



## THE MEDIATING EFFECT OF CULTURAL PARTICIPATION ON THE QUALITY OF HOME CARE AND WELL-BEING OF THE ELDERERS

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### Abstract:

The purpose of this study was to determine the mediating effect of cultural participation on the relationship between the quality of home care and the well-being of the elderly. Utilizing quantitative, non-experimental design via correlational technique and mediation analysis, data were obtained from 300 elderly, in one of the cities in Davao Province. The researcher utilized a stratified sampling technique in selecting study participations and survey mode of data collection through standardized questionnaires. The researcher also utilized the statistical tools mean, Pearson r and Med-graph using Sobel z-test. From the results of the study, it was found out that there is a very high level of mean scores for quality home care, and well-being of the elderly while a high level of cultural participation. Also, results revealed that there are significant relationships between quality home care and cultural participation, between cultural participation and the well-being of the elderly and between quality home care and the well-being of the elderly. Further, it was revealed that cultural participation partially mediates the relationship between quality home care and the well-being of the elderly.

**Keywords:** social work, cultural participation, quality home care, well-being, mediating effect, elderly, Sobel z-test, Philippines

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## 1. Introduction

The elderly are vulnerable to low well-being and mental disorders. With increasing age, people are expected to experience an accumulation of adverse life conditions such as disability, and major life events like loss of companionship. A lower socioeconomic status is also associated with poor well-being (Carandang et al., 2020). Growing older, one's health deteriorates and it becomes more difficult to keep well-being at a high level. The increase in fees for medical services and the reduction of free medical treatment force people to modify their attitude to health (Ivankina & Ivanova, 2016). Moreover, among Japanese and American elderly, more physical functioning difficulties are associated with fewer positive emotions. While the health status of elderly has been shown to be a predictor of their well-being, their social relations also play an important role in their overall well-being (Abalos, 2018). On the concept of well-being, Ryff (1989) was guided by the theories of Erikson, Jung, Maslow, and Rogers to present six key features of people who are functioning well in life namely: autonomy, positive relations, environmental mastery, purpose in life, and personal growth.

In addition, the elderly need caring treatment that can improve their sense of well-being and belongingness to maximize the benefits of being cherished. It was suggested by Flett and Heisel (2020) that belongingness can lead to increased happiness among elderly to lower their levels of depression. Also, the elderly need family caregivers and assistance to sustain their social interaction and reduce the effects of loneliness. This is then linked to the physical health of older adults to alleviate their concerns about their situation having an effect on their bodies (Buenaventura et al., 2020). Previous studies revealed that the dimensions of well-being and healthy mental functioning are shaped by socio-demographic characteristics such as age, gender, socio-demographic status, ethnicity, and culture, as well as by individual experiences (Brim et al., 2019; Ryff, 2018). Studies also show that physical well-being is the most critical factor with positive effects on the psychological and social well-being of the elderly. Physical activities can benefit the elderly by enhancing self-esteem and preventing a wide range of health problems including depression (Won et al., 2020).

The main purpose of the study was to determine the mediating effect of cultural participation on the relationship between quality home care and well-being of the elderly. Specifically, this study sought answers to the following: First: To determine the level of quality home care of the elderly when analyzed in terms of the level of satisfaction, home care process, the structure of home care, and medical outcomes; Second: To ascertain the level of well-being of the elderly when analyzed in terms of psychological, and physical; Third: To assess the level of cultural participation of senior citizens; Fourth: To determine the significant relationships between quality home care and well-being of the elders; between quality home care and cultural participation of the elderly; and between cultural participation and well-being of the elderly; Fifth: To determine the mediating effect of cultural participation on the relationship between quality home care and well-being of the elderly.

The hypothesis of the study was tested at a 0.05 level of significance. These were the null hypotheses of the study, first, there are no significant relationships between quality home care and well-being of the elderly; between quality home care and cultural participation of the elderly; and between cultural participation and well-being of the elderly. Second, there is no mediating effect of cultural participation on the relationship between quality home care and well-being of the elderly.

There is an urgency to conduct this study because, as a social worker who is presently assigned to the City Office of Social Services and Development, the existing situation in one of the Cities in Davao Province shows that there are still a number of problems and issues involving the elderly despite the implementation of various national and local programs which aim to provide senior citizens with a variety of benefits, thereby improving their cultural participation and well-being. Furthermore, there are no similar studies that deal with the mediating effect of cultural participation on the relationship of quality home care and well-being of the elderly in Region XI or specifically in one of the cities in Davao Province. Existing studies are only on *Graying Matters: Aging in Contemporary Philippine Society* by Villegas (2014) and *Correlations Between Cultural Orientations and Successful Aging of Filipino Elders* by Del Villar (2015). Also, the outcome of the study will also help become an asset to the world of literature. Hence, making this study a generation of new knowledge that can give a specific contribution to the field of social work. Furthermore, results can be used to develop or augment practices of the families with the assistance of the social workers as to cultural participation and the quality of home care and well-being of the elderly. Thus, the need to conduct this study.

This study is anchored on the Social Network Theory by Dunn (1983) wherein isolation has been identified as detrimental to mental health and conversely, social inclusion and supportive social networks are associated with improving and sustaining positive mental health. Although most networks consist of more informal ties, as family and friends, than formal ties, as staff of quality home care services, family ties were not active in offering bonding resources. Friendship ties, who were largely peers, as other users of mental health services, were more likely to offer bonding and participation resources, as emotional support. These peer ties were also the most frequent contact for many, but were also the least stable of contacts and the social participation fluctuated dependent on their well-being status. The dominance of peer ties in the networks suggests that people's social spaces were largely closed and this raised the question of how far the networks constrained access to other social worlds and opportunities beyond care services.

This study is supported by the Activity Theory of Aging by Lemon et al. (1972) which suggests that participation and remaining active in old age is desirable. There is a direct relationship between being active and life satisfaction among older adults. It was also observed that the elderly viewed the quality of activity to be more important than the quantity. Also, the theory emphasizes the importance of on-going social activity and suggested that a person's self-concept is related to the roles held by that person. For

instance, retiring may not be so harmful if the person actively maintains other roles, such as familial roles, cultural and recreational roles, volunteer, and community roles. To maintain a positive sense of self the person must substitute new roles for those that are lost because of age.

Also, this study is supported by the Psychological Needs Theory by Diener and Lucas (2000) which emphasizes that satisfaction of individual human needs increases well-being. Individuals have a limited set of basic psychological needs, the satisfaction of which is essential for well-being. The theory considers both the satisfaction and frustration of three needs, with frustration representing a threatening experience. Autonomy refers to the experience of volition and willingness. When satisfied, one experiences a sense of integrity as when one's feelings are authentic. When frustrated, one experiences a sense of conflict, such as feeling pushed in an unwanted direction. Relatedness denotes the experience of warmth, bonding, and care, and is satisfied by feeling significant to others. Relatedness and frustration come with a sense of social alienation and loneliness. Competence concerns the experience of mastery. It becomes satisfied as one capably engages in activities for using and extending skills. When frustrated, one experiences a sense of ineffectiveness or failure.

This study is also supported by the Rational Addiction Theory by Becker and Murphy (1988) wherein cultural participation presents a large gender effect since women are more likely than men to participate, especially in intellectual cultural activities. Age is explanatory of the demand of culture, although its effectiveness depends on the particular activity. Individuals' leisure time is affected by marital status. Having a partner could affect leisure preferences favoring the coordination between each one's hobbies, changing the probability of participation and its intensity. Also, it might allow for more leisure time if, for example, once the presence of children is controlled, they could share housework and, thus, increase their leisure time and their frequency of attendance.

This study is also supported by the Self-Determination Theory (SDT) by Deci and Ryan (1985) which posits that an open awareness may be especially valuable in facilitating the choice of behaviors that are consistent with one's needs, values, and interests. On the other hand, automatic or controlled processing often precludes considerations of options that would be more congruent with needs and values. That is, awareness facilitates attention to prompts arising from basic needs, making one more likely to regulate behavior in a way that fulfills such needs. With that being said, mindfulness may facilitate well-being through self-regulated activity and fulfilment of the basic psychological needs for autonomy may it be in the form of a self-endorsed or freely chosen activity, competence, and relatedness.

## **2. Literature Review**

Ageing bodies also suffer from limited regenerative biological activities, leading to more citizens with diseases that could hamper both their mental and physical conditions (He & Tang, 2021). This also includes significant socioeconomic changes such as retirement,

relocation to new living arrangements, alteration in lifestyle, and death of some beloved ones (Kadariya et al., 2019). A previous study resulted in implications for future research around the care and support needs of elderly. It highlighted the importance of taking into consideration the needs of the elderly when designing services targeting them, as many available support services do not cater to their needs (Abdi et al., 2019). In another study, rapid ageing has social implications as it will not just be an individual issue that can be tackled within singular households (Rahut & Destefanis, 2021). It will lead to unexpected challenges for those countries where old-age support systems are not properly shaped yet. These previous studies led to the reason and purpose of the current study to be conducted in the Philippines.

Previous studies showed that there were eleven important factors for quality home care in senior citizens namely: cognitive and emotional function; satisfaction with life; financial independence; participation in cultural, social, and recreational functions along with the factors related to the physical dimension which contribute to the execution of tasks and maintenance of their independence (de Andrade et al., 2015). Also, the creative capital of older people must be understood as their activities and their work could be an opportunity for maintaining a healthy lifestyle and enjoying quality home care. These include painting, writing, poetry, jewelry making, material culture, music, among others (Klimczuk, 2015; Rasnaca & Rezgale-Straidoma, 2017).

The elderly hope to avoid big life changes that may threaten their quality home care. However, some life events might occur suddenly and force them to change, such as moving from their house. Relocation becomes a major crisis impacting quality home care, and the elderly feel worried and stressed. The consequences of unexpected adverse experiences in older adults' life could cause depressive symptoms, loneliness, alcohol and drug abuse, loss of leisure activities, and poor well-being. Productive engagement could be a solution to maintain a good quality home care when big life changes occur and ongoing difficulties are faced (Yen & Lin, 2018). For the quality home care of elderly, local communities should support the establishment of committees to develop and implement policies and programs that eliminate the social, structural, and economic obstacles to the health and well-being of elderly. As stated by Fulmer et al. (2021), a consistent focus on social needs such as housing, food security, and transportation should be provided to address social isolation among elderly.

Furthermore, cultural access has been found to be a determinant of well-being and engagement in arts-related activities, linked to increased satisfaction with quality home care and feelings of happiness. Well-being may be mediated by access to a range of cultural activities and is probably gained through increased social interactions with others and improved self-esteem, which help to enhance feelings of happiness and satisfaction with quality home care. In terms of the community as a whole, arts-related activities may provide opportunities to bring communities together and create more positive environments (Taylor et al., 2015). Similarly, various countries conduct discussions on independent living, productive ageing, quality home care and well-being in relation to enabling and supportive environments. Including approaches to healthy

ageing, health education is a priority for most countries, with multiple governments drawing upon the media, the education system and wider public, private and voluntary services to help spread information. Many policies also discuss wider behavioral change policies and campaigns, with the aim of encouraging healthier lifestyles (Williamson, 2015).

In a previous study, Filipinos who reported higher socioeconomic status and more educational attainment also tended to report better quality home care. Increased age was directly correlated with better well-being in Filipinos (Tariga & Cutamura, 2016). Older Filipinos can attain greater stability in later life, and they may develop methods to cope with distressing events through previous challenges they experienced and overcame. Also, higher access to community resources was also directly correlated with better quality home care. To improve life satisfaction for older Filipinos, services should equally be made available to older adults living in rural areas. Barriers to accessing community and health support services should be reduced for older adults who may need assistance. Local government units can address barriers to access in their communities by offering wellness programs to enhance senior citizens' health (Badana & Andel, 2018).

Cultural activities include a range of art forms from performing arts to non-performing arts. By participating in cultural events, the elderly are able to influence their quality of life and are distanced from just being an object of care. Their feeling of well-being increases and their feeling of loneliness decreases (Koponen et al., 2022). Also, community participation activities include taking part in recreational, cultural or social activities. The elderly who participates in such activities have a lower risk of functional disability, increased quality home care, and report lower usage of formal healthcare. Cultural and social participation are key components of healthy ageing (Gough et al., 2021). Furthermore, it was stated by Kariuki (2019) that quality home care is correlated to the well-being of the elderly. Psychologically, it is important that senior citizens feel that they have choices, freedom, feel useful and valued, respect for possessions and individualized care. In their physical well-being, the elderly require meaningful activities and a supportive physical environment that is clean and safe. Lastly, in their social well-being, caregiver-client interaction and interpersonal relationships with family and fellow clients are important.

Complex and mental creative activities include participating in activities involving the arts and culture. Productive cultural activities include singing in choirs, taking part in dance classes, and engaging in crafts activities. Productive activities have cognitive benefits and require the acquisition of new skills which results in a strong cognitive effect. For instance, reading and playing musical instruments have been associated with better cognition as well as a lower risk of dementia and Alzheimer's disease (Fancourt & Steptoe, 2018). Also, cultural participation has been associated with better physical and mental health, higher cognitive function, lower mortality risk, higher well-being, increased physical activity, or decreased loneliness, among others (Serrat et al., 2020).

Moreover, participating in cultural activities have positive social impacts on local communities such as increasing the community attachment of residents and

strengthening community ties with past culture which help to preserve local culture. Beyond generating all the economic and social benefits and opportunities, cultural activities are likely to create positive significant impacts on both the residents' and visitors' well-being (Yilmaz, 2020). Social support prevents stress and can reduce the rate of decline in well-being. Belonging to a group that shares interests and participates in cultural activities, volunteering, and strong intergenerational relations shapes not only social networks for the elders but also influences their abilities to stay informed and connected in society (Hernandez-Lara & Toney, 2021).

Another study revealed that cultural participation provided additional gains in pride, learning and skills, and creativity. Participating in weekly outreach sessions combining object handling and museum visits with arts and crafts activities are forms of cultural participation. These creative museum activities showed increases in participant levels of confidence, sociability and well-being (Morse et al., 2015). However, a previous study showed that participation in any cultural activity does not influence health and well-being. Long-term health and well-being did not improve significantly as a result of any specific activity in the cultural arena (Weziak-Bialowolska, 2016).

Health is understood as the possibility of access to services to meet the physical and cognitive needs of the elderly, ensuring the best quality home care, a long healthy life and independence. Community involvement is needed for the integration of elderly into participating in recreational, cultural, social and spiritual activities. Also, their safety and protection can be achieved through the policies development and programs that favor physical, social and economic aspects (Fratezi & Tronchin, 2018). Being involved in cultural and social activities was shown to be more associated with quality home care than pursuing daily activities. To improve health, Turcotte et al. (2015) mentioned that interventions should target participation by increasing physical or psychological abilities, adapting the activities to enable their accomplishment, or modifying the environment to be supportive. As such, cultural and social participation is a central component of an individual's rehabilitation toward active engagement with life.

In addition, participating in cultural and music activities provides an opportunity for facilitating emotions, reaching intrinsic feelings, and an effective tool for improving quality home care in older adults. Along with movement, music has stimulated responses to rhythm both intrinsically and socially across generations and cultures. Involvement in music activities can help a person connect with personal life experiences and other people (Wengler, 2015). As stated by Dinh (2019), programs and interventions for elderly must focus on the maintenance of cultural and social participation, functional independence, and quality home care. An absence of cultural and social participation may hinder healthy aging and lead to social isolation. Senior citizens are at greater risk of social isolation as they are more likely to lose a significant other, have a chronic illness, and experience transportation or mobility difficulties.

It is important to note and in support of the plight of senior elders, in the Philippines, the 1986 Philippine Constitution guarantees care for older Filipinos. It ensures the promotion and protection of the rights and welfare of Filipino senior citizens

as a minority population sector. There are various laws and programmes focusing on services for older Filipinos have developed for the past 40 years, although full implementation of those laws is still something to be looked for (Chalkasra, 2014; Commission on Human Rights, 2019; Salenga et al., 2016).

In the Philippines, senior citizens are entitled to certain benefits and privileges through the enactment of Republic Act No. (RA) 9994 or the Expanded Senior Citizens Act of 2010. Aside from entitlements to mention the 20% discount on purchases of medicine, and services in transportation, hotels, restaurants, recreational facilities, places of leisure, and funerals including the individual income tax exemption. RA 9994 also includes the right to long-term and palliative care; the right to education, training, lifelong learning, and capacity building; and the right to social security and social protection (Commission on Human Rights, 2019). The least commonly used privileges are income tax exemption, exemptions from training fees for socioeconomic programmes undertaken by the office for senior citizens affairs, and discounts on admission fees charged by theatres, cinemas, and the like. Some local government units in Metro Manila, Cebu, and Davao City also provide notable privileges to their senior citizen residents.

### **3. Material and Methods**

There is an existing inventory of enrolled elderly as of the year 2021 at the Office of the Social Services and Development Office in one of the cities in Davao Province. From the total of 46 barangays covering District A, B and C and given this number, the researcher, with the assistance of the chapter president of each barangay and consideration of the criteria in the selection, purposely selected 6 or a maximum of 7 elderly/respondents from each barangay to get complete representation from all of the barangays in the 3 districts. With the total population of 1,200 elderly as listed in the inventory, the researcher had a maximum sample in the Slovin's Formula with 300 at 0.05 level of significance (Yamane, 1967). The researcher believed that such a sample size and number of respondents can represent the population of the elderly in the identified locale of the study.

Those elderly who were not residents of the identified districts and who were not enrolled at the Office of the CSSD and who did not meet any of the criteria as the basis of the selection were deemed excluded as respondents in the study. The respondents were chosen accordingly to answer the questionnaire with confidentiality. The target respondents were free to decline from participating in the survey. They were not forced to answer the research questionnaire and were encouraged to return the same to the researcher for its automatic disposal. Moreover, they can withdraw anytime their participation in the research process if they felt uncomfortable about the study since they were given the free will to participate without any form of consequence or penalty. The study covered the period from August 2022 to June 2023.

This study was conducted specifically in the 3 districts (District A, District B, District C) in one of the cities in the Province of Davao del Norte, which area is part of Region XI in the Philippines. Region XI is located in the southeastern portion of



Mindanao, and Mindanao consists of five provinces, namely: Compostela Valley, Davao del Norte, Davao del Sur, Davao Oriental, and Davao Occidental. The region encloses the Davao Gulf and its regional center is Davao City. The Island Garden City of Samal (IGACOS) is a 4th class component city in the province of Davao del Norte, Philippines with a population of 116,771 people, as of year 2020. It is made up of Samal Island and the smaller Talikud Island in the Davao Gulf, from the merger of the former municipalities of Samal, Babak, and Kaputian. This city is identified as the area for this study because as a registered social worker who is presently the Officer-in-Charge of the Social Services Office of said City, it is my heart's desire to make sure that the elderly are provided full and complete access to the different government programs and benefits while they are still alive. As a researcher, I am challenged and curious about the kind of care they received from their families and that despite being in their advanced years, they are still able to enjoy life with their families, feeling secure and cared, especially regarding their health concerns and still meet the stage of self-actualization.

Stratified sampling was employed such that all enrolled elders as of 2021 had the chance to be selected and considered for inclusion in the final sample. In this method, there was a possibility that each person in the sample of the population could be selected as a subject. This is to ensure that the results will be comprehensive to the context currently studied. This is a sampling technique in which the population is divided into groups called strata. The idea is that the groupings are made so that the population units within the groups are similar (Salkind, 2007).

There were 300 respondents to the study. The criteria in the selection of the respondents included those who are 60 years old and above, male or female, presently living with any of the members of the family, a GSIS or SSS pensioner, are not suffering from any mental or physical disabilities and a resident of any of the 3 districts: District A, District B and District C in one of the cities in Davao Province, Region XI.

For this study, there were three sets of questionnaires which are adapted from different authors and were validated by experts. The questionnaires were contextualized to fit into the study. The results of the validation by the experts of the panel reflect an average mean score of 4.53 described excellent. The instrument was designed in a very comprehensive form with the help of the expert validators to provide the respondents with ease and comfort in answering each question and in understanding the objective of the study. Pilot testing was conducted and the reliability of the instruments were established using Cronbach alpha coefficient with the results of 0.966 for Cultural Participation, 0.876 for Well-being of the elderly and 0.940 for Quality Home Care.

The five-point Likert type scale was used in answering the questionnaires. The Likert Scale requires individuals to tick on a box/blank in response to a large number of items concerning an attitude, object and stimulus. It is common to treat the number obtained from a rating scale directly as measurements by calculating averages or more generally any arithmetic operations (Santos, Martins & Brito, 2007). The following range of means with their descriptions was used: 4.20 – 5.00 or Very High which means measures are always manifested; 3.40 – 4.19 or High which means measures are often

manifested; 2.60 – 3.39 or Moderate which means measures are sometimes manifested; 1.80 – 2.59 or Low which means measures are seldom manifested; and 1.00 – 1.79 or Very Low which means measures are not manifested at all.

This study utilized a quantitative non-experimental design of research using a correlational technique and mediation analysis. This kind of design according to Creswell (2014) and De Vaus (2001) provided summary data specifically measures of central tendency including the mean, standard deviation and correlation between variables or employing methods of analyzing correlations between multiple variables by using tests such as Pearson *r* and regression analysis. Generally, correlational studies use independent and dependent variables, but the effect of the independent variable is observed on the dependent variable without manipulating the independent variable (Patidar, 2013). This method of research was appropriate for this study because its objective is to determine the significant relationship of quality home care as the independent variable, the well-being of the elderly as the dependent variable and cultural participation as the mediating variable. Meanwhile the mediation analysis was used to determine whether the relationship between quality home care as the independent variable and the well-being of the elderly as the dependent variable is significantly reduced after the inclusion of the mediator variable- cultural participation. In other words, mediating relationships occur when a third variable plays an important role in governing the relationship between the other two variables (MacKinnon, 2008).

This study followed the systematic procedure for data gathering. The researcher asked permission for the conduct of the study from the Dean, Professional Schools, thru a formal letter which was addressed to the City Mayor, Attention: City Social Services, IGACOS, Davao del Norte. As the OIC of the Office of the City Social Services Office, access to the inventory list of the elderly was easily made available which list became the basis of the sample size of this study. The researcher requested for a brief orientation with the staff of City Social Services and introduced the study: the objectives of the study, the 3 districts covered with the study and some information concerning some ethical considerations to be observed during the data gathering.

There was conducted of pilot testing after the survey questionnaire was validated by the expert validators. Since the respondent- elderly can easily be located and contacted by the researcher, the researcher adopted 2 methods of data gathering: face-to-face method and online thru Google Forms of data gathering. This also provided the fast facilitation of the survey questionnaire through this face-to-face method, the researcher has strictly observed the safety protocols mandated by the government during this time of pandemic from the distribution up to the retrieval of the survey questionnaire. It was important that during the survey, the researcher made available as many sanitized writing pens and keep all the used ball pens. These safety protocols are a mandate by the Inter-Agency Task Force for the Emerging Infectious Disease (COVID 19) to include physical/social distancing, wearing of face masks, washing of hands and containers of alcohol for use by the respondents after the survey. Also, after all the survey questionnaires were retrieved, the researcher encoded the raw data in the Excel file and

forward the Excel results to the assigned statistician for computation. The analysis and interpretation were done based on the results of the study.

As to the statistical tools and for more comprehensive interpretation and analysis of the data, the following descriptive and inferential statistics were employed: Mean, to determine the levels of cultural participation, quality home care and well-being of the elderly. Pearson Product Moment Correlation (Pearson  $r$ ) was used to determine if the relationship between cultural participation, quality home care and well-being of the elderly are significant. As to the mediation analysis, the Medgraph using Sobel  $z$ -test was employed to determine the mediating effect of cultural participation on the relationship between the quality of home care and well-being of the elderly.

On the gathering of data, ethical considerations were strictly observed in the conduct of the research. The respondents are male or female with ages from 60 up and are residents of the three districts: District A, District B and District C in one of the cities in Davao Province, Region XI. They were carefully selected based on the criteria provided in the research. No individual has answered the questionnaire if he/she did not qualify for the criteria.

The researcher did not force the respondents to join the data gathering. The respondents were free to decline to participate in the survey, they were not forced to answer the research questionnaire and encouraged to return the same to the researcher for its automatic disposal and lastly, they can withdraw anytime their participation in the research process if they felt uncomfortable about the study. The researcher ensured that the data to be gathered was kept confidential and that such information was utilized only for the purpose of the research. No names were required from the respondents so their identities became anonymous. Thus, this research adhered to the Data Privacy Act of 2012 which protects the respondents from unauthorized processing of their private or identifiable information or guarantees them that their response cannot be traced back to its real sources to protect their identity. Each target respondent was given an informed consent form prior to the gathering of data. In the form, the title and the purpose of the study were stated. It was a form asking for their voluntary consent in giving their ideas for the study. The respondent signed the ICF to prove his/her willingness to participate and was assured of the confidentiality of the data and that the data was used only for the purpose of the study.

For the misuse of the data and information, the respondent had the right to file a complaint and request an investigation. The study did not involve high risks of situations that the respondents had experienced. Some mitigating measures were also considered, including psychological, financial and physical preparations. The researcher adhered to the safety protocols in this pandemic time as per mandate by the Inter-Agency Task Force for the Emerging Infectious Disease (COVID 19) such as physical/social distancing and wearing of facemasks. The elderly are the primary beneficiary of the study and as such they will gain an understanding of what and how is life as elderly and what possible lessons they will learn from the results of the study. At the same time, the Office of the Social Services will be able to establish a scientific basis for drawing out some

interventions for any issues resulting from the study that needs to be addressed, in order to help the elderly live a better while still living with their families. In addition, this study is used as a practical reference for future research in the field of social work. Further, in the conduct of this research, the respondents received tangible benefits such as a simple token (handkerchief) from the researcher.

Moreover, before the conduct of actual data collection, the researcher secured Compliance Certificate from U MERC (UMERC Protocol Number 203-042) with the understanding that all ethical considerations were properly observed. The researcher ensured that the materials used undergo paraphrasing and were expressed in the researcher's own ideas. There was no portion of the study which made use of another person's ideas or words and if there was such, the person has been given appropriate credit for his works and study. The study underwent a plagiarism check in the University using the Turnitin, to ensure that there was no plagiarism that happened in the whole duration of the study.

The study underwent the standard procedure of research established by the Professional Schools of the University of Mindanao. There was no trace/evidence of intentional misrepresentation, or there was no making up of data and/or results, or purposefully putting forward conclusions that were not accurate. No inconsistency with the existing literature among the information was included in the manuscript. The study did not have a conflict of interest (COI) since the researcher has no relationship with the respondents of the study. The researcher ensured that there were no circumstances that provided the potential opportunities where the respondent's responses were compromised or put in their personal interests or those of any other person or organization. This study was a requirement for the completion of the master's degree in social work at the University of Mindanao Professional School.

There was no deceit and everything that was written and reflected was true and underwent validation and thorough checking from different experts in the field of research. The researcher secured proper permission to conduct the study in the form of a letter which was approved by the Dean, Professional Schools, University of Mindanao, and addressed to the City Mayor of said City, Province of Davao.

For the fast facilitation of the survey questionnaire, the researcher adopted 2 methods of data gathering: face-to-face method and online using Google Forms. For the face-to-face method, from the distribution and up to the retrieval of the survey questionnaire, the researcher strictly observed the safety protocols mandated by the government during this time of pandemic. The online survey was also prepared by the researcher. The researcher made use of Google Forms where the item questions were encoded together with the instructions on how to accomplish the survey questionnaire. Lastly, no person was authorized to publish nor present this paper except for the researcher herself or her adviser without the consent of the researcher. In case, an organization wants to have a copy of the result of the study then it can be accessed only for the purpose of creating programs and policies in the organization but still with the

permission of the researcher, adviser and the university. For purposes of the publication, the adviser becomes a co-author of the study.

#### 4. Results and Discussion

**Table 1:** Level of Quality Home Care

Indicators	Mean	SD	Descriptive Level
Satisfaction	4.16	0.810	High
Home care process	4.17	0.799	High
Structure of home care	4.26	0.756	Very High
Medical outcomes	4.25	0.790	Very High
<b>Overall</b>	<b>4.21</b>	<b>0.710</b>	<b>Very High</b>

The very high-level rating of the structure of home care is suggestive of the very high extent to which the home cares and supports the needs of the elderly. This claim is in line with various authors (Fulmer et al., 2021; Yen & Lin, 2018) wherein productive engagement could be a solution to maintain good quality home care when big life changes occur and ongoing difficulties are faced. A consistent focus on social needs such as housing, food security, and transportation should be provided to address social isolation among elderly.

The very high level of medical outcomes suggests that the old-age support systems are properly shaped to a very high extent. This is also in line with various authors (He & Tang, 2021; Kadariya et al., 2019) stating that ageing bodies also suffer from limited regenerative biological activities, leading to more citizens with diseases that could hamper both their mental and physical conditions. This also includes significant socioeconomic changes such as retirement, relocation to new living arrangements, alteration in lifestyle, and death of some beloved ones.

**Table 2:** Level of Well-Being of the Elderly

Indicators	Mean	SD	Descriptive Level
Psychological	4.54	0.564	Very High
Physical	4.10	0.701	High
<b>Overall</b>	<b>4.32</b>	<b>0.526</b>	<b>Very High</b>

The very high level of well-being of the elderly resulted from the very high and high levels responses. The indicators psychological and physical were arranged from highest to lowest. The very high level of psychological is indicative of the very high extent to which caring treatment can improve the sense of well-being and belongingness to maximize the benefits of being cherished. This claim is in line with various authors (Brim et al., 2019; Flett & Heisel, 2020; Ryff, 2018) wherein belongingness can lead to increased happiness among elderly to lower their levels of depression. The dimensions of well-being and healthy mental functioning are shaped by socio-demographic characteristics such as age, gender, socio-demographic status, ethnicity, and culture, as well as by individual experiences.

Additionally, the high level of physical is suggestive of the high health status of elderly which has been shown to be a predictor of their well-being. This is in line with various authors (Buenaventura et al., 2020; Won et al., 2020) stating that the elderly need family caregivers and assistance to sustain their social interaction and reduce the effects of loneliness. This is then linked to the physical health of older adults to alleviate their concerns about their situation having an effect on their bodies. Physical well-being is the most critical factor with positive effects on the psychological and social well-being of the elderly. Physical activities can benefit the elderly by enhancing self-esteem and preventing a wide range of health problems including depression.

**Table 3:** Level of Cultural Participation of the Elderly

Indicators	Mean	SD	Descriptive Level
Socializing and community participation	4.14	0.739	High
Attending cultural, entertainment and sports events	3.44	0.920	High
Indoor and outdoor sports participation and related courses	3.78	0.962	High
Mass media	3.53	0.924	High
<b>Overall</b>	<b>3.73</b>	<b>0.804</b>	<b>High</b>

The level of cultural participation of elderly is high, resulting from the high levels responses. The indicators of socializing and community participation, indoor and outdoor sports participation and related courses, mass media, and attending cultural, entertainment and sports events have high ratings. These indicators are arranged from highest to lowest level. The high-level rating of socializing and community participation is suggestive of the high engagement in related activities, linked to increased feelings of happiness. This claim is in line with various authors (Taylor et al., 2015; Williamson, 2015) wherein access to a range of cultural activities is probably gained through increased social interactions with others and improved self-esteem, which help to enhance feelings of happiness and satisfaction. In terms of the community as a whole, arts-related activities may provide opportunities to bring communities together and create more positive environments. Various countries conduct discussions on independent living and productive ageing in relation to enabling and supportive environments. Many policies also discuss wider behavioral change policies and campaigns, with the aim of encouraging healthier lifestyles.

The high level of indoor and outdoor sports participation and related courses suggests that elderly participate in complex and mental creative activities including activities involving the arts and culture. This is also in line with various authors (Fancourt & Steptoe, 2018; Serrat et al., 2020) stating that productive activities have cognitive benefits and require the acquisition of new skills which results in a strong cognitive effect. For instance, reading and playing musical instruments have been associated with better cognition as well as a lower risk of dementia and Alzheimer’s disease. Also, cultural participation has been associated with better physical and mental health, higher cognitive function, lower mortality risk, higher well-being, increased physical activity, or decreased loneliness, among others.

**Table 4:** Significance of the Relationship between Quality Home Care and Cultural Participation of the Elderly

	SCP	ACES	IOSPR	MM	Overall
SMP	0.404	0.303	0.273	0.351	<b>0.362</b>
	< .001	< .001	< .001	< .001	<b>&lt; .001</b>
MCP	0.411	0.294	0.253	0.341	<b>0.352</b>
	< .001	< .001	< .001	< .001	<b>&lt; .001</b>
SHC	0.413	0.277	0.254	0.375	<b>0.358</b>
	< .001	< .001	< .001	< .001	<b>&lt; .001</b>
MO	0.429	0.318	0.309	0.366	<b>0.387</b>
	< .001	< .001	< .001	< .001	<b>&lt; .001</b>
Overall	<b>0.460</b>	<b>0.331</b>	<b>0.302</b>	<b>0.397</b>	<b>0.405</b>
	<b>&lt; .001</b>	<b>&lt; .001</b>	<b>&lt; .001</b>	<b>&lt; .001</b>	<b>&lt; .001</b>

The correlation between the measures of quality home care and cultural participation of the elderly revealed a significant relationship. This implies that quality home care is significantly correlated with the cultural participation of the elderly. The findings of this study are in line with the studies of various authors (de Andrade et al., 2015; Klimczuk, 2015; Rasnaca & Rezgale-Straidoma, 2017) stating that there are eleven important factors for quality home care in the elderly namely: cognitive and emotional function; satisfaction with life; financial independence; participation in cultural, social, and recreational function along with the factors related to the physical dimension which contribute to the execution of tasks and maintenance of their independence. Also, the creative capital of older people must be understood as their activities and their work could be an opportunity for maintaining a healthy lifestyle and enjoying quality home care. These include painting, writing, poetry, jewelry making, material culture, music, among others.

**Table 5:** Significance of the Relationship between Cultural Participation and Well-Being of the Elderly

	PS	PH	Overall
SCP	0.488	0.630	<b>0.681</b>
	< .001	< .001	<b>&lt; .001</b>
ACES	0.316	0.552	<b>0.537</b>
	< .001	< .001	<b>&lt; .001</b>
IOSPR	0.307	0.534	<b>0.521</b>
	< .001	< .001	<b>&lt; .001</b>
MM	0.371	0.478	<b>0.517</b>
	< .001	< .001	<b>&lt; .001</b>
Overall	<b>0.401</b>	<b>0.600</b>	<b>0.615</b>
	<b>&lt; .001</b>	<b>&lt; .001</b>	<b>&lt; .001</b>

The correlation between measures revealed that there is a significant relationship between cultural participation and well-being of the elderly. This implies that cultural participation is positively correlated with well-being of the elderly. The result of the

study confirms with various authors (Morse et al., 2015; Weziak-Bialowolska, 2016) who mentioned that cultural participation provided additional gains in pride, learning and skills, and creativity. Participating in weekly outreach sessions combining object handling and museum visits with arts and crafts activities are forms of cultural participation. These creative museum activities showed increases in participant levels of confidence, sociability and well-being. Long-term health and well-being improve as a result of any specific activity in the cultural arena.

**Table 6:** Significance of the Relationship between Quality Home Care and Well-Being of the Elderly

	PS	PH	Overall
SMP	0.522	0.337	<b>0.504</b>
	< .001	< .001	< .001
MCP	0.528	0.408	<b>0.555</b>
	< .001	< .001	< .001
SHC	0.653	0.380	<b>0.603</b>
	< .001	< .001	< .001
MO	0.578	0.448	<b>0.608</b>
	< .001	< .001	< .001
Overall	<b>0.632</b>	<b>0.437</b>	<b>0.629</b>
	< .001	< .001	< .001

The correlation between the measures of quality home care and the well-being of the elderly revealed a significant relationship. This implies that quality home care is positively associated with the well-being of the elderly. This claim is in line with various authors (Fratezi & Tronchin, 2018; Turcotte et al., 2015) wherein health is understood as the possibility of access to services to meet the physical and cognitive needs of the elderly, ensuring the best quality home care, long healthy life and independence. Community involvement is needed for the integration of elderly into participating in recreational, cultural, social and spiritual activities. Also, their safety and protection can be achieved through the policies development and programs that favor physical, social and economic aspects. Being involved in cultural and social activities was shown to be more associated with quality home care than pursuing daily activities. As such, cultural and social participation is a central component of an individual’s rehabilitation toward active engagement with life.

**Table 7:** Regression Results as the Criteria of the Presence of Mediating Effect

Effect	Label	Estimate	SE	95% Confidence Interval		Z	p	% Mediation
				Lower	Upper			
Indirect	a × b	0.129	0.0211	0.0880	0.171	6.13	< .001	27.7
Direct	c	0.337	0.0313	0.2755	0.398	10.75	< .001	72.3
Total	c + a × b	0.466	0.0332	0.4010	0.532	14.03	< .001	100.0



Data were analyzed with the linear regression method as input to the medgraph. Mediation analysis developed by Baron and Kenny (1986) is the mediating effect of a third variable in the relationship between two variables. There are three steps to be met for a third variable to be acting as a mediator. In Table 7, these are categorized as Steps 1 to 3. In step 1, quality home care as the independent variable (IV) significantly predicts the well-being of the elderly, which is the dependent variable (DV) of the study. In step 2, quality home care significantly predicts cultural participation, the mediator (M). In step 3, cultural participation significantly predicts the well-being of the elderly.

Also, because the three steps (paths a, b and c) are significant, further mediation analysis through medgraph is necessary, including the Sobel z test to assess the significance of the mediation effect. If the effect of the independent variable on the dependent variable becomes non-significant at the final step of the analysis, full mediation will be achieved. It means all the effects are mediated by the mediator variable. In addition, if the regression coefficient is substantially reduced at the final step but remains significant, only partial mediation is obtained, which implies that part of the independent variable (quality home care) is mediated by the mediator (cultural participation) but other parts are either direct or mediated by other variables that are not included in the model. In this case, as gleaned in step 3 (denoted as c), the effect of quality home care on the well-being of the elderly was found to have increased after being mediated by cultural participation. With this, partial mediation took place since the effect was found to be significant at 0.001 level.

Furthermore, the Sobel test resulted in a z-value of 14.03 with a p-value of 0.001, which is significant at a 0.05 level. This implies that there is a partial mediating effect, as it is likely that the original direct effect of quality home care on the well-being of the elderly has been reduced upon the addition of cultural participation. The Sobel z-value indicates that the addition of cultural participation reduces the effect of quality home care on the well-being of the elderly.

Also, the effect size measures how much of the effect of quality home care on the well-being of the elderly can be attributed to the indirect path. The indirect effect value of 6.13 is the beta of quality home care toward the well-being of the elderly. The direct effect value of 10.75 is the beta of quality home care towards the well-being of the elderly with cultural participation included in the regression. The total effect value of 14.03 is the amount of the original beta between quality home care and the well-being of the elderly that now goes through cultural participation to the well-being of the elderly ( $a * b$ , where "a" refers to the path between Quality Home Care Well-Being of the elderly and "b" refers to the path between Cultural Participation Well-Being of the elderly). The ratio index is computed by dividing the indirect effect by the total effect; in this case,  $0.129$  by  $0.466$  equals  $0.276$ . It seems that about 27.6 percent of the total effect of quality home care on the well-being of the elderly goes through cultural participation, and about 72.4% of the total effect is either direct or mediated by other variables not included in the model.

The aim of this study is to contribute to the literature regarding the possible mediating variable for the relationship between quality home care and the well-being of

the elderly. Specifically, cultural participation was investigated as a possible mediating variable that could explain the effect of quality home care on the well-being of the elderly. Partial mediation is found in the study, and important and significant direct effects were presented that may help in the enhancement of the existing researches on quality home care and the well-being of the elderly.

Significantly, the present study on the relationship between quality home care and the well-being of the elderly has found relevance to the study of Dinh (2019) wherein programs and interventions for elderly must focus on the maintenance of cultural and social participation, functional independence, and quality home care. An absence of cultural and social participation may hinder healthy aging and lead to social isolation. Specifically, the current study has found that cultural participation is a positive and significant partial mediator of quality home care and well-being of the elderly and met Baron and Kenny's (1986) mediation guidelines.

In this connection, the mediation analysis involved the path between quality home care and well-being of the elderly, and the path between cultural participation and well-being of the elderly. The findings confirmed the significant relationship between quality home care and the well-being of the elderly leading to support for various authors of this study (Badana & Andel, 2018; Tariga & Cutamura, 2016) who declared that higher access to community resources was also directly correlated with better quality home care. To improve life satisfaction for older Filipinos, services should equally be made available to older adults living in rural areas. Barriers to accessing community and health support services should be reduced for older adults who may need assistance. Local government units can address barriers to access in their communities by offering wellness programs to enhance the elderly's health.

## **5. Recommendations**

The researcher came up with recommendations based on the results of the study. On the results of quality home care, the areas on satisfaction to rehabilitation specialists and home care process extra attention may be provided to the elderly in terms of free regular check-up services by the doctors and other medical practitioners to check and evaluate the health conditions of the elderly. The social services office of the local government unit may come up with its quarterly plan for the free medical consultations/check-ups of the elderly which may include the door-to-door services of doctors, nurses, therapists and dentists.

Regular home visitations with scheduled follow-ups to the elderly coupled with free medicines and vitamins may be conducted to monitor their health conditions. A mobile clinic may be recommended to visit the residences of the elderly in every barangay. The LGU, thru the CSSDO, may propose an additional budget to ensure that the elderly will receive necessary medical services at home. A periodic evaluation of this program is regularly conducted using the monthly reports coming from the LGU focal

person to ensure that the services are well implemented and have been received by the concerned senior citizens.

On the results of the well-being of the elderly, it is recommended that more attention may be given to the physical aspect of the well-being of the elderly. The concerns of the elderly may be on how to maintain a balanced life while they are growing old. With financial assistance from the LGU, the elderly continue to live a balanced life with the right amount of food, vitamins and maintenance medicines. The LGU may include in the annual budget the sufficient quantity and quality of food, vitamins and medicines that may be given to the elderly on a monthly basis. With the endorsement and recommendation from the LGU, a proposal to the national government for the review of the Expanded Senior Citizen Act to include reducing some documentary requirements for compliance by the elderly before availment of the benefits/assistance due them may be of great help to the elderly.

On the results of cultural participation particularly on attending cultural, entertainment and sports events, indoor and outdoor sports participation and mass media, the researcher hereby recommends that alternative recreation and entertainment may be proposed to substitute cultural entertainment, indoor and outdoor sports participation or mass media participation of the elderly. The LGU, thru the CSSDO, may plan for wholesome events which may be conducted quarterly and annually. This may include inter-barangay musical or talent shows to showcase the abilities of the elderly in the fields of music, dance and acting. The creation of clubs such as: book club, gardening club, art club, etc. will make the elderly productive and motivated. A regular activity to improve social skills, mental wellness quality of life of the elderly and wholesome film showing may be part of the program of activities for the elderly. To sustain these programs at the LGU level, a monitoring team is created in order to make sure that the needs of the senior citizens are well taken care of.

As to the result of partial mediation of cultural participation, it is recommended to continue with the existing sustainable programs of the LGU pertaining to complete access to adequate food, water, shelter, clothing and health care, programs for a safe and adaptable environment to the personal preferences of the elderly, form and join in clubs and movements with other older persons and be able to enjoy human rights and fundamental freedoms while they are still alive. Also, to continue carrying out some cultural activities that provide value and increase the potential and quality of life with the highest self-esteem thus promoting active and healthy aging among the elderly.

## **6. Conclusion**

With consideration on the findings of the study, conclusions are drawn in this section. There is a very high level of quality home care and well-being of the elderly. There is a high level of cultural participation of senior citizens. There is a significant relationship between quality home care and the cultural participation of elderly. There is also a significant relationship between cultural participation and well-being of the elderly, and

a significant relationship between quality home care and well-being of the elderly. Also, there is a partial mediation on the effect of cultural participation on the relationship between quality home care and the well-being of the elderly.

The findings of the study clearly confirm the notion about the mediating effect of cultural participation on the relationship between quality home care and the well-being of the elderly. The findings are supported by the anchor theory, the Social Network Theory by Dunn (1983) wherein isolation has been identified as detrimental to mental health, and conversely, social inclusion and supportive social networks are associated with improving and sustaining positive mental health. Further, the findings of the study were substantiated by the Activity Theory of Aging by Lemon et al. (1972), the Psychological Needs Theory by Diener and Lucas (2000), the Rational Addiction Theory by Becker and Murphy (1988), and the Self-Determination Theory (SDT) by Deci and Ryan (1985).

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### **Conflict of Interest Statement**

The authors declare no conflicts of interest.

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