



Original Article

A Qualitative Exploration of Stress and Occupational Engagement Among Family Caregivers of Patients with Stroke in Cebu, Philippines

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Abstract

Background: Caregiving for survivors of stroke often leads to significant stress, impacting caregivers' health and well-being. This study aims to explore the occupational engagement and coping strategies of family caregivers in a community rehabilitation setting, focusing on the physical, emotional, and financial challenges they face. **Methods:** A qualitative descriptive phenomenological approach was used, employing in-depth interviews with eight family caregivers of stroke survivors. Participants were recruited from a rehabilitation center in a central urban area in Cebu, Philippines. Thematic analysis was conducted to identify recurring patterns and key themes in the caregivers' experiences. **Findings:** Three main themes emerged from the analysis: (1) Navigating Caregiving and Life: Impact on Occupational Engagement, (2) Ripple Effect: The Strain of Emotional and Physical Demands, and (3) Navigating New Normals: Coping Strategies to Manage Caregiving Stress. Caregivers reported disruptions in daily routines, significant emotional and physical strain, and financial burdens. Coping strategies varied from adaptive techniques, such as seeking social support, to maladaptive behaviors like smoking. **Conclusions:** Caregivers experience significant challenges in maintaining their occupational engagement due to the demands of caregiving. This highlights the need for targeted interventions, such as pre-discharge education, financial support, and access to community-based programs, to improve caregiver well-being and enhance their ability to manage caregiving stress.

Key Words: caregivers, stroke, stress, occupational engagement, coping

INTRODUCTION

The World Stroke Organization reports a 50% rise in cerebrovascular accident (CVA) or stroke risk over 17 years, with a 70% increase in incidence, a 43% increase in mortality, and a 102% rise in overall prevalence. The burden is disproportionately greater in lower- and lower-middle-income nations, which account for 86% of stroke cases and experience the greatest number of disability-adjusted life years (DALYs).¹ In the Philippines, the national stroke prevalence has been reported to range from 0.49% to 6.0%, with the incidence rate varying from 3.95% to 5.61%, depending on the population and study focus.² Hypertension, diabetes, smoking, and elevated cholesterol

levels are the most common risk factors associated with stroke in the country. Moreover, access to stroke rehabilitation services remains limited, with only approximately 452 rehabilitation centers, many concentrated in highly urbanized areas like Metro Manila.³ This limited access adds to the burden faced by family caregivers, particularly in geographically isolated areas, further increasing the challenges they encounter in ensuring post-stroke care.^{2,3}

According to the World Health Organization, informal caregivers (spouses, adult children, other relatives, or friends) provide the bulk of care for the elderly and individuals with

impairments.⁴ In Asian cultures, values such as filial piety, compassion, and familism commonly define caregiving roles, putting an additional load on family caregivers.⁵ Moreover, findings from studies in Southeast Asia underscore how the lack of societal support and limited access to rehabilitation services can exacerbate caregiver stress, especially in countries where community-based rehabilitation services are not widely available.^{6,7} Likewise, family caregivers of stroke survivors in Cebu, Philippines, experience overwhelming emotional and physical strain due to their caregiving responsibilities.⁸

Further, caregivers often report inadequate preparation for the caregiving role and limited support structures.^{7,8} Thus, caregivers of family members diagnosed with stroke must deal with significant care and support responsibilities, which can be physically and emotionally taxing. This typically causes significant changes in their daily routine, social life, and financial situation, resulting in stress. Overburdened caregivers may experience burnout, reducing the quality of care provided and yielding adverse outcomes for both the patient and the caregiver.⁹⁻¹¹

Caregiving can be rewarding. However, it can also be exhausting, putting caregivers at risk for high-stress levels, potentially harming their health and well-being.¹²⁻¹⁴ Family caregivers experience substantial challenges due to caregiving responsibilities, such as adjustments in life roles, routines, and occupations.⁶⁻⁸ Moreover, severe stress limits engagement in daily activities.¹⁵ Stress not only affects physical health but can also disrupt cognitive and emotional processes essential for maintaining occupational engagement.^{15,16} In caregiving contexts, family caregivers face similar challenges. Their roles often lead to emotional strain and fatigue, which can reduce their ability to participate in meaningful occupations.¹⁷ These suggest that stress disrupts occupational engagement by overburdening individuals, causing them to prioritize caregiving tasks over personal well-being.¹⁷ Despite the awareness of the stress and worry that family caregivers are subjected to, healthcare workers frequently disregard their emotional and mental health.^{18,19} Moreover, there is a scarcity of literature focusing on the impact of stress on the

occupational engagement of family caregivers of individuals diagnosed with stroke.^{6,7,20}

This qualitative study investigated the impact of stress on the occupational engagement of family caregivers. Specifically, it aims to answer the research question: How do family caregivers of stroke survivors in a community-based rehabilitation center in Cebu, Philippines, experience and navigate the occupational engagement challenges associated with caregiving stress?

METHODS

Ethical Considerations. The study complied with the Ethical Guidelines on Health-Related Social Research of the Philippine Health Research Ethics Board and the Data Privacy Act of 2012. The Velez College Ethics Review Committee (VCERC), with protocol number VCERC-2023-COT-016, provided approval for the study. Pseudonyms were used to protect participant privacy and confidentiality. Informed consent forms detailing the goals of the study and the participant's right to withdraw were provided and physically signed by the participants. Considering the possible psychological and emotional concerns, referrals were available to mental health specialists if necessary.

Study Design. This study adopted a qualitative approach, using a descriptive phenomenological design rooted in the constructivist paradigm. The descriptive phenomenological approach was selected to deeply explore and understand the lived experiences of family caregivers of stroke survivors. Phenomenology allows for the investigation of how individuals perceive, interpret, and make sense of their experiences, providing rich insights into their subjective realities.²¹ The constructivist paradigm, which emphasizes that knowledge and reality are co-constructed through social interactions and shared experiences, aligns with the researchers' belief that stress and its impact on occupational engagement are subjective and individually constructed by each participant.^{22,23}

In this study, in-depth interviews were conducted with family caregivers to capture the essence of their caregiving experiences. This

method facilitated open-ended discussions, allowing participants to express their thoughts, emotions, and challenges freely. The use of in-depth interviews is critical in understanding the complexities of caregiving stress and its impact on occupational engagement. Previous research has consistently shown that family caregivers experience significant physical, emotional, and social challenges that can hinder their well-being and limit their participation in meaningful occupations.^{19,24} By focusing on the personal narratives of caregivers, this study sought to uncover the underlying factors contributing to their stress and to understand how these factors affect their daily lives and occupational participation.

Participants/Study Selection. The study recruited eight family caregivers of individuals diagnosed with cerebrovascular accident (CVA or stroke). The inclusion criteria required participants to be primary caregivers of stroke survivors aged 21 and above who had been providing care for at least six months. Caregivers were selected if they were directly involved in the daily care and support of the family member with stroke, including assistance with activities of daily living (ADLs). Exclusion criteria included professional caregivers or those providing care on an occasional basis.

The decision to recruit eight participants was grounded in the goal of achieving data saturation. Saturation was considered reached after the fourth participant when no new information or themes emerged from the data. To confirm this, interviews with four additional participants were conducted. This approach aligns with common qualitative research practices, wherein small sample sizes can still yield deep, meaningful insights.²²

Setting. The study was conducted in a government-funded community-based rehabilitation center in Cebu, Philippines. The clinic is located in a highly urbanized area in Central Philippines. This clinic provides outpatient services for individuals recovering from stroke, offering physical therapy (PT) and occupational therapy (OT) interventions. Most patients at the center are males between the ages of 50 and 59, with the youngest patient being 25 years old. The family caregivers, primarily

women aged 50 to 59, are predominantly the spouses of the stroke survivors.

The center serves a diverse population, primarily from lower-middle-income families, where caregivers often take on significant roles in providing daily support for family members with stroke at home. This setting offered a meaningful context for understanding how caregiving stress impacts occupational engagement.

Interviews with family caregivers were conducted either in person at the rehabilitation center or via video calls, depending on participant preferences and availability. This flexibility accommodated the caregivers' various schedules and their extensive caregiving duties.

Interview Protocol. Semi-structured interviews were used to explore the experiences of family caregivers of stroke survivors. A flexible interview guide was developed based on a review of relevant literature and consultation with experts in caregiving and rehabilitation: one, an occupational therapist with over five years of experience in a community-based rehabilitation center working closely with caregivers, and the other, an occupational therapist with a Master's degree specializing in health promotion for neurologic cases. The interview guide included open-ended questions aimed at eliciting information on three main aspects: the challenges faced by caregivers, their occupational engagement, and coping strategies.

The interviews covered topics such as:

1. Challenges in caregiving – Questions addressed the physical, emotional, and financial burdens of caregiving.^{6,13,25}
2. Occupational engagement – Participants were asked to reflect on how caregiving had impacted their daily routines, work, and social activities.^{9,10,26}
3. Coping strategies – Questions focused on the strategies used by caregivers to manage stress and balance their responsibilities.^{7,13,27}

Interviews were conducted in the local language, Cebuano, to ensure that participants expressed themselves comfortably. Interviews ranged from 30 to 45 minutes and were audio-recorded with the participants' consent. Translations into English were completed by the researchers, who

are bilingual and native Cebuano speakers, and all transcripts were cross-checked for accuracy.

Recruitment Process. Participants for the study were recruited using a purposive sampling method. The researchers coordinated with the rehabilitation clinic's head to identify potential participants based on the inclusion criteria. Family caregivers of family members who had been diagnosed with stroke and were receiving care at the rehabilitation clinic were eligible to participate. In addition to purposive sampling, the Caregiver Self-Assessment Questionnaire (CSAQ) was administered as a screening tool to confirm that selected participants were experiencing significant levels of stress. This was essential to ensure that participants were representative of the study's aim of exploring the impact of stress on occupational engagement. Participants who scored high levels of stress based on the CSAQ were then recruited for interviews.

Eligible participants were initially contacted via phone calls or during clinic visits, where the study's purpose and procedures were explained in detail. Interested individuals were provided with an informed consent form, which outlined their rights as participants, including the right to withdraw from the study at any time. Once consent was obtained, interview schedules were arranged based on the participants' availability. Interviews were conducted in a private space at the center. Following their interviews, participants received a token of appreciation via GCash worth ₱200.00 as compensation for their time and effort.

Recruitment continued until data saturation was reached, which occurred after the fourth interview. A sample size of three to 10 participants are considered suitable for phenomenological studies, as saturation is achieved when further data collection no longer reveals new themes.²⁸ Four additional interviews were conducted to confirm the saturation of themes. A total of eight in-depth interviews were conducted.

Data Collection. Data collection was conducted through individual in-depth interviews with each participant. Fourth year, Bachelor's level occupational therapy student researchers conducted the interviews, and a faculty member

with a doctorate and experience in qualitative research provided guidance and oversight. The research team is composed of six females and one male. Interviews took place over a period of two months, from April to May 2024, at the community-based rehabilitation clinic in Cebu, Philippines, or through video conferencing platforms, depending on the participants' availability and preference.

Interviews were conducted in Cebuano or English, depending on the participant's preference. If conducted in Cebuano, interviews were later translated into English for analysis. Translations were checked for accuracy by a bilingual expert. All interviews were audio-recorded with the participant's consent and transcribed verbatim for analysis.

The interviews lasted between 30 to 60 minutes, depending on the participant's responses. During the interview, the researchers took field notes to capture non-verbal cues and contextual details that may further inform the data analysis.

Rigor and Trustworthiness. To ensure rigor and trustworthiness in this study, strategies based on Lincoln and Guba's criteria were employed.²³ Credibility was achieved through the triangulation of data sources using interview transcripts and field notes. Dependability was ensured by maintaining a clear audit trail documenting the research process. While confirmability was addressed by involving multiple researchers in the data analysis to minimize bias. Moreover, reflexivity was addressed through journaling. Researchers reflected on their backgrounds as occupational therapists and acknowledged their familiarity with caregiving challenges. Regular consensus meetings were held to objectively discuss and refine themes, further mitigating potential researcher bias. Lastly, transferability was supported by providing rich, detailed descriptions of the participants' experiences to allow readers to assess the applicability of findings to other contexts. These measures collectively enhanced the overall trustworthiness of the study.

Data Analysis. Data were analyzed using thematic analysis following Braun and Clarke's six-phase approach.²⁹ The research team began

by familiarizing themselves with the data through transcription and multiple readings of the interview transcripts to identify patterns. Initial coding was performed manually by six researchers, with significant statements and phrases highlighted. The coding framework was developed inductively, with initial codes generated from the recurring patterns in the participants' narratives. The codes were grouped into broader categories based on commonalities, which was the basis of initial themes. The participants reviewed an initial report to confirm if the themes represented their experiences.

To enhance the rigor of the analysis, student researchers in the team attended a training session on qualitative data analysis. This session was led by the faculty researcher with experience in qualitative research, providing them with essential skills and guidance on coding and theme generation. The faculty researcher also facilitated the review and refinement of themes through a consensus process among the team to ensure the accuracy and depth of the findings.

FINDINGS

This study explores the multifaceted experiences of family caregivers of individuals with stroke at a community rehabilitation facility in a central urban area in Cebu, Philippines, focusing on the impact of caregiving on their occupational engagement and well-being. Four themes emerged from the data analysis: (1) Navigating Caregiving and Life: Impact on Occupational Engagement, (2) Ripple Effect: The Strain of Emotional and Physical Demands, and (3) Navigating New Normals: Coping Strategies to Manage Caregiving Stress.

The eight family caregivers (three males, five females) ranged from 21 to 62 years of age. Five were spouses of stroke survivors, while the remaining three were children or siblings. The duration of caregiving ranged from six months to three years. All participants were responsible for activities of daily living and emotional support.

Theme 1: Navigating Caregiving and Life: Impact on Occupational Engagement. This theme explores how caregiving responsibilities

affect the daily routines, work, social life, and personal activities of caregivers, thus affecting their overall occupational engagement. Occupational engagement refers to how individuals participate in meaningful and necessary activities, including work, self-care, and leisure. This theme also focuses on how caregiving alters their participation in these activities.

A majority of the caregivers (five out of eight) reported significant disruptions in their daily routines as a result of their caregiving roles. These disruptions extended to essential activities like work, leisure, and social interactions. Many caregivers expressed that caregiving demands left them with little to no time for themselves or to participate in activities that once held meaning for them.

One caregiver, a daughter caring for her father, shared: "I used to go out with friends for relaxation, but now I spend all my time caring for my father." Another participant, a husband caring for his wife, noted the occupational imbalance created by the shift in roles: "I had to stop working because I couldn't manage both my job and my mother's needs after her stroke."

The theme reveals that caregivers often sacrifice their occupational engagement, neglecting personal hobbies, social interactions, and professional commitments. For three out of eight participants, social isolation was a significant consequence of caregiving. The time and energy dedicated to caregiving left them unable to engage in social gatherings, causing feelings of loneliness and emotional strain. A daughter caring for her mother remarked: "My friends stopped calling me because I was always too busy to meet up."

Theme 2: Ripple Effect: The Strain of Emotional and Physical Demands. This theme explores the emotional and physical toll that caregiving takes on family caregivers. It highlights the emotional exhaustion, mental strain, and physical fatigue caregivers experience due to their intensive responsibilities, often leading to stress and burnout.

Emotional and physical strain was a prevalent concern, mentioned by six out of eight participants. The burden of caregiving was felt

not only through the constant attention required by their family members but also through the emotional demands of witnessing their loved ones suffer. Most caregivers expressed how caregiving left them feeling drained mentally, physically, and financially.

One caregiver, a wife caring for her husband, shared her emotional exhaustion: "I cry almost every night because it feels like it's never-ending, the responsibility of taking care of him." Another participant, a daughter caring for her father, explained the physical strain: "My back hurts from lifting him every day, and it doesn't matter how much rest I get; it always comes back." Four out of eight caregivers mentioned the physical discomforts of caregiving, including back pain, lack of sleep, and general fatigue. A husband-caregiver remarked: "I can barely sleep because I always have to check on my wife throughout the night." Additionally, caregivers reported emotional challenges such as guilt, frustration, and sadness, with one participant saying: "It's heartbreaking to see my mother like this, and sometimes I feel guilty for feeling tired or frustrated."

Theme 3: Navigating New Normals: Coping Strategies to Manage Caregiving Stress. This theme explores the variety of coping strategies developed by family caregivers to manage the physical, emotional, and psychological burdens associated with their caregiving roles. These coping mechanisms varied from seeking social support to engaging in personal hobbies and stress-relief activities.

Six of the eight participants described relying on informal social support systems, such as family members or close friends, as an essential way to cope with the demands of caregiving. As one 48-year-old caregiver explained, "I spend time with my kids and grandkids. Their laughter helps me forget the stress, even if it's just for a while." Another caregiver, a 21-year-old daughter, mentioned, "When things get overwhelming, I take a short walk or talk to my cousin. It's a way for me to reset."

Participants also reported engaging in personal leisure activities to manage their stress. For instance, three caregivers mentioned using simple distractions like watching movies or listening to music to decompress after a long day.

One participant said, "After I put my husband to bed, I play games on my phone or watch a movie. It's how I relax." Such strategies helped participants to maintain a semblance of personal time, even in the face of constant caregiving responsibilities.

Additionally, two participants admitted to using maladaptive strategies such as smoking as a means to cope with stress. A 50-year-old caregiver mentioned, "I used to quit smoking, but after my father had a stroke, the stress made me go back. It's not good, but it helps me relax."

In summary, the coping strategies employed by caregivers ranged from positive outlets like socializing and leisure to more detrimental practices like smoking. These diverse methods highlight the varied ways individuals attempt to balance caregiving demands with their personal well-being.

DISCUSSION

This study highlights the significant challenges family caregivers face in maintaining their occupational engagement while managing the stress of caregiving for stroke survivors. Our findings align with previous research indicating that caregiving for stroke survivors results in substantial emotional, financial, and physical burdens. For example, studies similarly identify disrupted routines, emotional strain, and financial stress among caregivers.^{6,13} These reflect the multifaceted challenges highlighted in our participants' narratives. Likewise, these challenges often result in significant disruptions to daily life, role strain, and a diminished ability to participate in meaningful activities.^{12,30,31} In contrast to findings from studies in more resource-rich contexts where caregivers may report support from formal systems,^{27,32} our findings suggest that Filipino caregivers often lack sufficient institutional support, which exacerbates their stress.

In the Filipino context, values such as familism and filial piety hold cultural significance and play a critical role in caregiving dynamics.³³⁻³⁵ Familism, or the emphasis on family unity and loyalty, directs caregivers to prioritize family needs. This often comes at the expense of their personal health and occupational engagement.¹³

Filial piety further reinforces this commitment, as caregivers feel a strong sense of moral duty to support their family members, particularly elderly relatives or those with disabilities.^{5,34} This cultural framework uniquely shapes the caregiving experience, as Filipino caregivers may sacrifice personal well-being and occupational pursuits to fulfill family obligations.³⁵ Unlike individualistic cultures, where self-care may be encouraged alongside caregiving, the collectivist values within Filipino culture prioritize family cohesion and support, often increasing the risk of burnout among caregivers.⁶

Similar caregiving expectations rooted in familism and filial piety are shared across several Southeast Asian countries, yet each culture applies these values uniquely. For example, in Thailand and Singapore, similar values encourage strong family support systems.^{36,37} However, caregivers in these regions may have more formal institutional support, such as respite services and community programs, that provide additional relief, in contrast to the Philippines.^{5,6} These supports can shape coping strategies differently. While Filipino caregivers often rely on informal networks and personal sacrifice, caregivers in other Southeast Asian contexts may have greater access to formal assistance, which can alleviate stress and enhance coping mechanisms.^{38,39} This cultural comparison highlights the importance of tailored interventions, recognizing that Filipino caregivers might benefit from support systems that respect and integrate cultural values while providing sustainable relief from caregiving burdens.

The study findings also confirm existing frameworks that highlight the complex relationship between caregiving stress, coping methods, and health outcomes.^{40,41} This study's findings confirm these assumptions by demonstrating that caregiver stress and the methods used to cope have substantial effects on caregivers' health and quality of life. Likewise, family caregivers feel unprepared for the range of caregiving tasks, leading to changes in their daily routines and a significant reduction in occupational engagement.^{40,41} This highlights the importance of pre-discharge education and continuous support for family caregivers to

reduce the physical and emotional toll caregiving places on their occupational engagement.

Financial strain was also reported by caregivers associated with difficulties in balancing caregiving responsibilities with economic challenges. Caregivers noted a reduction in work hours or quitting their jobs, which linked financial strain to decreased caregiving quality and increased stress.^{10,11} Furthermore, this study's findings are consistent with the literature on the financial strains experienced by caregivers.⁴² Caregiving presents with economic burdens, such as changes in employment status and higher medical costs. Furthermore, financial hardship has been linked to occupational disengagement, as caregivers often prioritize caregiving tasks over their own needs.⁶ Addressing these economic challenges through government programs, subsidies, or flexible work policies is critical to alleviating caregiver stress and improving the well-being of both caregivers and patients.

This study identified both adaptive and maladaptive coping strategies among participants. Caregivers employed adaptive strategies, such as engaging in leisure activities, seeking social support, or taking short breaks when possible. These strategies appeared to provide temporary relief from the emotional and physical toll of caregiving, in line with contemporary literature.^{13,14} However, caregivers also reported maladaptive strategies, including smoking, to cope with stress. Such maladaptive responses can exacerbate stress, increase the risk of burnout, and further impair occupational engagement. This finding aligns with existing literature that suggests caregivers who rely on maladaptive coping mechanisms are at higher risk for negative health outcomes.¹²

While most literature supports the finding that caregiving stress hampers occupational engagement, some research suggests that certain caregivers find meaning and purpose in their role, which can mitigate stress.⁷ However, in our context, where access to resources and rehabilitation services is limited, this sense of purpose was less pronounced. The unique sociocultural expectations surrounding caregiving in the Philippines, combined with limited formal support systems, likely

contributed to the heightened sense of isolation and burnout experienced by our participants. This highlights the need for context-specific interventions that address the emotional and mental health needs of caregivers, particularly in low-resource settings.

Our study's findings have implications for both healthcare practice and policy, specifically in the context of Filipino caregivers supporting stroke survivors in a community-based rehabilitation setting. First, healthcare providers in similar low-resource environments should prioritize family caregiver education and support during the pre-discharge process. Equipping family caregivers with the knowledge and skills to manage caregiving responsibilities can help prevent caregiver burnout and maintain their engagement in meaningful activities. Regular follow-ups and respite care services could also support caregivers in managing their stress more effectively.

From a policy perspective, implementing financial support programs that alleviate the economic burden of caregiving is essential. Government initiatives in low-resource settings, such as subsidies for medical expenses, could significantly reduce caregiver stress. Furthermore, policies that promote flexible work arrangements for family caregivers can help balance caregiving duties with professional responsibilities, thereby reducing financial strain and preserving occupational engagement. However, these recommendations should be considered within the context of this study's specific population, and broader applications may require additional research in varied cultural and socioeconomic settings.

Lastly, expanding community-based support networks may provide crucial social support. These help Filipino caregivers feel less isolated and more empowered in their roles. Programs that encourage peer support groups and partnerships with local organizations are especially valuable in the Filipino cultural context, where informal networks play a central role in caregiving. While these findings highlight specific needs within this context, further studies are necessary to explore how these interventions might translate to caregivers in different regions and healthcare systems.

Limitations and Recommendations. This study has limitations that should be considered. First, the sample size of eight participants may limit the generalizability of the findings beyond the specific community rehabilitation facility in Cebu, Philippines. While data saturation was achieved, the experiences of caregivers in different socio-economic or geographic settings may not be fully represented. Second, the reliance on self-reported data through interviews may introduce bias, such as socially desirable responses or recall issues, potentially affecting the accuracy of the findings. Lastly, the study focused solely on family caregivers, excluding perspectives from professional or part-time caregivers, and it captured a cross-sectional view of caregiving without tracking changes in occupational engagement over time.

Future research should build on this study by investigating the long-term impact of caregiving on both physical and mental health, especially as caregiving responsibilities evolve over time. Longitudinal studies could provide a clearer understanding of how family caregivers' occupational engagement, stress levels, and coping mechanisms change, and whether these shifts exacerbate or alleviate stress. As this study offered only a cross-sectional view, future research can bridge this gap and explore how the chronicity of caregiving affects caregivers' well-being across different phases of their caregiving journey.

Additionally, examining the influence of cultural factors on caregiving stress and coping strategies is crucial. Filipino cultural values, such as familism and filial piety, were significant in this study, and further comparative research across different cultures could uncover important nuances. Intervention-based studies that test the effectiveness of specific programs, like caregiver training, peer support groups, and financial assistance, are also needed to evaluate their potential to mitigate stress and enhance occupational engagement. These studies would contribute to developing tailored strategies to support family caregivers more effectively across various contexts.

CONCLUSION

This study highlights the complex challenges Filipino caregivers of stroke survivors face, particularly regarding occupational engagement amid significant physical, emotional, and financial burdens. These challenges highlight the need for context-specific support, such as caregiver education during pre-discharge, policies offering financial relief, and community-based support networks that echo Filipino cultural values. While adaptive coping strategies were noted, the frequent reliance on informal support and instances of maladaptive coping revealed gaps in formal assistance that could alleviate caregiver stress. These findings suggest that tailored interventions focusing on education, financial aid, and culturally aligned social support are essential for caregiver well-being. Future research should explore the long-term impact of caregiving on occupational engagement and assess how these interventions might benefit caregivers in diverse settings.

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Individual Author's Contributions

All authors have contributed equally.

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The authors report there is no funding associated with the work featured in this article.

Conflicts of interest

P.M.B. is a member of the journal's academic editors. Other than that, the authors of this paper declare no conflict of interest.

Supplementary Material

[Supplementary Material A. Interview Schedule](#)

[Supplementary Material B. COREQ Checklist](#)

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