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Standards of Care And Peaceful End-of-Life Care among Older Teduray Adults at Upi Maguindanao: A Convergent- Parallel Mixed Method Study

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ABSTRACT

This research aimed to investigate the concept of end-of-life care from the viewpoint of Tedurays as the recipients of care and nurses as the givers of care, employing a convergent parallel mixed method design. The research was carried out in Upi, Maguindanao, involving 31 participants in the quantitative phase and 12 individuals in the qualitative phase (6 Tedurays; 6 nurses). The quantitative data was analyzed using descriptive statistics and the Pearson-r test of correlation, while the qualitative data underwent analysis utilizing Colaizzi's method of interpretation. The quantitative and qualitative findings were merged using methodological triangulation to ascertain convergence. The quantitative findings of the study indicate a strong positive correlation ($r = .87, p = .000$) between the standard of care rendered by nurses and the experience of peaceful end-of-life care among Tedurays. Additionally, two overarching themes emerged in the qualitative data analysis: (1) the cultivation of compassionate care to enhance patient well-being through cultural sensitivity and family engagement, and (2) the empowerment of compassionate healthcare through the exploration of challenges, solutions, and personalized pathways. After merging quantitative and qualitative findings, the meta-themes that emerged are as follows: (1) nurses' provision of positive support in facilitating a peaceful end-of-life journey; and (2) the importance of pain management in ensuring a peaceful end-of-life care experience. The findings of this study highlights the significant relationship between the standards of care provided by nurses and the end-of-life experience among the Tedurays. It is evident that the quality of nursing care directly influences the overall end-of-life journey of individuals in this cultural groups. Nurses emerge as crucial facilitators in ensuring dignified and holistic end-of-life experiences.

INTRODUCTION

End-of-life (EOL) care practices vary from place to place and culture to culture. Moreover, with the advancement of approaches addressing quality practice in palliative areas, several EOL cultural practices remain unexplored because of factors such as traditions, availability of healthcare professionals, government services in remote areas, conflicts, and any individual perspectives.

Patients are considered autonomous in end-of-life healthcare decisions in the United States [Valentine-French, L. (n.d.)]. It is anticipated that the family will exert influence over the decisions regarding healthcare. Thus, EOL practices standard would include mutual decisions between the patient, family, and medical professionals.

In the Philippines, the Department of Health provided hospice and palliative care services, including free-standing consultancy, home care, daycare, clinics, counseling, and psychosocial support to several organizations and communities. Despite this, there are no amenities in remote areas of Mindanao, particularly in Upi, Maguindanao.

The study intends to determine the meaning of end-of-life care provided to older Teduray adults using quantitative and qualitative methods. Moreover, in convergent-parallel mixed methods when finding solutions and giving intervention, the researcher considered transcultural nursing to ensure alignment, effectiveness, and efficiency

to reach deluxe satisfaction care for culturally congruent standards of care. Transcultural nursing is a discipline of nursing that focuses on the cultural values, beliefs, and behaviors of people from different cultures. Culturally congruent practice provides care to patients while being aware of and adapting to their cultural values, beliefs, and behaviors. In this study, culturally appropriate care is a critical issue [Deger, V. (2018)].

MATERIALS AND METHODS

The design used was convergent parallel mixed method. This design entails that the researcher concurrent conducts quantitative and qualitative elements in the same place of the research process, weights the method's equally, analyzes the two components independently, and interprets the results together. The study site was at Upi, Maguindanao. The researcher participants were nurses assigned in Upi, Maguindanao and Older Teduray Adults in Upi, Maguindanao. The researcher used a survey questionnaire tool, key Informant Interview and even conducted a Focus Group Discussion with nurses assigned in both Primary and Secondary level of health care delivery system of Upi, Maguindao. See research flow chart below. Furthermore, the researcher consulted an expert statistician and data analyst for the thematic presentation and data interpretation.

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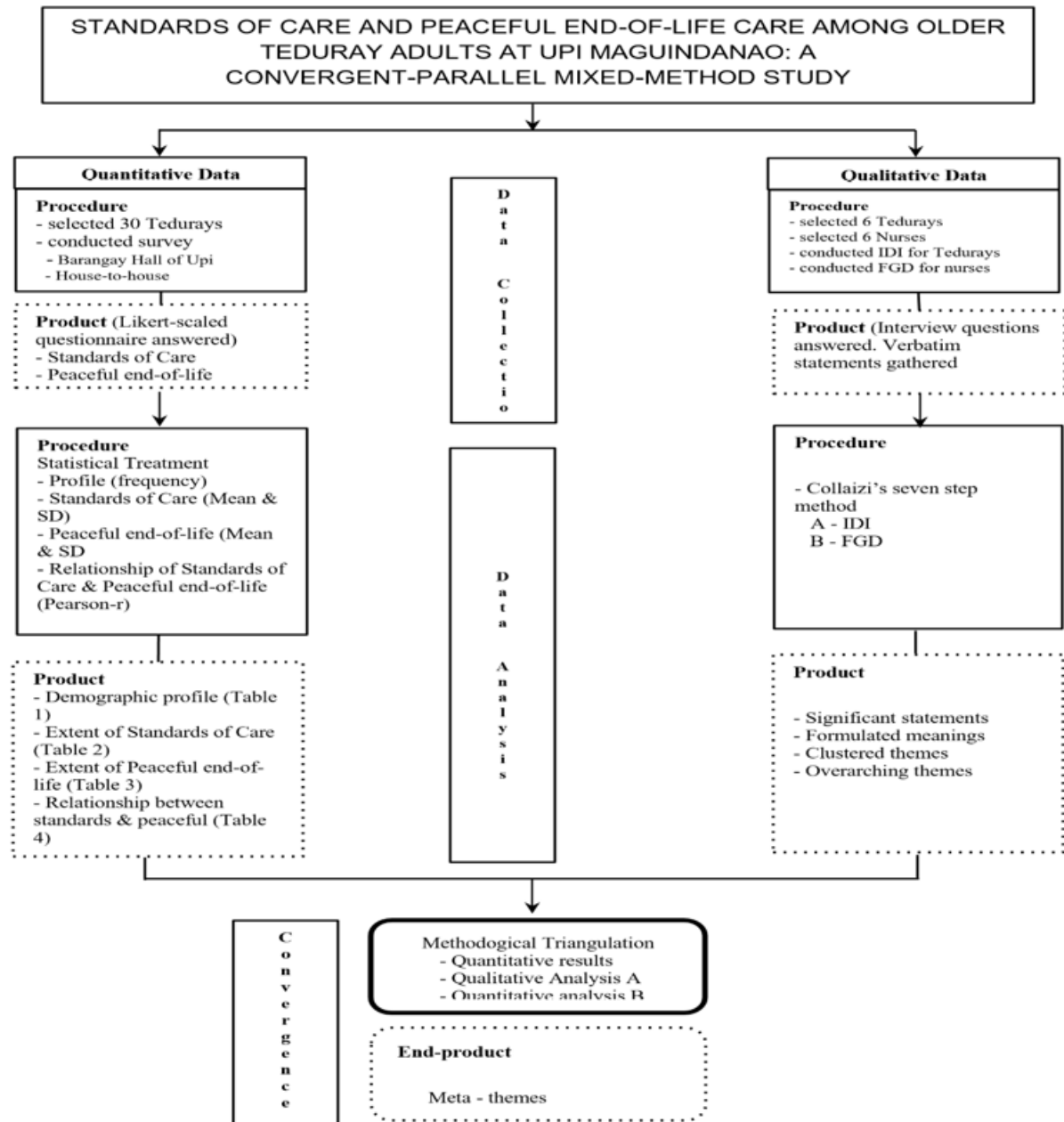


Figure 1: Research Flow

RESULTS AND DISCUSSION

Results

The quantitative and qualitative data analyses are presented in this section. This study aims to determine the standards of care rendered by nurses and its relationship to a peaceful end-of-life of the Teduray older adults. The frequency and percentage distribution of the demographic profile of the participants are presented in Table 1. This table includes the age and sex, and religion of the Teduray Older Adults of Upi, Maguindanao. The demographic profile of the participants is presented in Table 1. This data indicates that within the total sample size of 31 participants, 23 individuals, or 74.2% fall into the age category of above 60 years old. This finding suggests that a significant majority of the participants

may be classified inside this particular age group. In contrast, the data indicates that only a small proportion of participants, specifically 1 or 3.2%, are between the ages of 31-40. Subsequently, it is evident from the data that of the respondents who completed the survey questionnaire, 21 individuals, constituting 67.7% of the sample, identified as female, while ten individuals, accounting for 32.3%, identified as male. This data demonstrates that within the sample of participants, 20 individuals, or 64.5%, identified as Episcopalians. Conversely, the religious groups with the lowest number of participants were Born Again, Church Alliance, and Espritista, each comprising one individual or 3.2% of the total sample, listed alphabetically.

Table 1: Participants’ Demographic Profile

Profile	Frequency (N=31)	Percentage
a. Age		
31-40 years old	1	3.2
51-60 years old	7	22.6
Above 60 years old	23	74.2
b. Sex		
Male	10	32.3
Female	21	66.7
c. Religion		
Baptist	2	6.5
Born Again	1	3.2
Catholic	6	19.4
Church Alliance	1	3.2
Episcopal	20	64.5
Espiritista	1	3.2

In Table 2, the result revealed that the standard of care and the peaceful end of life care have a positive high correlation ($r = .873, p = .000$) indicating that standard of care is directly related to peaceful end of life care except for the variable

comfort. Overall, the null hypothesis was rejected ($p < .05$) stating that there is no significant relationship between the extent of care rendered by nurses and the extent of peaceful end-of-life care experienced by Teduray older adults.

Table 2: The Significant Relationship Between Extent of Care and Peaceful End of Life Care Experienced by Teduray Older Adults

Variables	R	p-value	Interpretation	Decision
QOC & Peaceful	.835	.000	Significant	Reject Ho
Deluxe & Peaceful	.738	.000	Significant	Reject Ho
Comfort & Peaceful	.053	.779	Not Significant	Accept Ho
SAS & Peaceful	.810	.000	Significant	Reject Ho
Overall	.873	.000	Significant	Reject Ho

Methodological Triangulation

To identify merging-converging results, this stage was completed in which quantitative and qualitative results were combined in a coding matrix. Peaceful end-of-life and an overall healthcare experience constituted the 2focal elements or facets.

In the first step, the quantitative results of the three indicators (3) that represent the overall healthcare experience are presented: (1) The nurse is productively helping me maximize my full potential (M=3.87), (2) The nurse helps me express my concerns and attend to them correctly (M=3.68), and (3) The nurse encourages self – control (M=3.81). On the other hand, for a peaceful end-of-life focal point, the following results were presented: (4) Assists in pain experienced (M = 3.87), (5) Monitors and administers pain relief if needed (M = 3.77), and (6) Applies non-pharmacological interventions (M = 3.68). All six (6) quantitative results revealed a high extent of overall healthcare experience and peaceful end-of-life experience from the perspective of Tedurays.

Presented in Step 2 are the emergent themes on the Standards of Care of Rural Health Nurses in Upi, Maguindanao from the viewpoint of Tedurays and

Nurses. These are: (1) Quality care is a process. It is something that a person receives, (2) Challenges of health care providers to give quality care, (3) Interventions made for a quality life approaching a peaceful end of life, (4) Definition of comfort among Community Health Nurses in Upi, Maguindanao, (5) Definition of comfort among Teduray Older Adults, and (6) Similarities and Differences about comfort among the Community Health Nurses and Teduray older adults. These six (6) themes followed the threads and converged with the quantitative results. The synthesis of the qualitative and quantitative findings produced two meta-themes: (1) Nurses’ provision of positive support in facilitating standard of care and (2) The importance of pain management in ensuring a peaceful end-of-life care experience.

Meta-theme 1: The quality of care experience is enhanced by the substantial presence of nurses and the assistance and support they provide throughout the end-of-life journey, according to the result of convergence.

In addition, the results of Meta-theme 2: Converged that the definition of serenity and comfort is the provision of pharmacologic and non-pharmacologic pain relief.

Discussion

This section presents the discussion of the quantitative, qualitative, and merging of results in standards of care rendered by nurses and its relationship to a peaceful end-of-life for Teduray, older adults.

The health requirements and entitlements of the elderly are distinct, specifically with about tranquil end-of-life care. Individuals typically attain their maximum physical strength and endurance during their twenties; thereafter, these attributes decline gradually. Many of physiological transformations can occur during adulthood, while complicated cognitive alterations occur in the aging population. Healthcare professionals, whether employed in hospitals or communities, must possess an understanding of the viewpoints of elderly individuals regarding mortality, dying, and the last moments of life to deliver high-quality care that promotes a serene passing [Lincoln, Y. S., & Guba, E. G. (1985)]. In terms of gender, in all societies, females surpass males in age. In 2021, the average life expectancy of women in the Philippines was approximately 71.48 years, whereas the average life expectancy of men was approximately 67.17 years. Throughout all age categories, health status is assessed utilizing life expectancy [Statista. (2019)., IBIS-PH. (n.d.)]. In terms of religion, many individuals consider that there is a fundamental connection between spirituality and health care. Medical professionals need to understand the relationship between religion and healthcare. To provide appropriate care, healthcare professionals must be aware of how religion affects how patients are treated [Karnik, S., & Kanekar, A. (2016)].

The participants were satisfied with the type of care rendered to them by nurses in their community in terms of quality of care, deluxe satisfaction, comfort, safety, and security. This also indicates that the participants have a positive experience with their healthcare provider and facility. The patients feel they received competent, effective, appropriate medical treatment despite the scarcity of amenities or resources in the community setting. The evaluation and sufficiency of healthcare services can be ascertained through the perspectives and contentment of patients and their family members. Patient satisfaction is regarded as the ultimate determinant of care quality and is regarded as a consequence of healthcare services [Karnik, S., & Kanekar, A. (2016)].

The participants had a comfortable experience in terms of pain management, comfort approaches, respect or approach, being at peace, and closeness to significant others while they are fighting for their lives. This implies that, although not perfect, they received near to comprehensive and compassionate care focused on managing their physical symptoms, ensuring comfort, and fostering emotional support. Adequate end-of-life care necessitates a comprehensive understanding of the ailing patient and expertise in a diverse therapeutic approaches. Aesthetic qualities, including the absence of pain, shortness of breath, as well as cleanliness, are consistently regarded as the most essential end-of-life

attributes by patients, family members, and care providers. In fact, these aspects form the foundation of formal guidelines that guide practitioners who deliver end-of-life care. In the final stages of life, physical solace is elusive despite its significance [Karaca, A., & Durna, Z. (2019)]. The study resulted in that the higher the level of quality of care, deluxe satisfaction, safety and security the more robust it will impact the high peaceful end-of-life experience of the Tedurays. When the services rendered by the nurses are excellent, the patients will more likely experience a peaceful end-of-life. According to studies, treating pain and other symptoms with care is a sign of good end-of-life care. However, because comfort is a personal experience impacted by several variables, such as the patient's preferences and environment, it is not directly tied to the level of care. Therefore, while quality of care is crucial for delivering dignified end-of-life care, it is not the only component that affects the patient's experience as a whole [Svalastog, A. L., Donev, D., Kristoffersen, N. J., & Gajović, S. (2017)].

In the aspect of how the Tedurays viewed "peaceful" end-of-life care, it is unfolded in this study that notably pain management before passing is an indicator of better end-of-life care or "absence of pain" is understood as "peaceful". Reducing pain is tantamount to putting the patient and their family at ease and preparedness to accept end-of-life care procedures. On physical observance, the experience of the pain of the patient is taken as a manifestation of a lack of proper care management. Reducing it or removing the physical pain brought by the illness brings a feeling of consolation not just to the patient but mainly to the family. The family takes solace in the image that, at the very end, they were able to provide a better experience for the patient despite the illness. In a meta-analysis study on what constitutes a "good death," it was discussed that a "good death" is viewed to be achieved when the individual exhibits readiness for death in the presence of significant others and when there is no pain as they approach their end [Majait, S., Sallave, B., & De Paz, P. (2021)].

Moreover, in some cultural beliefs, pain is an externalization of punishment or bad karma for wrongdoing. Thus, the reduction or easing of pain is an acceptable sight that the patient is not being punished but rather part of the cycle of life, an acceptable ordeal for the family. The vital benefits of pain management among older adults would include improving physical function, reducing isolation and depression, and enhancing balance and mental acuity [129]. Lastly, the family desires to see the painless passing of a loved one. This is also appeases their feeling that they have taken the extra step or the better medical option before a patient dies.

CONCLUSION

The findings of this study underscore a significant relationship between nursing standards of care and the end-of-life experiences of the Teduray people. The quality of nursing care plays a vital role in shaping the overall

end-of-life journey of individuals within this cultural group. By effectively addressing physical discomfort, providing emotional support, and respecting the cultural beliefs and traditions of the Tedurays, nurses serve as key facilitators in ensuring a dignified, compassionate, and holistic end-of-life experience.

This study further emphasizes the importance of integrating cultural competence into nursing practice. A deeper understanding of the unique cultural perspectives, values, and preferences of the Tedurays enables nurses to individualize care and improve the quality of end-of-life services provided to older adult Teduray patients. Acknowledging and honoring these cultural beliefs allows for more meaningful and respectful care delivery.

Moreover, the implications of this study extend beyond the Teduray community, highlighting the broader relevance of culturally competent nursing care. Promoting cultural sensitivity in nursing practice is essential to fostering positive end-of-life experiences among individuals from diverse cultural backgrounds.

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REFERENCES

AdventHealth University. (2020). *Religion and healthcare: The importance of cultural sensitivity*. <https://www.ahu.edu/blog/religion-and-healthcare-the-importance-of-cultural-sensitivity>

Al Shamsi, H., Almutairi, A. G., Al Mashrafi, S., & Al Kalbani, T. (2020). Implications of language barriers for healthcare: A systematic review. *Oman Medical Journal*, 35(2), e122. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7174149/>

Allande-Cussó, R., Fernández-García, E., & Porcel-Gálvez, A. M. (2021). Defining and characterising the nurse–patient relationship: A concept analysis. *Nursing Ethics*, 28(7–8), 1209–1226.

Alzheimer's Association. (2009). *Alzheimer's Association campaign for quality residential care*. https://www.alz.org/national/documents/brochure_dcrphases1n2.pdf

American Mobile. (2023, August 23). *How do nurses inspire?* <https://www.americanmobile.com/nursezone/profiles-and-features/nurses-inspire>

Anekar, A. A. (2021). WHO analgesic ladder. In *StatPearls*. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK554435/>

Angara, S. (2018, October 31). *Palliative, end-of-life care to be covered by PhilHealth under universal health care bill*. Senate of the Philippines. https://legacy.senate.gov.ph/press_release/2018/1031_angara1.asp

Apeartd. (2019, August 6). *Nutrition and hydration at the end of life*. <https://apeartd.blogspot.com/2019/08/nutrition-and-hydration-at-end-of-life.html>

Arkansas State University. (2018). The nurse's role in patient education. <https://degree.astate.edu/articles/nursing/nurses-role-patient-education.aspx>

Arufu. (2023, May). *Celebrating National Nurses Day: Honoring our everyday heroes*. CGFNS International, Inc. <https://www.cgfns.org/celebrating-national-nurses-day-honoring-our-everyday-heroes>

Babaei, S., & Taleghani, F. (2019). Compassionate care challenges and barriers in clinical nurses: A qualitative study. *Iranian Journal of Nursing and Midwifery Research*, 24(3), 213–219. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6485023/>

Babaei, S., Taleghani, F., & Farzi, S. (2022). Components of compassionate care in nurses working in the cardiac wards: A descriptive qualitative study. *Journal of Caring Sciences*, 11(4), 239–245. <https://doi.org/10.34172/jcs.2022.033>

Babiker, A. (2014). Health care professional development: Working as a team to improve patient care. *Sudanese Journal of Paediatrics*, 14(2), 9–16. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4949805/>

Balawag. (2016). *End-of-life care: Lived experience of non-Muslim nurses* [Unpublished thesis]. San Pedro College.

Balogh, E. P., Miller, B. T., & Ball, J. R. (2019). *The diagnostic process*. National Academies Press. <https://www.ncbi.nlm.nih.gov/books/NBK338593/>

Bangsamoro Information Office. (2023, July 13). *MILG, MIPA sign joint memorandum circular reinforcing IPs' participation in local governance*. BARMM Official Website. <https://bangsamoro.gov.ph/news/latest-news/milg-mipa-sign-joint-memorandum-circular-reinforcing-ips-participation-in-local-governance>

Baratta, J., Brown-Johnson, C., Safaeinili, N., Goldman Rosas, L., Palaniappan, L., & Winget, M. (2021). Patient and health professional perceptions of telemonitoring for hypertension management: A qualitative study. *JMIR Formative Research*, 5(8), e26392. <https://formative.jmir.org/2021/8/e26392/>

Bombard, Y., Baker, G. R., Orlando, E., Fancott, C.,

- Bhatia, P., Casalino, S., & Pomey, M. P. (2018). Engaging patients to improve quality of care: A systematic review. *Implementation Science*, 13(1), Article 98. <https://implementationscience.biomedcentral.com/articles/10.1186/s13012-018-0784-z>
- Bosch, B., & Mansell, H. (2015). Interprofessional collaboration in health care. *Canadian Pharmacists Journal*, 148(4), 176–179. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4530359/>
- Chin-Yee, N., D'Egidio, G., Thavorn, K., Heyland, D., & Kyeremanteng, K. (2017). Cost analysis of the very elderly admitted to intensive care units. *Critical Care*, 21, Article 109. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5433056>
- Cohen-Mansfield, J., & Brill, S. (2020). After providing end-of-life care to relatives, what care options do family caregivers prefer for themselves? *American Journal of Hospice and Palliative Medicine*, 37(10), 795–803. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7518928>
- Collins, A. S. (2018). *Preventing health care-associated infections*. Agency for Healthcare Research and Quality. <https://www.ncbi.nlm.nih.gov/books/NBK2683/>
- Crawley, L., Marshall, P., Lo, B., & Koenig, B. (2002). *Strategies for culturally effective end-of-life care*. https://www.researchgate.net/publication/287650104_Strategies_for_Culturally_Effective_End-of-Life_Care
- Cross, A. J., Elliott, R. A., Petrie, K., Kuruvilla, L., & George, J. (2020). Interventions for improving medication-taking ability and adherence in older adults prescribed multiple medications. *Cochrane Database of Systematic Reviews*, 2020(5), CD012419. <https://doi.org/10.1002/14651858.CD012419.pub2>
- Dalvandi, A., Vaisi-Raygani, A., Nourozi, K., Ebadi, A., & Rahgozar, M. (2019). The importance and extent of providing compassionate nursing care from the viewpoint of patients hospitalized in educational hospitals in Kermanshah, Iran. *Open Access Macedonian Journal of Medical Sciences*, 7(6), 1046–1052.
- De Vera, D. E. (2007). *Indigenous peoples in the Philippines: A country case study* [Paper presentation]. RNIP Regional Assembly, Hanoi, Vietnam.
- Deger, V. (2018). *Transcultural nursing*. IntechOpen. <https://www.intechopen.com/chapters/61494>
- Dewar, B. (2013). Cultivating compassionate care. *Nursing Standard*, 27(34), 48–55. <https://doi.org/10.7748/ns2013.04.27.34.48.e7460>
- Dixon-Woods, M., McNicol, S., & Martin, G. (2012). Ten challenges in improving quality in healthcare. *BMJ Quality & Safety*, 21(10), 876–884. <https://qualitysafety.bmj.com/content/21/10/876>
- Edemekong, P. F., Bomgaars, D. L., & Levy, S. B. (2022). *Activities of daily living (ADLs)*. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK470404/>
- End-of-Life Nursing Education Consortium. (2010). Care at the time of death. In *Nursing care at the end of life*. <https://milnepublishing.geneseo.edu/nursingcare/chapter/care-at-the-time-of-death/>
- Farmer, N., & Cotter, E. W. (2021). Well-being and cooking behavior: Using the PERMA model as a theoretical framework. *Frontiers in Psychology*, 12, Article 560628. <https://www.frontiersin.org/articles/10.3389/fpsyg.2021.560628>
- Flaubert, J. L., Menestrel, S. L., Williams, D. R., & Wakefield, M. K. (2021). *Supporting the health and professional well-being of nurses*. National Academies Press. <https://www.ncbi.nlm.nih.gov/books/NBK573902/>
- Flaubert, J. L., Menestrel, S. L., Williams, D. R., & Wakefield, M. K. (2021). *The role of nurses in improving health equity*. National Academies Press. <https://www.ncbi.nlm.nih.gov/books/NBK573898/>
- Fleming, J., Calloway, R., Perrels, A., Farquhar, M., Barclay, S., & Brayne, C. (2017). Dying comfortably in very old age with or without dementia in different care settings: A representative “older old” population study. *BMC Geriatrics*, 17, Article 222. <https://bmccgeriatr.biomedcentral.com/articles/10.1186/s12877-017-0605-2>
- Fleming, J., Farquhar, M., Brayne, C., & Barclay, S. (2016). Death and the oldest old: Attitudes and preferences for end-of-life care—Qualitative research within a population-based cohort study. *PLOS ONE*, 11(4), e0150686. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0150686>
- Franco, L. S., Shanahan, D. F., & Fuller, R. A. (2017). A review of the benefits of nature experiences: More than meets the eye. *International Journal of Environmental Research and Public Health*, 14(8), 864. <https://www.mdpi.com/1660-4601/14/8/864>
- Grand Rapids Community College. (2022). *Seven dimensions of wellness*. <https://www.grcc.edu/facultystaff/human-resources/professional-development/employee-wellness/seven-dimensions-wellness>
- Greene, S. M., Tuzzio, L., & Cherkin, D. (2012). A framework for making patient-centered care front and center. *The Permanente Journal*, 16(3), 49–53. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3442762/>
- Guest, K. (2021). Coping with loss. PDFCoffee. <https://pdfcoffee.com/coping-with-lossdocx-pdf-free.html>
- Guiamel, E. (2019, December 4). *The Teduray* [PowerPoint slides]. Scribd. <https://www.scribd.com/presentation/438205092/10-The-Teduray-pptx>
- HealthHub Singapore. (n.d.). *Building strong family ties*. <https://www.healthhub.sg/live-healthy/878/building-strong-family-ties>
- Hebert, K., Moore, H., & Rooney, J. (2011). The nurse advocate in end-of-life care. *Ochsner Journal*, 11(4), 325–329. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3241064/>
- Higgins, P., & Hansen, J. (2017, January 8). *Peaceful end-of-life theory*. NurseKey. <https://nursekey.com/36-peaceful-end-of-life-theory/>
- Hulla, R. P. (2019, June 27). *Pain management and the elderly*. Practical Pain Management. <https://www.practicalpainmanagement.com/treatments/pain-management-elderly>

- Hurights Osaka. (2010, December). *Indigenous peoples in the Philippines: Continuing struggle*. <https://www.hurights.or.jp/archives/focus/section2/2010/12/indigenous-peoples-in-the-philippines-continuing-struggle.html>
- IBIS-PH. (n.d.). *Life expectancy at birth*. https://ibis.health.utah.gov/ibisphview/indicator/important_facts/LifeExpect.html
- Institute of Medicine (US) Committee on Care at the End of Life. (1997). *Approaching death: Improving care at the end of life*. National Academies Press. <https://www.ncbi.nlm.nih.gov/books/NBK233604/>
- Integrated Provincial Health Office. (2010). *Rural Health Unit health summit report: Upi, Maguindanao*.
- Jasemi, M., Valizadeh, L., Zamanzadeh, V., & Keogh, B. (2019). A concept analysis of holistic care by hybrid model. *Indian Journal of Palliative Care*, 23(1), 71–80. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5294442/>
- Javier, E. (2009). *Lumads' struggle to claim ancestral domain rights in the ARMM: The TLMADC perspective*. De La Salle University. <https://www.dlsu.edu.ph/wp-content/uploads/pdf/sdrc/working-papers/WPseries-No-1-Lumads-Struggle.pdf>
- Jin, J., Sklar, G. E., Oh, V. M. S., & Li, S. C. (2008). Factors affecting therapeutic compliance: A review from the patient's perspective. *Therapeutics and Clinical Risk Management*, 4(1), 269–286. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2503662/>
- Karaca, A., & Durna, Z. (2019). Patient satisfaction with the quality of nursing care. *Nursing Open*, 6(2), 535–545. <https://doi.org/10.1002/nop2.237>
- Karnik, S., & Kanekar, A. (2016). Ethical issues surrounding end-of-life care: A narrative review. *Healthcare*, 4(2), 24. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4934577/>
- Keeley, M. P. (2017). Family communication at the end of life. *Journal of Family Communication*, 17(3), 197–214. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5618053/>
- Kennedy, S. (2016). The importance of patient dignity in care at the end of life. *Ulster Medical Journal*, 85(1), 45–48. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4847835/>
- Kia, Z., Allahbakhshian, M., Ilkhani, M., Nasiri, M., & Allahbakhshian, A. (2021). Nurses' use of non-pharmacological pain management methods in intensive care units: A descriptive cross-sectional study. *Complementary Therapies in Medicine*, 58, 102705.
- Kidadl Team. (2021). *Respect for elders: What does it mean for your family?* Kidadl. <https://kidadl.com/articles/respect-for-elders-what-does-it-mean-for-your-family>
- Kisvetrová, H., Vévodová, Š., & Školoudík, D. (2017). Comfort-supporting nursing activities for end-of-life patients in an institutionalized environment. *Journal of Nursing Scholarship*, 49(2), 126–133. <https://sigmapubs.onlinelibrary.wiley.com/doi/10.1111/jnu.12341>
- Kruk, M. E., Gage, A. D., Arsenault, C., Jordan, K., Leslie, H. H., & Roder-DeWan, S. (2018). High-quality health systems in the Sustainable Development Goals era: Time for a revolution. *The Lancet Global Health*, 6(11), e1196–e1252. [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30386-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30386-3/fulltext)
- Kwame, A., & Petrucka, P. M. (2020). Communication in nurse–patient interaction in healthcare settings in sub-Saharan Africa: A scoping review. *International Journal of Africa Nursing Sciences*, 12, 100198. <https://www.sciencedirect.com/science/article/pii/S2214139119301490>
- Kwame, A., & Petrucka, P. M. (2021). Patient-centered care and communication in nurse–patient interactions: Barriers, facilitators, and the way forward. *BMC Nursing*, 20(1), Article 155. <https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-021-00684-2>
- Liang, Z., Xu, M., Liu, G., Zhou, Y., & Howard, P. (2022). Patient-centred care and patient autonomy: Doctors' views in Chinese hospitals. *BMC Medical Ethics*, 23(1), Article 38. <https://pubmed.ncbi.nlm.nih.gov/35395761/>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage Publications.
- Lino, C. (2019). *Positive psychology theory in a nutshell*. PositivePsychology.com. <https://positivepsychology.com/positive-psychology-theory/>
- Lorentz, M. M. (2008). Transcultural nursing: Its importance in nursing practice. *Journal of Cultural Diversity*, 15(4), 185–189. <https://pubmed.ncbi.nlm.nih.gov/19172978/>
- Lorentz, M. M. (2008). Transcultural nursing: Its importance in nursing practice. *Journal of Cultural Diversity*, 15(4), 185–189. <https://pubmed.ncbi.nlm.nih.gov/19172978/>
- Majait, S., Sallave, B., & De Paz, P. (2021). Caring behavior and quality of care rendered by community health nurses in the Philippines. *Malaysian Journal of Nursing*, 13(2). <https://ejournal.lucp.net/index.php/mjn/article/view/1357>
- Malenfant, S., Jaggi, P., Hayden, K. A., & Sinclair, S. (2022). Compassion in healthcare: An updated scoping review of the literature. *BMC Palliative Care*, 21(1), Article 65. <https://bmcpalliatcare.biomedcentral.com/articles/10.1186/s12904-022-00942-3>
- McGhee, M. K. (2018). *Compassion in nursing: Be a compassionate nurse*. American Mobile. <https://www.americanmobile.com/nursezone/nursing-news/compassionate-nurse-the-importance-of-compassion-in-nursing>
- McGregor, M., Slater, J., Sloan, J., McGrail, K., Matthews, A., Berg, S., Plecash, A., Sloss, L., Trimble, J., & Murphy, J. (2021). *How's your health at home: Frail homebound patients' reported health experience and outcomes*. <https://www.cambridge.org/core/services/aop-cambridge-core/content/view/95BCAD23E2F1A6090A507801E5C8BC73>
- Merriam-Webster. (2021). *Pain*. In *Merriam-Webster.com dictionary*. <https://www.merriam-webster.com/dictionary/pain>

- Merriam-Webster. (2021). *Security*. <https://www.merriam-webster.com/dictionary/security>
- Ministry of Indigenous Peoples' Affairs. (2022, January 5). *Ministry of Indigenous Peoples' Affairs, Bangsamoro Autonomous Region in Muslim Mindanao*. <https://mipa.bangsamoro.gov.ph/minster>
- Ministry of Indigenous Peoples' Affairs. (2022, October 11). *State of the ministry's address (Saturday, October 08, 2022)*. <https://mipa.bangsamoro.gov.ph/state-of-the-ministrys-address-on-saturday-october-08-2022>
- Mitchell, P. H. (2008). Defining patient safety and quality care. In R. G. Hughes (Ed.), *Patient safety and quality: An evidence-based handbook for nurses*. Agency for Healthcare Research and Quality. <https://www.ncbi.nlm.nih.gov/books/NBK2681>
- Molina-Mula, J., & Gallo-Estrada, J. (2020). Impact of nurse-patient relationship on quality of care and patient autonomy in decision-making. *International Journal of Environmental Research and Public Health*, 17(3), 835. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7036952/>
- Mortimer, F., Isherwood, J., Wilkinson, A., & Vaux, E. (2018). Sustainability in quality improvement: Redefining value. *Future Healthcare Journal*, 5(2), 88–93. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6502556/>
- Mosadeghrad, A. M. (2014). Factors influencing healthcare service quality. *International Journal of Health Policy and Management*, 3(2), 77–89. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4122083/>
- Ngag, J. B. (2021, March). *Kesefelinguyot: A reference point on Teduray traditional wedding ritual in Mindanao*. https://www.researchgate.net/publication/350132453_KESEFELING
- O'Daniel, M., & Rosenstein, A. H. (2018). *Professional communication and team collaboration*. Agency for Healthcare Research and Quality. <https://www.ncbi.nlm.nih.gov/books/NBK2637/>
- Palliative Care Australia. (2020). *The dying process*. <https://palliativecare.org.au/resources/the-dying-process>
- Peaceful end of life theory: A critical analysis of its use to guide nursing practice. (n.d.). *Rwanda Journal of Medicine and Health Sciences*. <https://www.ajol.info/index.php/rjmh/article/view/220046/207641>
- Pereno, A., & Eriksson, D. (2020). A multi-stakeholder perspective on sustainable healthcare: From 2030 onwards. *Futures*, 122, 102605. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7375280/>
- Pinto, S., Fumincelli, L., Mazzo, A., Caldeira, S., & Martins, J. C. A. (2016). Comfort, well-being, and quality of life: Discussion of the differences and similarities among the concepts. *Porto Biomedical Journal*, 1(1), 6–12. <https://cyberleninka.org/article/n/713806>
- Practical Nursing Writers. (2021, June 17). *The importance of holistic nursing care: How to completely care for your patients*. <https://www.practicalnursing.org/importance-holistic-nursing-care-how-completely-care-patients>
- Practices following the death of a loved one reported by nurses. (n.d.). *Nursing Open*. <https://onlinelibrary.wiley.com/doi/full/10.1002/nop.2.646>
- Prakash, B. (2010). Patient satisfaction. *Journal of Cutaneous and Aesthetic Surgery*, 3(3), 151–155. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3047732>
- Prommer, E., & Ficek, B. (2012). Management of pain in the elderly at the end of life. *Journal of Hospice & Palliative Nursing*, 14(6), 401–409. <https://mayoclinic.pure.elsevier.com/en/publications/management-of-pain-in-the-elderly-at-the-end-of-life>
- Rees, E. (2020, September 16). *Racism in healthcare: What you need to know*. Medical News Today. <https://www.medicalnewstoday.com/articles/racism-in-healthcare>
- RegisteredNursing.org Writers. (2021, July 27). *What is transcultural nursing?* <https://www.registerednursing.org/specialty/transcultural-nurse/>
- Reinhard, S. C., Given, B., Petlick, N. H., & Bemis, A. (2008). *Supporting family caregivers in providing care*. Agency for Healthcare Research and Quality. <https://www.ncbi.nlm.nih.gov/books/NBK2665/>
- Republic of the Philippines. (1991). *Local Government Code of 1991 (Republic Act No. 7160)*. <https://www.officialgazette.gov.ph/1991/10/10/republic-act-no-7160/>
- Republic of the Philippines. (1997). *Indigenous Peoples' Rights Act of 1997 (Republic Act No. 8371)*. <https://www.officialgazette.gov.ph/1997/10/29/republic-act-no-8371/>
- Ringdal, M., Chaboyer, W., Ulin, K., Bucknall, T., & Oxelmark, L. (2017). Patient preferences for participation in patient care and safety activities in hospitals. *BMC Nursing*, 16(1), Article 69. <https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-017-0266-7>
- Rome, R. B., Luminais, H. H., Bourgeois, D. A., & Blais, C. M. (2011). The role of palliative care at the end of life. *The Ochsner Journal*, 11(4), 348–352. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3241069/>
- Ross, A., Bevans, M., Brooks, A. T., Gibbons, S., & Wallen, G. R. (2018). Nurses and health-promoting behaviors: Knowledge may not translate into self-care. *AORN Journal*, 105(3), 267–275. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5536335/>
- Ruland, C. M., & Moore, S. M. (1998). Theory construction based on standards of care: A proposed theory of the peaceful end of life. *Nursing Outlook*, 46(4), 169–175. <https://pubmed.ncbi.nlm.nih.gov/9739534/>
- Ruland, C. M., & Moore, S. M. (1998). Theory construction based on standards of care: A proposed theory of the peaceful end of life. *Nursing Outlook*, 46(4), 169–175. [https://doi.org/10.1016/S0029-6554\(98\)90069-0](https://doi.org/10.1016/S0029-6554(98)90069-0)
- Schlegel, S. (1971). *Two Teduray communities*. https://www.researchgate.net/publication/280821339_From_Tribal_to_Peasant_The_Teduray_Example
- Schlegel, S. A. (n.d.). *From tribal to the peasant: Two Teduray communities*. Academia.edu. https://www.academia.edu/15516899/FROM_TRIBAL_TO_PEASANT_Two_Teduray_Communities

- Smith, S., James, A., Brogan, A., Adamson, E., & Gentleman, M. (2016). Reflections about experiences of compassionate care from award-winning undergraduate nurses. *Journal of Compassionate Health Care*, 3(1), Article 9. <https://jcompassionatehc.biomedcentral.com/articles/10.1186/s40639-016-0023-x>
- Stanford Health Care. (2014). *Quality at Stanford Health Care*. <https://stanfordhealthcare.org/about-us/quality.html>
- Statista. (2019). *Philippines: Life expectancy at birth by gender*. <https://www.statista.com/statistics/971067/life-expectancy-at-birth-in-the-philippines-by-gender/>
- Stewart, A. L., Teno, J., Patrick, D. L., & Lynn, J. (1999). The concept of quality of life of dying persons in the context of health care. *Journal of Pain and Symptom Management*, 17(2), 93–108. <https://www.sciencedirect.com/science/article/pii/S0885392498001316>
- Svalastog, A. L., Donev, D., Kristoffersen, N. J., & Gajović, S. (2017). Concepts and definitions of health and health-related values in the knowledge landscapes of the digital society. *Croatian Medical Journal*, 58(6), 431–435. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5778676/>
- Tenorio, J., & Schlegel, S. (1970). The customs of the Tiruray people. *Asian Folklore Studies*, 29(1), 1–40. <https://www.jstor.org/stable/42632068>
- The LawPhil Project. (2021). *Republic Act No. 11054*. https://www.lawphil.net/statutes/repacts/ra2018/ra_11054_2018.html
- Tirosh, Y. (2020, May 6). *Different cultural traditions around the world*. Tomedes. <https://www.tomedes.com/translator-hub/24-cultural-traditions-around-world>
- Tsheng W. S. W., Wong, W. K., Shih, C. C., & Su, Y. S. (2020). Building a care management and guidance security system for assisting patients with cognitive impairment. *Healthcare*, 8(4), 516. <https://www.mdpi.com/1050-12/24/10516>
- Tulane University. (2021). *How to improve cultural competence in health care*. <https://publichealth.tulane.edu/blog/cultural-competence-in-health-care>
- U.S. Department of Health and Human Services. (2017, May 17). *Providing care and comfort at the end of life*. National Institute on Aging. <https://www.nia.nih.gov/health/providing-comfort-end-life>
- United Nations Department of Economic and Social Affairs. (2009). *State of the world's indigenous peoples*. United Nations. https://www.un.org/esa/socdev/unpfi/documents/SOWIP_web.pdf
- Uyot, A. (n.d.). *A reference point on Teduray traditional wedding ritual in Mindanao*.
- Valentine-French, L. (n.d.). *Cultural differences in end-of-life decisions*. Lumen Learning. <https://courses.lumenlearning.com/sunylifespandevlopment/chapter/cultural-differences-in-end-of-life-decisions/>
- Vannucci, M. J., & Weinstein, S. M. (2017). The nurse entrepreneur: Empowerment needs, challenges, and self-care practices. *Nursing: Research and Reviews*, 7, 57–66. <https://www.dovepress.com/the-nurse-entrepreneur-empowerment-needs-challenges-and-self-care-prac-peer-reviewed-fulltext-article-NRR>
- Vedel, I., Ghadi, V., & Gurimand, F. (2021). Caring behavior and quality of care rendered by community health nurses in the Philippines. *Malaysian Journal of Nursing*, 13(2). <https://ejournal.lucp.net/index.php/mjn/article/view/1357>
- Vinluan, L. (2012). *Healthy and productive ageing program*. Department of Health Philippines. <https://doh.gov.ph/health-programs/healthy-and-productive-ageing-program>
- Vizzuality. (2021). *Upi, Maguindanao, Philippines deforestation rates & statistics*. Global Forest Watch. <https://tinyurl.com/4j34xz8d>
- Western Governors University. (2021). *Nursing care plans: An introduction*. <https://www.wgu.edu/blog/nursing-care-plans-introduction2111.html>
- World Health Organization. (2016). *Social justice and human rights as a framework for addressing social determinants of health: Final report of the Task Group on Equity, Equality, and Human Rights*. WHO Regional Office for Europe. https://www.euro.who.int/__data/assets/pdf_file/0006/334356/HRtask-report.pdf
- World Health Organization. (2020). *Quality of care*. <https://www.who.int/health-topics/quality-of-care>
- World Health Organization. (2021). *Elder abuse*. <https://www.who.int/news-room/fact-sheets/detail/elder-abuse>
- World Health Organization. (2021). *Quality of care*. <https://www.who.int/health-topics/quality-of-care>
- Xesfingi, S., & Vozikis, A. (2016). Patient satisfaction with the healthcare system: Assessing the impact of socio-economic and healthcare provision factors. *BMC Health Services Research*, 16, Article 94. <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-016-1327-4>
- Zamanzadeh, V., Jasemi, M., Valizadeh, L., Keogh, B., & Taleghani, F. (2015). Effective factors in providing holistic care: A qualitative study. *Indian Journal of Palliative Care*, 21(2), 214–224. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4441185/>