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## **Filipino Family Caregivers and Aging Patients Advocate for Racial Justice in Health Care Services, Research Finds**

New [research](#) from faculty at Guilford College and the Philippine Heritage Council of Manitoba in Canada revealed that healthcare providers exhibit judgment, implicit bias, and poor management of chronic illnesses, often leading to expressions of power over patients and low levels of trust on the part of Filipino aging patients and caregivers. Participants' testimonies stress the need for health care providers to seek pathways for *kapwa* and peacebuilding to address racial/ethnic health care disparities, poor health service utilization, and poor health outcomes. The Filipino concept of *kapwa*, an Indigenous philosophy, embodies peace values such as respect, mutual help, compassion, sensitivity, and community, and calls people to navigate relationships collectively rather than alone. While *kapwa* acknowledges personal identities and differences, it encourages a sense of oneness, the unity of the self and others. *Kapwa* can be conceptualized as an Indigenous form of peacebuilding as well as a conflict transformation approach that can be used in healthcare settings to achieve oneness and racial justice. This research suggests the use of anti-racist education to reduce oppression, a key cause of adverse health-based inequities affecting racial/ethnic minorities in Canada.

Zulfiya Tursunova says that there is long-standing evidence that immigrant caregivers' and patients' needs have not been met.<sup>i</sup> Immigrant women and men, regardless of gender, race, class, ethnicity, and country of origin, experience barriers in accessing the Canadian healthcare system.<sup>ii</sup> Many find themselves taking the lead role in negotiating cross-cultural care for their families, who have specific emotional and sociocultural needs in how they receive and provide care to their children, parents, or relatives.<sup>iii</sup> Immigrant women frequently experience a lack of support while having heavy obligations as caregivers for ill family members; they often have a low income and/or jobs with limited flexibility and experience a lack of social support, neighborhood cohesion, and a sense of community.<sup>iv</sup> They may be reluctant to use formal services because of the lack of cultural sensitivity shown by care providers and the barriers related to unmet language needs, transportation issues, racism, social exclusion, accent-based discrimination, and lack of knowledge about the Canadian health care system.<sup>v</sup> Some immigrant caregivers and patients experience poor relationships with health care providers, who may not communicate in a cross-cultural manner or provide adequate care.<sup>vi</sup>

Immigrant women often experience caregiving conflicts with work and family expectations, resulting in stress, burnout, guilt, and frustration as they feel overwhelmed by the number of tasks to perform.<sup>vii</sup> Caregivers may have chronic illnesses themselves, such as cancer, kidney, arthritis, headaches, and dementia.<sup>viii</sup> Moreover, as immigrant caregivers experience resettlement, they frequently must deal with isolation and loneliness, depression, family conflict, economic dependence, and coping.<sup>ix</sup> While a strong sense of responsibility prevails in providing care, structural issues such as disadvantaged access to housing, employment, transportation, or health care services often cause distress for immigrant caregivers looking after their family members.<sup>x</sup>

This study underscores how structural racism in the labor market and residential segregation is intertwined with poverty, racial/ethnic inequities, and health disparities. Living in low-income neighborhoods with high rates of poverty, a lack of employment and inadequate health care often lead to chronic illness. Furthermore, these racial/ethnic disparities are deepened by racial/ethnic-based discrimination when patients receive health care, the high rate of inaccurate assessment by health care

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providers that ignores and misdiagnoses patients' symptoms, and being belittled or talked down. Empirical evidence shows a power struggle between what caregivers and patients desired for competent care and what was actually offered to them by healthcare providers.

Filipino caregivers and patients called for racial justice, equity, and inclusion, and expressed their need for healthcare providers to overcome racism and attitudinal barriers, improve their communication, and engage in more partner-based decision-making when helping immigrant caregivers and patients to receive quality care and health outcomes. Furthermore, chronic illness and symptom assessment, pain prevention, treatment, management, and overall provision of care is a racial justice issue that needs to be addressed to ensure quality care and positive health outcomes. Caregivers and patients observed that healthcare providers exhibited a lack of professional competence and assessment skills in addressing immigrant caregivers' and patients' care needs.

This research brings forward the idea that *kapwa*, an Indigenous community-based peacebuilding and conflict transformation approach, can be used in health care settings to achieve oneness and racial justice. Filipino caregivers' and patients' perspectives on the quality of care they received reflected a complex interplay between their meaning of health and the understanding of professionalism, trust, sensitivity, and communication that empowers them. Indigenous philosophy can shift healthcare providers' practices of oppression and work towards testimonies that express values of respect, mutual help, compassion, kinship obligation, social sensitivity, and community. This study's findings demonstrate the importance of basic and continuing education on anti-racism, diversity, and equity. Healthcare providers must optimize the skilled provision of quality care to immigrant caregivers and patients to achieve health through peace.

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<sup>i</sup> Karen M. Davison, Shen (Lamson) Lin, Hongmei Tong, Karen M. Kobayashi et al., "Nutritional Factors, Physical Health and Immigrant Status Are Associated with Anxiety Disorders among Middle-Aged and Older Adults: Findings from Baseline Data of the Canadian Longitudinal Study on Aging (CLSA)," *International Journal of Environmental Research and Public Health* 17, no. 5 (2020): 1493; Lichun Willa Liu and Susan A. McDaniel, "Family Caregiving for Immigrant Seniors Living with Heart Disease and Stroke: Chinese Canadian Perspective," *Health Care for Women International* 36, no. 12 (2015): 1327–45.

## ENDNOTES

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<sup>ii</sup> Daniel W.L. Lai, Jia Li, Xiaoting Ou, and Celia Y.P. Li, "Effectiveness of a Peer-Based Intervention on Loneliness and Social Isolation of Older Chinese Immigrants in Canada: A Randomized Controlled Trial," *BMC Geriatrics* 20, no. 1 (21 September 2020): 356, <https://doi.org/10.1186/s12877-020-01756-9>; Irene D. Lum and Allison M. Williams, "Does the Compassionate Care Benefit Adequately Support

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Vietnamese Canadian Family Caregivers?: A Diversity Analysis,” in *Place, Health, and Diversity: Learning from the Canadian Experience*, ed. Melissa D. Giesbrecht and Valorie A. Crooks (Abingdon, UK: Routledge, 2016), 220–37.

<sup>iii</sup> Zulfiya M. Tursunova and Michelle Lobchuk, “Immigrant Filipinos as Caregivers for Filipino Loved Ones with Chronic Illness in Canada,” *Philippine Journal of Nursing* 86, no. 1 (2016): 17–28; Seles Yung, “Immigrant Status and Unmet Home Care Needs: Results from the Canadian Community Health Survey,” *Journal of Immigrant and Minority Health*, 24 (2022): 154–61, <https://doi.org/10.1007/s10903-020-01135-x>.

<sup>iv</sup> Jinli Wu, Mandong Liu, Yiting Ouyang, and Iris Chi, “Beyond Just Giving Care: Exploring the Role of Culture in Chinese American Personal Care Aides’ Work,” *Journal of Cross-Cultural Gerontology* 35, no. 3 (2020): 255–72; Wendy Duggleby, Allison Williams, Sunita Ghosh, Heather Moquin et al., “Factors Influencing Changes in Health Related Quality of Life of Caregivers of Persons with Multiple Chronic Conditions,” *Health and Quality of Life Outcomes* 14, no. 1 (2016): 1–9.

<sup>v</sup> Deb Finn Mahabir, Patricia O’Campo, Aisha Lofters, Ketan Shankardass et al., “Experiences of Everyday Racism in Toronto’s Health Care System: A Concept Mapping Study,” *International Journal for Equity in Health* 20, no. 1 (2021): 1–15; Lu Wang, Sepali Guruge, and Gelsomina Montana, “Older Immigrants’ Access to Primary Health Care in Canada: A Scoping Review,” *Canadian Journal on Aging/La Revue canadienne du vieillissement* 38, no. 2 (2019): 193–209.

<sup>vi</sup> Samuel Law, Lisa Andermann, Wendy Chow, Xing Wei Luo et al., “Experiences of Family Burden in Caring for the Severely Mentally Ill in a Foreign Land: A Qualitative Study of Chinese Immigrant Families in Toronto, Canada,” *Transcultural Psychiatry* 58, no. 6 (2021): 745–58.

<sup>vii</sup> Christina L. Klassen, Emilia Gonzalez, Richard Sullivan, and Mónica Ruiz-Casares, “‘I’m Just Asking You to Keep an Ear Out’: Parents’ and Children’s Perspectives on Caregiving and Community Support in the Context of Migration to Canada,” *Journal of Ethnic and Migration Studies* 43, no. 11 (2020): 2762–80.

<sup>viii</sup> Kieu Anh Do and Yan Ruth Xia, “Asian-Origin Families in Canada and the United States: Challenges and Resilience,” in *Asian Families in Canada and the United States*, ed. Susan Chuang, Roy Moodley, Uwe Gielen, and Saadia Akram-Pall (Cham: Springer International, 2021), 211–32; Allison Williams, Bharati Sethi, Wendy Duggleby, Jenny Ploeg et al., “A Canadian Qualitative Study Exploring the Diversity of the Experience of Family Caregivers of Older Adults with Multiple Chronic Conditions Using a Social Location Perspective,” *International Journal for Equity in Health* 15, no. 1 (2016): 1–16.

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<sup>ix</sup> Nida Mustafa, Gillian Einstein, Margaret MacNeill, and Judy Watt-Watson, “The Lived Experiences of Chronic Pain among Immigrant Indian-Canadian Women: A Phenomenological Analysis,” *Canadian Journal of Pain* 4, no. 3 (2020): 40–50; D. Farid, P. Li, D. Da Costa, W. Afif et al., “Undiagnosed Depression, Persistent Depressive Symptoms and Seeking Mental Health Care: Analysis of Immigrant and Non-Immigrant Participants of the Canadian Longitudinal Study of Aging,” *Epidemiology and Psychiatric Sciences* 29 (2020).

<sup>x</sup> Solina Richter, Helen Vallianatos, Jacqueline Green, and Chioma Obuekwe, “Intersection of Migration and Access to Health Care: Experiences and Perceptions of Female Economic Migrants in Canada,” *International Journal of Environmental Research and Public Health* 17, no. 10 (2020): 3682.