

**EXPERIENCES OF INDIVIDUALS CARING FOR FAMILY MEMBERS WITH
MYOCARDIAL INFARCTION: A PHENOMENOLOGICAL STUDY**

A Thesis Presented to
the Faculty of the Graduate School
Misamis University
Oroquieta City

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts in Nursing

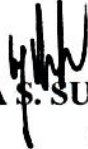
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May 2026

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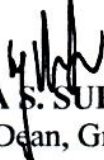

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Date of Comprehensive Examination: February 4-5, 2024

Date of Thesis Proposal: February 21, 2026

Date of Oral Defense: April 25, 2026


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ACKNOWLEDGMENT

The researcher extends sincere appreciation and gratitude to the following whose invaluable contributions were integral to the success of this thesis:

Dr. Cynthia S. Superable, the Dean of the Graduate School and his thesis adviser and offering constant support, guidance, and inspiration that shaped the direction and methodology of this study;

Dr. Analyn S. Clarin, the chairman of the Thesis Committee, for her insightful recommendations and constructive feedback, which greatly guided the researcher to enhance the study;

Dr. Sammy B. Taghoy, Dr. Merasol O. Duyag, and Prof. Maebil Marie Go, members of the Thesis Committee, for their expertise in guiding the researcher, giving valuable feedback, and suggestions that significantly improved the quality of this research;

His friends and family, for their unwavering support, understanding, and cooperation, which provided essential motivation throughout the research process; and

The Almighty God, for providing strength, enlightenment, and guidance throughout the research journey, ensuring the successful completion of this endeavor.

Sandy

DEDICATION

This study is lovingly dedicated to

The individuals who inspired, supported, and encouraged me throughout this academic journey.

My beloved partner, thank you for your unconditional love, patience, understanding, and constant encouragement. Your support during the challenges and demands of this undertaking gave me strength and motivation to persevere.

My family, thank you for your unwavering love, sacrifices, and steadfast belief in me. Your trust and encouragement have always been my strongest foundation and source of inspiration.

My mentors and adviser, your wisdom, guidance, expertise, and commitment to my growth as a researcher have been truly invaluable. Your encouragement and insights greatly contributed to the completion of this study.

Misamis University, thank you for providing me with quality education, advanced knowledge, and meaningful learning experiences that helped improve my teaching career and professional growth.

I also extend my deepest gratitude to the participants, whose generosity in sharing their time, experiences, and insights made this research possible. Their valuable contributions served as the heart of this study.

Above all, I offer my sincerest gratitude to God Almighty for the guidance, wisdom, strength, and countless blessings throughout this journey.

Sandy

ABSTRACT

Myocardial infarction is a life-threatening cardiovascular condition that significantly impacts both patients and their families. This study explored the lived experiences of family members caring for individuals with a history of myocardial infarction using Moustakas' lifeworld existential phenomenology. The study was conducted in Ozamiz City, Misamis Occidental, Philippines, there were seven participants selected through snowball sampling. Data were gathered through a semi-structured Interview Guide. Data were analyzed using Moustakas' (1994) method of data analysis. The analysis generated the following themes: emotional strain and physical exhaustion in caregiving; transformation of home into a care-oriented environment; restructuring of daily life and altered sense of time; strengthened bonds with emerging tensions in family relationships; from difficulty to competence in managing medical care; and living in constant watchfulness: prioritizing safety and prevention after myocardial infarction. Caring for a family member with myocardial infarction significantly changes family life through emotional, physical, and caregiving demands, requiring continuous adjustment and adaptation to ensure the patient's safety, recovery, and long-term stability. It is recommended that healthcare providers strengthen family-centered discharge planning and ongoing community-based support programs to equip caregivers with the knowledge, skills, and emotional resources needed to effectively manage long-term post-myocardial infarction care and reduce caregiver burden.

Keywords: *caregiving, family adaptation, myocardial infarction, phenomenology, vigilance*

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Chapter 1

INTRODUCTION

Rationale of the Study

Cardiovascular diseases (CVDs), which encompass myocardial infarction (MI) and other heart conditions, remain the leading cause of death worldwide, responsible for an estimated 17.9 million deaths annually, with more than four out of five of these deaths resulting from heart attacks and strokes (World Health Organization, 2023). This global burden underscores the persistent challenge of CVDs across diverse populations and highlights the significant health, social, and economic impacts of heart disease on individuals and their families (World Health Organization, 2025). In the Philippines, CVDs similarly dominate the national mortality profile, with ischemic heart diseases, including heart attacks, consistently ranking among the top causes of death, accounting for nearly one-fifth of all fatalities in recent years (Philippine Statistics Authority, 2025). These statistics reflect not only the widespread prevalence of MI but also the ongoing public health challenge it presents, emphasizing the need for research that explores not just clinical outcomes but also the lived experiences of those indirectly affected, such as family members who provide care and support in the aftermath of cardiac events.

Myocardial infarction (MI), commonly referred to as a heart attack, is a serious cardiovascular condition that occurs when blood flow to the heart muscle is suddenly obstructed (Elsaka et al., 2022; Katari et al., 2023; Moini & Ferdowsi, 2024). This interruption is often caused by the rupture of atherosclerotic plaques within the coronary arteries, leading to tissue ischemia and necrosis (Foa et al., 2023; Katari et al., 2023; Młynarska et al., 2024). MI presents a significant medical emergency that requires

immediate intervention to prevent fatal outcomes (Sachdeva et al., 2023; Varrassi et al., 2025). Survivors of MI frequently experience long-term physical limitations and psychological distress (Levine et al., 2025; Narendrula et al., 2023). Consequently, MI affects not only the individual patient but also the broader family system (Qin et al., 2022).

From a global perspective, myocardial infarction remains one of the leading causes of death and disability worldwide (Rakhmatova, 2022; Salari et al., 2023; Zhakhina et al., 2023). According to international health organizations, millions of new cases are reported annually, with substantial variations in incidence across regions (Salari et al., 2023). While high-income countries have benefited from improved diagnostic tools and advanced cardiac care, low- and middle-income countries continue to face higher mortality rates (Mocumbi, 2024; Rafi et al., 2025). Factors such as lifestyle changes, aging populations, and increasing prevalence of chronic diseases contribute to the growing global burden of MI (Chong et al., 2025; Hacker, 2024; Vaduganathan et al., 2022). These trends highlight MI as a persistent and evolving public health challenge.

In the Philippines, cardiovascular diseases, including myocardial infarction, rank among the top causes of mortality (Cabanlit et al., 2023; Chesky et al., 2022; Khetan et al., 2024). National health statistics indicate a steady rise in ischemic heart disease cases, reflecting shifts in dietary habits, physical inactivity, and increased exposure to stress (Chesky et al., 2022; Lam et al., 2024). Limited access to specialized cardiac care in some regions further exacerbates poor outcomes among MI patients (Ramiro et al., 2022; Sulague et al., 2024; Toledano et al., 2023). Cultural beliefs and family-centered caregiving practices also influence how MI is managed within Filipino households. These contextual factors underscore the importance of localized research on MI in the Philippine setting.

Recent studies on myocardial infarction have largely focused on identifying risk factors and improving clinical management strategies (Rallidis et al., 2022; Sachdeva et al., 2023; Sagris et al., 2022). Research has consistently linked MI to modifiable factors, including hypertension, diabetes, obesity, smoking, and unhealthy diets (Faisal et al., 2025; Hasebe & Hasebe, 2022; Kamalova, 2025). Advances in pharmacological treatments and revascularization procedures have significantly improved survival rates. Studies also emphasize the role of cardiac rehabilitation in enhancing recovery and preventing recurrence (Taylor et al., 2022; Zaree et al., 2023). These findings have contributed to more effective prevention and treatment protocols.

In addition to clinical outcomes, contemporary research has examined the psychosocial effects of myocardial infarction on patients (Sachdeva et al., 2023; Zaree et al., 2023). Evidence suggests that MI survivors often experience anxiety, depression, and fear of recurrence following the event (Flygare et al., 2023; Ryan et al., 2022; Ryan, 2022). These psychological responses may interfere with treatment adherence and overall quality of life. Some studies highlight the importance of social support in facilitating emotional recovery (Alshammari et al., 2024; Heydari et al., 2024; Singh et al., 2022).

Caring for a family member who has experienced myocardial infarction (MI) can significantly affect caregivers' physical, emotional, and psychosocial well-being. Family caregivers of acute MI patients often experience heightened levels of anxiety, depression, and emotional stress, which can negatively impact their overall quality of life and caregiving capacity (Heydari et al., 2024). Lower levels of perceived social support are associated with higher anxiety and depression among caregivers, highlighting the emotional burden that accompanies the caregiving role (Heydari et al., 2024). In addition,

caregivers frequently report physical health impacts, feelings of isolation, and psychological strain due to the ongoing responsibilities of caring for a loved one with MI

Despite the growing body of literature on myocardial infarction, there is a notable literature gap regarding the experiences of family members living with individuals who have a history of MI. Existing studies rarely examine how family members perceive and cope with sudden, life-threatening events and their long-term consequences. The emotional, social, and caregiving challenges faced by families are often underrepresented in cardiovascular research. Moreover, limited attention has been given to culturally grounded family experiences, particularly in developing countries. This gap restricts a comprehensive understanding of MI's broader impact.

To address this gap, the present study explored the lived experiences of family members living with a history of myocardial infarction. Using a phenomenological research design, the study sought to capture the meanings family members assign to their experiences following the cardiac event. It focused on how family members adapt to caregiving roles, emotional stress, and lifestyle changes. By emphasizing personal narratives, the study may offers deeper insight into family realities that are often overlooked in clinical research. This approach allows for a more holistic understanding of MI beyond the patient perspective.

The findings of this study are significant for healthcare professionals, policymakers, and families affected by myocardial infarction. Understanding family experiences may guide the development of family-centered care strategies and psychosocial support interventions. The study may also inform nursing and medical practices by highlighting families' needs during recovery and long-term management.

Additionally, the results can contribute to policy formulation aimed at strengthening community and family support systems. Ultimately, this research promotes a more inclusive and compassionate approach to the care of patients with myocardial infarction.

Theoretical Framework

This study was anchored on the Family Systems Theory (Bowen, 1978), the Stress and Coping Theory (Lazarus & Folkman, 1984), and the Theory of Human Caring by Jean Watson (1979).

These theories collectively provide a multidimensional framework for understanding the lived experiences of family members caring for individuals with myocardial infarction (MI). Together, they explain how caregiving affects family relationships, emotional well-being, coping processes, caregiving competence, and the transformation of everyday family life following a cardiac event. The framework also aligns with the six emergent themes of the study: emotional strain and physical exhaustion in caregiving; transformation of home into a care-oriented environment; restructuring of daily life and altered sense of time; strengthened bonds with emerging tensions in family relationships; from difficulty to competence in managing medical care; and living in constant watchfulness: prioritizing safety and prevention after myocardial infarction.

Family Systems Theory, developed by Murray Bowen in 1978, conceptualizes the family as an interconnected emotional unit in which the experiences, emotions, and behaviors of one member influence the entire family system (Sugitanata, 2024). Bowen emphasized that families strive to maintain balance or homeostasis, particularly when confronted with stressful situations such as illness (Khalil, 2025; Moss, 2024). Core concepts of the theory, including emotional interdependence, role adaptation, and relational

dynamics, explain how families collectively respond to crises and long-term caregiving challenges (Ambrose, 2025; Marrero, 2025).

In this study, Family Systems Theory provides a lens for understanding how myocardial infarction affects not only the patient but also the entire family structure (Cypress & Allred, 2024; Rolland, 2025). The sudden and life-threatening nature of MI often disrupts established family routines, responsibilities, and emotional relationships (Qin et al., 2022; Waldemar et al., 2023). This directly aligns with the emergent themes of transforming the home into a care-oriented environment and restructuring daily life and altered sense of time, as family members reorganize household routines, caregiving responsibilities, and everyday schedules around the patient's needs. The theory also supports the theme of strengthened bonds with emerging tensions in family relationships by explaining how caregiving can simultaneously foster emotional closeness and interpersonal strain within the family system.

As caregiving demands intensify, family members become more emotionally interconnected, resulting in both solidarity and conflict. Furthermore, the sixth emergent theme, living in constant watchfulness: prioritizing safety and prevention after myocardial infarction, reflects the family system's collective adaptation toward maintaining stability, safety, and prevention of recurrence. Family members develop heightened vigilance and shared responsibility to protect the patient's health, demonstrating how illness reshapes the family's emotional and behavioral patterns. Thus, the theory supports the study's phenomenological focus by emphasizing shared lived experiences and interconnected emotional responses within the family context (Carlos, 2022; Fontus, 2022).

Several studies have utilized Family Systems Theory to examine family experiences related to chronic and life-threatening illnesses (Burke & Post, 2024; Robinson et al., 2022; Shankar, 2025). Research involving cardiac patients demonstrates that family functioning significantly influences treatment adherence, recovery, and emotional well-being (Granata et al., 2023; Popescu et al., 2025). Studies grounded in Bowen's framework report increased family anxiety, role strain, and emotional interdependence following cardiac events (Khalil, 2025; Fontus, 2022). Other research highlights that effective family communication and emotional regulation contribute to healthier adaptation and caregiving outcomes (Mendez, 2023; Sugitanata, 2024). These findings reinforce the relevance of Family Systems Theory in examining how myocardial infarction reshapes family dynamics and caregiving experiences.

Stress and Coping Theory, developed by Lazarus and Folkman in 1984, explains how individuals respond to stressful or threatening situations through cognitive appraisal and coping mechanisms. The theory proposes that individuals evaluate whether situations are harmful, manageable, or threatening and then employ cognitive and behavioral strategies to adapt (Bondarchuk et al., 2024; Jiang & Deng, 2024). Coping strategies may be problem-focused, aimed at addressing the source of stress, or emotion-focused, intended to regulate emotional responses (Fathima, 2024; Laghari et al., 2023; Theodoratou et al., 2023).

Within this study, Stress and Coping Theory provides a framework for understanding how family members manage the emotional, physical, and psychological demands associated with caring for a loved one with myocardial infarction. The theory strongly aligns with the emergent theme emotional strain and physical exhaustion in

caregiving, as family members experience fear, uncertainty, fatigue, and prolonged stress while balancing caregiving responsibilities and personal obligations (Murphy et al., 2022; Qin et al., 2022).

It also supports the theme restructuring of daily life and altered sense of time, as caregivers continuously adjust routines, priorities, and schedules in response to caregiving demands. Through cognitive appraisal, family members interpret the illness and its implications for caregiving and future family life (Haji Assa, 2022). They may engage in problem-focused coping strategies such as learning medication management and monitoring symptoms, which relates to the theme from difficulty to competence in managing medical care. Likewise, emotion-focused coping strategies such as seeking emotional support, acceptance, and reassurance help caregivers manage stress and emotional burden. Importantly, the sixth emergent theme, living in constant watchfulness: prioritizing safety and prevention after myocardial infarction, reflects sustained coping behaviors characterized by vigilance, monitoring, and preventive practices aimed at reducing recurrence risk. This ongoing alertness demonstrates how coping processes evolve into long-term adaptive behaviors integrated into family life. The theory therefore supports the phenomenological exploration of how caregivers interpret, manage, and adapt to the demands of caregiving over time (Gilbert et al., 2025; Oluka, 2025).

Several studies applying Stress and Coping Theory in chronic illness contexts demonstrate that coping strategies significantly influence caregiver well-being and effectiveness (An et al., 2022; Karademas, 2022; Riegel et al., 2022). Research involving families of cardiac patients indicates that adaptive coping strategies such as active problem-solving, emotional support-seeking, and disease management are associated with reduced

stress and improved caregiving outcomes (Bífarìn et al., 2023; Muñoz-Cruz et al., 2023; Ryerson Espino et al., 2022). Conversely, maladaptive coping mechanisms, including denial and avoidance, contribute to emotional distress and caregiver burden (Benuto et al., 2022; Owen et al., 2023; Smout et al., 2022). These studies reinforce the applicability of Stress and Coping Theory in understanding family adaptation following myocardial infarction.

Jean Watson's Theory of Human Caring (1979) conceptualizes caring as the ethical and moral core of healthcare, emphasizing compassion, empathy, presence, and holistic support for individuals experiencing illness. The theory highlights transpersonal caring relationships that address physical, emotional, spiritual, and existential dimensions of human experience (Sitzman & Watson, 2013; Ellis, 2024). Watson argues that authentic caring relationships foster healing, dignity, resilience, and emotional well-being through meaningful interpersonal connections.

Watson's Theory of Human Caring provides an important framework for understanding the caregiving experiences of family members caring for loved ones with myocardial infarction. The theory aligns closely with the themes strengthened bonds with emerging tensions in family relationships and from difficulty to competence in managing medical care, as caregivers develop deeper emotional connections while simultaneously learning complex caregiving tasks such as medication management, symptom monitoring, and coordinating healthcare needs. Caring becomes both a relational and developmental process in which caregivers gain competence while sustaining emotional support for the patient. The theory also strongly supports the sixth emergent theme, living in constant watchfulness: prioritizing safety and prevention after myocardial infarction, as caregivers

demonstrate ongoing attentiveness, emotional presence, and commitment to protecting the patient from further cardiac complications. This heightened vigilance reflects Watson's concept of caring consciousness, where caregivers continuously attend to the patient's well-being through compassion, monitoring, and preventive care practices. Additionally, the theory aligns with emotional strain and physical exhaustion in caregiving, as caring involves emotional labor, sacrifice, and sustained attentiveness that may affect caregivers' own well-being. Watson's framework therefore allows the study to examine caregiving not only as a set of practical responsibilities but also as a deeply relational, emotional, and meaningful human experience.

Recent studies demonstrate the usefulness of Watson's Theory of Human Caring in caregiving and health-promotion contexts. Research shows that caring-based interventions improve caregiver resilience, emotional well-being, and sense of coherence among family caregivers (Bagheri et al., 2023). Integrative reviews further highlight that Watson's framework strengthens caregiver–patient relationships, emotional support systems, and holistic caregiving approaches across healthcare settings (da Rocha Afonso, 2025). These findings support the relevance of Watson's theory in understanding family caregiving experiences among individuals living with myocardial infarction.

The integration of Family Systems Theory, Stress and Coping Theory, and Watson's Theory of Human Caring provides a comprehensive theoretical foundation for this study. Family Systems Theory explains how myocardial infarction reshapes family relationships, routines, and emotional interconnectedness. Stress and Coping Theory explains how family members manage emotional strain, caregiving burden, and long-term adaptation to illness-related stressors. Watson's Theory of Human Caring highlights the compassionate,

relational, and humanistic dimensions of caregiving experiences. Together, these theories align with the six emergent themes by capturing the emotional, relational, behavioral, and existential complexities of caregiving after myocardial infarction. They also establish conceptual alignment for the sixth emergent theme, living in constant watchfulness: prioritizing safety and prevention after myocardial infarction, by explaining how families collectively adapt through vigilance, caregiving competence, emotional interconnectedness, and sustained caring practices aimed at preserving the patient's long-term health and stability.

Conceptual Framework

The study identified five emerging themes, namely: emotional strain and physical exhaustion in caregiving, transformation of home into a care-oriented environment, restructuring of daily life and altered sense of time, strengthened bonds with emerging tensions in family relationships and from difficulty to competence in managing medical care.

Emotional Strain and Physical Exhaustion in Caregiving. Family members caring for individuals with a history of myocardial infarction often experience significant emotional strain and physical exhaustion as they adjust to the demands of caregiving. The fear of recurrence, uncertainty regarding the patient's condition, and constant monitoring of symptoms contribute to heightened anxiety and psychological distress among caregivers (Abbasi et al., 2025; Katz et al., 2023). Many family members experience emotional fatigue due to the responsibility of ensuring medication adherence, dietary restrictions, and lifestyle modifications necessary for recovery (Baker et al., 2023; Liang et al., 2022). Caregivers of cardiac patients frequently report stress, depressive symptoms, and caregiver

burden associated with prolonged caregiving responsibilities (Blok et al., 2025; Cardoso et al., 2025). Emotional caregiving demands may also interfere with caregivers' social relationships and personal functioning, leading to feelings of helplessness and emotional isolation (Baik et al., 2022; Wang & Nguyen, 2023). In many cases, caregivers suppress their own emotional needs in order to remain strong and supportive for the patient, which further contributes to emotional exhaustion and psychological vulnerability (Katz et al., 2023; Baker et al., 2023). These findings suggest that caregiving following myocardial infarction extends beyond physical assistance and involves continuous emotional adaptation, resilience, and psychological sacrifice (Abbasi et al., 2025; Blok et al., 2025).

In addition to emotional distress, family caregivers frequently encounter physical exhaustion caused by the continuous demands of caregiving activities. Caring for a family member recovering from myocardial infarction often requires assistance with daily living activities, medication management, transportation to medical appointments, and emergency preparedness, all of which can lead to fatigue and physical strain (Cardoso et al., 2025; Liang et al., 2022). Research indicates that prolonged caregiving responsibilities may negatively influence caregivers' physical health, particularly when adequate support systems and respite opportunities are lacking (Baik et al., 2022; Wang & Nguyen, 2023). Sleep disturbances, body fatigue, headaches, and reduced energy levels are commonly experienced among caregivers managing long-term cardiac care at home (Baker et al., 2023; Blok et al., 2025). Family caregivers may also neglect their own health needs due to prioritizing the patient's recovery and safety, resulting in exhaustion and burnout over time (Abbasi et al., 2025; Katz et al., 2023). Moreover, the pressure to maintain caregiving competence while balancing household responsibilities and employment obligations

intensifies the burden experienced by family members (Liang et al., 2022; Cardoso et al., 2025). These realities demonstrate that caregiving in the context of myocardial infarction is both emotionally and physically demanding, requiring comprehensive psychosocial support, caregiver education, and family-centered healthcare interventions (Baik et al., 2022; Wang & Nguyen, 2023).

Transformation of Home into a Care-Oriented Environment. Family members caring for individuals with a history of myocardial infarction often experience a significant transformation of the home environment as it becomes reorganized into a care-oriented space. The household shifts from a routine domestic setting into a semi-clinical environment where monitoring of diet, medication schedules, and physical activity becomes a daily priority. This transformation is driven by the need to prevent recurrence and stabilize the patient's condition, which often requires continuous vigilance and adaptation of household routines (Rababah et al., 2025; Alharrasi et al., 2025). Family caregivers frequently assume responsibilities such as preparing heart-healthy meals, organizing medications, and ensuring adherence to discharge instructions, thereby integrating medical care into everyday home life (Abbasi et al., 2025; Beheshtaeen et al., 2025). Studies on post-cardiac care indicate that home-based caregiving requires restructuring of physical spaces to accommodate medical supplies, monitoring devices, and easier patient mobility (Zarei et al., 2025; Suksatan et al., 2022). This environmental shift reflects how families actively modify their living conditions to support recovery and reduce the risk of complications.

In addition to physical modifications, the transformation of the home environment also alters the emotional and social atmosphere within the household. Homes often become

centers of care coordination, where family members coordinate responsibilities, manage medical appointments, and provide emotional reassurance to the patient. This caregiving-focused environment can lead to reduced privacy and increased tension, as personal spaces and routines are reorganized around the patient's needs (Chiang et al., 2012; Mochari-Greenberger & Mosca, 2012). Research has shown that such transitions may affect overall family functioning, as caregiving demands reshape interactions and require continuous role negotiation among family members (Saunders, 2008; Chiang et al., 2012). While some families report strengthened cohesion due to shared caregiving goals, others experience strain due to competing responsibilities and lack of respite (Suksatan et al., 2022; Mochari-Greenberger & Mosca, 2012). Ultimately, the home becomes both a place of healing and a site of sustained caregiving labor, reflecting the deep integration of health management into family life (Rababah et al., 2025; Saunders, 2008).

Restructuring of Daily Life and Altered Sense of Time. Family members caring for individuals with a history of myocardial infarction often experience a profound restructuring of daily life, as caregiving responsibilities become integrated into every aspect of household functioning. Daily routines are reorganized around medication schedules, dietary requirements, medical appointments, and monitoring of physical symptoms, resulting in reduced flexibility and spontaneity in family activities. This shift often leads caregivers to prioritize the patient's health needs over personal, social, and occupational commitments, reflecting the centrality of caregiving in their daily existence (Abbasi et al., 2025; Rababah et al., 2025; Alharrasi et al., 2025). Studies have shown that family caregivers of cardiac patients frequently report disrupted routines and role overload due to the continuous demands of post-cardiac care management (Beheshtaeen et al., 2025;

Suksatan et al., 2022). As caregiving becomes a dominant daily responsibility, family members often experience difficulty maintaining previous lifestyle patterns, leading to a sense of loss of normalcy and stability (Chiang et al., 2012; Mochari-Greenberger & Mosca, 2012). These changes highlight how myocardial infarction extends its impact beyond the patient, reshaping the structure of everyday family life.

In addition to restructuring daily activities, caregivers often experience an altered sense of time characterized by constant urgency, vigilance, and uncertainty about the future. Time becomes organized around caregiving tasks rather than personal or social milestones, with many caregivers describing their days as being dictated by medical needs and potential emergencies. This heightened awareness of time is often associated with anxiety about the possibility of recurrent cardiac events, which reinforces continuous monitoring behaviors (Rababah et al., 2025; Abbasi et al., 2025). Research suggests that caregivers of individuals with chronic cardiovascular conditions frequently perceive time as fragmented, with limited opportunities for rest or recovery due to ongoing caregiving demands (Alharrasi et al., 2025; Suksatan et al., 2022). The uncertainty surrounding the patient's condition further intensifies this altered temporal perception, as caregivers remain in a constant state of readiness for medical crises (Beheshtaeen et al., 2025; Chiang et al., 2012). Ultimately, this shift in the perception of time reflects the psychological burden of caregiving, where past routines are disrupted, the present is dominated by care responsibilities, and the future is shaped by health-related uncertainty (Mochari-Greenberger & Mosca, 2012; Rababah et al., 2025).

Strengthened Bonds with Emerging Tensions in Family Relationships. Family members caring for individuals with a history of myocardial infarction often experience

strengthened emotional bonds as they collectively respond to the demands of illness care. The shared responsibility of caregiving can foster greater unity, empathy, and cooperation among family members, as they work together to support the patient's recovery and prevent recurrence. Studies have shown that family involvement in cardiac care can enhance emotional closeness and improve communication within the household, particularly when members engage in shared decision-making and caregiving tasks (Alharrasi et al., 2025; Abbasi et al., 2025; Beheshtaeen et al., 2025). This increased sense of togetherness is often described as a source of emotional strength, helping families cope with the uncertainty and stress associated with myocardial infarction (Rababah et al., 2025; Suksatan et al., 2022). In many cases, caregiving becomes a unifying experience that reinforces family commitment and mutual support despite the challenges involved (Chiang et al., 2012; Mochari-Greenberger & Mosca, 2012). These findings suggest that illness can serve as a catalyst for emotional bonding and increased familial solidarity.

However, alongside strengthened relationships, emerging tensions may also develop within the family system as caregiving demands increase. Differences in caregiving responsibilities, financial strain, and emotional stress can lead to misunderstandings, conflicts, and role strain among family members. Research indicates that while caregiving can enhance cohesion, it may also create interpersonal stress when responsibilities are unevenly distributed or when coping resources are limited (Beheshtaeen et al., 2025; Suksatan et al., 2022). Caregivers may experience frustration or resentment when support is perceived as inadequate, leading to emotional exhaustion and strained relationships (Abbasi et al., 2025; Mochari-Greenberger & Mosca, 2012). Additionally, the constant focus on the patient's health condition may reduce time for

normal family interactions, contributing to communication breakdowns and emotional distance (Alharrasi et al., 2025; Chiang et al., 2012). These dynamics reflect the dual nature of caregiving, where strengthening of bonds and relational tension coexist within the family system as it adapts to the long-term effects of myocardial infarction (Rababah et al., 2025; Suksatan et al., 2022).

From Difficulty to Competence in Managing Medical Care. Family members caring for individuals with a history of myocardial infarction often begin their caregiving journey with feelings of uncertainty, confusion, and difficulty in managing complex medical requirements at home. Initial caregiving experiences typically involve challenges in understanding medication regimens, recognizing warning signs of complications, and adhering to post-discharge instructions. Many caregivers report feeling unprepared for the responsibilities assigned to them after hospital discharge, particularly in managing long-term cardiac care and lifestyle modifications (Rababah et al., 2025; Alharrasi et al., 2025; Abbasi et al., 2025). Studies show that limited health literacy and lack of prior caregiving experience contribute to initial stress and reduced confidence in providing care (Beheshtaeen et al., 2025; Suksatan et al., 2022). During this stage, caregivers often rely heavily on healthcare professionals for guidance while experiencing anxiety about making mistakes in patient care (Chiang et al., 2012; Mochari-Greenberger & Mosca, 2012). These early difficulties highlight the demanding transition from being a family member to becoming an informal caregiver responsible for critical health-related decisions.

Over time, however, many family members gradually develop competence in managing the medical care of their loved ones through repeated exposure, learning, and adaptation. This progression is supported by increased familiarity with medication

schedules, dietary management, symptom monitoring, and emergency response procedures. Research indicates that caregiver education and ongoing support significantly enhance caregiver self-efficacy and confidence in managing cardiac patients at home (Abbasi et al., 2025; Rababah et al., 2025). As caregivers gain experience, they often report improved problem-solving abilities and greater independence in handling caregiving tasks (Alharrasi et al., 2025; Beheshtaeen et al., 2025). This transformation reflects a shift from dependence on healthcare providers to a more autonomous caregiving role, where family members become active participants in long-term disease management (Suksatan et al., 2022; Chiang et al., 2012). Ultimately, this development of competence highlights the adaptive capacity of families, demonstrating how sustained caregiving experiences can lead to increased confidence, mastery, and resilience in managing myocardial infarction at home (Mochari-Greenberger & Mosca, 2012; Rababah et al., 2025).

Living in constant watchfulness: prioritizing safety and prevention after myocardial infarction. Family members caring for individuals with a history of myocardial infarction often live in a continuous state of watchfulness as they prioritize safety, prevention, and the avoidance of another cardiac event. Caregivers frequently monitor the patient's physical condition, emotional stress, dietary intake, medication adherence, and daily activities to reduce the risk of recurrence and maintain stability at home. This heightened vigilance is largely driven by fear of another myocardial infarction, uncertainty about the patient's long-term condition, and the recognition that even minor symptoms may signal serious complications (Abbasi et al., 2025; Rababah et al., 2025). Studies indicate that caregivers of cardiac patients commonly adopt preventive behaviors such as closely supervising lifestyle changes, limiting strenuous activities, and constantly observing for

warning signs including chest pain, shortness of breath, and fatigue (Alharrasi et al., 2025; Beheshtaeen et al., 2025). The persistent need to remain alert often creates emotional tension and anxiety, as caregivers feel responsible for ensuring the patient's safety and preventing emergencies (Suksatan et al., 2022; Chiang et al., 2012). This continuous watchfulness reflects how caregiving after myocardial infarction extends beyond routine assistance and becomes a long-term commitment centered on protection, prevention, and preparedness.

In addition to promoting patient safety, constant watchfulness significantly shapes the daily lives, behaviors, and emotional experiences of family caregivers. Research suggests that caregivers frequently reorganize household routines and social activities around the patient's health needs in order to maintain close supervision and rapid response in case of complications (Rababah et al., 2025; Mochari-Greenberger & Mosca, 2012). Many caregivers remain emotionally alert even during periods of patient stability, as uncertainty regarding possible recurrence creates ongoing psychological burden and anticipatory anxiety (Abbasi et al., 2025; Alharrasi et al., 2025). This heightened state of vigilance may also lead caregivers to sacrifice personal rest, leisure, and self-care because they prioritize monitoring and preventive caregiving responsibilities (Beheshtaeen et al., 2025; Suksatan et al., 2022). Despite these challenges, constant watchfulness can also strengthen caregivers' sense of responsibility, preparedness, and competence in managing cardiac care, as repeated exposure to caregiving situations increases familiarity with prevention strategies and emergency responses (Chiang et al., 2012; Rababah et al., 2025). Ultimately, living in constant watchfulness demonstrates how myocardial infarction

reshapes family life into one centered on sustained vigilance, safety-conscious decision-making, and long-term preventive care to protect the patient's health and stability.

Figure 1 presents the Schematic Diagram of the Study.

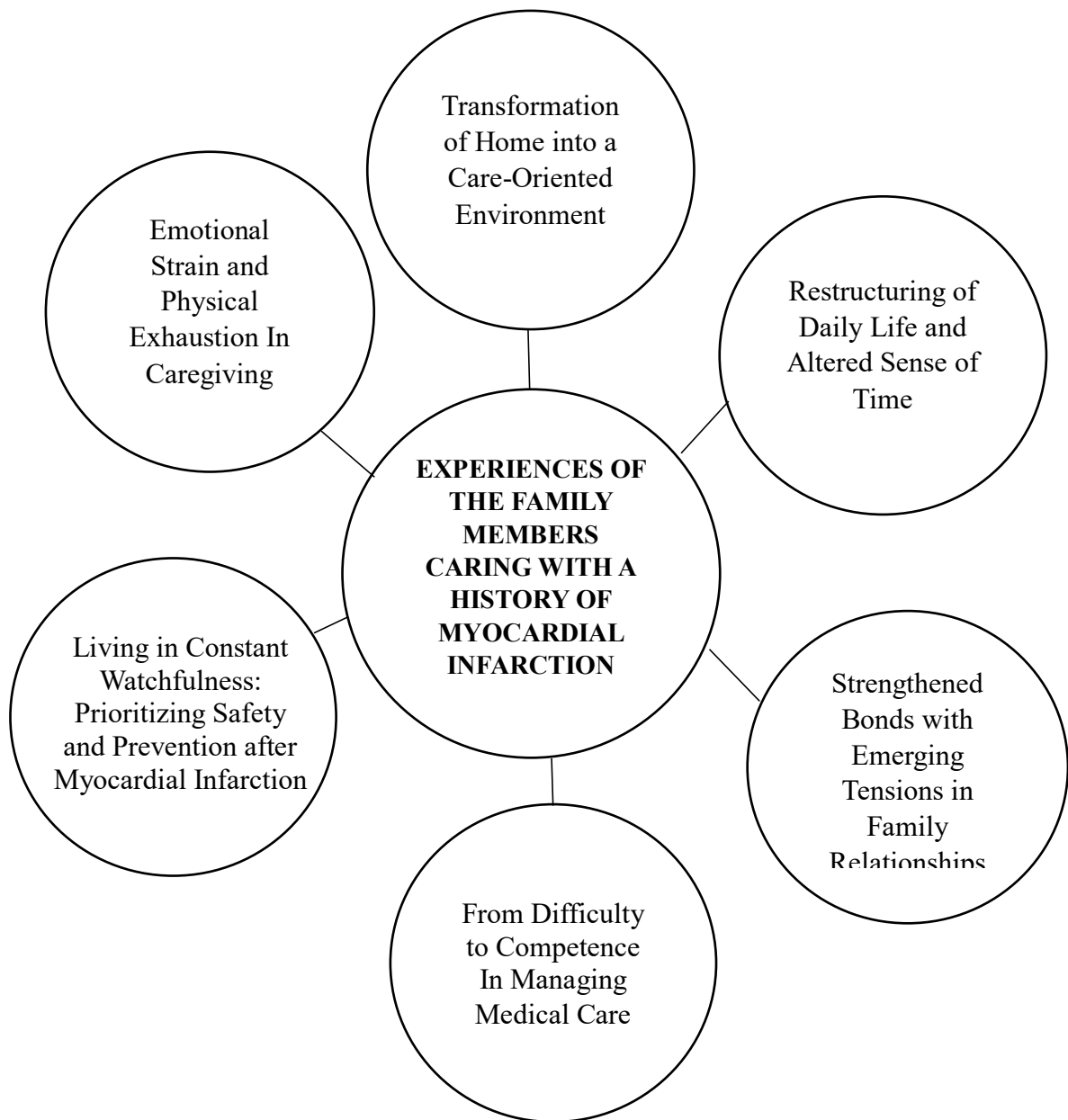


Figure 1. Schematic Diagram of the Study

Statement of the Problem

This study explored the experiences of the family members caring with a history of Myocardial Infarction guided by Moustakas' lifeworld existential.

Specifically, the study aimed to answer the following research questions:

1. How do family members describe their bodily and emotional experiences while living with a family member who has a history of myocardial infarction?
2. How do family members experience and perceive their home and surrounding environments while caring for or living with a myocardial infarction survivor?
3. How do family members perceive the passage of time and changes in their daily lives following the myocardial infarction of a loved one?
4. How do family members experience their relationships and interactions with the myocardial infarction survivor and other family members after the cardiac event?
5. How do family members experience medical devices, medications, healthcare routines, and other tangible aspects associated with managing myocardial infarction at home?
6. How do family members direct their attention, priorities, and meaning-making as they care for a loved one with a history of myocardial infarction?

Chapter 2

RESEARCH METHODOLOGY

Design

The research employed phenomenological design to explore the lived experiences of family members living with individuals who have a histories of myocardial infarction. Grounded in Moustakas' (1994) phenomenological tradition and informed by existential thought, the study recognized that family members' experiences were shaped not only by caregiving responsibilities but also by their sense of meaning, choice, and emotional engagement in daily life following the cardiac event. This design was appropriate because it allowed for an in-depth exploration of how family members perceived and navigated the physical, emotional, and relational challenges associated with living with individuals with myocardial infarction.

Setting

The study was conducted in Ozamiz City, Misamis Occidental, Philippines. It is a highly urbanized city that serves as a commercial and healthcare hub in the region. This setting provided a relevant and authentic context for examining the experiences of family members living with individuals who have a history of myocardial infarction. The city's healthcare facilities, community networks, and family-oriented culture offered a meaningful backdrop for understanding how families navigated caregiving, emotional adjustments, and daily life changes following a cardiac event.

Participants

This study included 7 individuals who were currently living with a family members who had a histories of myocardial infarction in Ozamiz City, Misamis Occidental. The participants were identified using the snowball sampling technique. The final number of participants was determined based on data saturation, meaning that interviews were conducted until no new significant information or themes emerged from additional participants. The inclusion criteria for participant selection were as follows: (1) actively providing care for a family member diagnosed with myocardial infarction, with primary responsibilities focused on the patient's well-being and daily care needs, (2) aged 18 years or older, (3) had at least six months of firsthand experience in coping with the emotional, relational, and caregiving challenges associated with myocardial infarction, and (4) gave consent to share their personal experiences, reflections, and coping strategies through in-depth interviews. This approach ensured that the study captured comprehensive and meaningful perspectives on the physical, emotional, and social dimensions that shaped the lived experiences of families affected by myocardial infarction.

Instrument

One semi-structured Interview Guide was used in the research, specifically designed for family members living with individuals who had histories of myocardial infarction. The interview began with basic demographic questions, such as age, gender, relationship to the cardiac patient, and length of time living with or caring for the family member. The main body of the guide explored participants' lived experiences of coping with and adapting to the challenges associated with myocardial infarction. Questions probed the specific emotional, relational, and caregiving difficulties they encountered, how

these challenges affected their daily routines and family dynamics, and the coping strategies or support mechanisms they developed to manage these experiences. The guide also examined participants' perceptions of how the illness influenced their relationships, roles, and overall quality of life. This qualitative tool was crafted to gather rich, detailed insights that directly addressed the study's objectives and provided a nuanced understanding of the personal and familial impact of living with a history of myocardial infarction.

Data-Gathering Procedure

Before commencing the interviews, the researcher first sought permission from the Dean of the Graduate School of Misamis University to conduct the study. This step ensured that the study was formally endorsed and aligned with the university's academic and ethical standards. The research involved selecting qualified family-member participants who were living with or providing care for individuals with a history of myocardial infarction. Before participation, each family member was given a clear explanation of the study's objectives, the interview process, and the ethical considerations involved. Informed consent was obtained to confirm voluntary participation and to ensure that participants understood their rights throughout the research process.

Each interview lasted up to 60 minutes but could be shorter depending on the depth and length of participants' responses. Confidentiality and ethical handling of information were emphasized to build trust and ensure compliance with research standards. The study protocol was submitted to the relevant research ethics committee for review and approval, ensuring adherence to ethical guidelines for research involving human participants. During the interviews, a voice recorder and field notes were used to ensure accurate and reliable

data collection. Participants were assured that their identities remained confidential and that all collected information was securely stored and used solely for academic purposes. The study fully complied with the Data Privacy Act of 2012 (Republic Act No. 10173), ensuring that all personal data were protected and handled responsibly.

Ethical Considerations

In recognition of the critical role of ethics in research, this study implemented stringent measures to protect the dignity, privacy, and well-being of all participants. Before data collection, the research proposal underwent a thorough review and approval by the Misamis University Research Ethics Committee to ensure full compliance with established ethical standards. All participating family members were given an Informed Consent Form that clearly outlined the study's purpose, procedures, voluntary nature, and their right to withdraw from participation at any point without consequences. They were also assured that their identities would remain confidential and that the data collected would be used solely for academic purposes.

To respect participants' schedules, interviews were conducted at a time convenient for each participant. Participants were also given a token of appreciation to acknowledge their time, effort, and valuable contribution to the study. Audio-recorded interviews were securely transcribed, and all recordings were permanently deleted once transcription was completed to uphold participant privacy. Ethical conduct was strictly observed throughout the research process to foster a respectful and open environment where family members could share their experiences freely and without fear of judgment. Special care was taken to ensure participant comfort, particularly when discussing emotional, relational, and caregiving challenges associated with living with myocardial infarction. Interviews were

conducted face-to-face in a private, neutral, and participant-preferred setting to promote a sense of safety and control.

Confidentiality of all data was rigorously maintained. The researcher complied with all ethical documentation requirements and procedural standards to ensure the highest ethical integrity. In accordance with the Data Privacy Act of 2012 (Republic Act No. 10173), all personal and sensitive information collected during the study was handled with strict confidentiality, securely stored, and protected from unauthorized access. These ethical safeguards ensured the protection of participants' rights, privacy, and welfare while also acknowledging their contributions and respecting their time and convenience.

Data Analysis

Moustakas' Existential Analysis was employed to understand how family members made sense of their experiences and how these experiences shaped their daily lives while living with a family member who had a history of myocardial infarction. The analysis unfolded through a structured process aimed at revealing the essence of participants' lived experiences. This process included six key phases: (1) *Epoche/Bracketing*, (2) *Horizontalization*, (3) *Clustering into Themes*, (4) *Textural Description*, (5) *Structural Description*, and (6) *Textural-Structural Synthesis*. Each phase focused on understanding both the family members' subjective experiences and their existential reality as caregivers and household members.

Epoche/Bracketing: In the *epoche* phase, the researcher engaged in bracketing to set aside pre-existing assumptions, expectations, or judgments about living with a family member who had experienced myocardial infarction. The goal was to clear the researcher's mind of bias, allowing participants' experiences to emerge authentically. This step was

crucial in Existential Analysis, as it ensured that interpretations were based solely on the lived experiences of the family members, free from preconceptions. By entering this phase with an open and neutral stance, the researcher focused entirely on understanding participants' subjective experiences in caregiving and family life. This approach prioritized openness to the richness of participants' reflections, ensuring that the essence of their lived experiences was preserved.

Horizontalization: During the horizontalization phase, the researcher examined the data to extract meaningful statements or phrases that revealed key insights into participants' lived experiences. Each statement was treated equally in the initial analysis, regardless of frequency, allowing a comprehensive collection of experiences that highlighted the various ways family members perceived and managed life after myocardial infarction. This phase emphasized the totality of participants' experiences, with each statement serving as a window into their caregiving and emotional world. Through this process, the researcher began to uncover the core aspects of the family members' lived experiences.

Clustering into Themes: Following horizontalization, the researcher grouped significant statements into themes that represented recurring patterns across participants' narratives. These clusters reflected shared existential concerns such as emotional adjustment, caregiving responsibilities, role shifts, and coping strategies. The themes were also examined through existential dimensions such as freedom, responsibility, and relational engagement as family members navigated the challenges of living with myocardial infarction. This phase helped identify commonalities in participants'

experiences while also revealing differences and tensions, providing a nuanced understanding of their existential realities.

Textural Description: The textural description phase focused on what participants experienced in their daily lives while living with a family member with a history of myocardial infarction, capturing the essence of these experiences. The researcher summarized participants' lived experiences, highlighting emotional responses, caregiving challenges, and significant family moments. This description included reflections on how illness management, lifestyle adjustments, and relational dynamics shaped family life. The aim was to provide a vivid account of participants' daily encounters, stressors, coping mechanisms, and adaptive strategies, offering a detailed and personal picture of the caregiving experience.

Structural Description: The structural description phase went beyond the "what" of the experience to explore the "how" and "why" of participants' lived experiences. This phase examined the contextual and existential dimensions that shaped family life, including healthcare access, social support, cultural expectations, and family roles. The researcher investigated how external factors influenced participants' emotional, relational, and practical responses to myocardial infarction. By focusing on the existential conditions surrounding caregiving, this phase explored how participants' sense of responsibility, agency, and resilience were shaped by both internal and external circumstances. The aim was to show how family members constructed meaning from their experiences within broader social, cultural, and healthcare contexts.

Textural-Structural Synthesis: The final phase of the analysis involved synthesizing the textural and structural descriptions into a textural-structural synthesis to provide a

comprehensive understanding of participants' lived experiences. This synthesis reflected the totality of the experience, incorporating both the content (what participants experienced) and the context (why and how these experiences occurred). It highlighted key insights, including emotional struggles, coping strategies, relational adjustments, and perceptions of caregiving responsibilities. This phase provided an existential understanding of how living with myocardial infarction shaped family members' sense of self, responsibility, and family meaning. The synthesis offered a holistic portrayal of how participants' internal experiences were influenced by external circumstances, giving voice to their lived realities and the complex dynamics of caregiving and family life.

RESULTS AND DISCUSSIONS

The study participants consisted of seven family members who were actively caring for individuals with a histories of myocardial infarction, with ages ranging from 24 to 43 years old. The group included daughters, sons, a sister, and a sister-in-law of the patients, reflecting a diverse but closely related family support system. Most participants were immediate family members, indicating that caregiving responsibilities were primarily undertaken within the nuclear and extended family structure. Their duration of caregiving experience ranged from one to three years, suggesting sustained involvement in the long-term management and recovery of the patient. Notably, two participants had a background in nursing education one a nursing instructor and another a fourth-year nursing student which may have influenced their caregiving confidence, knowledge, and coping strategies. The profile reflects a relatively young to early middle-aged group of caregivers who have been consistently engaged in providing emotional, physical, and practical support, highlighting the strong familial commitment and sustained caregiving roles within the context of myocardial infarction recovery.

The analysis of the lived experiences of family members caring for individuals with a history of myocardial infarction generated five major themes: emotional strain and physical exhaustion in caregiving, transformation of home into a care-oriented environment, restructuring of daily life and altered sense of time, strengthened bonds with emerging tensions in family relationships, and from difficulty to competence in managing medical care.

Emotional Strain and Physical Exhaustion in Caregiving

Emotional strain and physical exhaustion in caregiving emerged as a central theme reflecting the intense demands experienced by family members caring for individuals with a history of myocardial infarction. Participants described persistent feelings of anxiety, fear of recurrence, and emotional fatigue as they continuously monitored the patient's condition and ensured adherence to medical regimens. The responsibility of caregiving often led to sleep disturbances, reduced personal time, and neglect of their own health needs, contributing to physical exhaustion over time. Many caregivers also expressed emotional burden related to witnessing the vulnerability of their loved ones, which intensified their sense of worry and responsibility. Despite these challenges, they continued to fulfill their caregiving roles, often suppressing their own emotional distress to prioritize the patient's well-being. This theme highlights the dual burden of emotional and physical strain experienced by family members, underscoring the demanding nature of long-term caregiving in the context of myocardial infarction.

Anxiety, stress, fatigue, and gradual emotional adaptation emerged as interconnected subthemes under emotional strain and physical exhaustion in caregiving, reflecting the evolving emotional experiences of family members caring for patients with myocardial infarction. Participants initially described intense anxiety, fear, and emotional distress, often accompanied by physical fatigue due to disrupted sleep and constant worry about the patient's condition. As shared by Participant 1, "At first, I experienced constant anxiety, physical fatigue, and stress, often worrying about her condition, especially at night, but over time I learned how to cope." Similarly, Participant 2 reported fear, sleep difficulties, and exhaustion from balancing work and caregiving, but later developed greater emotional control and responsibility, stating, "At first, I experienced fear and

anxiety, and sometimes had difficulty sleeping because I was worried about his condition, along with physical fatigue from balancing work and caregiving. Over time, I learned to stay calmer and become more responsible.” Participant 3 also expressed initial emotional worry and stress, accompanied by physical tiredness due to concerns about the patient’s health and possible complications, noting, “In the beginning, I felt a lot of worry and emotional stress, often thinking about his health and possible complications, which also caused physical tiredness. As time passed, I became more accepting and better at managing my emotions.” Collectively, these accounts illustrate a clear progression from overwhelming emotional and physical strain toward gradual acceptance, emotional regulation, and adaptive coping, highlighting the caregivers’ evolving resilience in response to the demands of myocardial infarction caregiving. These are evident in the responses of the participants:

“At first, I experienced constant anxiety, physical fatigue, and stress, often worrying about her condition, especially at night, but over time I learned how to cope (P1).”

“At first, I experienced fear and anxiety, and sometimes had difficulty sleeping because I was worried about his condition, along with physical fatigue from balancing work and caregiving. Over time, I learned to stay calmer and become more responsible (P2).”

“In the beginning, I felt a lot of worry and emotional stress, often thinking about his health and possible complications, which also caused physical tiredness. As time passed, I became more accepting and better at managing my emotions (P3).”

Moreover, Participant 4, Participant 6, and Participant 7 further illustrated the depth of emotional strain and physical exhaustion experienced during caregiving, particularly in relation to competing roles and responsibilities. At first, Participant 4 felt overwhelmed, anxious, and physically exhausted while adjusting from working abroad to full-time

caregiving; however, over time, this gradually shifted toward emotional stability and physical adjustment to the caregiving routine, indicating a process of adaptation and acceptance. Similarly, Participant 6 described experiencing intense emotional stress, anticipatory grief, and physical exhaustion during her mother's illness, especially while balancing teaching responsibilities with caregiving duties, which intensified her sense of fatigue and emotional burden. In the same way, Participant 7 reported feeling intense emotional stress, fear, and exhaustion during his father's hospitalization, particularly while managing school requirements alongside frequent hospital visits, often resulting in a sense of being overwhelmed by uncertainty. Collectively, these accounts highlight how caregivers initially struggled with emotional overload and physical depletion, yet also demonstrate varying degrees of adjustment as they gradually learned to manage multiple responsibilities and cope with the demands of caregiving. These are evident in the responses of the participants:

“At first, I felt overwhelmed, anxious, and physically exhausted adjusting from working abroad to full-time caregiving, but over time I became more emotionally stable and physically adjusted to the routine (P4).”

“During her illness, I experienced intense emotional stress, anticipatory grief, and physical exhaustion, especially while balancing my teaching responsibilities and caregiving duties (P6).”

“During his hospitalization, I experienced intense emotional stress, fear, and exhaustion, especially while balancing school requirements and hospital visits, often feeling overwhelmed by the uncertainty of his condition (P7).”

Emotional strain and physical exhaustion in caregiving emerged as a profound and recurring theme among family members caring for individuals with a history of myocardial infarction, reflecting the intense psychological and physical demands of long-term caregiving. Participants consistently described initial experiences of anxiety, fear, sleep

disturbances, emotional overload, and physical fatigue as they adjusted to their caregiving roles, particularly during critical periods such as hospitalization and post-discharge care. These findings align with evidence that family caregivers of cardiac patients often experience significant emotional burden, including stress, anxiety, and anticipatory grief, alongside physical depletion due to continuous caregiving demands (Abbasi et al., 2025; Beheshtaeen et al., 2025; Suksatan et al., 2022).

The dual responsibility of managing personal obligations such as work or studies while providing constant care further intensified their exhaustion, consistent with previous studies noting that caregiver burden increases when role strain and inadequate rest are present (Chiang et al., 2012; Mochari-Greenberger & Mosca, 2012). Over time, however, many participants demonstrated gradual emotional adaptation, shifting from overwhelming distress toward improved coping, acceptance, and emotional stability. This transition reflects the adaptive process described in caregiver literature, where increased experience and exposure to caregiving responsibilities contribute to improved resilience and self-efficacy in managing chronic illness at home (Rababah et al., 2025; Alharrasi et al., 2025). Despite this adjustment, the persistent presence of emotional and physical strain underscores the need for sustained psychosocial and institutional support for family caregivers of myocardial infarction patients.

The emotional strain and physical exhaustion experienced by family caregivers in this study can be understood through the Stress and Coping Theory of Lazarus and Folkman (1984), which explains how individuals cognitively appraise and respond to stressful life events through ongoing emotional and behavioral adjustment. Consistent with this framework, caregivers initially perceived myocardial infarction caregiving as highly

stressful and overwhelming, characterized by anxiety, fear, sleep disturbances, and physical fatigue due to continuous monitoring and role demands, which aligns with findings that cardiac caregiving often triggers significant psychological distress and burden (Murphy et al., 2022; Qin et al., 2022; Ponti et al., 2024). Over time, however, participants demonstrated gradual emotional adaptation through acceptance and improved coping, reflecting a shift toward more effective emotion-focused and problem-focused strategies such as emotional regulation, seeking support, and gaining caregiving knowledge (Fathima, 2024; Laghari et al., 2023; Bifárin et al., 2023). This adaptive progression is consistent with evidence that coping processes significantly influence caregiver resilience and reduction of stress over time (Liang et al., 2022; Muñoz-Cruz et al., 2023). Thus, Stress and Coping Theory effectively explains the transition from initial emotional overload and physical exhaustion to gradual adjustment and improved caregiving competence among family members of patients with myocardial infarction.

The findings on emotional strain and physical exhaustion in caregiving imply that family members of patients with myocardial infarction require sustained psychosocial and educational support to effectively manage the demands of long-term care. The initial high levels of anxiety, stress, and fatigue highlight the need for early caregiver preparation, including structured discharge education, coping skills training, and emotional support interventions to ease the transition from hospital to home care. Healthcare professionals, particularly nurses, should recognize caregivers as secondary clients who also experience significant burden and therefore require continuous monitoring and guidance. Ongoing support systems such as counseling, caregiver support groups, and regular follow-up visits may help reduce emotional distress and prevent caregiver burnout. Strengthening adaptive

coping strategies can further enhance caregiver resilience and improve both caregiver well-being and patient outcomes. These findings emphasize the importance of integrating family-centered care approaches within cardiac care programs to address not only the patient's condition but also the physical and emotional well-being of family caregivers.

Transformation of Home into a Care-Oriented Environment

The transformation of the home into a care-oriented environment reflects how family members restructured their living spaces, daily routines, and household roles to accommodate the needs of a relative with a history of myocardial infarction. The home gradually shifted from a place of ordinary family life into a setting where health monitoring, medication schedules, dietary restrictions, and rest patterns became central priorities. Family members adapted by organizing spaces for easier patient mobility, preparing appropriate meals, and ensuring that medical needs were consistently met within the home setting. This transition also required adjustments in household responsibilities, as caregiving tasks became integrated into everyday activities, often reshaping how time and energy were distributed among family members. As a result, the home became both a place of comfort and a site of continuous care, where family life and health management were closely intertwined. This theme highlights how chronic illness extends beyond the individual patient, influencing the physical environment and daily functioning of the entire family unit.

Structured, health-conscious, and safety-focused spaces emerged as a subtheme reflecting how families deliberately modified their home environments to support the recovery and well-being of a relative with a history of myocardial infarction. Participant 1 emphasized the shift toward a care-focused household where safety, cleanliness, and

comfort were given greater attention, reflecting a heightened awareness of environmental conditions that could affect the patient's health. Participant 2 highlighted the creation of a more organized and quieter home atmosphere intended to reduce stress for the patient, demonstrating intentional efforts to promote calmness and stability within the household. Similarly, Participant 3 described adjustments made to ensure the patient's comfort and safety, resulting in a more structured and health-conscious living environment. Collectively, these accounts illustrate how family members actively transformed their homes into controlled and supportive spaces where daily living was reorganized to prioritize health maintenance, safety, and emotional well-being. These are evident in the responses of the participants:

"Our home has changed into a more care-focused environment where I pay attention to safety, cleanliness, and comfort (P1)."

"Our home became more organized and quieter to reduce stress for my father, and I became more mindful of our surroundings (P2)."

"Our home environment changed as we made adjustments to ensure his comfort and safety, making it more structured and health-conscious (P3)."

Further, Participant 4, Participant 5, and Participant 6 further illustrated how the home environment was reshaped into a structured and care-centered space following the myocardial infarction experience. In particular, Participant 4 described intentional efforts to make the home safer, cleaner, and more comfortable to support the patient's recovery, reflecting a proactive approach to creating a healing environment. Similarly, Participant 5 emphasized the development of a more health-conscious household, particularly in terms of food preparation and maintaining a calm atmosphere, highlighting how dietary and emotional considerations became central to daily home life. Moreover, Participant 6 conveyed a deeper level of transformation, where the home became entirely centered on

the patient's care, with strict attention to comfort, safety, and medical needs, and where daily routines revolved around the patient's condition. Collectively, these accounts demonstrate a progressive shift from simple environmental adjustments to a fully care-oriented home structure, where family life is reorganized around ensuring recovery, stability, and continuous support for the patient. These are evident in the responses of the participants:

"Our home environment changed as I made efforts to make it safer, cleaner, and more comfortable for her recovery (P4)."

"Our home environment became more health-conscious and careful, especially in terms of food preparation and maintaining a calm atmosphere for her recovery (P5)."

"Our home became centered on her care, with strict attention to her comfort, safety, and medical needs, and every day revolved around her condition (P6)."

The transformation of the home into a care-oriented environment reflects how family members intentionally reorganized their living spaces and daily routines to support the recovery of a relative with a history of myocardial infarction. Participants described making their homes safer, cleaner, more structured, and health-conscious, with increased attention to comfort, calmness, and medical needs. Food preparation, household organization, and environmental adjustments became central aspects of daily life, while the home itself shifted into a space where care activities and monitoring of the patient's condition were prioritized. This finding is consistent with evidence that families of cardiac patients often modify their home environments to accommodate long-term care needs, integrating health management into everyday living and reshaping household routines to support recovery (Alharrasi et al., 2025; Rababah et al., 2025). Such changes also reflect the expansion of caregiving responsibilities within the family system, where roles and

environments are adjusted to ensure patient safety and stability (Beheshtaeen et al., 2025; Suksatan et al., 2022). In line with Family Systems Theory, these adaptations demonstrate how illness in one member necessitates collective restructuring of the entire household to restore balance and functioning (Sugitanata, 2024; Khalil, 2025). Moreover, the continuous effort to maintain a calm and supportive home environment underscores the integration of health-focused practices into daily family life, highlighting how caregiving extends beyond direct medical tasks to include environmental and relational modifications that promote healing and reduce stress (Chiang et al., 2012; Mochari-Greenberger & Mosca, 2012).

Family Systems Theory (Bowen, 1978) provides a strong explanation for how households are reshaped in response to a family member's myocardial infarction, as it emphasizes that the family operates as an interconnected emotional unit that strives to maintain balance or homeostasis when faced with stressors. When illness occurs, the disruption affects not only the individual patient but the entire family system, prompting adjustments in roles, responsibilities, and even the physical environment to restore stability. In this context, the transformation of the home into a safer, cleaner, and more structured space reflects the family's collective response to perceived health threats and caregiving demands. The reorganization of daily routines, food preparation, and household arrangements demonstrates how family members coordinate their actions to meet the patient's needs while maintaining functional family life. Moreover, the increased attention to safety, comfort, and emotional calm within the home illustrates the concept of emotional interdependence, where each member's behavior and decisions are influenced by shared concern for the patient. Through this lens, environmental modifications are not merely practical adjustments but expressions of the family system's effort to adapt, regain

equilibrium, and support the well-being of all members within the context of chronic illness care.

The findings on transforming the home into a care-oriented environment suggest that healthcare providers should extend patient care beyond hospital settings by actively involving family members in discharge planning and preparation for home-based care. Nurses and other healthcare professionals should provide structured guidance on creating safe, clean, and health-promoting home environments, including proper medication management, dietary modifications, and environmental safety measures. These results also highlight the importance of incorporating home care education into cardiac rehabilitation programs to ensure that families are equipped with the knowledge and skills needed to support recovery effectively. Furthermore, the study suggests the need for community-based support systems and follow-up care to help families maintain appropriate home environments over time. Strengthening family-centered care approaches can improve patient outcomes and reduce caregiver stress by providing clarity and confidence in managing home-based care responsibilities.

Restructuring of Daily Life and Altered Sense of Time

The restructuring of daily life and altered sense of time reflects how family members adjusted their routines, priorities, and perception of time in response to the caregiving demands brought about by a relative's myocardial infarction. Daily activities became centered on the patient's condition, with schedules reorganized around medication times, medical appointments, dietary preparation, and continuous monitoring of health status. As a result, previously flexible or personal routines were often set aside or modified to accommodate caregiving responsibilities. Family members also experienced a shift in

how they perceived time, where days were often measured not by personal or social activities but by the patient's needs and recovery progress. This change created a sense of time being slower, more structured, and highly dependent on the patient's condition. Consequently, caregiving became the organizing force of everyday life, reshaping both individual and family routines into a more controlled and responsibility-driven pattern of living.

Routine adjustment, limited personal time, and life reorganization emerged as a subtheme illustrating how family members significantly restructured their daily lives to accommodate the caregiving demands of a relative with a history of myocardial infarction. Participants described how daily routines became centered on essential caregiving tasks such as medication administration, meal preparation, monitoring of rest, and attendance to medical appointments. This shift resulted in a more structured lifestyle that prioritized the patient's needs while reducing flexibility in personal and social activities. Family members also expressed experiencing a noticeable reduction in personal time, as caregiving responsibilities often occupied most of their day and limited opportunities for self-care, leisure, and other personal pursuits. Despite the increased organization in their routines, the adjustment often came with a sense of imbalance, as personal needs were frequently set aside in favor of caregiving duties. This subtheme highlights how caregiving for a myocardial infarction patient leads to a profound reorganization of daily life, where time and activities are continuously negotiated around the health and well-being of the patient. These are evident in the responses of the participants:

“My daily routine now revolves around her medication schedule, meals, and rest, making my life more structured but less flexible (P1).”

“My daily routine changed significantly, as I needed to incorporate his

medication schedule and check-ups, which sometimes made me feel like I had limited time for myself (P2)."

"My daily routine became busier and more organized around his needs, which sometimes left me with less time for myself (P3)."

Additionally, Participants 4, 5, and 7 further illustrated how caregiving responsibilities led to significant restructuring of daily life and a noticeable alteration in the sense of time. In particular, Participant 4 described how daily routines became centered on strict medication schedules, proper diet, and rest, resulting in a more structured lifestyle but with limited personal time. Similarly, Participant 5 highlighted the need to continuously adjust personal schedules to accommodate caregiving demands, which often reduced opportunities for both personal and family activities. In addition, Participant 7 emphasized that family routines revolved around hospital schedules, medical updates, and urgent decision-making regarding the patient's care, making daily life more stressful and emotionally draining. Collectively, these accounts demonstrate how caregiving responsibilities reorganize not only individual routines but also the entire family's temporal structure, where time becomes heavily dictated by the patient's medical needs, leading to reduced flexibility, increased pressure, and heightened emotional strain. These are evident in the responses of the participants:

"My daily routine became centered on her needs, including strict medication schedules, proper diet, and rest, which made my life more structured but also limited my personal time (P4)."

"My daily routine changed as I needed to adjust my time to support her needs, which sometimes reduced my personal and family time (P5)."

"Our family routine revolved around hospital schedules, updates from doctors, and making quick decisions regarding his care, which made daily life very stressful and emotionally draining (P7)."

The restructuring of daily life and altered sense of time reflects how family caregivers of individuals with myocardial infarction undergo significant adjustments in routines, priorities, and temporal perception as they assume caregiving responsibilities. Daily activities become increasingly organized around medication schedules, dietary requirements, rest periods, hospital visits, and continuous monitoring of the patient's condition, resulting in a highly structured but less flexible lifestyle. This shift often leads caregivers to experience a reduced sense of personal time, as their routines become dominated by caregiving tasks and medical obligations. These findings are consistent with literature indicating that family members of cardiac patients frequently experience role reorganization and disruption of normal daily functioning due to the demands of chronic illness management and caregiving responsibilities (Alharrasi et al., 2025; Rababah et al., 2025). Moreover, the perceived alteration of time where days are defined by treatment schedules and health fluctuations rather than personal or social activities reflects the profound impact of illness on family life organization, as previously noted in studies highlighting increased caregiver burden and time constraints in chronic disease contexts (Beheshtaeen et al., 2025; Suksatan et al., 2022). In line with Family Systems Theory, these changes demonstrate how illness in one member reorganizes the entire family structure, requiring collective adaptation to restore functional balance (Sugitanata, 2024; Khalil, 2025). Additionally, the continuous prioritization of patient needs over personal and family activities underscores how caregiving reshapes temporal experience, leading to increased stress and emotional fatigue as families navigate competing demands within their daily lives (Chiang et al., 2012; Mochari-Greenberger & Mosca, 2012).

Family Systems Theory (Bowen, 1978) explains the restructuring of daily life and altered sense of time among family members caring for individuals with myocardial infarction by emphasizing the family as an interconnected emotional unit that strives to maintain balance or homeostasis when faced with disruption. When illness occurs, the entire system is affected, requiring members to adjust roles, responsibilities, and routines to accommodate caregiving demands and restore stability (Sugitanata, 2024; Khalil, 2025). In this study, the centralization of daily activities around medication schedules, hospital visits, and patient needs reflects how the family system reorganizes itself to prioritize the well-being of the affected member and ensure continuity of care (Qin et al., 2022; Waldemar et al., 2023). The altered perception of time, where daily life becomes structured around care-related tasks rather than personal or social activities, demonstrates the system's adaptive response to sustained stress and role strain (Ambrose, 2025; Marrero, 2025). Furthermore, the reduction of personal and family time highlights emotional interdependence within the household, where sacrifices made by one member support the functioning of the entire system (Cypress & Allred, 2024; Rolland, 2025). Through this lens, the disruption of routines and temporal experience is understood as a collective adjustment process rather than an individual burden, reflecting the family's effort to regain equilibrium in the context of chronic illness care.

The findings on the restructuring of daily life and altered sense of time imply that healthcare professionals should provide comprehensive discharge planning that includes not only patient care instructions but also guidance for family members on how to realistically integrate caregiving tasks into their daily routines. Nurses and other healthcare providers should help families anticipate changes in time management, role distribution,

and personal workload so they can better adjust without experiencing excessive stress or burnout. There is also a need to develop structured support systems such as home visit follow-ups, caregiver training sessions, and time-management education to assist families in balancing caregiving responsibilities with personal and family needs. These interventions can help reduce caregiver overload and promote healthier adaptation to new routines. Strengthening family-centered care approaches within cardiac rehabilitation programs may also enhance both patient recovery and caregiver well-being by ensuring that families are adequately prepared for the long-term demands of myocardial infarction care.

Strengthened Bonds with Emerging Tensions in Family Relationships

Strengthened bonds with emerging tensions in family relationships reflects the dual nature of caregiving experiences among family members of individuals with a history of myocardial infarction. On one hand, the shared experience of illness often brings family members closer together, fostering greater emotional connection, mutual support, and a heightened sense of responsibility toward the patient. Families tend to unite in their efforts to provide care, make decisions, and ensure the patient's safety and recovery, which strengthens their sense of solidarity and togetherness. On the other hand, the demands of caregiving can also give rise to emotional strain, misunderstandings, and occasional conflicts among family members. Differences in caregiving roles, financial contributions, decision-making, and levels of involvement may lead to tension and stress within the family unit. Despite these challenges, many families continue to function collaboratively, balancing both support and strain as they navigate the complexities of chronic illness care. This theme highlights the dynamic and evolving nature of family relationships, where

caregiving simultaneously strengthens emotional bonds while also revealing underlying tensions that require continuous negotiation and adjustment.

Deepened relationships, responsibility, and occasional conflict emerged as a subtheme reflecting the complex and evolving dynamics within families caring for a member with a history of myocardial infarction. Participants described how the caregiving experience fostered stronger emotional bonds, improved communication, and a greater sense of closeness with the patient, as shared responsibilities and shared challenges brought family members closer together. However, this strengthening of relationships was often accompanied by increased caregiving responsibility, which was commonly concentrated on one primary caregiver despite occasional assistance from other relatives. This unequal distribution of caregiving tasks sometimes created feelings of burden and stress, particularly when managing both emotional and practical demands. In addition, occasional conflicts arose within family relationships, often triggered by patient resistance to restrictions, emotional frustration, or differing views on care decisions. Despite these tensions, families generally maintained supportive relationships, demonstrating resilience in balancing care responsibilities with emotional connections. This subtheme highlights the dual reality of caregiving, where deeper familial bonds coexist with stressors that require continuous communication, understanding, and adjustment. These are evident in the responses of the participants:

“My relationship with my mother has become deeper, although there are moments of tension, and while some relatives help, most of the responsibility is on me (P1).”

“My relationship with my father grew deeper and more open, although there are moments of tension when he resists certain restrictions. Some relatives help occasionally, but much of the responsibility still falls on me (P2).”

“My relationship with my brother became closer, as we communicate more and support each other, although there are occasional misunderstandings, especially when he feels frustrated about his limitations (P3).”

“My relationship with my mother became much closer and more meaningful, as we spend more time together, although there are moments of tension when she feels frustrated with her condition (P4).”

“My relationship with my mother became deeply meaningful during her final years, as we spent more time together and communicated more openly, although there were also moments of emotional difficulty as her condition worsened (P6).”

“My relationship with my father became more meaningful during his hospital stay, as we had more moments of conversation and emotional connection, although it was also painful witnessing his decline in a clinical environment (P7).”

Further, Participants 4, 6, and 7 further illustrated how caregiving experiences fostered deeper emotional connections within the family while simultaneously introducing moments of emotional strain and difficulty. In particular, Participant 4 described a closer and more meaningful relationship with her mother, strengthened by increased time together, although occasional tension arose when the patient expressed frustration about her condition. Similarly, Participant 6 reflected on a deeply meaningful bond formed during her mother’s final years, characterized by more frequent communication and emotional openness, despite the emotional difficulty brought about by the progressive worsening of her condition. In the same way, Participant 7 described a more meaningful relationship with his father during hospitalization, marked by increased conversation and emotional connection, while also experiencing emotional pain from witnessing his father’s decline in a clinical setting. Collectively, these accounts demonstrate that caregiving experiences intensify familial relationships by deepening emotional closeness and communication, yet they also expose caregivers to emotional vulnerability, grief, and tension as they navigate the realities of illness progression and hospital-based care.

Strengthened bonds with emerging tensions in family relationships reflects the dual impact of myocardial infarction on family dynamics, where caregiving experiences simultaneously deepen emotional connections and introduce relational strain. Family members reported that increased time spent together during illness and hospitalization fostered greater emotional closeness, improved communication, and a stronger sense of meaning in relationships, particularly between parents and children. At the same time, the caregiving context also brought moments of tension, often arising from patient frustration, resistance to restrictions, emotional distress, and the burden of continuous caregiving responsibilities concentrated on specific family members. These findings are consistent with earlier discussions highlighting that myocardial infarction disrupts family equilibrium, requiring role adjustments and emotional interdependence that both strengthen and strain relationships (Sugitanata, 2024; Khalil, 2025). The shared caregiving experience also reflects how families reorganize their emotional and functional roles in response to illness, reinforcing closeness while revealing stress points within the system (Qin et al., 2022; Waldemar et al., 2023). Despite these tensions, families generally maintained supportive relationships, demonstrating resilience and adaptability as they navigated the emotional complexities of chronic illness care within the family unit (Cypress & Allred, 2024; Rolland, 2025).

Family Systems Theory (Bowen, 1978) provides a strong explanation for the emergence of strengthened bonds with concurrent tensions in family relationships among caregivers of individuals with myocardial infarction, as it emphasizes the family as an interconnected emotional unit that continuously seeks balance or homeostasis in response to stress. When a serious illness occurs, the entire family system is disrupted, leading to

shifts in roles, responsibilities, and emotional interactions as members adapt to new caregiving demands (Sugitanata, 2024; Khalil, 2025). In this context, increased closeness and deeper emotional connections reflect the system's effort to enhance cohesion and mutual support in response to shared adversity, while occasional conflicts arise from emotional strain, uneven distribution of caregiving tasks, and differing perceptions of care responsibilities (Qin et al., 2022; Waldemar et al., 2023). The theory also highlights emotional interdependence, where the feelings and behaviors of one member directly influence others, explaining why patient frustration or caregiver fatigue can affect relational dynamics within the household (Cypress & Allred, 2024; Rolland, 2025). Thus, Family Systems Theory illustrates that caregiving experiences simultaneously strengthen relational bonds and generate tension as the family system reorganizes itself to maintain equilibrium under the pressures of chronic illness.

The findings on strengthened bonds with emerging tensions in family relationships imply that healthcare professionals should provide interventions that support not only patient care but also family relational functioning. Nurses and other health providers should incorporate family counseling, communication training, and psychosocial support into cardiac care programs to help families manage emotional strain and reduce conflict arising from caregiving responsibilities. It is also important to encourage equitable distribution of caregiving tasks among family members to prevent caregiver overload and promote shared responsibility. Support groups and regular family education sessions may further help families process emotional challenges, improve understanding of the patient's condition, and strengthen cooperation in care decisions. These interventions can enhance family

resilience, improve caregiving experiences, and promote healthier family relationships while managing the long-term demands of myocardial infarction care.

From Difficulty to Competence in Managing Medical Care

From difficulty to competence in managing medical care reflects the progressive development of confidence, knowledge, and skill among family members as they adapted to the caregiving demands of a relative with a history of myocardial infarction. Initially, many caregivers experienced uncertainty, fear, and a lack of confidence in handling medical responsibilities such as administering medications, monitoring symptoms, and responding to health changes. Over time, through continuous exposure to caregiving tasks, learning from healthcare professionals, and hands-on experience, they gradually became more capable and assured in managing the patient's condition. This transition was marked by improved understanding of medication schedules, better recognition of warning signs, and increased ability to make informed decisions during health-related situations. As caregivers gained experience, they began to feel more in control and less overwhelmed by the demands of care, transforming their initial sense of helplessness into competence and adaptability. This theme highlights the learning process embedded in caregiving, where repeated practice and lived experience foster growth, resilience, and a stronger sense of capability in managing complex medical care at home.

Learning, adjustment, and confidence in healthcare tasks emerged as a subtheme illustrating the progressive development of caregiving competence among family members of individuals with a history of myocardial infarction. Initially, participants described feelings of difficulty, uncertainty, and intimidation when managing medications and handling basic healthcare tasks, particularly in relation to understanding dosages,

schedules, and the use of medical devices. However, through continuous exposure to caregiving responsibilities and repeated practice, they gradually adapted to these demands and gained practical knowledge and skills. Over time, this adjustment process led to increased confidence and a stronger sense of capability in performing essential caregiving duties. Participants began to feel more comfortable and assured in managing healthcare routines, indicating a shift from dependence and hesitation to independence and competence. This subtheme highlights how experiential learning within the caregiving context plays a crucial role in building caregiver confidence, enabling family members to effectively manage complex medical care at home. These are evident in the responses of the participants:

“Initially, I found managing medications and medical devices intimidating, but I became more confident through experience (P1).”

“Initially, I found managing medications and using medical devices difficult, but I became more confident with experience (P2).”

“At first, I found it difficult to handle medications and follow healthcare routines, but over time I became more confident and capable (P3).”

Learning, adjustment, and confidence in healthcare tasks further demonstrate the evolving competence of family caregivers as they adapt to the demands of managing a relative with myocardial infarction. Participant 4 described an initial struggle in handling medications and healthcare routines, which gradually transformed into increased confidence and capability through continuous experience and practice. Similarly, Participant 5 highlighted early difficulties in managing dietary restrictions and medication schedules, but later developed greater organization and assurance in carrying out these responsibilities effectively. In contrast, Participant 6 presented a more complex experience, noting that while understanding the clinical aspects of care became easier over time, the

emotional burden intensified as the patient's condition progressed, creating a dual challenge of cognitive understanding and emotional strain. Collectively, these accounts illustrate that competence in caregiving is not achieved immediately but developed gradually through lived experience, while also revealing that emotional adaptation may remain challenging even as practical skills improve. These are evident in the responses of the participants:

“At first, I found managing medications and healthcare routines difficult, but I became more confident and capable through experience (P4).”

“At first, I found it challenging to manage her diet restrictions and medication schedule, but I eventually became more confident and organized (P5).”

“Managing her condition was both easier in terms of understanding clinically, but emotionally very challenging, especially as her condition progressed (P6).”

From difficulty to competence in managing medical care reflects the gradual progression of family caregivers from initial uncertainty to developing confidence and proficiency in handling the healthcare needs of a relative with myocardial infarction. At the beginning of the caregiving experience, family members often struggle with managing medications, understanding healthcare routines, and adjusting to dietary and lifestyle requirements, which creates a sense of confusion and hesitation. Over time, however, continuous exposure to caregiving tasks allows them to acquire practical knowledge, improve organization, and develop confidence in performing essential medical responsibilities, demonstrating experiential learning as a key mechanism of adaptation. This progression aligns with findings that caregiver burden and initial stress are common during the early stages of chronic illness care, but tend to decrease as individuals gain experience and familiarity with caregiving tasks (Liang et al., 2022; Ponti et al., 2024). Similarly, studies have shown that adaptive coping strategies and active engagement in

care contribute to improved caregiver competence and reduced psychological distress over time (Bífarín et al., 2023; Muñoz-Cruz et al., 2023; Ryerson Espino et al., 2022). However, despite growing competence in technical caregiving skills, some caregivers continue to experience emotional challenges, particularly when managing the progression of illness, highlighting that skill acquisition does not always eliminate emotional strain (Benuto et al., 2022; Owen et al., 2023). This theme underscores the dynamic nature of caregiving, where family members evolve from feelings of difficulty and inadequacy toward greater mastery and confidence in managing complex home-based medical care.

Stress and Coping Theory (Lazarus & Folkman, 1984) directly supports the theme “From Difficulty to Competence in Managing Medical Care” by explaining how family caregivers progressively adapt to the demands of caring for a relative with myocardial infarction through continuous cognitive appraisal and coping processes. Initially, caregivers perceive tasks such as medication administration, dietary management, and monitoring of symptoms as overwhelming and stressful, reflecting a primary appraisal of caregiving as highly demanding and unfamiliar (Bondarchuk et al., 2024; Jiang & Deng, 2024). This stage corresponds to the difficulty and uncertainty reported by participants when first managing healthcare routines at home. As caregiving continues, individuals engage in secondary appraisal, assessing their available resources and capabilities, which enables them to gradually acquire knowledge and skills through experience, guidance from healthcare professionals, and repeated practice. This process aligns with problem-focused coping strategies that enhance confidence, organization, and caregiving competence over time (Fathima, 2024; Laghari et al., 2023). At the same time, emotion-focused coping helps caregivers manage ongoing emotional strain, particularly when dealing with uncertainty or

disease progression (Benuto et al., 2022; Owen et al., 2023). Empirical studies further support this progression, showing that adaptive coping strategies and experiential learning are associated with reduced caregiver burden and increased self-efficacy in chronic illness care (Liang et al., 2022; Muñoz-Cruz et al., 2023; Ryerson Espino et al., 2022). Thus, Stress and Coping Theory effectively explains how caregivers transition from initial difficulty to developing competence in managing complex home-based medical care through adaptive appraisal and coping mechanisms.

The findings on the transition from difficulty to competence in managing medical care imply that healthcare professionals should prioritize structured caregiver education and continuous training as part of discharge planning for patients with myocardial infarction. Nurses and other healthcare providers should ensure that family members are not only given instructions but are also actively guided and supervised in performing essential caregiving tasks such as medication administration, dietary management, and symptom monitoring until they gain confidence and independence. Regular follow-up visits, home-based assessments, and accessible communication with healthcare teams can further support caregivers as they progress from uncertainty to competence. Additionally, integrating caregiver-focused interventions such as skills training sessions and informational resources can strengthen self-efficacy and reduce early caregiving burden. These measures highlight the importance of viewing family caregivers as active partners in care who require ongoing support to develop the competence needed for safe and effective home-based management of myocardial infarction.

Living in Constant Watchfulness: Prioritizing Safety and Prevention after Myocardial Infarction

Family members experience a profound shift in intentionality marked by continuous vigilance and protective attentiveness following a loved one's myocardial infarction. Their lived experience is characterized by an unrelenting focus on monitoring physical condition, anticipating possible warning signs, and regulating daily life to minimize perceived health risks. This heightened awareness extends beyond direct caregiving tasks and persists even during unrelated activities such as work or personal time, indicating that caregiving becomes an internalized and ever-present mode of consciousness. Within this altered state of intentionality, family members reorganize life priorities around survival and safety, often subordinating personal needs, social activities, and family routines. Decisions become precautionary in nature, guided not by preference or balance but by the perceived necessity to prevent another cardiac event. This demonstrates how illness reshapes lived intentionality into a protective preoccupation, in which meaning is continually constructed around vigilance, control, and the avoidance of risk. Here are the statements of participants 1 and 2:

*“After my husband’s heart attack, I always watch him closely, even when he says he is fine, because I cannot afford to miss any warning signs.”
(P1)*

“My main focus every day is making sure he takes his medicines on time and eats the right food; everything else comes second.” (P2)

The statements of P1 and P2 reveal a strong sense of heightened caregiving vigilance and restructured daily priorities, where family members become deeply attuned to the health status and survival needs of the myocardial infarction (MI) survivor. P1's

expression of constantly “watching closely” even when the husband appears fine reflects a state of hypervigilance, where caregivers develop sustained alertness to potential health deterioration. This aligns with findings by Suksatan et al. (2022), who emphasized that family caregivers of cardiac patients often experience elevated psychological burden characterized by persistent worry and continuous monitoring behaviors, driven by fear of recurrence and sudden cardiac events. Such vigilance becomes an emotional strategy to regain a sense of control in an otherwise uncertain post-MI situation.

P2’s statement highlights how caregiving becomes organized around strict prioritization of medical adherence and lifestyle regulation, where medication intake and dietary management dominate daily life. This reflects the central role of caregivers in ensuring treatment compliance, which is widely documented in chronic cardiac care literature. Baker et al. (2023) found that family caregivers of heart failure and cardiac patients often assume primary responsibility for medication management and lifestyle supervision, perceiving these tasks as essential to preventing hospital readmission and maintaining stability. This caregiving responsibility often leads to a reordering of personal and family priorities, where caregivers subordinate their own needs to ensure adherence to prescribed regimens. Onda et al. (2024) highlighted that medication assistance among family caregivers is strongly associated with emotional strain and constant cognitive engagement, as caregivers must track dosing schedules, dietary restrictions, and symptom changes simultaneously. This supports P2’s experience of placing “everything else second,” illustrating how caregiving after MI becomes an all-encompassing role that restructures daily intentionality around survival-oriented goals. The narratives of P1 and P2 demonstrate that caregiving after myocardial infarction is characterized by sustained

attentional focus, anticipatory anxiety, and the prioritization of medical compliance, reflecting a lived experience where caregiving is not episodic but continuously embedded in everyday consciousness. This lived intentionality reflects what recent caregiving scholarship describes as the “always-on” cognitive and emotional state of informal caregivers managing chronic cardiac conditions. Participants 4, 6, and 5 also expressed that:

“I find myself constantly thinking about what might trigger another attack, so I avoid anything that could stress him or upset him.” (P4)

“Even when I am at work or busy, my mind always goes back to his condition, like I need to check if he is okay.” (P6)

The participants’ statements reflect a persistent state of anticipatory anxiety and hypervigilance, where caregivers remain mentally preoccupied with the health condition of a family member even while engaged in other daily responsibilities. P4’s experience of constantly avoiding potential stress triggers for her husband illustrates a protective coping pattern shaped by fear of symptom recurrence, while P6’s continued mental return to the patient’s condition even during work suggests cognitive intrusion and difficulty disengaging from caregiving concerns. These experiences are consistent with literature showing that family caregivers of individuals with chronic or acute health conditions often experience heightened psychological burden, characterized by worry, vigilance, and emotional exhaustion. Pinquart and Sörensen (2021) emphasize that caregiver burden is strongly associated with sustained anxiety and reduced psychological well-being, particularly when caregiving involves perceived threat of medical deterioration. Adelman et al. (2021) found that caregivers frequently experience persistent intrusive thoughts and emotional preoccupation, which interfere with occupational functioning and daily

concentration. In addition, Schulz and Sherwood (2020) highlight that caregiving roles often extend beyond physical assistance to continuous emotional monitoring, leading to chronic stress and heightened mental load.

Furthermore, the participants' lived experiences demonstrate how caregiving responsibilities extend into cognitive and emotional domains, affecting attention, productivity, and mental presence in other life roles. The inability to mentally detach from the relative's condition, as expressed by P6, reflects what recent studies describe as "caregiver rumination," where worry cycles persist even in the absence of immediate caregiving tasks. This aligns with findings by Bastawrous (2021), who noted that caregivers often experience reduced cognitive bandwidth due to ongoing health-related concerns about their loved ones. Roth et al. (2022) also reported that sustained caregiving stress is linked to impaired work performance and difficulty maintaining focus in professional settings. Moreover, Vitaliano, Murphy, and Young (2020) explain that chronic caregiving stress activates prolonged psychological strain responses, which contribute to fatigue, emotional exhaustion, and reduced coping capacity over time. Collectively, these findings support the participants' narratives that caregiving is not limited to physical care but is an ongoing psychological responsibility that continuously occupies attention and emotional energy. Further more another participants also affirmed that

"I have changed my priorities; I stopped spending too much time outside because I want to be near him in case something happens." (P3)

"Every decision I make now is based on what is safest for his heart condition, not just what we want as a family." (P5)

The participants' statements reveal a significant shift in family roles, priorities, and decision-making processes driven by caregiving responsibilities and the perceived

vulnerability of a family member's health condition. P3's account illustrates voluntary social withdrawal and reallocation of personal time toward proximity-based caregiving, reflecting heightened vigilance and fear of unexpected health deterioration. P5 demonstrates how caregiving reshapes family decision-making, where health safety becomes the dominant factor influencing even routine choices. These experiences align with evidence showing that caregiving responsibilities often lead to role restructuring within families, where caregivers prioritize monitoring and protective behaviors over personal and social activities. Adelman et al. (2021) emphasize that family caregivers frequently experience role restriction and lifestyle modification due to continuous concern for the care recipient's condition. Schulz and Sherwood (2020) further explain that caregiving demands often lead to reduced participation in social and leisure activities as individuals prioritize safety monitoring and emotional security. In addition, Roth et al. (2022) highlight that caregiving can significantly alter family functioning and decision-making patterns, with health-related considerations becoming central in daily life choices.

Furthermore, the participants' narratives reflect the psychological burden of anticipatory caregiving, where decision-making is guided by fear of potential medical emergencies rather than routine family preferences. This form of hyper-responsibility demonstrates how caregiving can extend beyond physical assistance to constant cognitive evaluation of risk and safety. Pinquart and Sörensen (2021) note that caregivers often experience elevated anxiety and vigilance, which influence both behavior and family dynamics. Vitaliano et al. (2020) similarly describe chronic caregiving stress as a condition that narrows individuals' focus toward perceived threats, resulting in sustained emotional and cognitive strain. Moreover, Bastawrous (2021) explains that caregiving often leads to

adaptive but restrictive coping strategies, including social withdrawal and overprotection, which may reduce caregivers' own well-being while attempting to safeguard the patient. These findings support the participants' experiences that caregiving profoundly reshapes lifestyle, priorities, and decision-making processes, positioning health preservation as the central organizing principle of family life.

This theme reflects how family caregivers remain in a continuous state of alertness, closely monitoring the patient's condition, adhering to medications, and prioritizing preventive actions to avoid recurrence of myocardial infarction. From the perspective of Neuman's Systems Model, the family functions as an open system constantly interacting with internal and external stressors, where the post-myocardial infarction condition represents a major stressor that threatens system stability. The caregivers' "watchfulness" becomes a form of primary, secondary, and tertiary prevention aimed at maintaining the patient's lines of defense and resistance against further cardiac events.

In this context, caregivers actively engage in primary prevention by modifying diet, environment, and lifestyle to reduce risk factors; secondary prevention by closely observing early warning signs such as chest pain or blood pressure changes; and tertiary prevention by ensuring adherence to rehabilitation and medical regimens. Their sustained vigilance illustrates Neuman's assertion that stability is achieved through continuous adjustment and adaptation to stressors, highlighting how caregiving becomes a dynamic protective system that safeguards both patient well-being and family equilibrium after myocardial infarction.

SUMMARY, FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

Summary

This study explored the lived experiences of family members caring for individuals with a history of myocardial infarction, guided by Moustakas' lifeworld existential phenomenology. Specifically, the study answered the following research questions: 1.) How do family members describe their bodily and emotional experiences while living with a family member who has a history of myocardial infarction? 2.) How do family members experience and perceive their home and surrounding environments while caring for or living with a myocardial infarction survivor? 3.) How do family members perceive the passage of time and changes in their daily lives following the myocardial infarction of a loved one? 4.) How do family members experience their relationships and interactions with the myocardial infarction survivor and other family members after the cardiac event? 5.) How do family members experience medical devices, medications, healthcare routines, and other tangible aspects associated with managing myocardial infarction at home?

This study employed an existential-phenomenological research design grounded in Moustakas' (1994) phenomenological tradition to explore the lived experiences of family members caring for individuals with a history of myocardial infarction in Ozamiz City, Misamis Occidental, Philippines. Ten participants were selected through snowball sampling based on established inclusion criteria and data saturation. Data were gathered using a semi-structured interview guide that explored participants' emotional, relational, caregiving, and daily life experiences related to myocardial infarction. Prior to data collection, ethical approval and institutional permission were secured, and informed

consent was obtained from all participants. Interviews were conducted face-to-face in private and participant-preferred settings, with confidentiality, voluntary participation, and compliance with the Data Privacy Act of 2012 strictly observed throughout the study. Audio recordings and field notes were used to ensure accurate data collection. Data analysis followed Moustakas' Existential Analysis. The study identified six emerging themes such as: emotional strain and physical exhaustion in caregiving; transformation of home into a care-oriented environment; restructuring of daily life and altered sense of time; strengthened bonds with emerging tensions in family relationships; from difficulty to competence in managing medical care; and living in constant watchfulness: prioritizing safety and prevention after myocardial infarction.

Findings

The following are the findings of the study:

1. Emotional Strain and Physical Exhaustion in Caregiving. Family members experienced significant emotional strain and physical exhaustion as they navigated the demanding responsibilities, stress, anxiety, and adjustments associated with caring for a loved one with a history of myocardial infarction.
2. Transformation of Home into a Care-Oriented Environment. Family members transformed their homes into care-oriented environments by prioritizing safety, comfort, structure, and health-conscious practices to support the recovery and well-being of their loved ones with myocardial infarction.
3. Restructuring of Daily Life and Altered Sense of Time. Family members experienced significant restructuring of their daily routines and an altered sense of time as

their schedules, priorities, and personal activities became centered around the caregiving demands and health needs of their loved ones with myocardial infarction.

4. Strengthened Bonds with Emerging Tensions in Family Relationships. Family members developed deeper emotional connections and stronger relationships with their loved ones while also experiencing occasional tensions, conflicts, and emotional challenges arising from caregiving responsibilities and illness-related stress.

5. From Difficulty to Competence in Managing Medical Care. Family members gradually transitioned from feelings of difficulty and uncertainty to increased confidence and competence in managing medications, healthcare routines, and other medical care responsibilities for their loved ones with myocardial infarction.

6. Living in Constant Watchfulness: Prioritizing Safety and Prevention after Myocardial Infarction. This theme describes how family members live in continuous vigilance, prioritizing safety, prevention, and protective care behaviors following a loved one's myocardial infarction.

Conclusions

The following are the conclusions of the study:

1. Caring for a family member with myocardial infarction places significant emotional and physical burdens on caregivers, requiring continuous adjustment, resilience, and personal sacrifice to support the patient's recovery and well-being.

2. The experience of myocardial infarction transforms the home into a care-centered environment where family routines, spaces, and interactions are reorganized to prioritize the patient's recovery, safety, and long-term health management.

3. Caring for a loved one with myocardial infarction reshapes daily routines and perceptions of time, as family members continuously adjust their schedules and priorities around caregiving responsibilities and health-related uncertainties.

4. While caregiving after myocardial infarction can strengthen emotional bonds and family solidarity, it may also create tensions and role strain as families adapt to the pressures and demands of long-term care.

5. Despite initial uncertainty and challenges, family caregivers gradually develop confidence, competence, and adaptability in managing the medical and caregiving needs of individuals with myocardial infarction.

6. Families living with a history of myocardial infarction remain in a continuous state of vigilance, prioritizing prevention, safety, and careful monitoring to protect the patient from recurrence and maintain long-term stability.

Recommendations

The following are the recommendations of the study:

1. Healthcare professionals, particularly nurses and community health workers, provide psychosocial support programs for family caregivers to help reduce emotional strain and physical exhaustion. This may be done through regular counseling sessions, stress management workshops, caregiver support groups, and periodic wellness assessments that allow caregivers to express their concerns and receive emotional support and practical coping strategies.

2. Healthcare institutions and local health agencies assist families in creating safe and supportive home environments for myocardial infarction survivors. This can be achieved by conducting home health education, providing guidance on home safety modifications,

promoting healthy lifestyle practices, and offering educational materials on proper nutrition, medication management, and emergency preparedness within the household.

3. Family caregivers encouraged by healthcare providers and social support agencies to establish balanced caregiving routines that also consider their personal well-being and time management. This may be implemented through caregiver training programs focused on scheduling strategies, delegation of responsibilities among family members, and encouraging respite care to reduce caregiver overload and maintain work-life balance.

4. Healthcare professionals and family counselors promote family-centered interventions that strengthen communication and emotional support within the household while minimizing relationship tensions. This may be carried out through family counseling sessions, open communication activities, and educational discussions that encourage shared caregiving responsibilities, emotional understanding, and collaborative decision-making among family members.

5. Hospitals, nurses, and healthcare educators provide continuous caregiver education and skills training to improve family members' competence in managing medical care at home. This may be accomplished through discharge teaching, hands-on demonstrations, follow-up consultations, and easy-to-understand instructional materials on medication administration, symptom monitoring, dietary management, and emergency response related to myocardial infarction care.

6. Nurses and cardiac rehabilitation teams, to strengthen family-centered education by teaching relatives practical preventive measures, risk monitoring, medication adherence, and lifestyle modification strategies, thereby supporting sustained home-based care and reducing the likelihood of myocardial infarction recurrence.

7. Future researchers conduct further qualitative and quantitative studies exploring the long-term experiences, coping mechanisms, and psychological well-being of family caregivers of individuals with myocardial infarction across different cultural and healthcare settings. This may be achieved by involving larger, more diverse groups of participants, examining gender and socioeconomic differences in caregiving experiences, and using longitudinal approaches to better understand how caregiving challenges and family dynamics evolve over time.

8. Future studies may examine the long-term psychological well-being and lived experiences of caregivers of myocardial infarction patients, including stress, resilience, and burnout over time. Cross-cultural research is also recommended to compare caregiving experiences across diverse cultural, social, and healthcare contexts and to inform more responsive, family-centered support interventions.

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Appendix A

INTERVIEW PROTOCOL

Before the interview begins, participants will be informed of the following:

- The interview will be digitally recorded to ensure accuracy.
- Their identity will remain confidential throughout the study and in the final report.
- Participation is voluntary, and they can choose to discontinue their involvement at any time without any consequences.

Demographic Profile Questions:

1. What is your age?
2. What is your relationship to the family member diagnosed with myocardial infarction?
3. How long have you been living with or providing care for your family member?
4. What is your self-identified primary or native language/dialect?

Opening Questions:

1. Tell me a little about yourself, your family life, and your role in supporting the family member with myocardial infarction.
2. What can you say about your prior experiences, training, or knowledge that have helped you manage caregiving and health-related responsibilities?

Core Questions:

1. What can you say about how your body and emotions respond on a daily basis while living with or caring for a family member who has experienced a myocardial infarction?
2. Can you describe how you experience and perceive your home and immediate surroundings while caring for or living with a family member who has had a myocardial infarction?
3. Can you describe how you experience the passage of time and the changes in your daily life since your family member had a myocardial infarction?
4. Can you describe how your relationships and interactions with your family member and other relatives have been affected since the myocardial infarction?
5. Can you describe your experiences in using medical devices, managing medications, following healthcare routines, or handling other tangible aspects involved in caring for a family member with myocardial infarction at home?

Closing Questions:

1. Looking back on your experiences, what is the most significant insight or meaning you have gained from living with or caring for a family member who has had a myocardial infarction?
2. What else you would like to share about the experiences that you feel are important for others to understand your journey as a family member supporting someone with myocardial infarction?

Appendix B

TRANSCRIPT OF INTERVIEW

Participant 1 (42 years old, daughter of the patient, 2 years of caring the patient)

I am a mother of two and work part-time from home while serving as the primary caregiver for my mother after her heart attack. I manage her medications, prepare her meals, and accompany her to check-ups. I had no formal caregiving training, but I learned from hospital staff and through my own research, which helped me become more confident in monitoring her condition. At first, I experienced constant anxiety, physical fatigue, and stress, often worrying about her condition, especially at night, but over time I learned how to cope. Our home has changed into a more care-focused environment where I pay attention to safety, cleanliness, and comfort. My daily routine now revolves around her medication schedule, meals, and rest, making my life more structured but less flexible. My relationship with my mother has become deeper, although there are moments of tension, and while some relatives help, most of the responsibility is on me. Initially, I found managing medications and medical devices intimidating, but I became more confident through experience. Through this journey, I learned the importance of patience and compassion, and although caregiving is physically and emotionally challenging, it has given me a sense of purpose and a deeper appreciation for time with loved ones, and I believe that proper support and guidance are important for caregivers.

CEBUANO TRANSLATION

Participant 1 (42 anyos, anak sa pasyente, 2 ka tuig nga nag-atiman sa pasyente)

Usa ko ka inahan sa duha ka anak ug nagtrabaho part-time sa balay samtang ako ang primary caregiver sa akong inahan human sa iyang heart attack. Ako ang nagdumala sa iyang mga tambal, nag-andam sa iyang pagkaon, ug nag-uban kaniya sa mga check-up. Wala koy pormal nga training sa caregiving, apan nakakat-on ko gikan sa mga hospital staff ug pinaagi sa akong kaugalingong panukiduki, nga nakatabang nako nga mahimong mas kompyansa sa pag-monitor sa iyang kahimtang. Sa sinugdanan, nakasinati ko og kanunay nga kabalaka, kakapoy sa lawas, ug stress, ilabi na sa gabii tungod sa akong kahadlok sa iyang kahimtang, apan sa paglabay sa panahon nakat-on ko unsaon pag-atubang niini. Ang among pamilya nausab ug nahimong mas naka-focus sa pag-atiman diin mas hatagan nako og pagtagad ang kaluwasan, kalimpyo, ug kaharuhay. Ang akong adlaw-adlaw nga rutina naglibot na sa iyang iskedyul sa tambal, pagkaon, ug pagpahulay, nga naghimo sa akong kinabuhi nga mas organisado apan dili na kaayo flexible. Ang akong relasyon sa akong inahan mas milalom, bisan pa adunay mga higayon nga adunay tensyon, ug bisan pa adunay ubang paryente nga motabang, kadaghanan sa responsibilidad naa sa akong. Sa sinugdanan, nahadlok ko sa pagdumala sa mga tambal ug medical devices, apan sa kadugayan nahimo ko kining masaligon pinaagi sa kasinatian. Niining panaw, nakakat-on ko sa importansya sa pasensya ug kalooy, ug bisan lisod ang caregiving sa pisikal ug emosyonal, naghatag kini nako og kahulugan ug mas lawom nga

pagpasalamat sa oras uban sa pamilya, ug nagtuo ko nga importante ang hustong suporta ug giya alang sa mga caregiver.

Participant 2 (26 years old, son of the patient, 1 year of caring for the patient)

I am single and working full-time, while also serving as one of the primary caregivers for my father after his heart attack. I help prepare his medications, monitor his blood pressure, and ensure he follows his diet and gets enough rest. I have no formal caregiving training, but I learned through doctors' instructions and online resources, which helped me manage his condition. At first, I experienced fear and anxiety, and sometimes had difficulty sleeping because I was worried about his condition, along with physical fatigue from balancing work and caregiving. Over time, I learned to stay calmer and become more responsible. Our home became more organized and quieter to reduce stress for my father, and I became more mindful of our surroundings. My daily routine changed significantly, as I needed to incorporate his medication schedule and check-ups, which sometimes made me feel like I had limited time for myself. My relationship with my father grew deeper and more open, although there are moments of tension when he resists certain restrictions. Some relatives help occasionally, but much of the responsibility still falls on me. Initially, I found managing medications and using medical devices difficult, but I became more confident with experience. Through this experience, I learned patience, discipline, and selflessness, and although it is challenging, it gave me a deeper understanding of family responsibilities and the importance of caring for a loved one, and I believe that proper support and access to reliable information are important for caregivers.

CEBUANO TRANSLATION

Participant 2 (26 anyos, anak nga lalaki sa pasyente, 1 ka tuig nga nag-atiman sa pasyente)

Usa ko ka ulitawo nga nagtrabaho full-time, apan ako usab ang usa sa nag-unang nag-atiman sa akong amahan human sa iyang heart attack. Ako ang motabang sa pag-andam sa iyang tambal, magmonitor sa iyang blood pressure, ug sigurohon nga masunod ang iyang diet ug pahulay. Wala koy pormal nga training sa caregiving, apan nakakat-on ko pinaagi sa mga instruksyon sa doktor ug pinaagi sa internet, nga nakatabang nako sa pagdumala sa iyang kahimtang. Sa sinugdanan, nakasinati ko og kahadlok ug kabalaka, usahay dili ko katulog og tarong tungod sa kahuna-huna sa iyang kahimtang, ug makabati usab ko og kakapoy tungod sa pagbalanse sa trabaho ug pag-atiman. Sa paglabay sa panahon, nakakat-on ko nga mahimong mas kalmado ug mas responsable. Ang among balay nahimong mas organisado ug hilum aron malikayan ang stress para sa akong amahan, ug mas maampingon ko sa palibot. Ang akong adlaw-adlaw nga rutina nabag-o, kay kinahanglan nako iapil ang iyang iskedyul sa tambal ug check-up, nga usahay makapabati nako nga limitado ang akong oras para sa kaugalingon. Ang among relasyon sa akong amahan mas ni-lalom, mas open mi mag-istorya, apan usahay adunay tensyon kung dili siya ganahan sundon ang mga bawal. Ang ubang paryente motabang usahay, pero dako gihapon nga responsibilidad ang naa sa akoo. Sa sinugdanan, lisod para nako ang paggamit sa medical devices ug pagdumala sa tambal, apan sa kadugayan nasanay ug nahimo ko kining masaligan. Sa akong nasinati, nakakat-on ko sa pasensya, disiplina,

ug pagkamahinatagon, ug bisan lisod ang sitwasyon, naghatag kini nako og mas lawom nga pagsabot sa kahimtang sa pamilya ug sa importansya sa pag-atiman sa usa ka minahal, ug nagtuo ko nga importante ang suporta ug hustong impormasyon alang sa mga caregiver.

Participant 3 (43 years old, sister of the patient, 3 years of caring for the patient)

I am married with three children and help care for my older brother after his heart attack while also managing our household. I assist with preparing his medications, reminding him about his schedule, and accompanying him to medical check-ups when I can. I did not have formal caregiving training, but I learned through experience, guidance from healthcare providers, and by observing his condition over time. In the beginning, I felt a lot of worry and emotional stress, often thinking about his health and possible complications, which also caused physical tiredness. As time passed, I became more accepting and better at managing my emotions. Our home environment changed as we made adjustments to ensure his comfort and safety, making it more structured and health-conscious. My daily routine became busier and more organized around his needs, which sometimes left me with less time for myself. My relationship with my brother became closer, as we communicate more and support each other, although there are occasional misunderstandings, especially when he feels frustrated about his limitations. Other family members offer some help, but I still carry a significant part of the responsibility. At first, I found it difficult to handle medications and follow healthcare routines, but over time I became more confident and capable. Through this experience, I realized the importance of patience, understanding, and family unity, and although caregiving can be physically and emotionally demanding, it has strengthened our bond and taught me to value time and support within the family, and I believe that having guidance and shared responsibility is important for caregivers.

CEBUANO TRANSLATION

Participant 3 (43 anyos, igsoon nga babaye sa pasyente, 3 ka tuig nga nag-atiman sa pasyente)

Minyo ko ug adunay tulo ka anak ug nagtabang ko sa pag-atiman sa akong magulang nga lalaki human sa iyang heart attack samtang gidumala usab nako ang among panimalay. Motabang ko sa pag-andam sa iyang mga tambal, magpahinumdom sa iyang iskedyul, ug mo-uban kaniya sa mga check-up kung makaya nako. Wala koy pormal nga training sa caregiving, apan nakakat-on ko pinaagi sa kasinatian, giya sa mga healthcare providers, ug pinaagi sa pag-obserbar sa iyang kahimtang sa paglabay sa panahon. Sa sinugdanan, dako akong kabalaka ug emosyonal nga stress, kanunay naghunahuna sa iyang kahimtang ug sa posibleng komplikasyon, nga nakaapekto usab sa akong lawas pinaagi sa kakapoy. Sa paglabay sa panahon, nahimo kong mas modawat ug mas makontrol ang akong emosyon. Ang among panimalay nausab tungod sa mga kausaban aron masiguro ang iyang kahiruhay ug kaluwasan, ug nahimong mas organisado ug naka-focus sa kahimsog. Ang akong adlaw-adlaw nga rutina nahimong mas busy ug nakaangay sa iyang mga

panginahanglan, nga usahay makapaminus sa akong oras para sa kaugalingon. Ang akong relasyon sa akong igsoon mas milalom tungod sa mas daghang komunikasyon ug pagsuporta, bisan pa adunay mga panagsang dili pagsinabtanay labi na kung ma-frustrate siya sa iyang mga limitasyon. Ang ubang miyembro sa pamilya motabang usab usahay, apan dako gihapon nga responsibilidad ang naa sa akoo. Sa sinugdanan, lisod para nako ang pagdumala sa tambal ug pagsunod sa healthcare routines, apan sa kadugayan nahimo kong mas kompyansa ug mas kahibalo. Niining kasinatian, nakat-on ko sa importansya sa pasensya, pagsabot, ug panaghiusa sa pamilya, ug bisan lisod ang caregiving sa pisikal ug emosyonal, napalig-on niini ang among panag-uban ug nagtudlo nako sa paghatag bili sa oras ug suporta sa pamilya, ug nagtuo ko nga importante ang hustong giya ug pagbahin sa responsibilidad alang sa mga caregivers.

Participant 4 (36 years old, daughter of the patient, 1 year of caring for the patient)

I have been working abroad for several years, but after my mother had a heart attack, I decided to come home to personally take care of her. I temporarily paused my job to focus on her recovery, and now I manage her medications, prepare her meals, and accompany her to her check-ups. I did not have formal caregiving training, but I learned through guidance from doctors, online research, and hands-on experience. At first, I felt overwhelmed, anxious, and physically exhausted adjusting from working abroad to full-time caregiving, but over time I became more emotionally stable and physically adjusted to the routine. Our home environment changed as I made efforts to make it safer, cleaner, and more comfortable for her recovery. My daily routine became centered on her needs, including strict medication schedules, proper diet, and rest, which made my life more structured but also limited my personal time. My relationship with my mother became much closer and more meaningful, as we spend more time together, although there are moments of tension when she feels frustrated with her condition. Other family members help occasionally, but I take on most of the responsibility since I am present. At first, I found managing medications and healthcare routines difficult, but I became more confident and capable through experience. Through this journey, I realized the importance of sacrifice, patience, and family responsibility, and although caregiving is challenging both physically and emotionally, it has given me a deeper appreciation of my family and the value of being present, and I believe that strong support and proper guidance are essential for caregivers.

CEBUANO TRANSLATION

Participant 4 (36 anyos, anak nga babaye sa pasyente, 1 ka tuig nga nag-atiman sa pasyente)

Nagtrabaho ko sa abroad sa pipila ka tuig, apan human na-stroke ang akong inahan (myocardial infarction), nibalik ko sa Pilipinas aron personal siyang atimanon ug temporarily gisuspensa ang akong trabaho sa gawas. Ako karon ang nagdumala sa iyang mga tambal, nag-andam sa iyang pagkaon, ug nag-uban kaniya sa mga check-up. Wala koy pormal nga training sa caregiving, apan nakakat-on ko pinaagi sa giya sa mga doktor, online research, ug pinaagi sa aktwal nga kasinatian sa pag-atiman kaniya. Sa

sinugdanan, nakasinati ko og kabalaka, kakapoy, ug emosyonal nga kalibog tungod sa kalit nga pagbalhin gikan sa trabaho sa abroad ngadto sa full-time caregiving, apan sa paglabay sa panahon nahimo kong mas kalma ug naka-adjust sa adlaw-adlaw nga rutina. Ang among pamilya nausab ug nahimong mas limpyo, mas luwas, ug mas naka-focus sa iyang pagkaayo. Ang akong adlaw-adlaw nga rutina karon nakasentro sa iyang panginahanglan sama sa tukmang oras sa tambal, husto nga pagkaon, ug pagpahulay, nga naghimo sa akong kinabuhi nga mas istruktura apan limitado ang personal nga oras. Ang akong relasyon sa akong inahan mas ni-deep ug mas meaningful tungod kay mas daghan mi'g oras nga mag-uban, bisan pa adunay mga higayon nga siya ma-frustrate sa iyang kahimtang. Ang ubang paryente motabang usahay, apan kadaghanan sa responsibilidad naa sa akong kay ako man ang present sa pag-atiman. Sa sinugdanan, lisod para nako ang pagdumala sa tambal ug healthcare routines, apan sa kadugayan nahimo kong mas kompyansa ug mas kahibalo. Niining kasinatian, nakat-on ko sa importansya sa sakripisyo, pasensya, ug responsibilidad sa pamilya, ug bisan lisod ang caregiving sa pisikal ug emosyonal, naghatag kini nako og mas lawom nga pagpasalamat sa pamilya ug sa kahulugan sa presensya, ug nagtuo ko nga importante ang suporta ug hustong giya alang sa mga caregiver.

Participant 5 (39 years old, sister-in-law of the patient, 2 years of caring for the patient)

I am married and helping care for my sister-in-law after she experienced a myocardial infarction, while also managing my own household and family responsibilities. I assist mainly by preparing her meals according to her diet plan, reminding her about her medications, and accompanying her during hospital visits when needed. I do not have formal caregiving training, but I learned through guidance from healthcare professionals, observation, and experience in daily care. At the beginning, I felt worried and emotionally stressed because I was concerned about her condition and recovery, and I also felt physically tired balancing my responsibilities at home and caregiving duties. Over time, I became more accustomed to the routine and more confident in handling her care. Our home environment became more health-conscious and careful, especially in terms of food preparation and maintaining a calm atmosphere for her recovery. My daily routine changed as I needed to adjust my time to support her needs, which sometimes reduced my personal and family time. My relationship with her became closer as I became more involved in her care, although there are moments of difficulty when she feels frustrated or weak. Other family members provide some support, but I am often involved in the daily caregiving tasks. At first, I found it challenging to manage her diet restrictions and medication schedule, but I eventually became more confident and organized. Through this experience, I learned patience, empathy, and the importance of family support, and although caregiving can be demanding, it has helped me value health, family cooperation, and emotional strength, and I believe that proper guidance and shared responsibility are important for caregivers.

CEBUANO TRANSLATION

Participant 5 (39 anyos, bayaw sa pasyente, 2 ka tuig nga nag-atiman sa pasyente)

Minyo ko ug nagtabang sa pag-atiman sa akong bayaw human siya naka-experience og myocardial infarction, samtang nagdumala usab ko sa akong kaugalingong pamilya ug panimalay. Motabang ko sa pag-andam sa iyang pagkaon sumala sa iyang diet, pagpahinumdom sa iyang oras sa tambal, ug pag-uban kaniya sa hospital kung kinahanglan. Wala koy pormal nga training sa caregiving, apan nakakat-on ko pinaagi sa giya sa mga healthcare professionals, obserbasyon, ug aktwal nga kasinatian sa adlaw-adlaw nga pag-atiman. Sa sinugdanan, nakasinati ko og kabalaka ug emosyonal nga stress tungod sa iyang kahimtang, ug nakabati usab ko og kakapoy sa pagbalanse sa akong responsibilidad sa balay ug sa caregiving. Sa paglabay sa panahon, nahimo kong mas naanad sa rutina ug mas kompyansa sa pag-atiman kaniya. Ang among panimalay nahimong mas health-conscious, ilabi na sa pag-andam sa pagkaon ug pagmintinar sa kalmado nga palibot para sa iyang pagkaayo. Ang akong adlaw-adlaw nga rutina nausab tungod sa pag-adjust sa iyang panginahanglan, nga usahay makapaminus sa akong personal ug family time. Ang akong relasyon kaniya mas ni-deep kay mas nakapakita ko og pag-atiman, bisan pa adunay mga higayon nga lisod siya tungod sa iyang kaluya ug ka-frustrate sa iyang kahimtang. Ang ubang paryente motabang usahay, apan kasagaran apil ko sa adlaw-adlaw nga pag-atiman. Sa sinugdanan, lisod para nako ang pagdumala sa iyang diet restrictions ug medication schedule, apan sa kadugayan nahimo kong mas organisado ug mas sigurado sa akong buhat. Niining kasinatian, nakat-on ko sa pasensya, empatiya, ug importansya sa suporta sa pamilya, ug bisan lisod ang caregiving, nakatabang kini nako nga mas mapasalamatan ang kahimsog, panagtinabangay sa pamilya, ug emosyonal nga kusog, ug nagtuo ko nga importante ang hustong giya ug pagbahin sa responsibilidad sa mga caregiver.

CEBUANO TRANSLATION

Participant 6 (25 years old, daughter of the patient, nursing instructor, 1 year of caring for the patient)

I am a nursing instructor and a daughter who cared for my mother until her passing due to myocardial infarction. I assisted her by managing her medications, monitoring her condition, coordinating her medical care, and providing emotional support while also applying my clinical knowledge in her home care. Despite my background in nursing, I still did not have formal training specific to being a family caregiver, and I learned to adapt through both professional knowledge and personal experience. During her illness, I experienced intense emotional stress, anticipatory grief, and physical exhaustion, especially while balancing my teaching responsibilities and caregiving duties. Our home became centered on her care, with strict attention to her comfort, safety, and medical needs, and every day revolved around her condition. My relationship with my mother became deeply meaningful during her final years, as we spent more time together and communicated more openly, although there were also moments of emotional difficulty as her condition worsened. Other family members provided support, but I took on a major

role due to my medical knowledge. Managing her condition was both easier in terms of understanding clinically, but emotionally very challenging, especially as her condition progressed. Through this experience, I gained a profound understanding of suffering, compassion, and the limits of medical care, and although her passing was painful, it strengthened my perspective as a nurse and as a daughter, and I believe it is important for caregivers to receive both emotional and institutional support, especially in end-of-life care situations.

Participant 6 (25 anyos, anak nga babaye sa pasyente, nursing instructor, 1 ka tuig nga nag-atiman sa pasyente)

Usa ko ka nursing instructor ug anak nga babaye nga nag-atiman sa akong inahan hangtod sa iyang pagkamatay tungod sa myocardial infarction. Ako siyang gitabangan pinaagi sa pagdumala sa iyang mga tambal, pagmonitor sa iyang kahimtang, pag-coordinate sa iyang medical care, ug paghatag og emosyonal nga suporta samtang gigamit usab nako ang akong clinical knowledge sa pag-atiman kaniya sa balay. Bisan pa sa akong background sa nursing, wala gihapon koy pormal nga training isip family caregiver, ug nakakat-on ko pinaagi sa kombinasyon sa propesyonal nga kahibalo ug personal nga kasinatian. Sa panahon sa iyang sakit, nakasinati ko og grabe nga emosyonal nga stress, anticipatory grief, ug kakapoy sa lawas, ilabi na sa pagbalanse sa akong trabaho isip instructor ug sa pag-atiman kaniya. Ang among pamilya nahimong nakasentro sa iyang pag-atiman, nga puno sa pagtagad sa iyang kaharuhay, kaluwasan, ug medical needs, ug ang matag adlaw naglibot sa iyang kahimtang. Ang akong relasyon sa akong inahan nahimong mas lalom ug meaningful sa iyang kataposang mga tuig, tungod kay mas daghan mi'g oras nga mag-uban ug mas open ang among komunikasyon, bisan pa adunay mga higayon nga lisod ang emosyon samtang nagkagrabang ang iyang kahimtang. Ang ubang membro sa pamilya motabang usab, apan dako gihapon ang akong responsibilidad tungod sa akong kahibalo sa medisina. Mas sayon para nako ang pag-intindi sa iyang kondisyon sa clinical nga aspeto, apan emosyonal nga lisod kaayo ang tibuok proseso, ilabi na sa iyang paghinay-hinay ug pagkamatay. Niining kasinatian, nakakat-on ko og lawom nga pagsabot sa kasakit, kalooy, ug limitasyon sa medisina, ug bisan masakit ang iyang pagkawala, nakahatag kini nako og mas lig-on nga panan-aw isip nurse ug isip anak, ug nagtuo ko nga importante kaayo ang emosyonal ug institusyonal nga suporta para sa mga caregiver, labi na sa end-of-life care.

Participant 7 (24 years old, son of the patient, 4th year nursing student, 2 years of caring for the patient)

I am a fourth-year nursing student and the son of my father who was hospitalized due to myocardial infarction and later passed away in the hospital. During his confinement, I assisted by monitoring and understanding his vital signs, helping communicate updates between my family and healthcare staff, supporting medication discussions, and staying with him in the hospital whenever possible while also providing emotional support. Although I had theoretical and clinical background from my nursing education, I still felt unprepared for the emotional reality of seeing a parent critically ill in a hospital setting, and I learned a lot through direct exposure and guidance from the medical team. During

his hospitalization, I experienced intense emotional stress, fear, and exhaustion, especially while balancing school requirements and hospital visits, often feeling overwhelmed by the uncertainty of his condition. Our family routine revolved around hospital schedules, updates from doctors, and making quick decisions regarding his care, which made daily life very stressful and emotionally draining. My relationship with my father became more meaningful during his hospital stay, as we had more moments of conversation and emotional connection, although it was also painful witnessing his decline in a clinical environment. Other family members were present and supportive, but I took on a more active role in understanding his condition due to my nursing knowledge. While I could comprehend the medical aspects of his case, it was still very difficult to accept his worsening condition and eventual passing in the hospital. Through this experience, I learned the importance of presence, emotional strength, and family unity during critical illness, and although it was a very painful loss, it deepened my understanding of patient care both as a student nurse and as a son, and I believe that emotional support systems for families in hospitals are very important during end-of-life care.

CEBUANO TRANSLATION

Participant 7 (24 anyos, anak nga lalaki sa pasyente, 4th year nursing student, 2 ka tuig nga nag-atiman sa pasyente)

Usa ko ka fourth-year nursing student ug anak nga lalaki sa akong amahan nga na-admit sa hospital tungod sa myocardial infarction ug sa ulahi namatay didto sa ospital. Sa iyang pag-admit, motabang ko sa pagmonitor ug pagsabot sa iyang vital signs, pag-communicate sa updates tali sa pamilya ug healthcare staff, pag-apil sa diskusyon sa mga tambal, ug pagbisita ug pag-uban kaniya sa hospital samtang naghatag usab og emosyonal nga suporta. Bisan pa sa akong natun-an sa nursing school, nakasinati gihapon ko og kakulangan sa emosyonal nga kahandam sa tinuod nga sitwasyon sa hospital, ug nakakat-on ko pinaagi sa aktwal nga kasinatian ug giya sa medical team. Sa panahon nga naa siya sa hospital, nakasinati ko og grabe nga kabalaka, kahadlok, ug kakapoy, ilabi na kay kinahanglan nako i-balanse ang eskwela ug pag-atiman, nga usahay makabati ko og kalibog ug kasakit sa iyang kahimtang. Ang among pamilya nga rutina nakasentro sa schedule sa hospital, updates gikan sa mga doktor, ug dali nga pagdesisyon bahin sa iyang pag-atiman, nga nakahatag og dako nga stress ug emosyonal nga kakapoy. Ang akong relasyon sa akong amahan nahimong mas meaningful sa iyang pagpabilin sa hospital, kay mas daghan mi'g higayon sa pag-istorya ug pagpakita og emosyon, bisan pa lisod tanawon ang iyang paglala sa clinical nga kahimtang. Ang ubang membro sa pamilya naa usab ug motabang, apan mas aktibo ko sa pagsabot sa iyang kondisyon tungod sa akong nursing background. Bisan mas sayon nako sabton ang medical nga aspeto, lisod gihapon dawaton ang iyang paglala ug ang iyang pagkamatay sa hospital. Niining kasinatian, nakat-on ko sa importansya sa presensya, emosyonal nga kusog, ug panaghiusa sa pamilya sa panahon sa kritikal nga sakit, ug bisan masakit kaayo ang pagkawala, nakapalalom kini sa akong pagsabot sa patient care isip estudyante sa nursing ug isip anak, ug nagtuo ko nga importante kaayo ang emosyonal nga suporta sa pamilya sa hospital ilabi na sa end-of-life care.

INFORMED CONSENT



Misamis University
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MISAMIS UNIVERSITY RESEARCH ETHICS COMMITTEE
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MU-REB-001/03 March 2022

March 13, 2026

MR. SANDY D. ABLAÑA
Principal Investigator

MUREC Code 2026-023

**EXPERIENCES OF INDIVIDUALS CARING FOR FAMILY MEMBERS WITH
MYOCARDIAL INFARCTION: A PHENOMENOLOGICAL STUDY**

Dear Investigator:

The MU Research Ethics Committee (MUREC), upon review of your research protocol, found no risk to the research participants, hence recommending **APPROVAL**. You may proceed with gathering data for your study.

However, the following are the recommendations based on the review by the Committee:

Participants

- Revise the first sentence to:

"This study will include ten individuals who are currently living with a family member who has a history of myocardial infarction in Ozamiz City."

Ethical Considerations

- Indicate whether participants will receive incentives or tokens of appreciation for their participation in the study. If applicable, specify the type and amount of incentive.
- Specify the duration for which the collected data will be stored and explain the measures that will be taken to ensure data confidentiality and security during the storage period.

Data Analysis

- Clearly describe the steps of the data analysis and explain how these steps will be applied within the context of the study.

Interview Protocol

Demographic Profile Questions

Revise the demographic questions to include the following:

- Age
- Relationship to the Patient/Family Member
- Duration of caring for the Patient/Family Member
- Language/Dialect

Opening Questions

- Delete the first question.
- Revise the second question to:
"What can you say about your prior experiences, training, or knowledge that have helped you manage caregiving and health-related responsibilities?"

Core Questions

- Revise the first question to:
"What can you say about how your body and emotions respond on a daily basis while living with or caring for a family member who has experienced a myocardial infarction?"



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MISAMIS UNIVERSITY RESEARCH ETHICS COMMITTEE

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-
- Rephrase questions two to five to ensure that they are open-ended and encourage participants to freely express their experiences and perspectives.

Closing Questions

- For question number two, replace the phrase "Is there anything..." with "What..." to make the question more open-ended.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Yunallyn L. Villantes".

YUNALYN L. VILLANTES, PhD
Chair, MUREC

CURRICULUM VITAE

PERSONAL DATA

Name	:	Sandy D. Ablaña
Age	:	55 years old
Birthdate	:	November 8, 1970
Civil Status	:	Married
Religion	:	Roman Catholic
Home Address	:	Purok 6, Bañadero, Ozamiz City
Parents:	:	Sotero Gonzaga Ablaña Norma Durias Ablaña
Spouse	:	Sheila Rodora Ho Ablaña
Children	:	Szuriel Carl Ho Ablaña Szaira Cloe Ho Ablaña Sean Cogie Ho Ablaña

EDUCATION

Graduate	:	Master of Arts in Nursing Misamis University Ozamiz City May 2026
College	:	Bachelor in Nursing Misamis University Ozamiz City March 1991
Secondary	:	ICC La Salle Ozamiz City March 1987
Elementary	:	ICC La Salle Ozamiz City March 1983

PROFESSIONAL ELIGIBILITY : Registered Nurse
November, 1991

Registered Nurse State of New York

United States November 2025

WORK EXPERIENCE

November 1991- October 2002	Medical Representative Novartis Healthcare Philippines
April 2003- May 2016	Clinical Instructor Misamis University Alumni Director Misamis University
September 2016- October 2020	Area Supervisor Zenvi Distributor Ozamiz City
March 2021-June 2022	Legislative Aide House of Representatives
July 2022- December 2023	Executive Assistant to the Governor Misamis Occidental
September 2024- April 2025	Clinical Instructor Misamis University
May 2025- Present	Chief Operating Officer More Clean Blood Dialysis Center Ozamiz City

SEMINARS/TRAININGS

- Incident Command System Training Course 1
Oroquieta City
October 16, 2023
- Basics of Pulmonary and Critical Care
January 17-18, 2025
Royal Garden, Ozamiz City



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ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)

CERTIFICATION ON PLAGIARISM SCANNING

This is to certify that the thesis/dissertation paper of **SANDY D. ABLAÑA** entitled **EXPERIENCES OF INDIVIDUALS CARING FOR FAMILY MEMBERS WITH MYOCARDIAL INFARCTION: A PHENOMENOLOGICAL STUDY** has undergone a content checking on plagiarism on **June 22, 2026** and that the plagiarism score/similarity index is **20%**.

Issued this 29th day of June, 2026 at Misamis University, Ozamiz City.

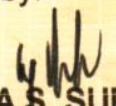
Signed:


RUSSEL P. GALINDO

Person Conducting the Plagiarism Test

Date: 06/29/2026

Attested by:


CYNTHIA S. SUPERABLE, Ed.D., DScN.

Dean, Graduate School

Date: 06/29/2026

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SUBSCRIBED AND SWORN to before me this ____ day of JUN 30 2026 at Ozamiz City, Philippines.

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ATTY. RABINDRANATH S. POLITO

Notarial Commission No. 2025-02

Notary Public for Ozamis City and Clarin

Until 31 December 2026

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