Jurnal Kesehatan Cendikia Jenius. Vol.4. No.1 Month December 2026; e-ISSN : 3031-8793
JURNAL KESEHATAN CENDIKIA JENIUS
(The Health Journal of a Brilliant Researcher)
https://jurnal.kesehatan.cendikiajenius-ind.id/index.php/jenius/index

Transcending Hands: A Phenomenological Exploration Of Family Coping In Response To Stroke

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ABSTRACT

When a stroke shifts the life of a family's main provider, its impact extends beyond the individual, requiring family members to reorganize roles, relationships, and daily responsibilities. Previous studies have primarily focused on caregiver burden, while limited attention has been given to how families experience and adapt to these life-changing disruptions. This study explored the family coping process among families experiencing major structural changes following a stroke affecting the original family head. Guided by Roy's Adaptation Model, Pender's Health Promotion Model, and Neuman's Systems Model, this study employed an Interpretative Phenomenological Analysis approach. Participants were selected through purposive sampling, and data were collected through semi-structured, in-depth interviews and analyzed using Colaizzi's Seven-Step Phenomenological Method. The findings revealed five interconnected themes: Challenge, Commitment, Resilience, Transformation, and Meaning. These themes demonstrated that family coping is a progressive, multidimensional process through which families move from disruption toward adaptation, personal growth, and meaning reconstruction. Based on these findings, the Holistic Family Adaptation Model was developed to explain the family adaptation process following stroke. The findings highlight the importance of integrating family-centered nursing care into stroke management. Nurses and healthcare providers are therefore recommended to strengthen family preparedness, promote shared responsibilities, facilitate psychosocial and spiritual support, and implement culturally responsive interventions to enhance family resilience, adaptation, and long-term well-being.

Keywords *: Family Coping Process, Stroke, Family Adaptation, Resilience*

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INTRODUCTION

Stroke remains a major global health challenge and a leading cause of death and long-term disability worldwide. According to the Global Burden of Disease (GBD) Study 2021, approximately 11.9 million new stroke cases and 7.3 million stroke-related deaths occurred globally in 2021, while approximately 93.8 million people were living with the consequences of stroke. [1] These figures demonstrate that stroke represents not only an individual medical condition but also a substantial public health concern with long-term consequences for families and communities. The consequences of stroke frequently extend beyond physical impairment, affecting survivors' psychological well-being, social participation, financial stability, and family relationships. As a result, family members often assume additional caregiving responsibilities, reorganize household roles, and develop new coping strategies to maintain family functioning. [2,3]

In the Philippines, stroke continues to contribute substantially to the national burden of mortality. According to the Philippine Statistics Authority, cerebrovascular diseases, including stroke, ranked as the third leading cause of death in 2024, accounting for 68,729 registered deaths or 9.8% of all registered deaths nationwide. [4] This epidemiological situation highlights the importance of strengthening not only stroke prevention and clinical management but also family support throughout the rehabilitation and recovery process. The impact may be particularly challenging when the affected individual is the primary family provider or household head, as the family must simultaneously manage caregiving demands, financial responsibilities, changes in decision-making authority, and emotional adjustment. In this context, family coping becomes an essential component of adaptation following stroke, particularly in households experiencing substantial changes in their established family structure.

At the local level, the family and community context in which stroke survivors receive care is important for understanding how families respond to the consequences of stroke. However, national mortality statistics alone cannot adequately describe the experiences of individual families or the specific challenges encountered within local communities. The present study therefore focuses on the lived experiences of families undergoing changes in household roles and responsibilities following stroke. Understanding how families reorganize their responsibilities and maintain their relationships after the household head experiences a stroke is essential for developing contextually appropriate family-centered nursing care.

Previous studies have identified the substantial psychological, social, and practical challenges experienced by family caregivers of stroke survivors. Research has highlighted caregiver burden, psychological well-being, and resilience as important dimensions of the post-stroke caregiving experience. [2,3,5] Family-centered interventions have also been reported to support caregivers and improve their capacity to manage caregiving demands.[6] However, much of the existing literature emphasizes caregiving burden, individual coping strategies, or the effectiveness of specific interventions. [6,7,8] Although these studies provide valuable evidence, they offer comparatively limited understanding of how families collectively experience and interpret the transformation of their household structure, particularly when the original family head is no longer able to perform their previous responsibilities. Family adaptation in this situation involves more than providing physical assistance to stroke survivors; it also includes redistributing family leadership, renegotiating responsibilities, maintaining communication, strengthening social and spiritual support, and reconstructing family identity and meaning. Consequently, there is a need to explore family coping as a multidimensional and evolving process rather than viewing it solely as an individual caregiver response.

The theoretical understanding of family adaptation also requires an integrated perspective. Roy's Adaptation Model explains how individuals respond to environmental changes through adaptive mechanisms, while Neuman's Systems Model conceptualizes the family as a system exposed to internal and external stressors that may disrupt its stability. [9,10] Pender's Health Promotion Model further emphasizes the importance of health-promoting behaviors in maintaining well-being. [11] Although these theoretical perspectives provide useful foundations for understanding adaptation, stress responses, and health-promoting behaviors, their

integration to explain the lived experiences of families undergoing structural and relational changes after stroke remains insufficiently explored in the context of family leadership transition. In particular, limited phenomenological evidence explains how families move from initial disruption through commitment and resilience toward personal transformation and the reconstruction of meaning. Addressing this theoretical and empirical gap may contribute to a more comprehensive understanding of family adaptation following stroke.

Therefore, this study aimed to explore the lived experiences and family coping processes of family members who assumed the role of family head following the stroke of the original household leader. Specifically, the study sought to understand how families experienced challenges, developed commitment and resilience, transformed their family roles and identities, and reconstructed meaning throughout the adaptation process. The findings were expected to contribute to the development of the Holistic Family Adaptation Model and provide insights for strengthening family-centered nursing care and support for families living with stroke.

METHODS

Research Design

This study employed a qualitative phenomenological research design using an Interpretative Phenomenological Analysis (IPA) approach to explore the lived experiences and meaning-making processes of family members who assumed the role of family head following the stroke of the original household leader. The phenomenological approach was selected to obtain an in-depth understanding of participants' experiences, perceptions, and coping processes within their family contexts. The study focused on understanding how family members experienced changes in family responsibilities, relationships, adaptation, and personal meaning following the stroke event (Smith et al., 2022).

Participants and Sampling Technique

Participants were recruited using purposive sampling to ensure that individuals selected had direct experience with the phenomenon under investigation. A total of ten participants were included in the study. The inclusion criteria were: (1) adults who had assumed the role of family head following the stroke of the original household leader; (2) individuals who had maintained this new family role for at least six months; and (3) individuals who were willing to participate and share their lived experiences through in-depth interviews. Purposive sampling was considered appropriate because it enabled the researcher to obtain information-rich accounts relevant to the research objectives[12,13]. Participant recruitment and data collection continued until the researchers considered the collected information sufficient to address the research objectives, with ten participants included in the final analysis.

Data Collection Procedures

Data were collected through individual, semi-structured, in-depth interviews. Before the interviews, the researchers developed an interview guide based on the research objectives, relevant literature, and theoretical foundations of Roy's Adaptation Model, Pender's Health Promotion Model, and Neuman's Systems Model. The interview guide was subjected to expert validation and pilot testing to assess the clarity, relevance, and appropriateness of the questions before the actual data collection.

Eligible participants were informed about the purpose, procedures, and ethical considerations of the study. Written informed consent was obtained before conducting the interviews. Each interview lasted approximately 45–90 minutes and focused on participants' experiences of family role transitions, caregiving responsibilities, coping strategies, family relationships, resilience, and the meaning they attributed to their experiences following stroke. The semi-structured format allowed participants to describe their experiences in their own words while enabling the researcher to use follow-up questions to obtain further clarification and deeper insights. Interview recordings were transcribed verbatim to preserve the participants' original accounts for subsequent analysis.

Data Analysis

The interview data were analyzed using Colaizzi's Seven-Step Phenomenological Method to systematically identify significant statements, formulate meanings, and develop themes reflecting participants' lived experiences. The analysis involved seven stages: (1) reading and repeatedly reviewing all interview transcripts to obtain an overall understanding of the participants' experiences; (2) identifying significant statements directly related to the phenomenon under investigation; (3) formulating meanings from the significant statements while maintaining consistency with the participants' original accounts; (4) organizing the formulated meanings into clusters of themes and subthemes; (5) developing an exhaustive description of the phenomenon based on the identified themes; (6) synthesizing the exhaustive description into a fundamental structure representing the essence of family coping following stroke; and (7) validating the findings through participant feedback to ensure that the interpretations adequately reflected their experiences. The analysis resulted in five interconnected themes: Challenge, Commitment, Resilience, Transformation, and Meaning. These themes subsequently formed the conceptual foundation for the development of the Holistic Family Adaptation Model, which describes the multidimensional process through which families respond and adapt to the consequences of stroke.

Trustworthiness of the Study

The trustworthiness of the findings was established using Lincoln and Guba's criteria of credibility, dependability, confirmability, and transferability. Credibility was supported through prolonged engagement, expert validation of the interview guide, pilot testing, and member checking, in which participants were given opportunities to review and confirm the accuracy of the interpretations of their experiences. Dependability was strengthened through systematic documentation of the research procedures and the maintenance of an audit trail. Confirmability was supported through reflexive journaling and documentation of analytical decisions to minimize the influence of the researcher's personal assumptions and interpretations. Transferability was enhanced by providing detailed descriptions of the participants, research context, and family coping experiences, allowing readers to assess the applicability of the findings to other contexts (Lincoln & Guba, 1985; Nowell et al., 2023).

Ethical Considerations

Ethical approval was obtained from the appropriate Institutional Ethics Review Committee before the commencement of data collection. Written informed consent was obtained from all participants after they had received an explanation of the study's objectives, procedures, and ethical considerations. Participants' confidentiality and privacy were protected through the use of pseudonyms and secure storage of research data. Participation was voluntary, and the research procedures were conducted in accordance with established ethical principles for qualitative health research. The researchers also ensured that participants' accounts and personal information were handled confidentially throughout the research process.

RESULT

The analysis of in-depth interviews with ten participants revealed five interconnected themes that describe the lived experiences and coping processes of family members following a stroke affecting the original head of the household. These themes include Challenge, Commitment, Resilience, Transformation, and Meaning. Collectively, the findings illustrate how families navigate changes in roles and responsibilities, develop coping strategies, strengthen resilience, transform family relationships, and reconstruct meaning throughout the adaptation process.

Data Presentation and Analysis

Table 1. Presentation of the sub-themes, themes, and descriptions

Themes	Sub Themes
Challenge	Change
	Adaptation
	Burden
Commitment	Responsibility
	Collaboration
	Communication
Resilience	Spirituality
	Hope
	Support
Transformation	Growth
	Values
	Identity
Meaning	Reconstruction
	Purpose

The essence of "Transcending Hands" lies in the deep realization that the hands that were once mostly about familial duties, eventually started to mean something much wider than the physical acts of serving. In the themes of Challenge, Commitment, Resilience, Transformation, and Meaning, the hands ended up symbolizing how ready the families were to take on new responsibilities, keep it steady in the middle of adversity, uncover inner strength, reshape who they are, and then turn suffering into a kind of purposeful living. Also, the family coping journey was never only about helping the stroke survivor with daily needs. Rather it felt more like every small act of care became an ongoing adjusting of emotions, a relational kind of commitment, a stubborn spiritual perseverance and yeah personal change that slowly rebuilt meaning too. So in that way the participants kind of went beyond a usual caregiver role. They became protectors, the ones who make decisions, sources of hope, and carriers of their own continuity.

The hands not only meant labor anymore, it became a living sign of love, sacrifice, resilience, and a steady kind of purpose that doesn't disappear. This reading matches what a lot of current family coping literature says, where family coping is treated like a transformative relational process. In that process individuals rebuild identities and life stories while they also find a new meaning, beyond the practical demands of care[14]. So "Transcending Hands" kind of captures the core structure of the phenomenon: families don't just survive the disruption stroke brings, they transcend it by transforming family coping acts into lasting expressions of human connection, adaptation, and purposeful existence.

DISCUSSION

The present study shows that the lived experiences of family members caring for a loved one with stroke unfold as an ongoing process, moving from disruption toward adaptation, personal growth, and the reconstruction of meaning. Across the five dimensions identified in the findings, family coping emerges as more than the completion of physical caregiving tasks. It involves continuous responses to changes in family roles, emotional demands, financial constraints, and relational obligations, alongside the gradual development of coping resources and a renewed sense of purpose. This interpretation is consistent with evidence that family caregivers' well-being and resilience are important dimensions of post-stroke adaptation. [2,15]

The findings also indicate that families actively reorganize their lives through shared responsibility, supportive relationships, spirituality, and sustained commitment. This broader perspective is consistent with literature that positions family members as important partners in the long-term care and rehabilitation of stroke survivors. [2,3] The present study extends this perspective by drawing attention to family leadership transition:

when the original household head can no longer fulfill previous responsibilities, other members must renegotiate authority, decision-making, and everyday roles.

The findings can be interpreted through the complementary perspectives of Neuman's Systems Model, Roy's Adaptation Model, and Pender's Health Promotion Model. Neuman's model helps explain how stroke-related physical, emotional, social, and financial stressors may disrupt family system stability. [10] Roy's model provides a framework for understanding how family members adapt to changing roles and environmental demands.[9] Pender's model further highlights the importance of health-promoting beliefs and behaviors in sustaining family well-being. [11] Taken together, these perspectives support a family-centered approach in which nursing care addresses not only the needs of the stroke survivor but also the adaptation needs of the family. Family-centered interventions and caregiver support are therefore relevant to strengthening preparedness, coping, and resilience. [6,3]

The Holistic Family Adaptation Model represents the main conceptual contribution of this phenomenological study. It was developed from the lived experiences of family members who assumed family leadership after the original household head experienced a stroke. The model describes family coping as a dynamic and non-linear process in which Challenge, Commitment, Resilience, Transformation, and Meaning are interconnected dimensions that collectively contribute to holistic family adaptation.

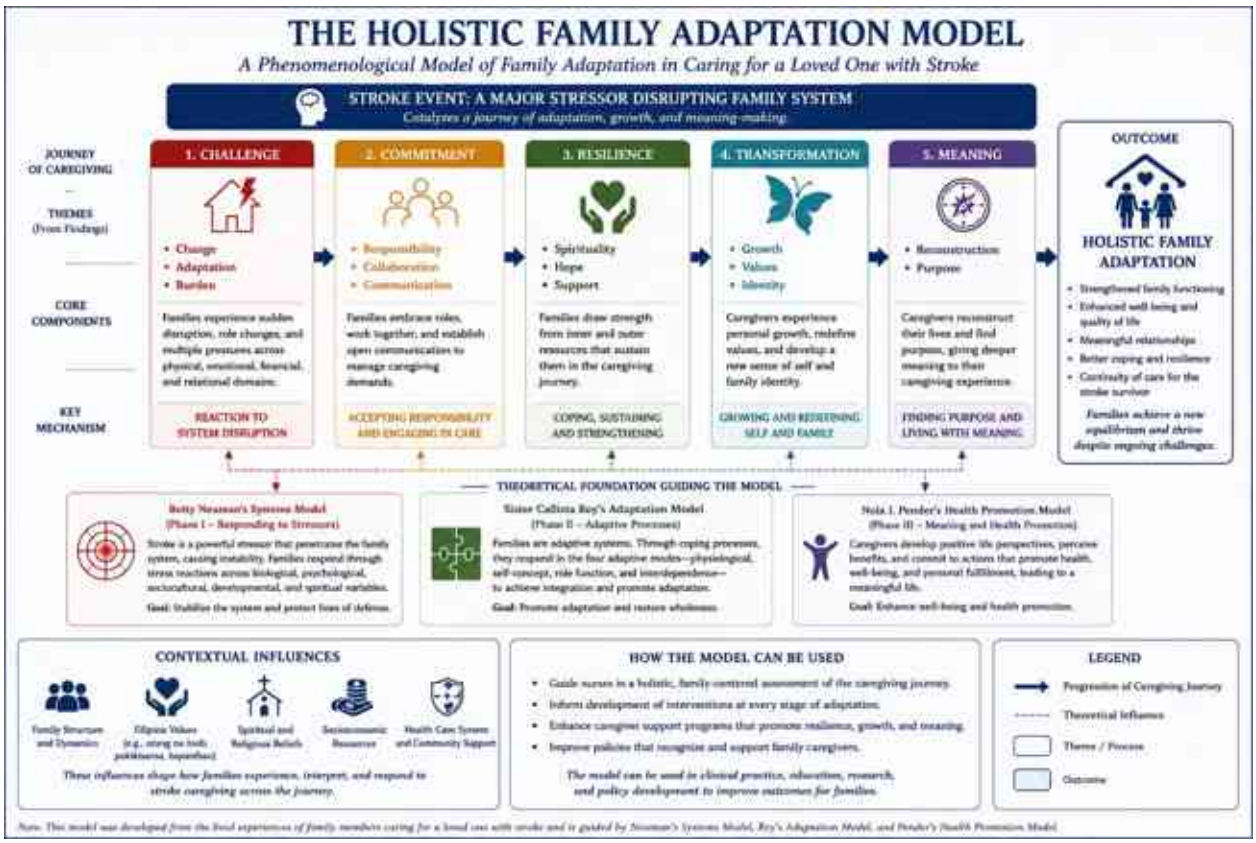

***Figure 6**. Reflected model, the holistic family adaptation model (AI generated visualization of the model)*

The family coping process begins with a stroke event that disrupts the family's equilibrium and creates changes across physical, emotional, social, financial, and relational domains. Families must respond to unfamiliar demands and adjust to new roles. Shared responsibilities and communication may help maintain family functioning, while hope, spirituality, and social support can provide resources for managing prolonged

caregiving demands. These processes are consistent with research identifying resilience and psychological well-being as important aspects of family caregiving after stroke. [15]

The theoretical foundations of the model are complementary. Neuman's Systems Model explains how internal and external stressors may challenge family stability, while Roy's Adaptation Model clarifies how adaptive responses and role adjustments support the restoration of balance. [9,10] Pender's Health Promotion Model adds a focus on health-promoting beliefs and purposeful behaviors that may support long-term family well-being. [11] Together, these perspectives provide a framework for understanding family coping as a holistic process rather than a set of isolated caregiving tasks.

Previous research supports the importance of family-centered approaches and structured support for caregivers of stroke survivors. Reviews of family-centered interventions and caregiver support emphasize the value of interventions that address caregiver needs and strengthen their capacity to manage caregiving demands. [6,3] Research has also identified associations between resilience and psychological well-being among family caregivers of stroke survivors. [15] The present study adds to this literature by highlighting the transition in family leadership and the reconstruction of family identity and meaning as important dimensions of adaptation.

Taken together, the findings suggest that family coping after stroke is best understood as a multidimensional and evolving adaptation process. The Holistic Family Adaptation Model may provide a conceptual guide for nurses, educators, healthcare institutions, and community health programs when designing family-centered interventions that support family adaptation, resilience, and sustained well-being. Further research is needed to examine the model across different family structures and cultural contexts and to evaluate interventions informed by its dimensions.

CONCLUSION AND RECOMMENDATIONS

This study concludes that family coping following a stroke affecting the original head of the household is a multidimensional and evolving adaptation process that extends beyond the provision of physical care. The findings demonstrate that families experience changes in their roles, responsibilities, relationships, and identities while gradually developing the capacity to adapt through five interconnected dimensions: Challenge, Commitment, Resilience, Transformation, and Meaning. These findings highlight that successful family adaptation involves shared responsibilities, effective communication, psychosocial and spiritual support, personal growth, and the reconstruction of family purpose.

Based on these findings, nurses and healthcare professionals are recommended to strengthen family-centered nursing care by providing structured caregiving education, facilitating family communication and collaborative decision-making, assessing caregiver needs, and connecting families with appropriate psychosocial and community support services. Healthcare institutions should also consider integrating family preparedness and resilience-building programs into stroke rehabilitation services. Furthermore, the Holistic Family Adaptation Model developed in this study may serve as a conceptual foundation for understanding family adaptation following stroke and guiding future family-centered interventions. Further research involving diverse family structures and cultural contexts is recommended to explore the applicability of the model and evaluate interventions based on its five dimensions to support sustainable family adaptation and long-term well-being.

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