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Lived Experiences of a Caregiver in Caring Stroke Patients

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ABSTRACT

This qualitative study explored the lived experiences of caregivers caring for stroke patients in Iloilo City, Philippines. Guided by the subjectivist perspective and using reflexive thematic analysis, the study examined how caregivers interpret and assign meaning to their caregiving experiences beyond measurable outcomes such as burden and stress. Purposive sampling was utilized to select primary caregivers and data were collected through semi-structured interviews. Validity was established and maintained through the use of the criteria for quality in qualitative research. Results revealed that being a caregiver for a stroke patient was a rewarding yet difficult process that was deeply rooted in responsibility, compassion and commitment. Caregivers provided various forms of care that went beyond physical care which included emotional, rehabilitative, and decision-making support, while experiencing physical, emotional and psychological stress. Caregivers were resilient as they adapted to stressful circumstances through emotional regulation, family support, faith, and positive coping. Filipino cultural values such as familial responsibility, self-sacrifice, respect for elders, and religiosity had profound influences on the caregiving process. The study's findings support caregiver-focused interventions, culturally adapted healthcare and educational programs, and policies for long-term stroke care.

Keywords: *Caregiving experiences, Filipino culture, qualitative research, reflexive thematic analysis, stroke patients*

INTRODUCTION

Stroke remains a leading cause of disability and often requires long-term care. In the Philippines, family caregiving is shaped by responsibility, compassion, and cultural values. Even though caregiving might be a source of stress and burden, it can also lead to the development of resilience and personal satisfaction. This paper, using subjectivism and reflexive thematic analysis, investigated the experiences of caregivers, their duties, obstacles faced, ways of healing, and how Filipino culture is a factor.

Statement of the Problem

This study aimed to provide a comprehensive account of Filipino family caregivers' subjective and lived experience of caring for stroke patients. In particular, it sought to answer the following:

1. How do caregivers understand the subjective process of caring for stroke patients at home?
2. What particular role(s) do caregivers undertake in caring for stroke patients?
3. What particular emotional, physical, and psychological challenges do caregivers experience in caregiving for stroke patients?

4. What particular mechanisms do caregivers utilize to cope with difficult circumstances in caring for stroke patients?
5. How does the Filipino culture influence caregivers' understanding and experience of caregiving?

Scope and Delimitations

The participants in this study were Filipino family caregivers who were caring for stroke patients receiving home care in Iloilo City. All participants were the primary caregivers of the stroke patients who were currently 18 years or older and had caregiving experience ranging from six months to ten years. The study examined participants' experiences, role challenges, coping strategies, and the effects of culture on caregiving. The results are limited to the participants' care experiences.

Review of Related Literature

Stroke is still one of the main causes of long-term disability on a global scale. So, after a stroke, one is often left with residual disabilities, and ongoing caregiving and rehabilitation are necessary (WHO, 2023; Maggio et al., 2024). Several studies show that extended caregiving may result in emotional, physical, and psychological burdens, as well as decreased quality of life among caregivers, even though they play an important role in patients' recovery (Adejumo et al., 2024; Jaracz et al., 2024). Along these lines, the most recent studies recognize resilience, social support, and life changes as major factors in reducing caregiver burden (Xu et al., 2024). In the Philippines, caregiving is largely dictated by family values such as utang na loob and pakikisama, which, in effect, uphold the belief that the family is solely responsible for its sick members. Even with the emotional, financial, and social difficulties that caregiving presents, caregivers manage to move forward through coping strategies such as spirituality, family cooperation, and acceptance (Aviles et al., 2024; Xu et al., 2024).

Theoretical and Conceptual Framework

This study is anchored in Michael Crotty's (1998) Subjectivism, which views meaning as constructed through individuals' lived experiences. Guided by this perspective, the conceptual framework focuses on exploring the experiences of caregivers of stroke patients through qualitative narrative inquiry. The findings highlight caregivers' understanding of caregiving, the challenges they face, and their coping mechanisms, providing the basis for recommendations to improve caregiver support and home-based stroke care.

METHODOLOGY

The focus of this qualitative research was to understand the experiences of caregivers caring for stroke patients. The methods section also described the research design, research location, sample and sampling methods, research instruments, data collection procedures, data analysis, and ethical considerations.

Research Design

This qualitative narrative study aimed to investigate the first-hand experiences of caregivers who care for stroke patients at home in Iloilo City, Philippines. From a subjectivist

standpoint, the study was most interested in the caregivers' ways of constructing and interpreting meaning through their caregiving experiences. Using reflexive thematic analysis, the research identified, interpreted, and illustrated patterns of meaning while acknowledging the researcher's involvement in the meaning-making process.

Research Steps

After reviewing local and international literature, the researcher developed a study that aims to capture the first-hand experiences of caregivers of stroke patients. With ethical approval granted, participants were selected through purposive sampling and interviewed using a semi-structured interview guide. After that, the data were transcribed and analyzed using Braun and Clarke's Reflexive Thematic Analysis, and the results were interpreted from a subjectivist perspective.

Data Collection and Sample Selection

Purposive sampling was used to recruit primary caregivers of stroke patients who met the inclusion criteria. Semi-structured interviews served as the primary data collection method. The interviews were conducted either face-to-face or online and lasted approximately 30 to 60 minutes. Audio recordings were transcribed verbatim for analysis.

Data Analysis Methods

The data analysis employed a thematic approach, in which transcripts from interviews and focus groups were systematically categorized to uncover common themes related to student involvement and learning outcomes. Researchers cross-checked themes to guarantee the reliability and validity of findings.

Research Hypotheses and Validation

This study assumed that caregiving experiences are subjective and shaped by caregivers' emotions, values, relationships, and personal realities. To ensure trustworthiness, the study applied credibility, dependability, confirmability, and transferability through participant validation, transparent documentation, and contextual descriptions.

Study Limitations and Ethical Considerations

The findings of this study are limited to the experiences of a small sample of home-based Filipino family caregivers and may not represent all stroke caregivers. Data relied on participants' subjective narratives, which may be influenced by personal interpretation and recall.

The research was led by the ethical principles of respect for persons, beneficence, and justice through informed consent, voluntary participation, confidentiality, participant protection, fair selection procedures, and ethics committee approval.

RESULTS AND DISCUSSION

SOP 1. How do caregivers interpret the inner, subjective process of caring for stroke patients at home?

Caregivers considered caregiving as an ongoing transformational experience that reflected their sense of duty, feelings of attachment, ability to adjust, and personal values. Caregiving fostered personal development, deepened connections, and in a way, even the hardships.

SOP 2. What are the specific roles that caregivers play in caring for stroke patients?

Caregivers had to take on several functions other than giving physical care like providing emotional support, keeping track of health, helping with rehabilitation, making health-related decisions, and juggling family and work duties.

SOP 3. What are the specific emotional, physical, and psychological challenges that caregivers experience while caring for stroke patients?

Direct caregivers suffered from physical and emotional fatigue, and mental tension caused by continuous work demands, difficulties with the patient, and lack of self-care, yet they persisted using strength and modification.

SOP 4. What are the specific strategies that caregivers employ to deal with adverse situations in caring for stroke patients?

Caregivers managed their difficulties by seeking help from family and professionals, controlling emotions, thinking positively, keeping faith, engaging in spirituality, and, as caregiving was probably the most sustaining and enriching aspect of their lives, they kept their faith.

SOP 5. In what ways does Filipino culture affect caregivers' perception and experience of caregiving?

Filipino cultural values deeply influence caregiving, emphasizing family obligation, kindness, self-sacrifice, honoring elders, and religiousness, making caregiving a significant and life-changing experience.

SUMMARY

The research showed that caregiving is complex and a personal journey, shaped by factors like responsibility, adaptation, emotional commitment, resilience, and Filipino cultural values. Caregivers not only provided physical care but also took on many different roles. In addition, they faced emotional, physical, and psychological challenges. To continue caregiving, they depended on family support, spirituality, emotional regulation, and meaning-focused coping. Filipino cultural values played a major role in shaping their attitudes toward caregiving and their experiences.

CONCLUSIONS

The study concludes that caring for stroke patients at home is a fulfilling experience largely influenced by personal values, emotional attachment, family ties, and Filipino culture. Actually, caregivers suffer emotionally, physically, and mentally. Still, they manage to keep going with the help of social support, faith, and healthy coping mechanisms. Generally

speaking, caregiving is at once difficult and gratifying, leading to the development of the self, the emergence of personal identity, and the discovery of life's purpose.

RECOMMENDATIONS

Health professionals, institutions, and nursing schools need to focus on increasing caregiver support by providing education, family-centered care, emotional support, and culturally responsive practices. Government officials should come up with programs that acknowledge and help family caregivers; future research should be dedicated to the study of cross-cultural caregiving and evaluating intervention programs that are effective in enhancing caregiver well-being and caregiving outcomes.

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AI DECLARATION STATEMENT

AI-supported tools helped with grammar and structure in creating this article. No AI tools were used to collect, analyze, or interpret data; all authors are credited for their academic contributions.

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