Full text open access online (Since 2009)
© KRE Kamla-Raj IJES 2024
PRINT: ISSN 0975-1122 ONLINE: ISSN 2456-6322
Int J Edu Sci, 45(3): 82-91 (2024)
DOI: 10.31901/24566322.2024/45.3.1347

The Health and Well-Being of Family Caregivers of Stroke Survivors in Nabua, Camarines Sur

Maria Visitacion M. Taburnal and Ervin M. Taburnal

College of Health Sciences, Camarines Sur Polytechnic Colleges, Nabua, Camarines Sur, Philippines
E-mail: <mvtaburnal@cspc.edu.ph>, <ervintaburnal@cspc.edu.ph>

KEYWORDS Health and Well-being. Family Caregivers. Stroke Survivors. Sociocultural Factors. Responsibilities. Social Activities

ABSTRACT Stroke is a life-threatening medical condition that disrupts blood supply to a part of the brain, causing brain tissue damage. Some survivors survive, leaving them partially disabled. After hospital treatment, they return home, relying on family support for their needs. Caregiving is a complex endeavour, affecting both the family caregiver and the stroke survivor. This study aimed to determine the health and well-being of stroke survivors' family caregivers. The data was analysed using a descriptive-correlational method, questionnaire, and purposive sampling. The use of the percentage technique, weighted mean, and chi-square test for independence was significant in analysing the data. Results showed that family caregivers perform various tasks, including daily activities and complex healthcare procedures. Sociocultural factors often affect their health and well-being. Balancing caregiving responsibilities with family and social activities is crucial for their well-being.

INTRODUCTION

One of the major causes of death and disability throughout the world is stroke. Collantes et al. (2022) provided a record of 63,804 stroke related deaths for the past 10 years in the Philippines however, in 2021, despite the COVID-19 pandemic a total of 68,180 recorded deaths were stroke-related as well. However, it was highlighted that these records may not be as accurate as it is possible that 34 percent of total deaths in the Philippines were not attended by any medical professional. This highlighted reason is induced due to the lack of health education and affordable health services, which let people endure their illnesses outside hospitals, which causes unrecorded reasons of deaths.

Stroke is a life-threatening medical condition that happens when the blood supply to a part of the brain is interrupted and causes brain tissue damage. Millions of people die of stroke each year, whereas some do survive leaving them disabled to a certain degree. People who survive a stroke often have weakness on one side of the body or trouble with moving, talking, or thinking. After treatment in the hospital, these stroke survivors return to their homes relying on their family members' support in providing for their needs and activities. Family members who care for these stroke survivors are now challenged to deal with not only the stroke survivors' condition but with the other far more complicated situations related to caring. A family caregiver is someone responsible for attending to the daily needs of another person who is unable to care for themselves due to illness, injury, or disability, typically without pay. The family caregiver plays an important role in the life of the stroke survivor. Even though they are not trained in this new responsibility, still they do their best and manage to make the most out of this caregiving experience. Caregiving is a complex endeavour often accompanied by challenges that may positively or negatively affect the well-being of the caregiver.

In the Philippines, Inquirer.net through De Villa (2024) asserts that around 60 percent of health workers are underpaid, which were stationed on high risk diseases. Although health care providers are underpaid, they still provide quality healthcare, which is an act of love for their chosen profession. However, this unwavering passion and love for profession drains physical and psychological resources, causing stress and anxiety to individuals. While Fulmer et al. (2016) emphasises the crucial role of modern-day heroes in older adults' care, often at the cost of their own health, well-being, and financial security, despite increasing complexity and marginalization this assertion was cited by the study of Meng et al. (2023). Additionally, as cited by Tausig and Subedi (2022), the study of Badana and Andel (2017) discusses the Philippines' growing older adult population, em-

phasising the need for policymakers and government leaders to plan for increased demand for services and support.

More so, Noureldin and Plake's (2017) study, as cited by Rawat et al. (2023), reveals that demographic and caregiving factors influence caregiver involvement in older adults' medication management. Healthcare providers can use this information to engage caregivers in discussions about medication management and target them for education and support. While Tziaka et al. (2024) cited Tosun and Temel (2017) who emphasised the role of family members in stroke rehabilitation, with family support being the best source. Additionally, Mukhti et al. (2022) cited the work of Rahman et al. (2018) that highlighted the challenges faced by caregivers caring for stroke survivors, including financial problems, multiple responsibilities, behavioural changes, and lack of social support.

With the incidence of stroke in the locality, the increasing number of family caregivers coping with stroke, and the caregiver's adjustment to the life of caregiving have a great influence on the lives of both the family caregiver and the care recipient. For which, oftentimes these stroke family caregivers are not prepared to assume this new caregiving role. Thus, this study paved the way for determining the health and well-being of the family caregivers of stroke survivors in Nabua, Camarines Sur.

With this in mind, the researchers employed Von Bertalanffy's General System Theory (as cited by Burry et al. 2021 in the study of Alvarez et al. 2017), which explains the interaction between individuals and their environment. The theory consists of variables that connect individuals with their environment and the interaction of variables that work together to produce the whole model. The research variables are rooted in the profile of family caregivers, the caregiving tasks they provide to stroke survivors, and the factors affecting their health and well-being. These variables form the research environment inherent to the system.

Explanatory variables include the profile of family caregivers and their relationship to caregiving tasks and factors affecting them. Research indicators include responses from family caregivers on the tasks they provide to stroke survivors and the factors affecting their health and well-being. These indicators provide feedback on the caregiver's health and well-being, which can be beneficial for both the caregiver and the stroke survivor. The positive or negative experiences can analyse the internal functioning of the caregiving system, providing recommendations to enhance the health and well-being of the family caregiver.

The researchers believed that this research work can benefit the family caregivers as this may provide them insights into gauging their health and well-being as caregivers, recognising their strengths and weaknesses, and eventually improving their attitude and outlook in life towards a productive and fruitful endeavour as caregivers. The stroke survivor, family, community, clinicians and practitioners, rural health unit personnel, and future researchers may benefit from this study. More so, this may be an avenue for the implementation of a program or activity of the extension services of Camarines Sur Polytechnic Colleges (CSPC) considering that these groups of people in the community also need some attention. The scope revolved around the family caregiver's profile, the tasks that family caregivers provide to stroke survivors, and the factors that affect the family caregiver's health and well-being.

Objectives of the Study

The study aimed to determine the health and well-being of family caregivers of stroke survivors in Nabua, Camarines Sur. The study objectives were to identify the profiles of the family caregivers in terms of, age, sex, civil status, educational attainment, employment status, and length of care (in years), identify the extent of tasks the family caregivers provide the stroke survivor, detect the factors that affect the health and well-being of family caregivers, along, physical, psychological, sociocultural, behavioural, financial and caregiving employment. The study further tests if there is a significant relationship between the profile of the family caregiver and the factors that affect the health and well-being of the family caregivers, and lastly to draw empirical recommendations, which can enhance the health and well-being of family caregivers caring for stroke survivors.

These research objectives are imperative to be mentioned as they highlight the facets of caregivers of stroke survivors. This helped the researchers to assess the challenges, impact, and well-being of family caregivers to stroke survivors as it tends to be severely overlooked. This study unveils these facets of family caregivers as it high-

lights their importance as well within the family and further provides them with substantial care, opportunity, and compassion.

MATERIALS AND METHODS

The researchers used the descriptive-correlational research method to closely analyse the variables involved in this study. This approach was used willfully to observe the association between those variables since no interference to their nature was intended. Instead of that, it is set as the objective to represent the inner experiences of the participants without differences. Through the usage of a descriptive-correlational approach, the research can successfully discover the details between the various factors without changing the way nature behaves. The respondents were selected under the criteria of being pertinent and trustworthy in order to have necessary information. They came from families where at least one of them had a personal case of caring for such dependent people as stroke survivors. Further, the participants needed to be at least 18 years of age, literate, willing to participate, and be able to understand and comprehend the questions. The number of respondents is distributed within the Municipality of Nabua as, San Miguel-5, Lourdes Old-5, Santiago Old-3, San Luis-2, San Antonio-9, San Esteban-1, Aroaldaw-5, Sta. Cruz-12, San Vicente Gorong-Gorong-4, Sto-Domingo-5, Inapatan-8, La Purisima-8, San Roque Madawon-3, and Topas Proper-6. Sticking to this stratified sampling allowed the participants to express their experiences in caregiving. A purposive sampling approach was employed for the determination of 80 respondents from diverse areas within Municipality of Nabua.

This mechanism of selection included intentional sampling of the study individuals who fulfilled the specific criteria. The uneven distribution of respondents across various locations reflected a fair representation of people's experiences in the community. The questionnaire in the study was divided into three sections that covered the profiles of respondents, the type of jobs given to stroke survivors by family caregivers, and any factors that affected the health and wellbeing of the family caregivers. This structured questionnaire played a role as a tool for the acquisition of complete data that were directly related to research objectives. Ethical considerations were taken into consideration as the study was approved by MHO the barangay captains. In addition, the respondents were given the option to participate and signed the consent before this study was conducted. The data analysis was conducted on Microsoft Excel for descriptive analysis and then statistical apps for presenting the results thereafter. Specifically, the relation between the variables was evaluated by the chi-square test of independence, which is a suitable tool for examining the significant relationships among nominal variables. Generally, this research aimed to discover the connection between different factors such as family caregivers' profile, what they do, and which factors affect their health and welfare. Employing the chosen methodology together with the well-thought-out selection of subjects and the thorough data analysis techniques guaranteed the study outcome validity and credibility.

RESULTS AND DISCUSSION

Profile of the Family Caregiver

This section presents the profile of the family caregiver according to age, sex, marital status, educational attainment, employment status, and length of care (in years). Table 1 shows the profile of the family caregiver.

The study found that 80 family caregivers were categorised into different age brackets, with the highest frequency in the 60s and above. The average age of caregivers was 58.1 years, with no significant gender difference (Ten Kate et al. (2020) which cited Penning and Wu (2015)). However, many stroke survivors are in their 6th decade or older, with caregivers around the same age as cited by Kukreti et al. (2023) based on the study of Camak (2015).

The majority of family caregivers in Filipino culture are female, reflecting the inherent ability to care, mother, or nurture. Women are more intensive in caring than men, but it is possible that men can also care for sick family members. Studies by Danaci and Hoc (2018) and Alvarez et al. (2017) as cited by Burry et al. (2021) show that women are obligated to provide care to children, the elderly, and people with disabilities, while some women claim to be more compassionate and gentle in providing care to the elderly patients.

Data on civil status showed that the majority of the family caregivers were married. Taking note

Table 1: Profile of the family caregiver

Profile of the family caregiver	*Frequency*	*Percentage*
Age		
Less than 30 years old	14	17.50
30 – 39	15	18.75
40 – 49	19	23.75
50 – 59	11	13.75
60 years old and above	21	26.25
Sex		
Male	16	20.00
Female	64	80.00
Civil Status		
Never married	26	32.50
Married	44	55.00
Uncoupled (separated/widowed)	6	7.50
Cohabiting	4	5.00
Educational Attainment		
High school undergraduate	21	26.25
High school graduate	24	30.00
College undergraduate	18	22.50
College graduate	16	20.00
Post graduate studies	1	1.25
Employment Status		
Full-time employed	2	2.50
Part-time employed	2	2.50
Retired	7	8.80
Homemaker/Houseband	38	47.50
Self-employed	13	16.20
Unemployed but looking for work	18	22.50
Length of Care (in years)		
Less than 1 year	23	28.80
1 - 3 years	26	32.50
4 - 6 years	12	15.00
7 - 9 years	6	7.50
More than 10 years	13	16.20
Total	**80**	**100**

Source: Researchers validated questionnaires gathered results

of the age groups and the civil status, it is assumed that many are family women, having more knowledge and experience about providing care to the family, and it is also implied that they are already mature and responsible in carrying out the caregiving role. Results of the study of Ten Kate et al. (2020) which cited Penning and Wu (2015), Alvarez et al. (2017) as cited by Burry et al. (2021), and Reinhard et al. (2012) revealed that over two-thirds of the caregivers were married.

More so, the study found that family caregivers' educational attainment is primarily high school graduates, with higher education being a significant indicator of their understanding of life situations and critical decision-making abilities. This is supported by a study made by Rahman et al. (2018), which revealed that the highest percentage of caregivers had a secondary level of education.

The study revealed that the majority of family caregivers are homemakers, caring for children, family members, and elderly relatives, while their husbands are the breadwinners and responsible for providing financial resources. Most family caregivers were majority homemakers (Danaci and Hoc 2018). It is worth noting that Filipino culture places a strong emphasis on gender-based roles, with women being expected to be homemakers and care for their family members. The data shows that family caregivers who provide care for 1-3 years, who have just started, have the highest frequency of care, possibly feeling they are the stroke survivor's caregivers. The study by Alvarez et al. (2017) as cited by Burry et al. (2021) found that over one-third of respondents care for their elderly for one to two years, while a small percentage provide extended caregiving services.

These gathered results were a manifestation of gender roles and stereotypes especially here in the Philippines, which stems from the colonial idea of how women should be submissive (Velasco et al. 2023). Women are seen as a material and should be boxed within the house chores, therefore the results revealed that most family caregivers of stroke survivors are women, as women are seen as patient, caring, and soft-hearted, as these are their societal perceived attributes. These perceived attributed of women have limits their opportunities for personal growth and professional growth. These results poses a conclusion that there is a predominance of women who takes the responsibility of taking care of their stroke survivor relatives in the Philippines. This amplify that Filipino culture is deeply engraved in biased gender roles and community imposed stereotypes.

Tasks That Family Caregivers Provide the Stroke Survivor

The study reveals that family caregivers provide a variety of tasks to stroke survivors, including medication assistance, emotional support, and financial management. These tasks are often performed without formal training or preparation, leading to the survivor experiencing the burden of caregiving. The average weighted mean for these tasks is 2.57, indicating that they perform these tasks most of the time. However, some tasks, such as

dealing with incontinence and diapers, are evaluated as sometimes. Jamison et al. (2018), as cited in the study of Zhang et al. (2022), revealed that stroke survivors who are dependent on others have unmet needs, including physical, cognitive, and emotional difficulties. These unmet needs were associated with receiving help with medications, missing medication, and being dependent for activities of daily living. Caregivers are known to play a key role in providing assistance to these stroke survivors in a wide range of daily activities (Table 2).

Factors That Affect the Health and Well-being of Family Caregivers

Table 3 shows the summary of the factors that affect the health and well-being of family caregivers. It can be noted that the factors having a rating of most of the time are the socio-cultural, financial, psychological, behavioural and physical factors, while the caregiving employment factors were rated as sometimes. It implies that the sociocultural factors were rated as the highest among the factors mentioned. It goes to show that the Filipino culture of close family ties and caring for the sick and the elderly is deeply embedded in the way of life.

The gathered data revealed that physical factors affect the health and well-being of family caregivers. Respondents rated most indicators as affecting their well-being, with the ability of stroke survivors to perform daily living activities being the highest. The average weighted mean of these factors is 2.57, indicating they are most affected. The highest draining factor is the ability of stroke survivors to perform daily living activities, possibly affecting caregivers aged 60 and above. It is crucial for caregivers to self-assess their physical capacity to provide quality care to their patients. The study by Tsiaka et al. (2024) cited Tosun and Temel (2017) mentioned that among family members who cared for stroke patients, a significant percentage have stated that they had health problems affected while providing care and one of these

Table 2: Extent of tasks that family caregivers provide the stroke survivor

Indicators	*Weighted Mean*	*Descriptive interpretation*
1. helping with medications (administering pills, giving medications)	2.73	Most of the time
2. monitoring behaviour to ensure safety	2.73	Most of the time
3. providing emotional support	2.70	Most of the time
4. changing linens and fixing bed	2.69	Most of the time
5. helping bathe or shower	2.68	Most of the time
6. help with getting dressed or undressed	2.65	Most of the time
7. getting to and from the toilet	2.65	Most of the time
8. help with exercise or massage	2.64	Most of the time
9. managing finances, paying bills or filling out insurance claims	2.64	Most of the time
10. arranging or supervising paid services	2.63	Most of the time
11. help with getting in and out of bed and chairs; walking short distances	2.61	Most of the time
12. helping with transport (use of wheelchair, cane), driving or help with use of public/private transport	2.61	Most of the time
13. help in preparing meals	2.60	Most of the time
14. grocery shopping/marketing	2.59	Most of the time
15. help with housework, household chores	2.54	Most of the time
16. helping to translate ideas/actions	2.45	Sometimes
17. feeding the stroke survivor	2.40	Sometimes
18. enjoy the outdoors	2.40	Sometimes
19. helping with oral care	2.39	Sometimes
20. dealing with incontinence and diapers	2.13	Sometimes
Average Weighted Mean	2.57	Most of the time

Legend:
1.00 – 1.74 not at all
1.75 – 2.49 sometimes
2.50 – 3.24 most of the time
3.25 – 4.00 always

Source: Researchers validated questionnaires gathered results

Table 3: Factors that affect the health and well-being of family caregivers

Indicators	*Average weighted mean*	*Descriptive interpretation*
1. Sociocultural factors	2.70	Most of the time
2. Financial factors	2.66	Most of the time
3. Psychological factors	2.65	Most of the time
4. Behavioural factors	2.61	Most of the time
5. Physical factors	2.57	Most of the time
6. Caregiving employment factors	2.38	Sometimes

Legend:
1.00 – 1.74 not at all
1.75 – 2.49 sometimes
2.50 – 3.24 most of the time
3.25 – 4.00 always

Source: Researchers validated questionnaires gathered results

is sleep disorders. Berglund et al. (2015) as cited in the study by Liu et al. (2022) revealed that caregivers reported poorer self-rated health outcomes, which were associated with poor physical health.

More so, the data showed that the highest indicator of psychological factors is the feeling of accomplishment and satisfaction about their role as caregivers. This result may be indicative that the concerned caregiver tends to feel positive about the caregiving experience and gives them a feeling of contentment and fulfilment making them closer to the person they are caring for. But it is important to note that both positive and negative psychological effects can co-exist. Caregivers can derive benefits from caregiving while simultaneously feeling highly distressed. Mansan's (2017) study talked about the unique relationship between a caregiver and family member that developed during the caregiving process. Despite the demands and responsibilities of caregiving, caregivers incorporate coping strategies that enable them to manage the difficulties that they might face in the course of their provision of care. As such, these allow them to appreciate rewards and satisfaction from the caregiving process. Contrastively, Tosun and Temel (2017) as cited in the study by Tsiaka et al. (2024) consider health status as an important factor affecting care burden regardless of whether it worsens during caregiving. They also mentioned that some family members who cared for stroke patients experienced health problems like stress, depression, anxiety, and sleep disorders.

While the socio-cultural factor provided the researchers with the idea that the family caregivers believed in strong close-knit family ties is the highest indicator of socio-cultural factors, which showcases that as Filipinos embedded within one is the culture of strong and close family ties, love, and care for the family, especially the parents, and the responsibility to take care of sick parents. According to Badana and Andel (2017) as cited by Tausig and Subedi (2022), Filipinos value filial piety and caring for older family members' later in life. The dedication to family caregiving is evident in Filipino culture, where the Filipino males and females share the same obligation in decision-making and financial tasks in caring for older or sick family members. Family members are expected to contribute to the family through various means, where failure to provide care or resources to family members in need is seen as shameful. Families would opt to provide care themselves rather than resort to any external assistance.

The study's result is indicative as well that the concerned caregiver tends to feel contented, fulfilled, and satisfied about the caregiving experience teaching them how to deal with difficult situations. Data also revealed that in stressful moments sometimes the caregivers feel annoyed and angry when doing caregiving tasks, particularly if there is no available family member to perform the task, and when the caregiver herself is physically, psychologically, and financially exhausted. Oftentimes, caregivers, neglect of their own health, which may worsen preexisting illnesses or increase vulnerability to stress-related problems. Health-promoting self-care behaviours are designed to improve health, maintain optimal functioning, and increase general well-being. Health-promoting self-care behaviours for caregivers can include getting enough rest, maintaining a healthy diet, getting enough exercise, taking breaks, taking care of one's own health, seeking preventive health care, joining a

support group, and locating respite care when needed (Collins and Swartz 2011).

While on the financial factor, the highest indicator for financial factors is the need for financial help to sustain the expenses needed by the stroke survivor. Since most of the respondents were homemakers and unemployed, financial expenses in caring for the sick family member may be a big problem, where the source of income for these expenses may come from either a small family-owned business, employment, remittances, pension or dole-out from relatives Although caregiving is expected of Filipino families, those who are of lower socioeconomic status may be financially strained in providing adequate care to an ailing loved one (Tausig and Subedi (2022) cited in Badana and Andel (2017)). For the caregiving employment factor, it was revealed that since most of the respondents were married women who stayed at home, they affirmed to consider operating a small business within their homes to augment the financial needs of the stroke survivor while at the same time carrying out full-time caregiver responsibilities. Seeking employment was only sometimes considered since having a job while at the same time having caring responsibilities for an elderly, sick member of the family will be a challenging task. Tosun and Temel (2017) which was cited in the study by Tsiaka et al. (2024) also affirm this study, stating that the process of caregiving can disrupt the economic balance in families.

Relationship Between the Profile of the Family Caregiver and the Task that Family Caregivers Provide the Stroke Survivor

The computed values of each profile were compared against the tabular values at a 0.05 level of significance to decide whether the hypothesis is accepted or rejected. The results were then interpreted as significant or not significant.

Table 4 presents the test of the relationship between the profile of the family caregiver and the task that family caregivers provide the stroke survivor. Data revealed that the indicators age, sex, civil status, educational attainment, length of care, and employment status all came in as not significant. It can be deduced that there is no relationship between the profile of the family caregivers and the task that family caregivers provide the stroke survivor. Further it implies that the profile of the family caregivers bears no significance over the tasks that they perform to the stroke survivor. This result was opposed by the study of Gomes et al. (2024) as they asserted that demographic profiles of family caregivers provides a significant influence in the hospitalization of their elder relatives as their demographic profiles provide them with proper assessment of their relatives health.

Relationship Between the Profile of the Family Caregiver and the Factors that Affect the Health and Well-Being of the Family Caregivers

The computed values of each profile were compared against the tabular value of 3.841 at a 0.05 level of significance to decide whether the hypothesis was accepted or rejected. The results were then interpreted as significant or not significant.

Table 5 shows the relationship between the profile of the family caregiver and the factors affecting the health and well-being of family caregivers. Data revealed that the profile age and caregiving employment showed no significant relationship with the physical, psychological, sociocultural, behavioural, financial, and caregiving employment factors.

Table 4: Relationship between the profile and the tasks that family caregivers provide the stroke survivor

Profile of the family caregivers	*Tabular value @0.05*	*Computed value*	*p-value*	*Interpretation*
Age	3.84	0.326	0.568	Not significant
Sex	3.84	0.113	0.737	Not significant
Civil status	3.84	1.6	0.205	Not significant
Educational attainment	3.84	0.027	0.866	Not significant
Length of care	3.84	0.016	0.899	Not significant
Employment status	3.84	1.437	0.231	Not significant

Source: Researchers validated questionnaires gathered results

Table 5: Relationship between the profile of the family caregivers and the factors affecting the health and well-being of family caregivers

	Df	*Tabular value*		*Physical*	*Psycho-logical*	*Socio-cultural*	*Behavio-ural*	*Finan-cial*	*Coregiving employment*
Age	1	3.41	Computed	0.2353	1.0914	1.6362	0.1123	0.1048	1.155
			x^2-value	0.6276	0.2962	0.2008	0.7375	0.7461	0.2825
Sex	1	3.41	p-value	0.0713	0.0747	0.7031	4.0729*	0.0161	0.098
			Computed	0.8955	0.7846	0.4017	.0436*	0.8989	0.7542
Civil Status	1	3.41	x^2-value	1.048	0.0768	5.1425*	0.4734	0.4064	0.0045
			p-value	0.3059	0.7816	.0233*	0.4914	0.5238	0.9467
Educational Attainment	1	3.41	Computed x^2-value	0.1326	0.0581	3.852*	0.689	0.1732	0.0249
			p-value	0.7158	0.8095	0.0497*	0.4065	0.6772	0.8746
Length of Care	1	3.41	Computed x^2-value	0.7798	4.2427*	0.474	0.4875	0.0051	0.1745
			p-value	0.3772	0.0394*	0.4912	0.485	0.9428	0.6761
Employment Status	1	3.41	Computed x^2-value	0.096	0.128	0.006	0.224	1.289	0.672
			p-value	0.757	0.721	0.939	0.636	0.256	0.412

Level of significance = 0.05*Significant
Source: Researchers validated questionnaires gathered results

CONCLUSION

The following conclusions were drawn, that the majority of the family caregivers were female, homemakers, and married. Most were in the age range of 60 years old and above, high school graduates, and had been providing care to the stroke survivor for 1-3 years. The tasks that most of the time the family caregivers provide the stroke survivor are helping with medications, ensuring safety, assisting with daily living activities, feeding, hygiene, diet and nutrition, mobility and ambulation, assisting with household chores, providing emotional support and managing financial concerns. Most of the time the sociocultural, financial, psychological, behavioural, and physical factors affect the health and well-being of the family caregivers.

The profile of the family caregiver was found not significant to the tasks that the family caregivers provide the stroke survivor, and the profile age and caregiving employment showed no significant relationship to the physical, psychological, sociocultural, behavioural, financial and caregiving employment factors, while the profile sex was found significant to the behavioural factor, the profile civil status and educational attainment was found significant to the sociocultural factor, and the length of care revealed significance to the psychological factor.

RECOMMENDATIONS

The data gathered helped the researchers to draw the following recommendations. Firstly, health-promoting self-care behaviours for family caregivers is important, along with coping strategies to manage stress and anxiety, and understanding the stroke survivor's medical condition. It also encourages learning about medication administration, diet, nutrition, and ambulation techniques to prevent stress and depressive symptoms. The text also emphasises the need to balance caregiving responsibilities with work, family, and social activities.

The stroke survivor is encouraged to recognise the sacrifices made by their family member in providing care, and to appreciate the caring efforts of the family caregiver. The family is advised to understand the physical, emotional, and financial exhaustion of caring for a stroke survivor and to plan and implement home alterations to ensure safety. The concept of providing care to a sick family member is emphasised, as everyone is encouraged to cooperate and help each other through physical, emotional, and financial means.

The community is encouraged to understand the caregiving role of family caregivers, offering volunteers to provide care and allow time for rest or enjoyment. Clinicians and practitioners are encouraged to assess, design interventions, provide

education, or develop training plans to prepare caregivers for the demands of the caregiving role. Healthcare providers should engage caregivers in discussions about medication management and other simple procedures and should feel responsible for ensuring they understand the challenging task of caregiving.

Rural Health Unit personnel are encouraged to provide education and training in preparing caregivers for the caregiving role, including health education, home follow-up visits, and sustained counselling at home level. Training should be tailored to the caregiver's learning style or healthcare knowledge, and should be repeated and reinforced to be responsive to changes in the patient's condition or the family caregiver's needs and capabilities.

REFERENCES

Alvarez Ivan Cliff Chan, Ong Marylou B, Abocejo Ferdinand T 2017. Learning needs and quality care among family caregivers and elderly patients of Guadalupe, Cebu City, Central Philippines. *European Scientific Journal*, 13(24): 8. doi: 10.19044/esj.2017.v13n24p356

Badana Adrian NS, Andel Ross 2017. Aging in the Philippines. *Gerontologist,* 58(2): 212-218. Doi: 10.1093/geront/gnx 203

Berglund E, Lytsy P, Westerling R 2015. Health and wellbeing in informal caregivers and non-caregivers: A comparative cross-sectional study of the Swedish general population. *Health Qual Life Outcomes,* 13: 109. https://doi.org/10.1186/s12955-015-0309-2

Burry LD, Cheng, Williamson DR, Adhikari NK et al. 2021. Pharmacological and non-pharmacological interventions to prevent delirium in critically Ill patients: A systematic review and network meta-analysis. Intensive care medicine, 47(9): 943-960.

Camak Deborah Jacks 2015. Addressing the Burden of Stroke Caregivers: A Literature Review. JCN Journal of Clinical Nursing. From <https://doi,org/10.1111/jocn.12884. https://onlinelibrary.wiley.com/doi/pdf/10.1111/jocn.12884https://www.researchgate.net/search.Search. html?type=researcherandquery= Addressing%20the% 20burden%20of%20Stroke% 20caregivers:% 20a% 20literature% 20review% 20by% 20Camak% 202015> (Retrieved on 24 September 2015).

Collantes ME, Navarro J, Belen A, Gan R 2022. Stroke systems of care in the Philippines: Addressing gaps and developing strategies. *Front Neurol,* 13: 1046351. doi: 10.3389/fneur.2022.1046351

Collins LG, Swartz K 2011. Caregiver Care. American Family Physician, 83(11): 1309-1317. From <https://pub med.ncbi. nlm.nih.gov/21661713/> (Retrieved on 1 June 2011).

Danaci Esra, Hoc Zeliha 2018. Caregiving burden and life satisfaction among caregivers of cancer patients admitted to the emergency department. *Clinical Nursing Research,* 27(27): 800-825. DOI: 10.1177/105477381 7708083

De Villa K 2022. Health Workers' Benefit Still Unpaid. Inquirer.net. From <https://newsinfo.inquirer.net/1657211/health-workers-benefits-still-unpaid> (Retrieved on 2 September 2022).

Fulmer T, Patel P, Levy N, Mate K, Berman A, Pelton L, Beard J, Kalache A, Auerbach J 2020. Moving toward a global age-friendly ecosystem. *Journal of the American Geriatrics Society.* https://doi.org/10.1111/jgs.16675

Gomes MC, Castro R, Silva Serra W, Sagica de Vasconcelos J et al. 2024. Demographic profile, health, and associated factors of family caregivers and functionality of hospitalized older adults: Cross-sectional, exploratory, and descriptive study. *JMIR Formative Research,* 8(2024): e54074.

Jamison J, Ayerbe L, Di Tanna GL, Sutton S, Mant J, De Simoni A 2018. Evaluating Practical Support Stroke Survivors Get With Medicines and Unmet Needs in Primary Care: A Survey. Journal National Library for Medicine, 8(3): e019874. doi: 10.1136/bmjopen-2017-019874. From <www.ncbi.nlm.nih.gov/pubmed/29526835> (Retrieved on 11 March 2018).

Kukreti S, Strong C, Chen JS, Chen YJ, Griffiths MD, Hsieh MT, Lin CY 2023. The association of care burden with motivation of vaccine acceptance among caregivers of stroke patients during the COVID-19 pandemic: Mediating roles of problematic social media use, worry, and fear. *BMC Psychology*, 11(1): 157. DOI: 10.1186/s403 59-023-01186-3

Liu X, Sun P, Yang J, Fan Y 2022. Biomarkers involved in the pathogenesis of cerebral small-vessel disease. *Frontiers in Neurology*, 13: 969185. doi: 10.3389/fneur.2022.969185

Mansan Al-Shalyn L 2017. The Perception on Caregiving of Informal Primary Caregivers of Elderly Persons in Barangay Sto. Tomas, Mutia, Zamboanga del Norte. Journal: HERDIN (Health Research and Development Information Network). From <http://www.herdin.ph/index.php/herdin-home?view=researchandcid=64458. Philippine Council for Health research and Development (DOST-PCHRD)> (Retrieved on 25 May 2019).

Meng Lin-Chieh, Huang Shih-Tsung, Chen Ho-Min, Hashmi AZ et al. 2023. Health care utilization and potentially preventable adverse outcomes of high-need, high-cost middle-aged and older adults: Needs for integrated care models with life-course approach. *Archives of Gerontology and Geriatrics,* 109(2023): 104956. https://doi.org/10.1016/j.archger.2023.104956

Mukhti Haji MI, Ibrahim MI, Tengku Ismail TA, Nadal IP et al. 2022. Family caregivers' experiences and coping strategies in managing stroke patients during the COVID-19 pandemic: A qualitative exploration study. *International Journal of Environmental Research and Public Health*, 19(2): 942.

Noureldin M, Plake KS 2017. Correlates of Caregivers' Involvement in the Management of Older Adults' Medications. Journal: National Library for Medicine. From< <www.ncbi.nlm.nih.gov/pubmed/27916540> (Retrieved on 11 November 2016).

Penning Margaret J, Wu Zheng 2015. Caregiver stress and mental health: Impact of caregiving relationship and gender. *Gerontologist,* 56(6): 1102-1113. Doi:10.1093/geront/gnv038

Rahman MM, Suut NB, Putit ZB, Arif MT, Said AB, Suhaili MRB, Fadzillah M, Bakon FA, Tambi ZB, Kee LH 2018. Burden of stroke caregivers: Evidence from a qualitative study in Sarawak, Malaysia. *Bangladesh Journal of Medical Science,* 17(4): 593-599. DOI: http://dx.doi.org/10.3329/bjms.v17i4.38321

Rawat P, Sehar U, Bisht J, Reddy PH 2023. Support provided by caregivers for community-dwelling diabetic Hispanic adults with intellectual disabilities and comorbid conditions. *International Journal of Molecular Sciences*, 24(4): 3848.

Reinhard Susan C, Levine Carol, Samis Sarah 2012. Home Alone: Family Caregivers Providing Complex Chronic Care. From <https://www.aarp.org/content/dam/aarp/research/public_policy_institute/health/home-alone-family-caregivers-providing-comples-chronic-care-rev-AARP-ppi-health.pdf> https://doi.org/10.26419/ppi. 00086.001> (Retrieved on 11 April 2019).

Tausig M, Subedi J 2022. Aging in Nepal. *The Gerontologist*, 62(6): 803-808.

Ten Kate RL, Bilecen B, Steverink N 2020. A closer look at loneliness: Why do first-generation migrants feel more lonely than their native Dutch counterparts? *The Gerontologist*, 60(2): 291-301.

Tosun Zeynep Kurtulus, Temel Munire 2017. Burden of Caregiving for Stroke Patients and the Role of Social Support Among Family Members: An Assessment Through Home Visits. International Journal of Caring Sciences, 10(3): 1703. From <www.international journal of caringsciences.org> (Retrieved on 15 September 2017).

Tziaka E, Tsiakiri A, Vlotinou P, Christidi F, Tsiptsios D et al. 2024. A holistic approach to expressing the burden of caregivers for stroke survivors: A systematic review. *Healthcare,* 12(5): 565.

Velasco JC, De Los Angeles LA, Estella JY 2023. Exploring role congruity in political processes: Male voter perceptions of female candidates in Philippine elections. *Journal of Community Positive Practices*, (3): 13-26.

World Atlas 2019. Top Ten Leading Causes of Death in the World. From <www.worldatlas.com/articles/top-ten-leading-causes-of-death-in-the-world.html> (Retrieved on 3 May 2019).

Zhang F, Daducci A, He Y, Schiavi S, Seguin C et al. 2022. Quantitative mapping of the brain's structural connectivity using diffusion MRI tractography: A review. *Neuroimage*, 249: 118870.

Paper received for publication in April, 2024
Paper accepted for publication in September, 2024