

RESEARCH ARTICLE

THE NEEDS AND CAPABILITIES OF OLDER ADULTS BASES FOR NURSING CURRICULUM ENHANCEMENT



Elvira L. Urgel, PhD, RN^{1,2}



Milagros L. Borabo, PhD²

Abstract

The needs and capabilities of the older adults should be determined to provide quality care and to make sure that they enjoy a quality life. This study aimed to determine the needs and capabilities of the older adults to serve as the basis for the enhancement of the BSN program in Gerontology Nursing that will help undergraduate nurses provide quality care for the older adults. The study employed descriptive research design to determine the needs and capabilities of 928 older adults in 14 cities in Metro Manila. Documentary analysis and a researcher-made questionnaire composed of the descriptions of older adults' needs and capabilities were used. Mean and standard deviation were used to describe the needs and capabilities of older adults. T-test and ANOVA were used to determine difference between the needs and their capabilities and when compared according to gender, civil status, number of children and educational attainment. Results showed that expenditure, health, services and housing needs are "much needed", by older adults and they have "good" capabilities. There is a significant difference in the needs and capabilities of older adults ($p < .01$) and when compared to gender,

civil status, number of children and educational attainment. The older adult's needs and capabilities are important in the assessment process and must be included in the curriculum. The capabilities of older adults must be maintained to a higher degree to ensure meeting older adult's present and future needs. The gaps identified in the gerontology nursing curriculum must be the bases for curricular enhancement.

Key words: *Capabilities, curriculum enhancement, needs, older adults*

Introduction

The 21st century has brought about the advancement in medical science and technology at a rapid pace, thus, the growth in knowledge and technologies have been so profound. Along with these changes, health care delivery system are challenged resulting in less

¹ Faculty Members, Centro Escolar University

² Corresponding author: Elvira L. Urgel PhD Centro Escolar University, 9 Mendiola St. Manila
Email address: elurgel@ceu.edu.ph; Telephone Number: 63 027362211

ability to provide safe, quality, equitable, effective and efficient patient care. Research on the quality of care revealed that a health care system frequently results in poor praxis- a system that falls short in its ability to translate knowledge into practice and to apply new technology safely and appropriately (IOM, 2001). The 21st century brought about also changes in patient demographics. Today, the world is experiencing one of the greatest demographic movements and cultural shifts in history. The population most affected by these changes is the adult age. Chronic conditions among the aging population are now the leading causes of illness, disability and death thus necessitating a clinical education responsive to this shifting demographics and desires, changing health system expectations and evolving practice requirements. It is for this reason that something has to be done in order to fortify and further revise the existing BSN curricular program with regard to Gerontology Nursing Care in order to strengthen competencies of undergraduate nurses to provide quality care responsive to the immediate needs and capabilities of older adults.

Various articles on Gerontology Nursing were reviewed and considered to look deeper on the profile of the elders who have reached retirement age and needs and to determine abilities in terms of Expenditures, Health, Social Network, Services and Housing. There are nearly 40 different theories of aging in biologic, physiologic and a lot more in gerontology nursing (Kozier, 2007). A quantitative report by Middleton (2007) showed that the needs of the older adults are expenditure, health, social networks, services, housing and neighbourhood and income. The study suggested that older people in the future would have higher aspirations than the current generation, who experienced relatively lower levels of affluence during their working lives. There is also evidence that the prevalence of ill-health among older people is increasing over generations. Five domains of self and independent living should be evaluated (Skeltona et al., 2010). Capabilities of the older adults in these domains include personal needs and hygiene, condition of home environment, activities for independent living, medical self-care, and financial affairs.

Kohlert (2010) stated since the world is an aging population it may be facing too small and unprepared healthcare workforce to address the needs of the elderly using new and quality technologies. Although there are a lot of research studies in the United States and Australia on needs and capabilities of older adults there this is a dearth of literature in the Philippines and other Southeast Asian countries.

The older adults' needs and capabilities must be addressed to ensure their successful aging. Good physical health, mental and social functioning activities and social engagement are essential to successful aging. One question posed by this study was how the perceived needs and capabilities of older adults were being addressed by the undergraduate nurses with regard to understanding of and proper health care in their health services. To state it more succinctly, the academe and its nursing educators cannot neglect national visions and development agenda, thus there is a need to link the gap between the needs as defined by older adults themselves. Thus, the present study aimed at determining the gap in the existing BSN curriculum with regard to Gerontology Nursing Care and the vision to fortify and make it relevant. Nursing Health Care education aims to create an understanding that change is inevitable and there is a need for more timely and scientific Nursing Curriculum change. Eventually, it is for this reason that this study looked into the specific needs and capabilities of the older adults leading to the proposed curricular enhancement in terms of Gerontology Health Care. The needs and capabilities of older adults were compared according to gender, civil status, number of children and educational attainment. This in effect will be very relevant to both the academe, who nurtures and produces future health care graduates and to the elders themselves, whose needs and capabilities should be properly handled and addressed. Finally, new provisions based on recommendations will be of great considerations for the betterment of Gerontology Health Care, the School the bureaucracy and NGOs whose advocacy is to provide relevant and proper health care services in the contemporary world.

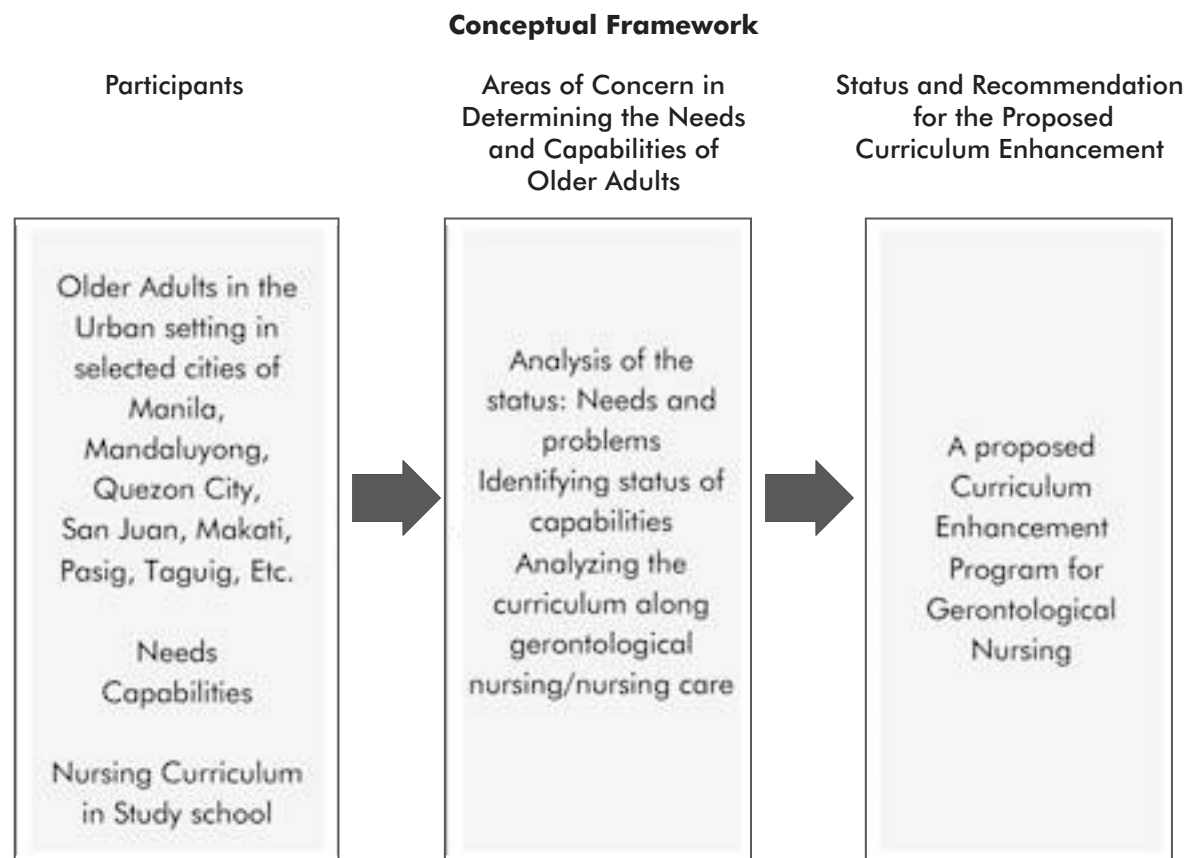


Figure 1

A Conceptual Model in Determining the Needs and Capabilities of Older Adults as a Basis for the Enhancement of Bachelor of Science in Nursing Program in Gerontology Nursing

Research Design

This study employed descriptive research design to determine the needs and capabilities of the older adults according to gender, civil; status, number of children and educational attainment as bases for a proposed curriculum enhancement for Gerontology Nursing.

Setting of the study

Fourteen (14) cities were selected as the setting of the research study. These included Manila, Mandaluyong, Quezon City, San Juan, Makati, Pasig, Taguig, Parañaque, Las Piñas, Pasay, Valenzuela, Malabon, Caloocan and Navotas.

Subjects of the study

Using purposive sampling technique older adults were purposively selected according to the

following inclusion criteria: 60-67 years old, included in the "Baby Boomers" generation (born in years 1945-1964) living with their family in the community setting in urban areas and selected cities, physically and mentally healthy. Older adults of other generation were not included in the "Baby Boomers" generation as well as those living in the institutions for the elderly. Those with physical and mental disability were also excluded in the study.

Instrumentation

Documentary analysis and a researcher-made questionnaire were utilized in determining the older adults' needs and capabilities as well as the extent of their needs and capabilities that are responsive to life demands within their immediate surroundings. A documentary review of 2008 BSN curricula was taken from CEU, Manila School of Nursing office was conducted to study/analyse the

gerontology nursing curriculum components. Meanwhile, the researcher-made questionnaire was composed of 3 parts: Part I included the profile of the respondents in terms of age, gender and civil status, number of children, income and educational attainment. Part II consisted of the description of older adults' needs with response categories on a Likert scale are four, which ranges from (4) very much needed to (1) least needed. Part III included the description of older adult's capabilities. The response categories on a Likert scale ranging from (4) to a great extent to (1) not at all. The instrument underwent reliability testing. Cronbach's alpha coefficient of 0.89 for the needs of the older adults, and capabilities of the older adults were obtained suggesting that the items have relatively good internal consistency.

Data Collection

A letter of request was forwarded to the Municipal Health Officer of the 16 selected cities. The letter together with a copy of the proposed study was forwarded to the Ethical Board Committee of the respective Municipal Health Office for approval. Furthermore, informed consents were secured from the respondents of the study. Copies of questionnaires were distributed to the respondents, as well to determine the needs and capabilities of the older adults. The data gathered were arranged in a descriptive form and were treated statistically. Based on the findings of the study, the differences in older adults needs and capabilities as well as its' comparison according to gender, civil status, number of children and educational attainment, an enhanced Gerontology Nursing curriculum was developed to provide quality care to the older adults.

Statistical Treatments

In presenting the demographic profile of the respondents, percentage distribution was used. In describing the extent of older adult needs and capabilities, weighted mean scores and standard deviation were used. In determining the difference between the needs and capabilities of the older adults, T-test was used. For the comparison of the needs and capabilities of the respondents when

grouped according to socio-demographic profile, Analysis of Variance (ANOVA) and t- test were used.

Results

Socio- Demographic Profile of the Older Adults

Majority of the older adults have four or more children, comprising 29.6 percent of the population. From the total population, 31.7 percent of the older adults have an income of 10,001 - 20,000 pesos per month. Demographically speaking, baby boomer generation is at peak of its earning power. It can be deduced that they are still actively working and still have their fixed regular income. Most of older adults' especially the baby boomer generation, are still capable of working productively. Almost half of the older adults are skilled and formally educated, thus developed certain expertise that made them productive even in their senior years.

Table 1. Socio-Demographic Profile of the Respondents

Profile	Frequency	Percentage
Gender		
Male	579	62.40
Female	349	37.60
Civil Status		
Single	129	13.90
Married	483	52
Separated	103	11.11
Widow	213	23
Number of Children		
0	108	11.6
1	106	11.4
2	216	23.3
3	223	24
4 or more	275	29.6
Income		
No income	57	6.14
<5,000	258	27.8
5,001-10,000	198	21.3
10,001- 20,000	294	31.7
>20,000	121	13
Educational Attainment		
Elementary Graduate	164	17.67
High School Graduate	284	30.6
Vocational Graduate	129	13.9
College Graduate	308	33.2
Post College Graduate	43	4.6

Needs and Capabilities of Older Adults

The expenditure, health, services and housing needs are "much needed" while social network are perceived to be "moderately needed" by older adults. The perceived expenditure needs of the older adults are "good". Expenditure capabilities to purchase medicines and buy own car are "average" while the expenditure capabilities of the older adults to purchase foods, clothes, pay bills and acquire own house are "good". The older adults have "good" capabilities with "average," capabilities in housing but "good" capabilities in expenditure, health, social network and services (Table 2).

Comparison of the Needs and Capabilities of older Adults

Table 3 shows the mean difference between the older adults' perceived needs and their capabilities to meet them were subjected to t-test which yielded

a significant ($p < .01$) result in all of the five variables.

There is a significant difference in the expenditure needs and services' needs of the older adults when grouped according to gender. Male older adults have more expenditure and services needs compared to female. However, there is no significant difference observed in the health needs, social network needs and housing needs of the older adults when grouped according to gender.

Discussions

Older adults profile shows that most of the population is female and married. From the report of the Philippine census (2010) among the senior citizens, female (55.8 percent) outnumbered the male respondents (44.2 percent) and three in five elders are married. Older adults are still actively working and still have their fixed regular income.

Table 2. Needs and Capabilities of the Older Adults

Variables	Needs Mean	SD	Verbal Interpretation	Rank	Capabilities Mean	SD	Verbal Interpretation	Rank
1. Expenditure	2.91	.80	Much Needed	3	2.45	.80	Minimal extent	3
2. Health	2.80	.76	Much Needed	4	2.36	.81	Minimal extent	4
3. Social Network	2.48	.86	Moderately Needed	5	2.55	1.06	Somewhat	1.5
4. Services	3.44	.72	Much needed	1	2.55	1.06	Somewhat	1.5
5. Housing	3.18	.76	Much Needed	2	1.82	.83	Minimal extent	5
Overall mean	2.96	.78	Much needed		2.35	.912	Minimal extent	

Table 3. Comparison in the Needs and Capabilities of the Older Adults

Needs and Capabilities	Mean	SD	T value	Significance
Expenditure needs	2.46	.79	-16.25	$p = .000 < .01$
Expenditure capabilities	2.92	.79		
Health needs	2.36	.81	-15.38	$p = .000 < .01$
Health capabilities	2.79	.76		
Social network needs	2.15	.72	-12.17	$p = .000 < .01$
Social network capabilities	2.51	.81		
Services needs	2.54	1.06	-23.72	$p = .000 < .01$
Services capabilities	3.44	.73		
Housing needs	1.82	.82	-17.48	$p = .000 < .01$
Housing capabilities	2.95	.81		

* $p < .01$; = Significant

Older adults with 5,001- 10,000 with 5001-10,000 income have higher social network and housing needs, while those with 1001-20,000 income have higher expenditure and health needs. Eventually both older adults with 5,001-10,000 and 10,001-20,000 income have higher services' needs. Most of older adults especially the baby boomer generation are still capable of working productively, thus, they continue to be active providers of their family. In contrast to the result of the study, according to Natividad (2005) most older Filipino adults face financial insecurity due to low (or no) pension benefits and increasing health-related expenditures.

The expenditure needs of older adults are "much needed" and the highest score among the expenditures is food for it is essential and the main source to maintain healthy body nutrition. The findings are consistent with the assisted living facilities checklist for the baby boomers posited by Parsanko (2010), among these are: comfortable home-life, environment, medical expertise and resources and meals. Older adults perceived that their expenditure capabilities to spend basic necessities such as food, clothing and shelter are "to a large extent". Expenditure capabilities to purchase medicine is "average", while the expenditure capabilities of older adults to purchase foods, clothes, payables and acquire own house are "good". This means that older adults are willing and capable to spend their money on food, clothes, bills and house which are basic expenditures. This shows that no matter what age they are tend to spend much on food. Hayes and Finney (2013) in their study on the patterns of expenditure among older adults- emphasized that older adults have lower than average expenditures and spend less on non-essential such as recreation. The expenditures on food and non-alcoholic drink increase as one ages, however expenditure for housing, fuel and power doubles over the age range. It is also reported that the expenditure pattern of older persons in health steadily increases with age. It captures around 10 percent of the budget for those between 50-64 years old but increases to about 20 percent for those 85 years old and over (Hayes & Finney 2013, Sudipto, 2012).

With the changes the respondents experience on their health, they feel the need to improve their well-being. The older adult generation desire to live longer and be more active than the generation before them. Stephens et al., (2015) argue that the capability of older persons to achieve the valued functioning was of high importance regardless of physical health status. The health capabilities of older adults are all perceived to be "average". However, longevity increases the necessity to treat chronic problems and injuries (Skeltona, 2010). Since deterioration of functions results from the process of aging, it is logical and expected that the health needs related to physical fitness, mental fitness, social vitality, anticipation of future health problems, performance of functional activities such as being able to stoop, crouch, kneel without experiencing pain improved upper and lower body strength and balance range of motion and functional performance were perceived by the respondents as "much needed" if they were to continue to have productive lives. Medical care needs the support of the family and the lack of fulfilling this can cause senility, feelings of rejection, marginalization and expulsion by society (Dziechciaz, Guty, Wojtowicz, Filip 2012). Phelan & Larson (2002) claims that freedom from disability, independent functioning, life satisfaction, active engagement with life, longevity, positive adaptation, mastery/growth is necessary to age successfully. Also, Rowe & Kahn (1997) found that low probability of disease and disease-related disability; high cognitive and physical functional capacity; and active engagement with life are necessary for successful aging. In contrast, health capabilities of the respondents are perceived to be at "minimal extent". Understandably, elders reaching retirement age can no longer perform the way they do during their prime age. Therefore these minimal capabilities in given health activity situation are still indicators that they are physically fit. It is noteworthy to mention that the older adults still rank physical fitness as the highest health capability, an indicator of their being healthy and physically capable. It is in this light that Gerontology Nursing curriculum must be strengthened and fortified in areas of principles in the care of the older people in terms of wellness, health promotion, chronic illness, recovery and rehabilitation and quality of life.

The social network needs are perceived to be "moderately needed". Older adults engage in social networking for online interaction and socialization. It may have a great implication on developing the task of adjusting to or transcending the changes going on to maintain the feelings of well-being. Peck (1968) expanded the eight stage of Erickson's ego integrity versus despair into these stages; ego differentiation versus work role occupation and body transcendence versus body preoccupation (Ignatavicius & Workman, 2005). The latter stage (body transcendence versus body preoccupation) can be resolved by focusing on the satisfaction obtained from inter-personal interactions and psychosocial actions. The social networks capabilities are perceived to be "to a large extent" However, the capabilities to join senior citizen group and formation of own group in the community are "minimal extent". Along with old age is the need for contact with family and friends increases (Dziechciaz, et al. 2012). However, the results on health capabilities, with the mean score of 2.52 being "somewhat" is alarming. As posited earlier developing ego integrity which is the developmental task of an older adult (Erickson, 1963) and which was expanded by Peck (1968) can be resolved by focusing on the satisfactions obtained from interpersonal interactions and psychosocial actions. Thus, if the older adults were to develop ego integrations, their social network capabilities should increase again. This calls for government actions to enhance the active role they play in the society as productive, contributing members.

Understandably, free hospitalization and 20% discount in all establishments are ranked to be the top perceived service needs of the respondents since older adults are prone to illness and ailment because of old age and body deterioration. Among the privileges enjoyed by the older adults are 20 percent discount on medical and dental services, and diagnostic and laboratory fees including professional fees of attending doctors in all private hospitals and medical facilities; and grant of educational assistance to pursue post-secondary, tertiary, post-tertiary as well as vocational or technical education (RA 7462, 1992; RA 7876, 2010). The perceived services capabilities of the

respondents are "to a large extent" As reflected, the services capabilities were measured in terms of the capability of the government and non-government institutions in providing services. It is good to know that both the bureaucracy and the private sector join hands in providing for the health services of the elders, as established by their response "to large extent" to their health and services' needs. However, it suggested a follow-up study should be made on how to improve or make better the services for and privileges of the senior citizens with regard to the realization to the total and integral senior citizen development towards the next 2nd half of this 21st century.

According to the 2000 Philippine Census, the most dominant living arrangement of older adults was living with a child. The study showed that half of the participants lived as extended family of their family. The limited living space, even shared with their children and grandchildren, were among the reasons why the participants preferred to have their own house. A house that has nursing facilities is perceived to be much needed by the respondents since most of the Filipino older adults live with the family (Kuan, 1993, Racelis et al., 2012). Filipino culture underscores the importance of *utang na loob* (debt of gratitude) that children and grandchildren will never allow their aging parents and close relatives to be neglected because older adults in the Philippines are expected to be cared for by their family. This is also reflected on the capabilities of the older adults. The respondents' housing capabilities are to a "minimal extent". The findings imply that most of the older adults have still a need to have their own houses. As perceived by the older adults housing is "much needed" for them. After reaching a retirement age from work, there is still a minimal need to acquire a house and live with the family and the desire to have a free housing for older adults from the government and NGO's. This indicates that not all the retired older adults were able to establish a house for their family in the entire duration of their employment time. A further study is suggested on the role of the government and non-government organizations in providing comfort to the life of the older adults.

Gaps Identified in Gerontology Nursing

Based on the results of the study, the researcher identified gaps in Gerontology Nursing. The existing curriculum in Gerontology nursing was examined and compared to the results of the study. Gaps were identified after comparing the existing needs and capabilities included in the curriculum and the results of the study. The assessment of health, expenditure and housing needs of older adults are not included in the care of older adults. Older adults' health, expenditure and housing needs are of great importance because if the health of older adults are compromised there will be an increased morbidity and mortality in the aging population. Older adults without housing will be displaced from home and be placed in institutions of home for the aged. Gender, civil status, number of children, income and educational attainment are also considered important variables in determining the needs and capabilities of older adults. All of these variables must be included in the present curriculum. For instance, the American Association of the College of Nursing recommended the Baccalaureate Competencies and Curriculum Guidelines for Nursing Care of Older Adults. The guidelines stipulate that nurses must intervene to assist older adults and their support network to achieve personal goals based on the analysis of the living environment and the availability of the community resources. They must utilize resources and program to promote functional, physical and mental wellness in older adults (AACN, 2010).

Proposed Curriculum Enhancement for Gerontology Nursing

The needs and capabilities of older adults are different and there was a gap between the existing gerontology nursing curriculum and the perceived needs of older adults. Based on the gaps identified in the study, a proposed curriculum in Gerontology Nursing is proposed. The proposal includes (1) assessment of barriers for older adults in receiving, understanding and giving information, (2) utilization of resources/programs to promote functional, physical and mental wellness in older adults, (3) collaboration with other health care professionals (doctors, physical therapist,

nutritionist) to meet the basic needs of older adults, (4) safe and effective transitions across level of care, including acute community-based, and long term care (e.g. home, assisted living, hospice, nursing homes), (5) provisions of living environment for older adults (assisted living, homecare, hospice), (6) respect in the variations of care, the increased complexity and the increased use of healthcare resources inherent in caring for older adults, (7) the use of Evidence-based geriatric assessment instruments 8) The use of valid and reliable tools to guide nursing practice for older adults, (9) generational, family role changes, and cultural patterns that potentially impact communication with older adults, (10) livelihood programs to increase financial capability of older adults, (11) assessment of the living environment as it relates to functional, physical, cognitive and psychological and social needs of older adults.

Conclusions

The older adult's needs and capabilities are different when compared according to gender, civil status, number of children and educational attainment and it is important in the assessment process and must be included in the curriculum. The capabilities of older adults must be maintained highly to ensure that older adult's present and future needs are met. The gaps identified in the Gerontology Nursing curriculum must be the bases for curricular enhancement.

About the Authors

Elvira L. Urgel, PhD, RN is a professor of CEU School of Nursing and Graduate School. Currently she is the Assistant Dean of the CEU School of Nursing. She is also the treasurer of the PNA Manila Chapter Zone 1. She earned her PhD degree major in Curriculum and Supervision at CEU Manila in 2014 and her Master of Arts in Nursing degree at Philippine Women's University in Manila in 2002.

Milagros L. Borabo, PhD is a professor of CEU School of Education, Liberal Arts, Music and Social Work and Graduate School. Currently she is the program director of CEU Professional and Continuing Education (PACE).

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