family member. Allow them to express their thoughts, feelings, and needs, and respond with compassion and understanding. Respect and Dignity Treating them with respect and dignity at all times. Gratitude and Appreciation Show them gratitude and appreciation for the opportunity to care for your family member. Recognize the value of your role in providing support and comfort during a challenging time. Selflessness and Sacrifice, Demonstrate selflessness and a willingness to make sacrifices for the well-being of your bedridden family member. Put their needs above your own and prioritize their comfort and happiness.

#### 5. Positivity

Caring for a person with PWD is really challenging but having a positive outlook helps to overcome it. Encouragement and Support may help in caring a bedridden family member, Offer words of encouragement and support to uplift your family member's spirits. Let them know that you are there for them and that they are valued and loved. Celebrate Achievements, Acknowledging and celebrate even small achievements and milestones, recognize and celebrate these moments of progress. Surround your family member with items that bring them joy, such as favorite photos, meaningful objects, or uplifting decor. A cheerful and personalized environment can positively impact their mood and well-being. Plan engaging and meaningful activities to keep your family member stimulated and connected. This could include reading together, listening to music, watching uplifting movies, or engaging in creative hobbies. Encourage a mindset of gratitude by focusing on the positive aspects of each day. Reflect on moments of joy, kindness, and connection, and express gratitude for the support and care received. Maintain a Positive Attitude can significantly influence the atmosphere for your family member. Stay Connected to each, Social interactions and emotional connections can bring joy and a sense of companionship to your family member's life. By incorporating these practices of positivity and optimism into your caregiving routine, you can create a supportive and uplifting atmosphere for your bedridden family member, promoting their emotional well-being, resilience, and overall quality of life.

#### CONCLUSION



In our culture, we have a strong sense of family and community, and this is reflected in how we care for our bedridden family members. As the result we place a high value on taking care of our loved ones, especially during times of illness or disabilities. The family members often take in the role of caregivers, providing physical assistance, emotional support, and companionship to their family members. The values and dedications of caregivers make a significant impact on the lives of those they care for. Their unwavering commitment and support contribute to the overall well-being and quality of life of individuals who may be vulnerable or in need. It is important to recognize and appreciate the invaluable contributions of caregivers in our society.

## RECOMMENDATIONS

This study focused only on a limited number of participants. This limited number of participants might have made the study circle over the same idea instead of truly exploring a common theme of different respondents. Moreover, it examined the lived experience of the caregivers who cared their bedridden family members, it might have explored the phenomenology of those caregiver that give their best care to provide a comfort to their bedridden patients.

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