



Long Paper

Impediments of Family Caregivers Towards Post-Stroke Patients: Input for a Support Program

Mark Edward C. Liberato

Institute of Graduate and Advanced Studies, Urdaneta City University, Philippines
mark.edward.liberato02@gmail.com

Date received: May 30, 2022

Date received in revised form: July 13, 2022

Date accepted: July 15, 2022

Recommended citation:

Liberato, M. C. (2023). Impediments of family caregivers towards post-stroke patients: Input for a support program. *Puissant*, 4, 822-840.

Abstract

The study investigated the impediments of stroke family caregivers after hospitalization and analyzed relevant conditions that circumscribe their experiences in Urdaneta City, Pangasinan. The study also determined the following: the demographic profile of the family caregivers, the profile of the stroke patient (e.g., the type of stroke and complications they experienced), and the impediments of the family caregivers towards post-stroke patients. The study utilized the qualitative case study design. The study's locale was Urdaneta Sacred Heart Hospital, Inc. San Vicente, Urdaneta City, Pangasinan, Philippines. Overall, the study's respondents were the recorded family caregivers of diagnosed stroke patients from the hospital from January 2020 to the present. It can be concluded that the respondents had cared for a post-stroke patient and mentioned various religions, but the majority were Roman Catholic. The majority of monthly family income is less than P11,690. Nuclear Family and Extended Family were mentioned as family structures. The majority of the patients are elderly men who have been in the hospital for less than three weeks. Pneumonia, paralysis, and bedsores are among the complications mentioned. The data gathered revealed several types of strokes, with infarct being the most common. The study examined the experiences of family caregivers, particularly their mental and physical health. In the category of Functional and Cognitive Impairment, family caregivers expressed a greater need for care. In the Care Decision Category, family caregivers experienced family and treatment decisions and end-of-life care planning. Also, in the Resources and Admissions of Services, all participants experienced difficulty in obtaining admissions for healthcare services such as physical therapy. Furthermore, in the category of Family Challenges, the participants experienced a lack of cooperation from care recipients, interpersonal conflicts, behavioral issues, and



the balancing needs of family members. The study also concluded that financial strains are significant impediments in caring for post-stroke patients.

Keywords – family caregivers, impediments, stroke, support program

INTRODUCTION

Green and King (2017) said that stroke kills around 15 million people per year throughout the world. Cerebrovascular accident or stroke is a severe health problem in the Western world—patients who have had a stroke experience Neurological dysfunction (e.g., motor, sensory, and visual) and a reduced capacity to conduct everyday tasks are symptoms of a stroke (ADLs). A stroke occurs suddenly, is traumatic, and leaves patients and families unprepared for dealing with its aftermath. It is a complex, life-changing experience for stroke survivors and their family caregivers (Lutz, 2019). According to research undertaken by the United States of America, stroke patients aged 65 and older impose a financial burden of 14.2 billion dollars on informal caregivers (Joo, 2014). As a result, the interest is rising in determining how to increase functional independence following a stroke by discovering compensatory processes.

As seen in other developing countries, while the upswing of non-communicable diseases is evident, the prevalence of communicable diseases is high and remains the leading cause of morbidity. Deaths in Southeast Asian nations are mainly due to non-communicable diseases, the leading causes being heart diseases, stroke, cancer, chronic obstructive pulmonary disease, diabetes mellitus, kidney disease, and accidents (Department of Tourism, Philippines, 2014). Since stroke is a sudden reason for chronic disability, the caregiver is obliged to undertake many responsibilities related to the stroke patient's treatment, feeding, hygiene, and daily living activities without any preparations (Camak, 2015). This condition brings various psychological, social, physical, and financial burdens to the caregiver (Asiret and Kapucu, 2013). Due to the high and increasing prevalence of stroke cases, the medical field needed a current evaluation of the knowledge concerning stroke caregiving due to the increased risk of dementia following stroke onset, the massive number of family carers coping with stroke, and evidence that caregivers' changes have substantial consequences for patients' quality of life.

Conversely, since stroke is often a life-changing event, a person can be caught in a highly stressful state of unfamiliarity with the new reality without new information. Misconceptions, anxiety, and fear can result in poor physical and emotional health (Coombs, 2017). In King & Semik's (2016) study, caregivers found the hospitalization period most challenging. Moreover, training caregivers during the patient's rehabilitation has shortened hospitalization and caregiver burden while simultaneously improving psychosocial outcomes.

LITERATURE REVIEW

According to studies, caregivers of the patient want information about the signs and symptoms of stroke, the consequences, the likelihood of recovery, and how these changes will affect the lives of the patient and other involved family members from the first day after the stroke. Given the impact of stroke on the individual and family, it is not surprising that caregivers have many essential family needs. Various conditions were reported in studies on the needs of stroke caregivers. There has frequently been disagreement about which items or areas should be included in the Needs Instruments. According to studies, it is a basic human need and a daily activity. Family caregivers of stroke survivors reported that managing their health, gaining access to patient-tailored exercise (i.e., speech therapy, physical therapy, and so on), and changes in patient medicine or other routine care that families can bring to the attention of a doctor are all significant challenges (Morimoto, Schreiner, & Asano, 2013).

Furthermore, the chronic nature of stroke recovery, its level of dependency, and the sluggish improvement during the recovery period affect patients and their families. Health care professionals asked the family of patients who has previously gotten care from a hospital to offer intensive, routine care at home. However, the abrupt onset of the patients' disability leaves families with little time to care for them successfully. In the Middle East, little is known about the experiences and requirements of stroke patients' carers from their subjective perspectives (Subgranon R & Lund D., 2017).

Likewise, being a caregiver is demanding and challenging, both physically and mentally. The abrupt onset of a stroke often results in sudden life changes in the roles and responsibilities of the stroke survivor and the caregiver. In general, the caregiver assumes or takes over multiple responsibilities that the stroke survivor can no longer accomplish. Such changes can potentially impact the physiological and psychosocial well-being of caregivers. Research studies have reported that caregivers had a higher risk of depression (Clarke, 2019) when compared to non-carers. Caregivers also had higher levels of stress hormones and lower levels of global health. Caregivers of stroke survivors also experienced physical and mental distress, social isolation, burnout, and a poor quality of life (van den Heuvel, de Witte, Schure, Sanderman, & Meyboom-de Jong, 2014). More importantly, Schultz and Beach (2019) found that older spousal caregivers had a 63% higher risk of death within four years than non-caregiving control groups.

Family members are becoming the significant carers of stroke survivors as they transition from institutional to community care continues; as a result, caregiver support and education have become more important in influencing not just their own but also stroke survivors' quality of life (Visser-Meily, Post, Schepers, & Lindeman, 2019). As a result, family caregivers must learn how to support stroke survivors with various disabilities while also adapting to the changes that come with caring for a loved one (Bakas, Austin, Jessup, Williams, & Oberst, 2014).

Stressors related to caregiving are often persistent, unpredictable, and uncontrollable (Aldrich, 2015). Caregivers also reported having less time for family and social activities, neglecting self-care, feeling increased emotional stress, and experiencing a decline in their health (Aldrich, 2013). There is also evidence to indicate that caregiver stress may impede the recovery process of stroke survivors (Han & Haley, 2019). Stroke survivors receive a significant amount of assistance from their families. Caregivers' growing acknowledgment and demands should prompt policymakers to identify their various needs, provide relevant information about available resources, and provide suitable training based on their positions (Smith, 2014).

According to O'Connor (2013), stroke survivors and caregivers frequently lack the information they need to manage recovery. Many stroke caregivers lack basic knowledge about strokes, strategies for caring for stroke survivors, and ways to prevent complications and future stroke attacks. The situation demonstrated a range of unmet needs. Caregivers and stroke survivors have identified gaps in knowledge and information about stroke as a condition, treatment, and available services. Caregivers need user-friendly, relevant information, and other services at successive stages of rehabilitation, particularly during the transition from hospital to community. The caregivers will benefit from adequate and timely education and knowledge.

On the other hand, problem-solving stresses taking a methodical approach to challenges and breaking them into manageable tasks. Teaching such skills has been used in treating clinical problems such as depression, phobias, anxiety, and addiction. Evidence supports its use in reducing stress and depression and promoting the well-being of family caregivers of those with chronic illnesses, such as depression, dementia, cancer, and spinal cord injuries (Perry, 2017).

METHODOLOGY

The study utilized a qualitative case study design. In this study, the variables are the stroke patients' profile and family caregivers' profile, impediments of the family caregivers towards stroke patients in terms of mental health concerns, physical health concerns, functional and cognitive impairment, secondary strains or stresses, care decisions, resources and eligibility for services, family challenges, and the experiences of family caregivers towards stroke patients. The researcher employed purposive sampling in the selection of the respondents for this study.

A vital element of qualitative research is cross-case analysis. A cross-case analysis identifies common themes across cases. The researcher conducted a cross-analysis after placing the data in domains and constructing core ideas for each case.

The research method, as mentioned above, is deemed appropriate as it will pave the way for the necessary connections between the data gathered by future studies.

Moreover, the researcher aims to indicate the qualitative interpretation of the results for a more meaningful exploration of the research findings, including the family caregivers' experiences of post-stroke patients.

DISCUSSION AND RESULTS

The researcher conducted the study at Urdaneta Sacred Heart Hospital, Inc. The respondents were family caregivers of post-stroke patients. The researcher selected them by utilizing purposive sampling, and the study employed qualitative case study research. The data obtained through interviews, observation, and questionnaires was pertinent. The study used Thematic Network Analysis to interpret the answers of the participants.

RESPONDENTS' PROFILE

The respondents have cared for post-stroke patients and mentioned various religions, but most are Roman Catholic. Most of the monthly family income is less than P11,690. The family structures mentioned were nuclear family and extended family. Most of the patients were older adults, mostly males, and had stayed in the hospital for less than three weeks. There are complications mentioned, such as pneumonia, paralysis, and bedsores. The gathered data showed various types of strokes, but infarct was the most prevalent.

MENTAL HEALTH CONCERNS FAMILY CAREGIVERS

Table 1 shows that family caregivers are susceptible to mental health concerns since they don't always get the help to satisfy their demands. Caregivers neglect to analyze their difficulties and adopt more automated methods of connecting to their position, employing crystallization as a protective mechanism due to the responsibilities of providing care for patients. Stress and isolation may harm the caregivers' physical and emotional health. The strength of opposing attitudes is directly related to the participant's attributed significance of the issues producing ambivalence. The intensity of opposing perspectives is directly related to the participant's ascribed importance of the problems behind ambivalence. Five factors moderate ambivalence: free choice, information events, attitudes toward people compared to the idea, safe relationships, and role and task demands. (J. Pers, 2016). The interaction of these factors ultimately influences voluntary participation in clinical trials. Ambiguity is a standard and uncomfortable component of the complex decision-making process when considering a change. The result says that subclinical stress may contribute to other mental and physical health complications because it has a higher level of traits, leading to other serious illnesses. According to studies, depression and anxiety are major issues for family caregivers, particularly those caring for patients in advanced stages of the disease.

Table 1. Cross Case Analysis of Impediments of Family Caregivers towards Post Stroke Patients: Mental Health Concerns

Case #	Data	Initial Code
1	That is all I am thinking of, and I feel a little anxious. When he was just admitted to ICU and stayed there for almost a week, I felt down. I said to myself if he will pass away, might as well, I would rather die too. I could not imagine my life without him.	Anxiety
2	At first, I was worried about taking care of my mother because I had no idea how to manage her Nasogastric tube feeding and, most significantly, her tracheostomy tube. I fear that she would not expectorate her phlegm or the tube might be clogged anytime.	Ambivalence of care
3	So how did it affect my mental health? I was pregnant when my father had his stroke. It did affect me mentally, not to mention the surge of pregnancy hormones. It was very stressful indeed. Initially, I had no one to accompany me in taking care of him since my sister was working full-time. She has to work to provide for the family and my father's needs.	Subclinical stress
4	At first, everything is going well. As my mother's condition got prolonged, I felt stressed. She was on her bed for almost two years already. It is stressful for me because my mom sometimes is uncooperative.	Subclinical stress
5	Taking care of him has also stress. I feel stressed when we need to buy medical needs, especially now, that we have to go out. I have to think of his medications and their schedule.	Subclinical stress
6	It was stressful for me to be the one on his side. I was worried that his condition could be the worst, the type that could lead him to a coma.	Subclinical stress
7	I feel physical stress; it is tiring. Based on my experience, it is frustrating to take care of my husband because he cannot express himself verbally.	Subclinical stress/ Frustration
8	I feel stressed because I have to juggle online classes and caregiving. Knowing that my patient is already old, he needs maximum supervision and care.	Subclinical stress/ Ambivalence of care
9	I have to mention first my lack of knowledge of taking care of patients because I am not a medical person; I am not a nurse or a midwife. I am an accountant by profession, so I of a sudden, you are caught in the middle of struggles. I struggled to understand what medicine is all about and what taking care is all about. It is not easy and very complicated.	Ambivalence of care
10	When my grandfather got sick, I felt sad because the head of the family responsible for the family is now the one who is being taken care of. Sometimes, I would cry, but I tried to be vital to him.	High rates of sadness

PHYSICAL HEALTH CONCERNS FAMILY CAREGIVERS

Table 2 shows that sleep disturbances vary from exacerbated age-related sleep problems to irregular sleep timing and disruptive behaviors during the night. Sleep problems originate from various factors, including neurophysiological changes related to aging, behavioral influences of sleep-related activities, and beliefs and attitudes towards sleep. The sleep of family caregivers is also at considerable risk due to having to provide physical and mental support throughout the 24-hour day. Interventions are needed to improve the rest of the community-dwelling that might, in turn, improve the sleep of their caregivers and have positive effects on the daytime functioning and quality of life of this older population. Most caregivers report difficulties falling asleep and maintaining sleep. They also say non-restorative rest. Problems in sleeping frequently are a direct result of the stressors faced by caregivers as they tend to the needs of their family members.

Caregiver struggles could lead to fatigue. Caregiver fatigue is not a new concept; however, minimal studies have been conducted regarding this topic. Phillips (2000) described fatigue as an inimitable discomfort and a condition of decreased physical activity with a desire for rest; the cause of it is excessive physical and mental activity or disease. Fatigue occurs when role demand exceeds the caregiver's resources. Caregiving could be a 24-hour, 7-day-a-week responsibility for most caregivers. Caregivers may have more significant distress and poorer health habits than non-caregivers. In addition, the same experiences that influence the development of dementia in care recipients may influence the development of other illnesses in caregivers. Shared risk factors manifest due to genetic predispositions. Examining a cohort both before caregiving and before a targeted condition develops allows one to review how changes in caregiver status and illness relate to psychosocial, behavioral, and physiological changes. On August 1, 2010, this entry was published.

FUNCTIONAL AND COGNITIVE IMPAIRMENT OF FAMILY CAREGIVERS

Table 3 shows that the data links the stress of being a caregiver to the higher risk of cognitive decline. Participant characteristics were substantially linked with caregiver strain in the group without cognitive impairment (IADL impairment and symptoms of depression and alcoholism). Caregivers with cognitive impairment and caregiver strain were associated with participant status (depressive symptoms and IADL impairment) and caregiver characteristics (a child caregiver, lower social support, and urban environment). Adequate social support is vital for caregivers who support individuals with poorer functional status. The presence of illness significantly increases the caregiver burden and decreases the quality of life. However, even mild levels of cognitive impairment increase disability, and overall functional impairment progresses in tandem with a cognitive decline also highlight the need to treat caregiver strain and care recipient impairment as multidimensional constructs since the effects of diagnosis vary for the different indicators. Frequently used measurement strategies simply different aggregate dimensions of pressure, such as depression and dyadic relationship strain, into single composites. The

caregivers of diagnosed care recipients have increased relationship tension and restrictions in social activities. When diagnosed with functional impairment, it causes significant limits on their social activities.

Table 2. Cross Case Analysis of Impediments of Family Caregivers towards Post Stroke Patients: Physical Health Concerns

Case #	Data	Initial Code
1	I experience a lack of sleep because, during nighttime, he calls me when he needs something, significantly changing his diaper. At times I get tired quickly. I cannot lift as much as I wish I could because I was also operated on a few years back.	Sleep Problem/ Fatigue
2	We have to wake up whenever she is coughing to check up on her. Sometimes I do not sleep that well.	Sleep Problem
3	It was physically exhausting, honestly. Fatigue is one for sure that I experienced. I also had sleep problems because my father's NGT feeding was every four hours. I had sleep disturbances since he had a tracheostomy tube, and from his first hospitalization, he had a lot of secretions.	Sleep Problem/ Fatigue
4	I got used to not having enough sleep. My patient's sleeping schedule is the basis of my sleeping routine.	Sleep Problem
5	I feel fatigued when going out of the house to buy his needs because we live remotely. I feel tired and sleepless when changing his diaper at night, mainly because sometimes it gets hard to go back to sleep.	Fatigue/ Sleep Problem
6	I felt like my immune system became low and overfatigued since I am the only person on his side throughout this process.	Risk for Illness/ Fatigue
7	In my experience, it is tiring because I, myself, have an illness. I had an operation; I have a colostomy. It adds up to the fatigue of the fact that I cannot understand him.	Fatigue
8	It affected my sleeping pattern; I usually sleep at 9:00 in the evening and wake up at 5:00 in the morning, but when I became a caregiver, sometimes my sleep pattern was disrupted, or I lacked enough sleep.	Sleep Problem
9	Being a caregiver is a different situation. While taking care of him, sometimes I do not sleep, so I lack sleep.	Sleep Problem
10	As I have said, it is seldom that I have a straight sleep at night. So physically, it is draining.	Sleep Problem

It is also evident that caregivers need help from other individuals to provide the expected care, especially in those activities that require much physical strength. Although the respondents are the primary caregivers, they always ask for help.

Table 3. Cross Case Analysis of Impediments of Family Caregivers towards Post Stroke Patients: Functional and Cognitive Impairment

Case #	Data	Initial Code
1	I always need somebody to help me whenever I change his diaper and when I need to transfer him from his bed to a chair and vice versa.	Greater Need for Help
2	When she needs her diaper to be changed, I need assistance from my cousin. I could not do it alone.	Greater Need for Help
3	I need someone to assist me. My father is completely bed-bound. He cannot move independently, and I need somebody to turn him on his side and do everything that needs to be done, like changing the diaper.	Greater Need for Help
4	I have somebody named Lita; she is the one who takes a turn in taking care of my mother whenever I need to run some errands.	Greater Need for Help
5	I cannot concentrate many times because I also have my family to take care of. I almost spend time with my father more than with my family. I also need time to relax and chill, and it takes time management.	Difficulty with Concentration
6	I need help transferring him from his seat to the bed; I cannot do it alone. I am too old for heavy lifting.	Greater Need for Help
7	I need help with the daily activities of my husband. I experience greater need when bathing him; We need to transfer him to a plastic bed outside the house where we clean him.	Greater Need for Help
8	I always need someone to care for my grandfather; I cannot do it alone. I need somebody to take turns whenever I need to rest or have a day off. I experienced decreased concentration when I had to take my quiz or exam in the morning, and I was up all night taking care of him. I am focused on him throughout the day	Greater Need for Help/ Difficulty with Concentration
9	Yes, I need help from other people. I cannot do all of the chores alone. Mainly, he cannot move, I assist him with my son. I am not a superwoman who can carry him.	Greater Need for Help
10	I need help, especially when he needs a full-body bath. Someone stronger should carry him inside the bathroom. I also need help when wheeling him outside the house because we do not have a ramp for wheelchairs.	Greater Need for Help

SOCIO-ECONOMIC CONCERNS OF FAMILY CAREGIVERS

Table 4 shows that the findings show that financial stressors are strongly correlated with high psychological distress when controlling for other potential

confounders. Notably, personal resilience factors were associated with lower reported pain and may represent an essential protective factor for this population. Family caregivers are a relatively unused resource to identify early symptoms and complications in stroke patients and improve health outcomes for stroke patients. Secondary strain and mood states vary over time and are based on the severity of pain or other patient or caregiver characteristics. Longitudinal studies with family members are critical when dealing with a chronic illness. Professionals must assess family caregivers' psychological needs, focusing on those who care for struggling patients.

Table 4. Cross Case Analysis of Impediments of Family Caregivers towards Post Stroke Patients: Socio-economic Concern

Case #	Data	Initial Code
1	The number one strain that we are experiencing is a financial problem. I often think of where I could get money to support all the medical fees and our daily needs as well.	Financial Difficulties
2	We experience financial difficulties, but I would rather not talk about it; I don't want my mother to hear about this.	Financial Difficulties
3	Of course, initially, the problem was financial strains. Even after that, we spent money in the hospital, and home care is very expensive.	Financial Difficulties
4	When doctors diagnosed my mom, I was not there. I was an OFW. I went home for good to take care of her although it was my long-time plan to go home,	Work-Employment Strain
5	Financially, we are struggling, and all of my siblings have to support us. Everyone has to provide for his medication. We have no insurance policy, so we have to rely on each other.	Financial Difficulties
6	At first, we had financial difficulties. I can say that our finances became ok when my daughter sent money	Financial Difficulties
7	The number one concern is a financial problem. Since he is the provider, there was no financial support suddenly.	Financial Difficulties
8	The only strain that my family experiences are the financial strain. I do not feel the financial burden, but my parents and relatives do.	Financial Difficulties
9	Of course, now that he stopped practicing, one source of our income also slipped off.	Financial Difficulties
10	Sometimes, it causes conflicts because I struggle with my finances and reach my credit card limit.	Financial Difficulties

Some respondents have to give up their current job to care for their family members. One even mentioned that it was one of the most difficult to make. Most family caregivers expressed their financial strains during their care for a stroke patient. Since the

illness is sudden, most of them experience financial problems initially and throughout the care.

CARE DECISIONS CONCERNS OF FAMILY CAREGIVERS

Table 5 shows patient and family involvement in care decision-making; most healthcare professionals think the decision-making process should include the patients. Because they still choose to decide, the family has the final decision. In many cultures, including Korea, it is taken for granted that family caregivers are interdependent and decision-making is a family affair (Philos 2010), placing family caregivers in the privileged position of having both the right and responsibility to be involved. Some caregivers may want to relieve patients of the burden of making difficult medical decisions. Others may find the decisional commitment problematic and prefer to play a supportive rather than a directive role, or no role at all. Regarding advocating for patients and offering practical assistance to acquire an assisted-suicide and their role as caretakers, the diversity of family members participating in assisted suicide might be crucial. The family also plays a vital role in discussing the benefits and drawbacks of assisted suicide with patients and considering the timing of the act. Families play essential roles in the practical and emotional aspects of patient care and decision-making at the end of life. At the same time, family caregivers may carry significant burdens due to their work. In recognizing the limitations of family caregiving, communicating well, assisting with decision making, supporting home care, helping with caregiver emotions, and acknowledging bereavement, physicians have much to offer and much to gain.

PROBLEMS IN RESOURCES AND ADMISSION FOR SERVICES OF FAMILY CAREGIVERS

Table 6 shows that recovery after a stroke may be lengthy and challenging. It is common to have setbacks along the way. You will obtain the greatest advantage if you are dedicated and ready to grow. The versatility of home-based rehabilitation programs allows stroke sufferers and rehabilitation to build a tailored program tailored to their unique requirements. Such a program enables the person to practice skills and develop compensatory strategies in the context of their living environment. (Access to specialist equipment available in a typical rehabilitation institution, on the other hand, may be limited.) Home-based rehabilitation may entail several hours of rigorous therapy per week or a less demanding program. Home-based rehabilitation programs are typically the best option for those who need one type of rehabilitation therapy. A recent stroke rehabilitation experiment revealed that home-based balance and strength training was similar to treadmill training at a rehabilitation facility to improve walking.

Table 5. Cross Case Analysis of Impediments of Family Caregivers towards Post Stroke Patients: Care Decisions

Case #	Data	Initial Code
1	The most challenging decision for me was telling him about the situation when he was in the hospital. I had second thoughts about whether I had to tell him about his condition.	Family Decision
2	Whenever the doctor has an order, such as a procedure for my mother, it is challenging. We are seven siblings, so if there is something to decide on, we talk it over and conclude on one decision, and we want the best for my mother.	Treatment Decision
3	The most difficult decision we made was when we were in the hospital. My father crashed and almost died. He had multiple cardiac arrests and was intubated.	Treatment Decision
4	Since two of my siblings live abroad and one works in Manila, I am the best option to leave my job and care for our mom. I think it was the most challenging decision for me.	Family Decision
5	We decided to bring him home or bring him to Manila, but when the doctor advised us that he could go home, we went home immediately to avoid increasing the bill.	Treatment Decision
6	The most difficult decision I made was to admit him; because the nearest hospital is a private one and it is costly there.	Treatment Decision
7	The most difficult decision that I made was whether or not to continue his treatment since we are running out of funds.	Treatment Decision
8	The family had to decide whether my grandfather should be intubated or not when he had a cardiac arrest.	End of Life Care Planning
9	For example, the doctor in BGH wanted to intubate him, which is a tough one. Of course, we have a collective decision to bring him home.	End of Life Care Planning
10	Maybe their major decision was whether or not to go home. We are hesitant to go home here in our province knowing about our current situation, and it is pandemic	Family Decision

The findings show that participants have difficulty acquiring physical therapy or rehabilitation for their stroke patients. Respondents mentioned that physical therapists

are unavailable in their areas, making it hard to promote faster recovery. Moreover, the patients' therapy session schedule depends on the therapist's schedule.

Table 6. Cross Case Analysis of Impediments of Family Caregivers towards Post Stroke Patients: Problems in Resources and Admission for Services

Case #	Data	Initial Code
1	The only problem I encountered in the community or home setting was the limited availability of a physical therapist who could give home service and follow the prescribed session.	Healthcare
2	My mother's physical therapy schedule is often not followed; her session is dependent on the therapist's availability.	Healthcare
3	The only problem with resources is that sometimes we run out of oxygen tanks. It became hard for us to find a supplier to refill our tanks since papa is still dependent on oxygen.	Healthcare
4	When I was not around, it was hard to look for a private nurse.	Healthcare
5	We have no access to a Physical Therapist near our house, which is our problem. If there were available P.T., my father's session would depend on his availability.	Healthcare
6	It was hard for us to find a physical therapist that was available and near our area.	Healthcare
7	At first, we had difficulty finding available Physical Therapists near our area; that is also why we stopped the therapy sessions. It is also difficult for me to look for a vehicle when an emergency happens.	Healthcare
8	What bothered us before; was my grandfather's milk diet. It would be better to be referred to a diet counselor or nutritionist to manage his diet.	Healthcare
9	They cannot cater to critical patients like him. Their services are limited, and there was one time when I needed someone to suction his secretion. They said that they could not set the suction machine up.	Healthcare
10	The only problem we encountered, especially during this pandemic, was that we could not avail of any physical therapy sessions. There is no available therapist around our area, and I even tried asking.	Healthcare

CHALLENGES IN THE RELATIONSHIP OF FAMILY CAREGIVERS

Table 7 shows that, in contrast to the task-oriented nature of caregiving, it is a dynamic and stressful role. Caregivers' lives have changed dramatically, and they must now adjust to their new duty as caregivers. The caregiver adopting the position of a parent, whether they cared for their spouse, parent, or continued their parenting role, was the subcategory that arose from the notion of shifting roles. The study participants

spoke about how they experienced changing roles as caregivers. Regardless of who is taking care of whom, caregivers now have parental positions with a sense of control and direction. As a result, the daughter who looks after her mother has become the parent looking after their child.

Table 7. Cross Case Analysis of Impediments of Family Caregivers towards Post Stroke Patients: Family Challenges

Case #	Data	Initial Code
1	But sometimes, my husband does not want to cooperate. I think he has self-pity. What I do is understand him because of his situation.	Lack of Cooperation by Care Recipient
2	We experience challenges as a family, but one that bothers me is when some of my siblings think that I am not adequately taking care of my mother properly.	Interpersonal Conflicts
3	My mom, I do not know why she does not want to take care of my father.	Interpersonal Conflicts
4	My mother is not cooperative in some of her treatments, like her therapy. We decided to stop it and assess first if she is in the right mood for P.T., and we would call the Physical Therapist, but he is not always available.	Lack of Cooperation by Care Recipient
5	The only family challenge that I see is that my siblings are far away and my mother is. I believe that my father needs their emotional support. When they call and hear their voices, I observe that he would cry. In times like this, I need to make him laugh and comfort him.	Behavioral Issues
6	I felt that it was my obligation to care for him since he is my husband. It was just to repay all of his sacrifices for the family.	Behavioral Issues
7	Sometimes, my children would argue about whose turn to help me in the care of their father. If I would run some errands and I need to leave my husband behind, it is hard for me to ask who will take my place in the meantime	Interpersonal Conflicts
8	The challenge of the family is the homecare itself. My parents, uncles, and aunts have day jobs, so they are not always available to care for my grandfather.	Conflict About Care
9	Sometimes, we cannot avoid family conflicts. My kids have a different way of thinking. They argue about things, but at the end of the day, I always have the final say.	Interpersonal Conflicts
10	The only challenge inside this household is having another elderly to be taken care of, my grandmother. As I mentioned before, we would sometimes argue because we would have misunderstandings.	Balancing Needs of Family Members

Lack of cooperation from the care recipients hinders the delivery of expected care. This problem may be due to the cognitive effect of stroke or sometimes patients' behavioral changes. Conflict about care imposes a problem on the family, especially when

the caregiver is working, making it challenging to balance caregiving and employment. Family conflicts or issues sometimes increase the burden on the family caregiver.

CONCLUSIONS AND RECOMMENDATIONS

One male and nine female participants have cared for a post-stroke patient; it also mentioned various religions, but most are Roman Catholic. The majority of the participants have earned a bachelor's degree. The majority of monthly family income is less than P11,690. The family structures mentioned were nuclear family and extended family. The level of educational attainment is mostly that of a college degree holder. Furthermore, most of the patients were older adults, males, and had stayed in the hospital for less than three weeks. The gathered data mentioned various types of stroke, but infarct was the most prevalent. There are complications mentioned, such as pneumonia, paralysis, and bedsores.

The data identified the experiences of family caregivers of post-stroke patients with the following patterns of meaning and categories: For the category of mental health concerns, most of the participants experienced subclinical stress, followed by the ambivalence of care, while anxiety, frustration, and high rates of sadness were the respondents' concerns. The patients' emotions heightened after getting their preliminary diagnosis. Furthermore, these feelings were affected by the sudden occurrence of the disease.

In the category of physical health concerns, 7 out of 10 of the family caregivers experienced sleep problems, two of which added fatigue to their concern; the patient's reliance on their caregivers brought these experiences. Patients require minimal to extensive assistance with activities of daily living.

In the functional and cognitive impairment categories, all 10 family caregivers expressed a greater need for care, especially during activities of daily living. These scenarios are evident in patients who are bedridden and cannot carry out activities of daily living. Additionally, some participants mentioned difficulty concentrating since they are also caring for other family members.

In the category of secondary strain, all participants expressed financial strain due to a lack of financial stability during the hospitalization occurred and the amount of money spent on medications and medical supplies. One also mentioned work-employment strain since the participant balances work and taking care of the patient. In the care decision category, family caregivers experienced difficulty in family decisions, treatment decisions, and end-of-life care planning. Also, in the Resources and Admissions services, all participants experienced difficulty in obtaining admissions for healthcare services such as physical therapy. It is challenging for the family caregiver to seek such a service because of unavailability. Furthermore, in the category of Family Challenges, the

participants experienced a lack of cooperation with care recipients, interpersonal conflicts, behavioral issues, and the balancing needs of family members.

Based on the findings, family caregivers should have a support group facilitated by a case manager. This support group could share experiences and impediments in caring for stroke patients. Communicating with individuals who have had similar experiences may reduce mental health concerns. This group could share physical and occupational therapy, speech therapy, private duty nursing, and other healthcare services. Post-stroke patients should have a scheduled follow-up checkup with their attending physician to keep up with their progress. Healthcare providers should also include family caregivers in their discharge planning. Also, they should do a thorough assessment of their readiness to take on a new role as a caregiver.

As a family caregiver, one should know their physical limits. The family should arrange a scheduled time for the caregiver to rest to avoid exhaustion. If the caregiver was the only person the patient could rely on, they could manage time by setting plans for daily activities. Family caregivers should have financial literacy by engaging them in webinars regarding insurance plans that fit their status. Financial experts should educate family caregivers about saving money from spending on medications and medical supplies. Some businesses provide discounts for loyal clients in addition to the regular reductions for senior citizens and those with disabilities.

Future researchers are encouraged to conduct further research using Impediments of Family Caregivers towards Post-Stroke Patients: Input for a Support Program to make this study more meaningful and beneficial to our society.

ACKNOWLEDGEMENT

The researcher bids to extend his heartfelt gratitude to the following individuals who assisted in the preparation of this research: Alyssa Ashley R. Diego, EdD, Chairman - Panel of Evaluators, for her constructive criticism, correction, and suggestions to improve the research; Christopher R. Bañez, Ph.D., Member - Panel of Evaluators, who provided his comments, encouragement, and guidance throughout the process; for making suggestions and encouraging the researcher; April G. Alap, Ph.D., Research Adviser, sincerely imparts additional information to follow and complete the research. Virgilio U. Manzano, Ph.D., the ever-supportive and beloved Dean of the Graduate School, for being considerate in attending to queries; and the researcher's friends and family, who always support him morally, financially, and spiritually. Above all, to the Almighty God, for giving him guidance, faith, good health, peace of mind, wisdom, knowledge, understanding, talents, and endurance in sustaining the effort to pursue the path assigned to him despite the hindrances that came his way.

REFERENCES

- Aşiret, G. D., & Kapucu, S. (2013). Burden of caregivers of stroke patients. Turkey. *Turkish Journal of Neurology*, 19(1), 5-10
- Bakas, T., Clark, P. C., Kelly-Hayes, M., King, R. B., Lutz, B. J., & Miller, E. L. (2014). Evidence for stroke family caregiver and dyad interventions: a statement for healthcare professionals from the American Heart Association and American Stroke Association. *Stroke*, 45(9), 2836-2852.
- Bhattacharjee, M., Vairale, J., Gawali, K., & Dalal, P. M. (2012). Factors affecting burden on caregivers of stroke survivors: Population-based study in Mumbai (India). *Annals of Indian Academy of Neurology*, 15(2), 113-119.
- Bulley, C., Shiels, J., Wilkie, K., & Salisbury, L. (2010). Carer experiences of life after stroke—a qualitative analysis. *Disability and Rehabilitation*, 32(17), 1406-1413.
- Camak, D. J. (2015). Addressing the burden of stroke caregivers: a literature review. *Journal of Clinical Nursing*, 24(17-18), 2376-2382.
- Clark, M. S. (1999). The double ABCX model of family crisis as a representation of family functioning after rehabilitation from stroke. *Psychology, Health & Medicine*, 4(2), 203-220.
- Clarke, P. (2009). Understanding the experience of stroke: a mixed-method research agenda. *The Gerontologist*, 49(3), 293-302.
- Coombs, U. E. (2007). Spousal caregiving for stroke survivors. *Journal of Neuroscience Nursing*, 39(2), 112-119.
- Das, S. K., Banerjee, T. K., Biswas, A., Roy, T., Raut, D. K., Mukherjee, C. S., ... & Roy, J. (2007). A prospective community-based study of stroke in Kolkata, India. *Stroke*, 38(3), 906-910.
- Green, T. L., & King, K. M. (2010). Functional and psychosocial outcomes 1 year after mild stroke. *Journal of Stroke and Cerebrovascular Diseases*, 19(1), 10-16.
- Haley, W. E., Allen, J. Y., Grant, J. S., Clay, O. J., Perkins, M., & Roth, D. L. (2009). Problems and benefits reported by stroke family caregivers: results from a prospective epidemiological study. *Stroke*, 40(6), 2129-2133.
- Han, B., & Haley, W. E. (1999). Family caregiving for patients with stroke: review and analysis. *Stroke*, 30(7), 1478-1485.
- Han B, H. W. (1999). Family caregiving for patients with stroke: Review and analysis. *Stroke*, 30, 1478-1485.
- Joo, H., Dunet, D. O., Fang, J., & Wang, G. (2014). Cost of informal caregiving associated with stroke among the elderly in the United States. *Neurology*, 83(20), 1831-1837.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer publishing company.
- Lutz, B. J., & Young, M. E. (2010). Rethinking intervention strategies in stroke family caregiving. *Rehabilitation Nursing*, 35(4), 152-160.
- Mackenzie, A., Perry, L., Lockhart, E., Cottee, M., Cloud, G., & Mann, H. (2007). Family carers of stroke survivors: needs, knowledge, satisfaction and competence in caring. *Disability and Rehabilitation*, 29(2), 111-121.

- McCubbin, P. (1998). Systematic Assessment of Family stress, Resources and coping: Tools for Research. *Education and Clinical Intervention*.
- McCullagh, E., Brigstocke, G., Donaldson, N., & Kalra, L. (2005). Determinants of caregiving burden and quality of life in caregivers of stroke patients. *Stroke*, 36(10), 2181-2186.
- Morimoto, T., Schreiner, A. S., & Asano, H. (2003). Caregiver burden and health-related quality of life among Japanese stroke caregivers. *Age and ageing*, 32(2), 218-223.
- Moura, A., Teixeira, F., Amorim, M., Henriques, A., Nogueira, C., & Alves, E. (2021). A scoping review on studies about the quality of life of informal caregivers of stroke survivors. *Quality of Life Research*, 1-20.
- O'Connell, B., Baker, L., & Prosser, A. (2003). The educational needs of caregivers of stroke survivors in acute and community settings. *Journal of Neuroscience Nursing*, 35(1), 21.
- Rasmussen, R. S., Østergaard, A., Kjær, P., Skerris, A., Skou, C., Christoffersen, J., ... & Overgaard, K. (2016). Stroke rehabilitation at home before and after discharge reduced disability and improved quality of life: a randomised controlled trial. *Clinical rehabilitation*, 30(3), 225-236.
- Schulz, R., & Beach, S. R. (1999). Caregiving as a risk factor for mortality: the Caregiver Health Effects Study. *Jama*, 282(23), 2215-2219.
- Semik, P. E. (2006). Stroke caregiving: difficult times, resource use, and needs during the first 2 years. *Journal of Gerontological Nursing*, 32(4), 37.
- Serio, C. D., Kreutzer, J. S., & Witol, A. D. (1997). Family needs after traumatic brain injury: a factor analytic study of the Family Needs Questionnaire. *Brain injury*, 11(1), 1-10.
- Subgranon, R., & Lund, D. A. (2000). Maintaining caregiving at home: A culturally sensitive grounded theory of providing care in Thailand. *Journal of transcultural nursing*, 11(3), 166-173.
- Van den Heuvel, E. T., Witte, L. P. D., Schure, L. M., Sanderman, R., & Jong, B. M. D. (2001). Risk factors for burn-out in caregivers of stroke patients, and possibilities for intervention. *Clinical rehabilitation*, 15(6), 669-677.
- Visser-Meily, A., Post, M., van de Port, I., Maas, C., Forstberg-Wärleby, G., & Lindeman, E. (2009). Psychosocial functioning of spouses of patients with stroke from initial inpatient rehabilitation to 3 years poststroke: course and relations with coping strategies. *Stroke*, 40(4), 1399-1404.
- Xu, F., Town, M., Balluz, L. S., Bartoli, W. P., Murphy, W., Chowdhury, P. P., ... & Crawford, C. A. (2013). Surveillance for certain health behaviors among states and selected local areas—United States, 2010. *Morbidity and Mortality Weekly Report: Surveillance Summaries*, 62(1), 1-247.

Author's Biography

Mark Edward C. Liberato is a registered nurse who is working in a government hospital as a training specialist and a part-time faculty in a nursing school. His previous work as an acute stroke unit nurse and his personal experience as a family caregiver inspired him to conduct this study. Furthermore, he envisions accomplishing similar research papers to inspire readers to do the same.