Chapter

Motivation and Social Support Received in Elderly Care: The Case of Geriatric Palliative Caregivers

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Abstract

This study describes the experiences on geriatric palliative care of 12 caregivers in Metro Manila. This study looks on the variation of experiences on motivation and social support in caregiving. This study used a qualitative-descriptive research design and involved key informant interviews of caregivers as a research method. Informants were selected through a non-probability sampling technique specifically through a purposive-convenient sampling. Caregivers cite several of motivations for caregiving. Reasons mentioned are identified to be either intrinsic motivation or extrinsic motivation. Intrinsic motivation being cited are emphatic reasons which include framing patient as family; emotional reasons such as emotional attachment; and cognitive reasons which refers to gaining knowledge in caregiving. Extrinsic motivations by caregivers are incentive reasons which include monetary gains; and negative reinforcements such as institutional punishments. In terms of social support received, caregivers mentioned different sources and functions of support they receive. Caregivers cite two types of social support structure or sources, proximal social support and institution based support. For social support function, responses are categorized into intangible and tangible support.

Keywords: geriatric healthcare and management, geriatric palliative caregiving, motivation, social support structure, social support function

1. Introduction

In the past decade, the caregiving profession is known to continue to increase because of the fast growth of the aging population [1]. In that sense, caregivers are high in demand because of the present global situation most especially those who are formal or professional workers and volunteers under long term facilities. Caregivers are individuals who tend to express caregiving behaviors that are required in their job description. Moreover, caregiving is a phenomenon that is increasingly studied by the medical and social sciences field [2]. Caregiving is an act of tending and caring for other individual with a problematic health condition or impairment in a daily basis.

Caregivers experience different situations doing geriatric palliative care. In the past literatures, various studies found different factors that may influence doing palliative care to elderly individuals. A study by Pearlin and Schooler [3], found that personal control and mastery has been a significant factor that shapes the caregiver's experience in doing caregiving. With personal mastery, an individual has the

capability to manipulate their actions hence overcomes different challenges. In the caregiver's perspective, they may be able to experience more positive experiences because they can control and manipulate their actions [4, 5].

In sociology, focuses on the global perspective of the concept of caregiving through caregivers, caregiver roles, and characteristics of caregivers as well as their motivations and social networks. Also, caregiving is studied through groups of caregivers or health care professionals tending to individuals who are in need of care. Caregiving in the field of sociology is studied through the experiences of caregivers from groups and organizations such as family, neighbors, health care institutions, as well as individuals affiliated with religious institutions [6]. All in all, sociologists focus on the influences of behaviors such as motivation as well as social networks of caregivers.

In recent studies, it is found that motivation plays a vital role among caregivers in doing palliative care towards elderly patients. Motivation is defined to be reinforcements for an individual to express a certain kind of behavior [7]. In the past, motivation is studied in the field of social psychology. Various theories explained with certain motivations, individuals manifest a particular behavior. Motivations are divided into two types: intrinsic and extrinsic motivation. Intrinsic motivations are reinforcements that are internal in nature. One example of intrinsic reinforcement is having altruistic motivation. According to a study by Hyde, Harris, and Boaden [8], health care workers manifest altruism in dealing with their patients. Altruistic motivation is having a voluntary mindset intended to help and increase another's welfare because the attitude of being concerned for others [9]. Moreover, it is a motivation that seeks to overcome the feeling of sympathy towards individuals who needs help [10]. According to a study by Bhatti and Qureshi [11], health care workers are motivated by the desire to help and take on a useful activity. In the case of geriatric palliative caregiving, caregivers feel the sense of helping their elderly patients without any compensation in return. This is mostly seen among voluntary workers in nursing homes run by religious organizations.

Another theory to explain the intrinsic motivations of doing geriatric palliative caregiving is Selective Investment Theory (SIL). This theory talks about social bonds or close relationship provides motivation that makes individuals suppress their own personal goals if need to prioritize the overall well-being of the other [7]. Moreover, the theory gives emphasis on the role of having close relationships in meeting the needs of other individuals. In recent literatures, caregivers' witness their patients' life at nursing homes hence makes them attached. With attachment, caregivers tend to care more and give more importance to their patients rather than their personal life.

Emotional motivation is also found to be an effective reinforcement for individuals. In a study by Carlo and Randall [10], the feeling of empathy triggers an individual to act or behave in a certain way because of strong emotions. It evokes mostly individuals who are easily affected by people who manifest emotional behaviors. For health care workers, a feeling of empathy urges them to work hard to do pain management on their elderly patients.

Social desirability is a motivation that evokes individuals to behave in a certain way because of social pressure and norms [12]. Individuals are more likely to express caregiving behavior when being observed by their superiors. Also, caregivers feel pressure from their supervisors in order to accomplish their tasks and jobs in doing geriatric palliative caregiving. It is a norm that caregivers must do caregiving duties and nothing else. This reinforces caregivers to tend to their task and normal work. Also, health care workers are motivated to work harder when it is on the motive of desiring a gain of approval and respect from other people most especially their superiors [10].

For extrinsic kinds of motivation, the most frequently used in the health care sector is compensation and punishment. It is found that both are effective tools for reinforcing

individuals to comply with their job description. However according to Kreps [13], "providing extrinsic incentives for workers can be counterproductive, because it may destroy the workers' intrinsic motivation (p. 359)." In that sense, extrinsic motivation may not be truly effective in reinforcing individuals because it is found to be inefficient.

Access to social support is also a proximal factor that influences the experiences of caregivers in doing geriatric palliative caregiving. Social support is an available assistance from other people and it is also a coping resource used by individuals [14]. Moreover, it talks about received encouragement and assistance by individuals from other people. According to Albrecht and Adelman [15], social support is defined to be a "verbal and nonverbal communication between recipients and providers that reduces uncertainty about the situation, the self, the other, or the relationship, and functions to enhance a perception of personal control in one's life experience (p. 18)".

Social support can be a discourse between two entities. This concept is understood to be given or received. On one hand, social support is an act or behavior that an individual that is to be given to another individual. On the other hand, it is also an act that an individual receives from another individual [16]. Social support can be measured in two categories. One category is called structural support or social integration. It measures the quantity or the extent of which an individual is connected to a social network [17]. This category measures the size, frequency, or density of a social network of an individual [18]. Another category is called functional social support. This measures the quality or functional aspects of social support. It looks on the roles of the social network provides. Functions such as emotional support which focuses on the affect and emotional nurture provided by sources of social support; esteem support which focuses on bolstering an individual to handle a difficult situations; network support which focuses on the affirmation of an individual as a part of a social network; informational support which focuses on which focuses on a the communication that gives insightful information; and tangible support which focuses physical assistance and support [19].

According to Kaufman, Kosberg, Leeper, and Tang [20] having good social support causes positive behavior in doing health care management specifically in the spiritual aspect of geriatric palliative caregiving. Moreover, with good social support, the caregiving job becomes less challenging and burdensome because it is known as a coping resource used by caregivers [14]. However, the caregiving experience becomes challenging and burdensome because of factors such as lack of emotional support from colleagues and peers, social isolation, and inadequate social activities about coping [21].

Support also comes from different sources. It may come from colleagues, peers, and most especially family. Research found that lack of family support has been found to "correlate with high levels of physical as well as psychological exhaustion, with many caregivers reporting that their social support decreases over time" [14].

There may be a lot of studies about motivation and social support, however very limited studies were seen focusing on the variation of motivations and social support structure and functions of geriatric palliative caregivers in the Philippines. With that, the objective of this study is to describe various motivations and social support experiences of caregivers in geriatric palliative caregiving.

2. Methodology

This study used a qualitative-descriptive research design. This study describes the motivation and social support experiences of professional caregivers tending to elderly patients under intensive care. This study involved key informant interviews of caregivers as a research method. In addition, this involved a face-to-face interview as a research technique.

The population of this study involved professional caregivers employed in a private nursing home in Metro Manila. This study involved 12 key informants as sample. This study utilized a non-probability sampling technique. Key informants are chosen through a purposive-convenient sampling. To be eligible for the interview, the sample should fit the specific selection criteria: 1) Must have an experience doing geriatric palliative care; and 2) Has at least one to two years of experience in the caregiving profession.

The voice-recorded in-depth interviews were transcribed, and the data gathered were sorted according to the research problems they addressed. Content analysis was used as data evaluation through an evaluation of the interview transcriptions. The personal and work characteristics of the caregivers were tabulated to present the trends across these phenomena, and similar answers to the interview questions are grouped together. The information were analyzed and presented based on similarities and differences of the themes.

3. Results and discussions

3.1 Personal characteristics

Caregivers in this study are within the age range of 18–35 years old (See **Table 1**). Majority of the caregivers belong to a younger age cohort of 18–23. In terms of educational attainment, most caregivers finished a bachelor's degree in college while other caregivers only finished high school. For religious affiliation, most caregivers

Characteristics	*f*
Age	
18–23	5
24–29	3
30–35	4
Mean	25.83
Educational Attainment	
High School	4
College	8
Civil Status	
Single	9
Married	3
Religions Affiliation	
Catholic	9
Born Again	2
Iglesia ni Cristo	1
Monthly Income	
Php 5000-10,000	9
Php 11,000-15,000	3
Mean	Php 7417

Table 1.
Personal characteristics of caregivers.

are practicing the religion of Catholicism. Caregivers in this study averages to earn a salary of Php7, 417 monthly. Most monthly income of caregivers fall under the category of 5000–10,000 (75.0%) a month while other caregivers receive 11,000–15,000 a month.

Caregivers have various jobs before working at the nursing home. Majority of the informants come from medical and non-care related jobs before entering the career of being a caregiver (See **Table 2**). Medical related jobs involve nursing and pharmacy while non care related jobs pertain to canteen personnel, station personnel, receptionist, and farming. Provision of care delivery related jobs pertain to being a maid/helper, and being a caregiver. Other caregivers are also seen to have no prior work before entering the nursing home.

3.2 Motivations in caregiving

Caregivers have mentioned numerous reasons in doing their jobs. This refers to specific reinforcements that push caregivers while working. The identified motivations for caregiving are classified according to intrinsic motivation and extrinsic motivation (See **Table 3**).

Intrinsic motivation refers to the kind of reinforcements that are internal in nature which focuses on the inherent stimulus of caregivers. Majority of the caregivers cited emphatic reasons as intrinsic motivation. Emphatic reasons such as framing a thought that patients can be family are mentioned. Caregivers stated that this kind of reason is a powerful motivational force in caring for their patients.

Characteristics	*f*
Provision of Care Delivery Related	
Maid/Helper	1
Caregiver	1
Medical Related	
Nurse	3
Pharmacist	1
Non Care Related	
Canteen Personnel	1
Station Personnel	1
Receptionist	1
Farmer	1
No Prior Work	2

Table 2.
Previous jobs of caregivers.

Intrinsic motivation	**Extrinsic motivation**
Empathic Reasons (e.g. framing a thought that patients can be family)	Incentive Reasons (e.g. monetary gains)
Emotional Reasons (e.g. emotional attachment)	Negative Reinforcements (e.g. Institutional punishments)

Table 3.
Motivations in caregiving.

Most caregivers claim that they are more motivated to work because they feel that they are actually caring for their parents or grandparents. This scenario was pointed out by majority of the caregivers.

> *"I even call them my grandparents. I became very close to them because of that. I actually see my grandparents in them. I even treat them as if they are my family"*

> *"I see my parents in them. With that, I more motivated to care for my patients because sometimes I treat them as my own parents."*

This finding is reflected on the idea that Filipinos give utmost priority to close family ties [22]. Caregivers are seen to treat patients as family as a motivation to care for them. Caring for family is a strong motivational force for Filipinos [23]. This emphatic reason is also reflected by Selected Investment Theory (SIL). This theory talks about how social bonds and close relationships drives motivation in giving priority for the betterment of the other [7]. In the case of the result, caregivers having patients as a form of a family provides motivation that makes them suppress personal goals and preferences to promote and give priority on the well-being of the patient.

Emotional reasons are also frequently stated as an intrinsic motivation by most caregivers. This refers to the feeling of concern, care, and love among caregivers to their patients. Most caregivers are found to be assigned to one to two patients in the nursing home. Caring for these patients makes the caregivers attached because there are times that the caregivers want to see their patients happy all the time. Some informants say that they also become sad if their patients are not satisfied or happy. These are true to the majority of the caregivers in the nursing homes.

> *"I am more motivated to care for my patients when I see them sad and depressed. I do not want to see them sick. I feel depressed also when they are not happy."*

Having emotional attachment as a motivation is seen as a protective behavior among caregivers. This attachment is seen also to create a strong bond that urges the caregivers to help and increase their wellbeing due to their situation [24]. This attachment is seen to be a two way relationship between the caregiver and the patient. Caregivers feel accomplished when their patients are happy. Emotional attachment to patients is indeed effective in pursuing their fulfillment and good quality well-being [10].

Another classification for the motivations for caregiving among caregivers is extrinsic motivation. This classification of motivation refers to reinforcements that can be seen or tangible in nature which are in the form of different incentives. Majority of caregivers answer having good salary as an extrinsic motivation. This salary is used to help their families to have financial stability.

In some instances, caregivers admitted to have violated some rules and regulations of the institution. With that, sanctions are also an extrinsic motivation for caregiving. These punishments refer to a deduction in salary, warnings and scolding from their superiors, and even expulsion from the nursing home. In that sense, caregivers are expected to have proper decorum and must follow the rules and regulations of the institutions in order not to be reprimanded by their superiors. Also, some caregivers responded that all must follow their superiors because every caregiver in the institution is to be reprimanded. Caregivers are then motivated to work because they do not want to experience these kinds of institutional punishments. This is true in some caregivers.

> *"Sometimes we experienced being reprimanded by our superiors. If one gets scolded, everyone receives a penalty that is why all of us are motivated to work in order for us to not experience those punishments."*

Negative reinforcement could lead to counterproductive workplace environment among workers according to the study of Kreps [13]. However, based on the results mentioned, caregivers are motivated to work harder not to be reprimanded and experience negative reinforcement. With that, these institutional punishments can be very effective in managing workers in an organization. It is seen as an effective tool for workers to comply with their job roles in the company or organization.

3.3 Social support received by caregivers

While tending to their patients, caregivers receive different kinds of encouragement from different social actors. Social support ensures that caregivers are motivated and satisfied with their current situation. Social support received by caregivers is classified into two categories, social support structure and social support function.

3.3.1 Social support structure

Caregivers receive different kinds of support from different social entities. Social support is a coping resource as well as assistance coming from other individuals [14]. Social support structure refers to the people or social actors supporting caregivers in doing their job. According to Wills [17], it measures the quantity or the extent of which an individual is connected to a social network. This category of social support measures the size, frequency, or density of a social network of an individual [18]. The identified social support structure is classified according to proximal social support and institution based support (See **Table 4**).

Caregivers are mentioned to be surrounded by individuals in the nursing homes. These individuals are seen to encourage the caregivers in doing their job. This refers to proximal social support. Majority of caregivers responded that their colleagues are the most proximal in terms of social support. The colleagues of the caregivers are seen to be a significant support by means of encouragement and provision. Also, caregivers and their colleagues converse about their personal and work related problems. This conversation sets as a way of supporting one another to resolve certain kinds of personal and work related problems. According a female caregiver,

> *"Most of the time, my colleagues and I talk about our problems. We then help each other at the same time."*

Proximal social support	Institution based support
Support from colleagues (e.g. co-workers & subordinates)	Support from superiors (e.g. owners and supervisors)
Support from patients (e.g. elderly patients)	Support from patient's family (e.g. children of the patient)
Support from family (e.g. parents and siblings)	

Table 4.
Social support structure.

The patients of the caregivers are also seen to give social support. Caregivers admitted that their patients also tend to encourage and support them. While caregivers are tending to the needs of their patients, it is also seen that these health care workers converse with their patients about personal and work problems. Additionally, caregivers experienced different kinds of encouragement and support from their patients if their caregiver is feeling stressed and problematic. Patients tend to talk to their caregivers about their problems and that patients give encouraging advice to their health care providers in facing their problems. It is seen to be an effective social support because of the feeling that their patients are mutually responsive to certain conversations about their personal and work related problems. According to a young caregiver,

> *"Our patients tend to make us feel very comfortable when we talk to them about our problems. Even though they are a bit old, they can still comprehend and connect to our present situations."*

The institution is also seen to be a source of social support. Caregivers tend to receive different kinds of help from the institution itself. The institution is seen to be required to help their caregivers in terms of work related problem. Moreover, superiors are expected to encourage caregivers in their work. This is true to some caregivers in the nursing home.

> *"Our superiors taught us everything that we need to do in this nursing home. They serve as our teachers at the same time. They are always there when we need them."*

Having colleagues, family, patients, and other institutional entities as social support is beneficial among caregivers. According to a study by Lau et al. [14], having support from various sources may lead to better wellbeing and good quality of health among individuals. Having different entities as social support systems is beneficial on the part of geriatric palliative caregivers.

3.3.2 Social support function

The function of social support refers to the quality or functional aspects of social support received by caregivers that looks on the roles of their social network provides. The identified social support function received by caregivers are classified into two, intangible support and tangible support (See **Table 5**).

Caregivers receive support that is seen as an encouragement in boosting their psychosocial wellbeing. This refers to the intangible support caregivers receive. This encouragement pertains to the cognitive kind of support that boosts the moral and behavior of caregivers in their personal and work related life. Social support functions as a boosting stimulus to encourage caregivers when feeling depressed or having personal problem. Majority of the caregivers responded that they are

Intangible support	**Tangible support**
Emotional Support (e.g. talking about problems, boosting self-esteem, etc.)	Monetary support (e.g. lending money, giving incentives)
Informational Support (e.g. sharing knowledge about caregiving)	In-kind support (e.g. sharing food)

Table 5.
Social support function.

mostly encouraged emotionally by the social support they receive. This refers to emotional support. This kind of support indicates that caregivers experience a boost or encouragement on their emotional well-being from different social actors. Conversing with different social actors serves as a way of encouragement for the caregivers to solve their personal and work related problems. According to a female caregiver,

> *"We help each other in this nursing home, if there is someone who needs help; we opt to help them so that they would not get depressed. Even our patients tend to talk to us so that we would not be sad. They would even make us happy. I feel very encouraged when our patients are happy because of our work."*

Information support among caregivers is also cited to be a significant social support function. Different social actors are seen to assist caregivers by giving certain kinds of information most especially to the profession of health care. This kind of social support refers to informational gain support. Most caregivers answered that it is a very important social support they receive. The purpose of informational support is to increase the knowledge of caregivers in tending to their patients. Caregivers admitted that the institution and their colleagues help one another in doing geriatric palliative care to their patients.

> *"We tend to help each other especially if our colleagues need help with their patients. Sometimes, I tend to seek help from them if I do not know what to do. Even our superiors teach us if we do not know what to do."*

Another classification of social support function is tangible support. This refers to the support that can be seen and used by caregivers. This also serves as an encouragement that can be used externally compared to intangible support functions. Most caregivers receive monetary support from different social actors as reinforcement. This is mostly seen by the support given by the institution to the caregivers.

In-kind support also is a kind of tangible support received by caregivers. This refers to food, supplies, and different tangible encouragement given to caregivers. These are mostly given as a sign of appreciation and inspiration from different social actors. This kind of social support is mostly given by the family of patients. According to a female caregiver,

> *"We were given food by the family of our patients because they appreciate that we are caring for their grandparent. They always tell us to take good care of their grandparents."*

All in all, the functions of social support (intangible or tangible) are due to the idea that Filipinos value relationships. According to Medina [22], the function of Filipino social entities such as family and friends as social networks is to provide support to individuals, in this case caregivers, in difficult situations. Caregiving is seen as an exhausting work. The main function of social networks is to help caregivers cope with their current conditions. Caregivers are seen to get through every tiring day with the help of their social networks.

4. Conclusion

In summary, this is a descriptive study of the motivation and social support experiences on geriatric palliative care among 20 purposely chosen geriatric

palliative caregivers in Metro Manila. This study looks on the variation of experiences among geriatric palliative caregivers on motivation and social support. The data were analyzed through content analysis by formulating common themes and patterns.

Caregivers cite several of motivations for caregiving. Reasons mentioned are identified to be either intrinsic motivation or extrinsic motivation. Intrinsic motivation being cited are emphatic reasons which include altruistic motivations; emotional reasons such as emotional attachment; and cognitive reasons which refers to gaining knowledge in caregiving. Extrinsic motivations by caregivers are incentive reasons which include monetary gains; and negative reinforcements such as institutional punishments.

In terms of social support received, caregivers mentioned different sources and functions of support they receive. Caregivers cite two types of social support structure or sources, proximal social support and institution based support. For social support function, responses are categorized into intangible and tangible support.

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