

**EXPLORING THE EXPERIENCES OF FAMILY MEMBERS PROVIDING
AN END-OF-LIFE CARE**

RAICA A. ACOSTA

JERWIN C. ADARLO

STEVEN JAMES C. AUDITOR

GIBELLE BLESS B. BAGUNDOL

VERMEO Y. BETONIO II



MISAMIS UNIVERSITY

May 2025

**EXPLORING THE EXPERIENCES OF FAMILY MEMBERS PROVIDING
AN END-OF-LIFE CARE**

An Undergraduate Thesis

Presented to the Faculty of the College of Nursing,

Midwifery and Radiologic Technology

Misamis University,

Ozamiz City

In Partial Fulfillment of the
Requirement for the Degree
Bachelor of Science in Nursing

RAICA A. ACOSTA

JERWIN C. ADARLO

STEVEN JAMES C. AUDITOR

VERMEO Y. BETONIO II

GIBELLE BLESS B. BAGUNDOL



Misamis University

Ozamiz City

COLLEGE OF NURSING, MIDWIFERY & RADIOLOGIC TECHNOLOGY

Tel Nos. (088) 521-0367, 521-0431/ Telefax No.: (088) 521-2917

Email Address: mu@mu.edu.ph



CERTIFIED: ISO 21001: 2018 Educational Organizations Management System by
DNV ACCREDITED: Philippine Association of Colleges and Universities Commission on
Accreditation (PACUCOA)

CERTIFICATE OF PANEL APPROVAL

In partial fulfillment of the requirements for the Bachelor of Science in Nursing degree, this research study entitled, “**EXPLORING THE EXPERIENCES OF FAMILY MEMBERS PROVIDING AN END-OF-LIFE CARE**” prepared and submitted by Adarlo Jerwin C., Acosta Raica A., Auditor Steven James C., Bagundol Gibelle Bless B., and Betonio Vermeo II Y., has been approved by the CNMRT Thesis Committee for oral defense.

JESUS G. OCAPAN JR., PhD, RN

Adviser

GRETHEL A. GOMEZ, DM, MBA-HHA, RM

Member

JUDY JANE S. REVELO, MAN, RN

Member

ARNIELYN M. ELMEDULAN, MAN, RN

Member

Accepted and Approved in Partial Fulfillment of the Requirements for the Degree of Bachelor of Science in Nursing.

Final Defense Date: June 02, 2025

SAMMY B. TAGHOY, PhD, RN

Dean, College of Nursing, Midwifery, and
Radiologic Technology

ABSTRACT

Caring for a loved one at home during the end of their life has become an intimate and emotionally challenging duty for many families. It involves managing complex medical needs while providing comfort, dignity, and companionship during a deeply vulnerable time. Understanding their lived experiences is important in exploring their unique challenges and unmet needs. This study aimed to explore the experiences of family members who provided end-of-life care to a loved one. The study uses Jean Watson's Theory of Human Caring to highlight the importance of compassion, emotional support, and meaningful connections in providing end-of-life care to loved ones. Max van Manen's Hermeneutic Phenomenology was used in this research. Five participants in this study are the primary caregivers who provided end-of-life care to their family members. The study was conducted in Ozamiz City, Misamis Occidental. Data were collected through in-depth interviews and van Manen's lifeworlds to extract meaningful patterns and insights. The study identified five essential themes: The Body as a Battleground of Care, Transforming Spaces from Safe Havens to Emotional Landscapes, Relational Tensions and Bonds in Caregiving, Time Reconstructed Through Caregiving, and Caregiving Shaped by Culture, Constraint, and Coping Mechanisms. The themes mentioned show how end-of-life care providers cope with physical and mental stress, shifts in their home environment, changing relationships, altered time perceptions, and cultural constraints. The findings revealed that caregivers reported high levels of emotional stress and physical exhaustion, with many expressing feelings of isolation and a lack of formal support during end-of-life care. This study recommends proactively evaluating the physical well-being of family caregivers, establishing support networks through community health programs to ease the emotional stress that caregivers endure in their homes, communicating openly and frequently to resolve disputes and divide duties, including qualitative narratives and caregivers' lived experiences in the curriculum, to accept and appreciate their cultural beliefs while also looking for appropriate coping mechanisms, and examine underrepresented family roles or concentrate on particular phases of caregiving.

Keywords: *Caregiving, End-of-life, Family Members, Home-based care, Lived Experience*

DEDICATION

As the ultimate source of our knowledge, fortitude, and determination, we sincerely dedicate our research study to God Almighty. This work has been made possible in large part by his divine guidance and grace. We are grateful to our parents for believing in us even when we doubted ourselves, as their unwavering love, unwavering support, and heartfelt prayers have inspired us throughout the journey. To ourselves, this accomplishment is a testament to our perseverance, teamwork, and resolve in conquering obstacles; it is the result of our diligence and hard work. May this experience be a lesson for those who come after. Above all, we would like to express our sincere gratitude to the five participants, whose generous sharing of their time and experiences gave this study depth and significance; your contributions were essential to its success.

Let us not become weary in doing good, for at the proper time we will reap a harvest if we do not give up. Therefore, as we have the opportunity, let us do good to all people, especially to those who belong to the family of believers.

Galatians 6:9-10

The Researchers

ACKNOWLEDGMENT

This study would not be fulfilled without the strength and constant guidance of our Almighty God and with the support and guidance of the following people:

First and foremost, the researchers would like to express their sincere appreciation to their research adviser, Dr. Jesus G. Ocapan Jr., for his invaluable guidance, ongoing encouragement, and insightful feedback throughout the research process. His mentorship has been crucial in shaping the direction and quality of their work.

The researchers are also profoundly grateful to their panelists, Ms. Arnielyn A. Elmedulan, Mrs. Judy Jane S. Revelo, and Mrs. Grethel A. Gomez, for their time, expertise, and constructive evaluations. Their insights and suggestions greatly enhanced the depth of the study and improved the final manuscript.

The researchers would like to acknowledge the faculty members and administrators of Misamis University College of Nursing, Midwifery, and Radiologic Technology for providing them with the necessary resources, environment, and support to conduct this research.

A sincere gratitude also goes to the 5 participants who generously shared their personal experiences and stories. Their openness and honesty significantly contributed to the success of this study.

To our families and loved ones, thank you for your unwavering support, patience, and encouragement. Your belief in us has been our greatest motivation throughout this journey.

Lastly, we are grateful to everyone who contributed, in any way, to making this research feasible. Your contributions, whether large or small, are genuinely appreciated.

I can do all things through Christ who strengthens me.

Philippians 4:13

The Researchers

TABLE OF CONTENTS

	Page
TITLE PAGE.	i
CERTIFICATE OF PANEL APPROVAL.	ii
ABSTRACT	iii
DEDICATION.	iv
ACKNOWLEDGMENT.	v
INTRODUCTION	
Rationale of the Study.	8
Theoretical Framework	11
Conceptual Framework	13
Objective of the Study	20
Significance of the Study	21
RESEARCH METHODOLOGY	
Design.	23
Locale of the Study.	23
Participants of the Study	24
Data Gathering Instruments	24
Data Gathering Procedure	24
Data Analysis	25
Ethical Considerations	28
RESULTS AND DISCUSSIONS.	29
CONCLUSIONS AND RECOMMENDATIONS	
Conclusions	60
Recommendations	62
Reflexivity	64
Aesthetic Expression	65
REFERENCES	67
APPENDICES	
Appendix A –Interview Guide.	75
Appendix B –Transcript of Interviews (Qualitative)	78

Appendix C –Informed Consent Form	.	.	.	86
Appendix D –Approved Letter of Consent	.	.	.	87
Appendix E –Turnitin Results	.	.	.	88
Appendix F –Grammarly Results	.	.	.	89
CURRICULUM VITAE	.	.	.	90

INTRODUCTION

Rationale of the Study

Every year, millions of families around the world face a difficult and emotional journey of caring for their dying loved ones. The meaning of "end of life" comes from the word itself, which refers to a living thing's passing away, marking the end of a dying person's journey. Alford et al. (2024) defined "end of life" as the terminal phase of life, during which individuals in long-term care may have complex and stressful periods. Connecting it to illness, which is an experience that includes personal interpretations, and where nurses can assist in coping with it (Tejima et al., 2024). The phrases "end-of-life" and "terminally ill" have been considered interchangeable and "applicable to patients" having a gradual illness that takes months or less to manifest staying alive (Mahura, 2024). According to Toyoda (2024), being sick is an experience that has different meanings for different people, and as a nurse, one of the duties is to assist patients in managing their condition; thus, the patient's comfort and dignity must be maintained throughout end-of-life care, and nurses are crucial to this effort.

Cæcilie (2024) defined end-of-life care as care provided when a patient's illness is at its most advanced, usually in the final weeks or months before death. Numerous studies have consistently indicated that the implementation of early palliative care in an outpatient context is linked to many benefits, including improved symptom management and advancements in the patients' emotional and psychosocial health (Gomes, 2024). Yousef (2024) also stated that additional research should focus on the barriers that affect the quality of end-of-life care at multiple levels, such as the effects on patients, families, nurses, physicians, other healthcare providers, and healthcare organizations.

Wang (2024) stated that carers are responsible for providing emotional support, symptom management, and nutritional support to the older person in the latter stages of life. In contrast to an older adult nearing the end of their life, carers experience significant carer burden, a lack of support, and unmet needs. Family members frequently provide end-of-life care as a compassionate and dedicated act to make sure their loved ones are comfortable and treated with dignity in their last days. Chow (2023) used the terms "burden," "stress," and "carer strain" interchangeably. While strain is defined as the sense of ongoing obstacles that affect carers' well-being, stress and burden are defined as the physical and/or emotional reactions to caregiving challenges. There are many different types of caregiving restrictions in end-of-life care, including structural, emotional, physical, and economic issues. To provide high-quality end-of-life care and to improve the caring experience, it is important to acknowledge and address these limits.

Family members provide care for their dying loved ones through palliative care, a specialty in the area of medicine that aims to relieve the pain, stress, and symptoms of people nearing end-of-life. Palliative care models, in addition to advanced care planning, seek to enhance quality of life and offer patients and families facing life-threatening illnesses multidimensional support through thorough symptom management, psychological and spiritual care, and alignment of treatment options with goals and values across care settings (Majed et al., 2024). Patra (2022) emphasized that the opinions of patients and families seeking palliative care were not taken into account in these initiatives. By thoroughly evaluating and treating patients' physical, psychological, and spiritual symptoms, palliative care at the end of life aims to reduce patients' and their relatives'

suffering. A patient's symptom burden may increase as death draws near, necessitating more intensive palliation.

During chronic illness, family caregivers may have various functions, including practical tasks, providing emotional and social support to the patient, serving as a spokesperson, advocate, and proxy decision-maker, and coordinating aspects of the patient's care (Hudson et al., 2011). For those with chronic illnesses, the shift to end-of-life care can be challenging because carers have to adapt to their loved ones' changing demands. Jika (2021) stated that family caregivers also suffer from a decline in physical function, greater psychological anguish, and financial stress as the care recipient's physical, emotional, and cognitive needs rise.

Several studies (Dan-dan et al., 2024; Connolly et al., 2021; Wong et al., 2020) have focused more on end-of-life care for professional healthcare providers, which is managed in the hospital, creating a knowledge gap for family members who provided end-of-life care in the home setting. Yousef (2024) stated that the obstacles that affect the quality of dying should be the subject of further investigation, with particular emphasis on their implications for families. The study focused more on the care given by the family member, and their experiences on how they provided care to their dying loved ones until death. Individuals who provide palliative care for their family had strategies and ideas that are beneficial in improving the health care setting. The study also contributed to understanding the struggles of family members in providing palliative care to their end-of-life family members, and provided insights for the healthcare team in understanding the lived experiences of family members, as Patra (2022) emphasized that the opinions of patients and families seeking palliative care were not taken into consideration by these

initiatives. By conducting the study, family members understood the emotional and physical toll they experienced when providing care for their loved ones, and exploring their lived experiences helped improve support systems and healthcare services.

Theoretical Framework

In this study, Jean Watson's Theory of Human Caring (1997) served as the guiding framework, offering a holistic perspective on the emotional, physical, and spiritual dimensions of caregiving. The experience of caring for a loved one towards the end of their life is greatly influenced by relational, psychological, and emotional factors. According to this philosophy, nursing should assist patients in achieving greater harmony and balance among their Body, mind, and spirit, taking a holistic approach to care (Taheri-Ezbarami et al., 2023). Among the key characteristics of high-quality care are its human essence and respect for human values; thus, protecting the clients' sublime human existence, empowering them, and assisting them in reaching a greater level of mental, physical, and spiritual peace are all components of human caring (Ghanbari-Afra et al., 2022). Jean Watson's Theory of Human Caring identifies 11 Carative Factors (later evolved into Caritas Processes) that form the foundation of her framework for nursing practice. Among those carative factors, these two connect to the study:

Humanity is fulfilled by the provision of love and care, which are the foundations of humanity. According to Watson (1997), compassion is essential for human fulfillment, connection, and healing. Giving affection and care to a loved one at the end of life gives them a sense of purpose and strengthens their humanity, despite the difficulties of approaching death. They emphasize the inherent worth of human connections by doing compassionate things like holding hands, sharing memories, or just being there. In addition

to honoring the person's life, these caring moments provide direction and significance to the family's experience.

One must prioritize self-care in order to effectively care for others. Caregiving frequently results in mental stress, physical tiredness, and a loss of health if self-care activities are neglected, claim Schulz and Sherwood (2008). To continue providing effective and compassionate care, family members involved in end-of-life care must put their own needs—such as emotional support, rest, and effective coping mechanisms—first. The notion that emotional fortitude and spiritual equilibrium enable carers to be fully present for their loved ones aligns with the self-care principle. Carers can manage the emotional strain of end-of-life situations while maintaining their humanity and compassion by engaging in self-care activities such as taking time off, connecting with support systems, or practicing mindfulness.

Providing care for individuals near death presents many difficulties that call for both sophisticated abilities and suitable dispositions; to give them the best possible care, Watson's theory of human caring complements a postmodern approach. The Theory of Human Caring served as a framework for analyzing how family members provided spiritual, emotional, and physical solace to the end-of-life person. Watson's Theory of Human Caring offers a valuable perspective for examining the lived experiences of family members providing end-of-life care in this study. Awareness of how family members find meaning, manage emotional strains, and develop personally along the caregiving journey requires an awareness of the theory's emphasis on compassion, empathy, and the transpersonal caring relationship. This study uses Watson's framework to explore the deep

emotional bonds and difficulties faced by family carers, offering insights into how they cope with loss, uphold their loved ones' dignity, and care for their own mental health.

Conceptual framework

Five main themes emerged from the experiences of the family members providing end-of-life care. These themes include: The Body as a Battleground of Care; Transforming Spaces from Safe Havens to Emotional Landscapes; Relational Tensions and Bonds in Caregiving; Time Reconstructed Through Caregiving; and Caregiving Shaped by Culture, Constraint, and Coping Mechanisms. Together, they demonstrate how providing end-of-life care to family members affects perception of time, space, relationships, Body, and things.

The Body as a Battleground of Care defined the situation of most participants who experience physical exhaustion, fatigue, sleep deprivation, and localized pain. These bodily manifestations interfered not only with physical activities, work, and study but also transformed participants' bodily self-perceptions. Abaah (2023) stated that the physical and physiological changes family caregivers experienced in caring for their family member affected their overall health; a lack of time for exercise and for cooking nutritious meals were factors in the decline in physical health.

Gradual Deterioration of the Physical Body led to physical strain, tiredness, and fatigue, revealing muscle weakness; in addition, fatigue became a companion to their sleep deprivation. Physical strains from caregiving were more common among caregivers who assisted with everyday tasks (Duxbury et.al., 2025). The second reason for the participants' fatigue was subjective. It concerned the intricate, gradual process of redefining their

professional and personal identities, shaped by their total renunciation of prior social roles, which they reportedly resumed after becoming family caregivers (Campos et al., 2021).

Adaptation and Endurance showed the increased endurance and adaptation to doing repetitive tasks, gaining physical endurance in the process, making them more resilient to the physical toll. Caring for a family member brought physical and emotional discomfort to participants, as they often felt a sense of reluctance toward the demanding tasks of caregiving. Lasanthika (2024) supported this by saying that through the experience of providing care, family caregivers increased endurance, tolerance, and confidence in their ability to manage daily life. Wang's (2022) study found that caregivers' ability to provide care amid uncertainty about the disease was significantly influenced by their resilience level.

Strained Physical Engagement acknowledged participants' disdain for performing caregiving tasks due to the physical changes their bodies underwent. It was found that this burden was significantly correlated with several health issues caregivers faced simultaneously, underscoring the negative impact of caregiving on their well-being (Chang et al., 2010). According to Zhang's (2023) study, family caregivers always shoulder the burden and repress their own needs to prioritize patients and maintain the family's daily routine. They have an obligation to accompany and care for patients to the best of their abilities as a means of demonstrating filial piety. Despite these challenges, their commitment to their loved ones motivated them to endure the strain, reflecting a profound sense of duty and compassion.

Transforming Spaces: From Safe Havens to Emotional Landscape has been significantly affected by both its psychological, emotional, and environmental aspects. The

participants shared feelings of guilt and emotional discomfort within their home environment, shaped by the anticipation of their loved ones' inevitable death. Visitors' emotional states are influenced by different environmental designs, suggesting that well-considered design can turn environments into places that meet a range of emotional needs (Author, 2022). According to a recent interdisciplinary study, providing space for those with mental illness might lessen emotional stress and enhance their overall health (Yan et.al., 2024).

Emotional Turmoil in Familiar Spaces illustrates how the once-comfortable setting of the house strained caregivers' emotional well-being. Participants talked about how staying in the exact physical locations where illness and caring occurred exacerbated their feelings of guilt, anticipatory grief, and emotional detachment. The stress associated with caregiving negatively impacts the mental and physical well-being of family caregivers, hindering their ability to perform caregiving tasks effectively (Saimaldaher and Wazqar, 2020). According to the study of Xu (2024), family caregivers frequently go through emotional ups and downs at this time of transition, feeling nervous, uncomfortable, and depressed. As a result, they need psychological comfort and emotional support.

The Emotional and Psychological Toll illustrated how emotional fatigue, unhappiness, and invisible costs have become pervasive in the caregiving environment. Participants talked about emotional seclusion, secret sobbing, and breakdowns that all took place in the home, which turned into a mute witness to their pain. The study of Shimizu (2024) stated that throughout a patient's illness and the dying process, family caregivers have encountered a range of emotional distress. The scenario was emotionally taxing for nearly all family caregivers, even if they were happy with how care and work were

organized, and the emotional strain of caring for someone nearing the end of their life was a key issue (Bijnsdorp et al., 2022).

Environmental Adjustments and Lifestyle Shift described how providing care changed their way of life and the daily layout of the house. To stay near and attentive to their dying loved ones, participants talked about changing their sleeping environment, restricting their movement, and modifying their daily schedules. The care needs of an old patient who is bedridden may necessitate rearranging the house, exposing changes in social roles and affective relationships brought on by the death of a "healthy family member" (Campos et. al., 2021). Designing more inclusive and emotionally resonant surroundings can be influenced by a person's perceptions and emotional reactions (Author, 2025).

Relational Tensions and Bonds in Caregiving examines how providing care alters the caregiver's relationships with others and with oneself, particularly with the family member who is dying and other family members. Participants in this study described how providing care strengthened their emotional bonds, encouraged loving deeds, and created opportunities for profound connection. In addition to alleviating the patient's suffering, active participation in the caregiving role emphasizes the value of effective communication in improving the psychosocial well-being of diagnosed mothers and their daughters who provide care (Fisher et al., 2023).

Active Engagement in the Caregiving Role refers to being fully involved and committed to the role, physically, emotionally, and mentally. It includes taking initiative, being attentive to the care recipient's needs, and consistently providing support with compassion and responsibility. Amado-Tineo (2024) stated that caregivers fulfill three main functions: responsibility for the care itself, participation in decision-making

processes, and providing support to and solidarity with the sick person. According to Yanan (2024), family caregivers generally believe that, through caring for their loved ones, they not only achieve personal growth but also become more optimistic and confident, thereby deepening their understanding of self-worth.

Burdens Shared Within the Family refers to caregiving responsibilities, emotional stress, and practical tasks that are divided among family members. It lightens the load for the primary caregiver and fosters a sense of teamwork, support, and solidarity within the family unit. According to Bieleck (2024), a lack of support from other family members, communication difficulties, and a lack of skills in proper patient care also exacerbated feelings of stress. Huang (2025) added that the primary caregiver of a family usually provides care services to patients with minimal guidance or prior preparation.

Emotional Regulation in Social Interaction means the ability to manage one's emotions when interacting with others. In caregiving, this means staying calm, patient, and understanding even when stressed or frustrated to maintain harmony and provide compassionate care. According to Xu's (2024) study, caregivers of end-of-life patients employ various coping strategies, including active coping and seeking support. Shaabna (2025) added that the emotional strain of witnessing this suffering, combined with the practical responsibilities of caregiving, often leads to feelings of isolation and distress.

Time Reconstructed Through Caregiving described how their sense of time and daily schedules changed because of their caregiving duties. The participants' daily routines were severely disrupted, and their overall rest and well-being were affected by frequent disruptions to their sleep patterns. Caregiving changes how people feel and understand

time, much as science fiction stories show a difference between how time feels and how it really passes (Jones, 2023).

Altered Daily Rhythms captured the disruption of participants' daily patterns as they navigated the demands of caregiving. Their priorities shifted as they focused more on their loved ones' needs. According to Sumaguingsing (2020), caregiving requires constant presence and prompt response to needs to provide comfort to the terminally ill loved one. Despite the noble nature of this position, its demands may push one's physical limits. Albani (2024) highlighted that caregiving often results in lifestyle disruptions and role strain, particularly when family members must adapt to unpredictable care needs.

Shifting Personal Priorities highlights how caregiving responsibilities led participants to gradually lose time for themselves as they placed more focus on their ill family member. This shift often resulted in the reorganization of personal routines, reduction of leisure activities, and a redefinition of what matters most in daily life (Zanini, 2021). This reflects how family caregivers are often unable to attend to their own needs and are left with no choice but to devote their time and energy solely to caring for their loved ones (Mamatsharaga et al., 2022).

Subjective Experience of Time described how their sense of time changed. Time becomes deeply personal, sometimes heavy and slow, sometimes fast and fleeting, depending on their emotional connection, tasks, and coping capacity (van Manen, 1990). This shows how some caregivers became so focused on their responsibilities that they lost track of time. According to Omiya (2021), intense caregiving led to changes in time awareness. Caregiving changes how people feel and understand time, much as science

fiction stories show a difference between how time feels and how it really passes (Jones, 2023).

Emotional Time Awareness refers to participants becoming more conscious of the end-of-life, preparing themselves emotionally for the loss of their loved ones. Time for the participants was no longer just a chronological measure; it became deeply emotional, shaped by anticipatory grief, acceptance, and the long-lasting presence of loss. (Mamatsharaga et.al., 2022). These insights align with the study of Bilic (2022), which pointed to the concept of anticipatory grief, where caregivers begin to mourn before the actual loss, allowing for a gradual acceptance of death.

Caregiving Shaped by Culture, Constraint, and Coping Mechanisms was closely associated with participants who are greatly influenced by societal norms, individual and structural limitations, and the coping mechanisms family members adopt to deal with the mental and physical burden of providing care. The availability of material resources plays a significant role in managing caregiving duties, which can either lessen or increase the load. Coping styles, social support, and family intimacy influence caregivers' psychological adaptation (Wang et al., 2025).

Coping Through Material Means refers to participants frequently using material and technological means as coping. Recent studies indicate that caregivers who use social media for health-related purposes experience reduced psychological distress, as these platforms provide avenues for social support and connectedness (Chirumamilla & Gulati, 2021). In the emotionally and physically exhausting situation of providing end-of-life care, family members frequently use digital technology as a coping strategy. This behavior

aligns with broader research indicating that digital tools can provide caregivers with temporary relief and a sense of connection (Petrovic & Gaggioli, 2020).

Disruption of Tangible Constant showed the significant changes and limitations that caregivers face in their everyday lives as a result of assuming the responsibility of care. This disruption is a critical aspect of their lived experience, reshaping their routines, roles, and sense of self. This experience is consistent with more general research showing that caring obligations are associated with poorer academic achievement and less free time (Zehrung & Chen, 2023).

Culture as a Driving Force of Caregiving refers to how participants' values can change during the caregiving experience. Mostly, Filipinos are known for their tender, loving care, compromising their moral obligations, and substituting for a broader sense of caregiving. “Key concepts to consider in understanding the Filipino perspective on death and dying include cultural values and beliefs related to religion, family, and interpersonal harmony.” (Ahmadi et al., 2024). In Filipino culture, close family ties, love, and care are strong motivators for caregivers, who express genuine affection and provide care that is deeply ingrained in their identity.

Objective of the Study

This study aimed to explore a family member's experiences in caring for a person at the end of life.

Research Question

This research study answered the question, “What is it like to care for a family member in an end-of-life situation?”

Significance of the Study

The experience of providing end-of-life care is profound and emotionally complex for both patients and the family members who serve as caregivers. The finding was valuable to family members, the community, healthcare professionals, nursing education, and future researchers.

Family Members. By participating in the study, family members were able to share their personal stories on the study's platform, which validated their feelings, challenges, and coping strategies. Families benefited from this acknowledgment because it made them feel heard and understood, and acknowledged the importance of their sacrifices and hard work in the caring process.

Community. By sharing families' lived experiences, the study empowered community members to advocate for better end-of-life care and support systems, creating a more compassionate and prepared society. The study equips community members with the tools to fight for improved end-of-life care and support systems, fostering a society that is better prepared and more compassionate by sharing families' real-life experiences.

Healthcare professionals. Understanding their experiences helped improve support systems and healthcare services. This research highlights the emotional and physical toll that caring can take on family members by focusing on families who provide care for their loved ones. Their experiences provided valuable insights for creating more family-centered care practices, ensuring that healthcare services meet patients' needs and providing families with assistance, resources, and direction that are integral to end-of-life care.

Nursing education. This study emphasized the importance of family-centered care, particularly in end-of-life care. The study made a strong case for family support for loved

ones and called for nursing programs to incorporate training that enables nurses to collaborate with families more skillfully. To deliver holistic care that meets the emotional and practical needs of both patients and their families during such delicate times, nurses must hone their empathy, communication, and cultural sensitivity.

Future Researchers. Future researchers should greatly benefit from the study, as it adds to the expanding Body of knowledge in healthcare and caregiving, especially in relation to end-of-life care. This study provided a deep qualitative knowledge of the difficulties, feelings, and dynamics associated with caring for a loved one who is terminally ill by exploring the lived experiences of family carers. This foundation serves as a launching pad for further research in related fields.

RESEARCH METHODOLOGY

Design

This study utilized a qualitative research design, specifically Max van Manen's hermeneutic phenomenology. According to Ramsook (2018), the lived experiences of participants are the main emphasis of hermeneutic phenomenology, as it highlights how each person interprets a given situation differently. The hermeneutic-phenomenological approach is well-suited to this study, as it aims to explore and describe people's real-life experiences. The goal of hermeneutic phenomenology is to highlight the aspects that require consideration, or a call to reflection, and therefore must listen to the nooks and crannies of the lived experience or experiences of the topic under investigation in order to articulate thought (Duffy & Tanya, 2024). This aligned with the goal of exploring the emotional and social experiences of family members who care for a loved one at the end of life. By conducting in-depth interviews, the study has focused on capturing the heart of these experiences and providing detailed, meaningful insights.

Locale of the Study

This research was conducted within Ozamiz City, Misamis Occidental, Philippines. Ozamiz City is a seaside city in the Philippines' Misamis Occidental province, which is in the northern section of Mindanao. The city is home to historical landmarks, such as the Cotta Fort and Shrine, built in the 18th century by Spanish settlers to defend against pirates. The research was conducted in home-based care settings. Home settings where end-of-life care is provided are important sites for data collection. Many families choose to care for their loved ones at home in their final days, providing a unique perspective on the hardships and emotional responsibilities of caregiving.

Participants of the Study

A total of 5 participants were sought until data saturation was achieved, at which point no new themes emerged. The study used a snowball sampling method to identify participants who could provide rich, detailed accounts of their experiences. The participants included any person identified as the primary caretaker of a family member who provided end-of-life care. Participants for this study were selected based on specific inclusion criteria. The participants must have (1) actively provided care, support, or assistance in decision-making during the patient's end-of-life period, (2) all participants must be 18 years of age or older, and (3) participants should be willing and emotionally capable of discussing their experiences and must provide written informed consent prior to participation.

Data Gathering Instruments

The researchers utilized researcher-made semi-structured interviews. These interviews are designed to be flexible, allowing participants to tell their stories in their own words. These interviews ensure the interviewer covers important topics of interest. The interview guide included open-ended questions to explore participants' feelings, coping mechanisms, conversations with medical professionals, and reflections on the dying process. The interview guide consists of open-ended questions intended to delve deeply into participants' lived experiences. All interviews went from forty-five to ninety minutes.

Data Gathering Procedure

Before data collection, the researchers obtained permission from the Dean of the College of Nursing, Midwifery, and Radiologic Technology to conduct the study. Once

clearance is obtained, participants are identified. The study began with a few initial contacts identified through peers. These initial participants were then asked to refer to other potential participants who met the inclusion criteria. Interviews were conducted in person, at the participant's preference and availability. The goal, protocol, length, confidentiality, and voluntary nature of the study are all described in the Participant Information Sheet and Informed Consent Form, and were given to qualified participants personally. Before any data is collected, participants have signed the consent form. The interviews were audio-recorded for later transcription and analysis. Detailed field notes were taken throughout the interviews.

Data Analysis

This study used Max van Manen's hermeneutic-phenomenological approach, a qualitative research methodology that aims to meaningfully and deeply examine and interpret lived experiences. Both hermeneutics and phenomenology serve as its foundations. According to van Manen (1990), studies ought to concentrate on how people truly encounter a phenomenon in their daily lives. His method aims to comprehend the feelings, ideas, and meanings underlying an experience rather than merely gathering facts. Max van Manen's hermeneutic phenomenological approach offers a structured six-step process for investigating lived experiences. The researchers first identified a phenomenon or question of profound personal and human relevance to examine the essence of the lived experience. In this step, one must consider what is truly important and formulate a research question that encapsulates the event under investigation. The researchers then examine the experience as it is lived, gathering information through observations, interviews, personal accounts, and reflective writing to ensure the experience is captured in its unadulterated,

genuine form. Third, by examining the data to find key themes that capture the heart of the phenomenon, the researcher considers important themes. This step aims to identify the underlying patterns and meanings of the experience. Fourth, by using writing as a reflective technique to collect and refine descriptions of the experience, the researcher ensures depth and clarity in the phenomenon they are documenting. Fifth, by avoiding distractions and ensuring that all interpretations focus on the phenomenon under study, the researchers maintain a strong, focused relationship with the main research issue. Finally, the researcher continuously shifts between specific themes and the experience's general meaning to balance the research context, attending to both the parts and the whole. The hermeneutic cycle, an ongoing process, guarantees that interpretations are consistent and representative of the lived experience as a whole. When taken together, these processes enable a thorough and sophisticated understanding of the phenomenon in the real world.

When exploring how family members manage the mental and physical spheres of caregiving, how they perceive time during this phase, and how their relationships with the dying person and those around them change, Van Manen's lifeworlds can be especially useful. The lifeworlds were thus reconfigured under the dominance evident in the lives of family members receiving end-of-life care: lived Body (corporeality), lived self-others (relationality), lived things (materiality), lived time (temporality), and lived space (spatiality).

Corporeality (Lived Body). This existential question concerns how our bodies interpret the external environment. It highlights that, through our physical presence, we are always connected to the outside world, which impacts our self-perception and interpersonal

relationships. The participant's actions towards the sick member affect its condition, either improving or worsening it, depending on the actions taken.

Relationality (Lived Self-Others). This speaks to how we engage and relate to others. It highlights how social interactions impact who we are as people and how we perceive the world. This explores the relationship between the caregiver and the sick member, and how they interact to assess the situation.

Materiality (Lived Things). This is about how things and surroundings affect our perceptions. It concerns the material world and the significance we assign to things in our lives, such as priceless possessions or necessities of day-to-day living. The participant's life is now much more complex than before, and they think about their future and what they would like to have, such as material things. Now the participant's life focuses on caring for someone who is sick, and it is harder to take the next step to get what he/she really want.

Temporality (Lived Time). The individual's perception of time. It is about how, depending on the situation, time can move quickly or slowly. People often notice that time moves differently in situations they do not enjoy; it moves slowly, unlike in situations they enjoy, where time moves faster. This relates to the experience of a family member who took care of their loved one, where not only the sick family member is in agony, but also the caretaker.

Spatiality (Lived Space). The way we interact with and perceive the physical environments we live in. It goes beyond a place's actual location to consider how a space affects identity, emotions, and mood. The family experienced being caretakers, focusing on the sick loved one rather than themselves. This points to a sudden change in the life of

a family member who took care of their loved one, from being free of time to being busy with care.

Ethical Considerations

In conducting the study, ethical considerations are paramount to ensure the protection and dignity of participants. An information sheet describing the study's goal, methods, potential risks, and benefits was provided to participants. Additionally, they were informed about their right to withdraw from the study at any time without consequences. Informed consent was obtained both in writing and verbally to ensure participants' understanding and voluntary participation in the study. If a participant refused to participate, we sought another participant as a replacement. Participants' information was kept confidential and was not used against them. We were discreet and responsible in advocating the participants' right of privacy as the principal contributors of the study. Cultural sensitivity was also maintained throughout the research process, with the researcher acknowledging and respecting the diverse cultural and religious beliefs surrounding death and dying. The interview process was carefully designed to ensure that participants' beliefs and traditions are honored and respected. The emotional character of end-of-life events makes protection from damage all the more crucial. The researchers used caution when conducting interviews, providing participants with breaks or the option to leave if they felt emotionally uncomfortable. In addition, a psychologist was referred to participants in case they needed emotional assistance after the interview.

RESULTS AND DISCUSSION

The researchers interviewed five (5) participants and used their statements to create themes using van Manen's existential lifeworld: Lived Body, Lived Space, Lived Self/Others, Lived Time, and Lived Things. This study concluded five major themes and 16 sub-themes.

Description of the Participants

Five participants that was introduced through referral participated in the study willingly and met the inclusion criteria set by the study. To maintain the privacy and confidentiality of the participants, their respective names will be replaced with "P1" to "P5".

P1. Participant 1 is a Male, 22 years of age, a graduate with a Bachelor of Science in Psychology. The participant's relationship to the patient is his aunt, who had lung cancer, and took care of the patient for 4 months in 2019.

P2. Participant 2 is a Male, 23 years of age, and currently studying for a Bachelor of Science in Geodetic Engineering. The participant's relationship to the patient is his grandfather, who was diagnosed with stage 4 lung cancer, which he then took care of for 3 months in 2020.

P3. Participant 3 is a Male, 21 years of age, and currently studying for a Bachelor of Science in Nursing. The participant's relationship to the patient is his grandmother, who suffered from kidney failure, and was given care for 6 months in 2018.

P4. Participant 4 is a Female, 62 years of age,..... The participant's relationship with the patient is her mother, who, due to old age and alzheimer's, had to be cared for, and she took care of her between June 2007 and 2013.

P5. Participant 5 is a 20-year-old female first-year student pursuing a Bachelor of Arts in Political Science. The participant's relationship to the patient is her great-grandmother, who, due to her deteriorating body, had to be given care, and she took care of the patient for 2-3 years in 2019-2020.

The Body as a Battleground of Care

Caring for a dying loved one was an experience that took an undeniable toll on the participants' physical bodies, and for us, their bodies almost felt like a battlefield. The body felt like it was waging a war with itself, as the aftermath of their experience left participants with physical strain and fatigue. Their bodies learned to adapt and endure as they attended to basic bodily needs as a form of relentless physical labor, and the battle they had entered has left significant scars on the quality of care.

Gradual Deterioration of the Physical Body

Physical strain, exhaustion, and fatigue plagued the participants' bodies, expressing the weakening of their muscles, and the fatigue became a companion to their sleep deprivation. This bodily exhaustion among the participants was often met with a sense of duty and sacrifice, and the act of staying awake all night beside their loved one's bed became a physical ritual. The statements of the participants are expressed as follows:

P1. *“Grabe kaayo ang sakit sa among kalawasan ug likod tungod sa pag-arsa sa akong tita...nawalaan mi ug kusog, ug pirmi gyud magsakit among likod. Wala gyud koy tulog ug tarong and in turn nanghina na jud ko kay ako ra pirme magbantay, walay mu-substitute namo... Naanad na akong lawas sa sige ug all-night bantay sa akong tita...bisan wala mi tulog, pero nanghina gihapon ko.”* (Our bodies

and backs hurt so much from carrying my aunt... we lost our strength, and our backs are always in pain. I have not had proper sleep, and as a result, I have really grown weak because I am always the one watching over her—there is no one to take turns with us. My body has gotten used to staying up all night to care for my aunt... even without sleep, but I still feel weak.)

P2. *“Basta magbilar ko kay lain kaayo sa feeling sa lawas...to the point na magsakit among lawas sigi ug bilar. Bisan kulang kog tulog, wala nako ginabati ang kakapoy(physical)...mag-training gihapon ko bisan hago na kaayo ko, pero inig training nako, mas samut pa jud kog kahago. Wala nako ginabati ang kakapoy bahalag kulang kog tulog.”* (Whenever I stay up late, my body feels really off... to the point that my body aches from constantly staying up. Even when I lack sleep, I do not really entertain the physical exhaustion... I still go to training even when I am already drained, but once I start training, I feel even more drained. I ignore the tiredness even if I lack sleep.)

P3. *“Ako ang mag carry sa wheelchair or ako ang mag spongebath niya and kapuyan(physical) nakog buhat. Nagka increase ang time, nagkatinuod na nga gikapoy ko...”* (I am the one who carries the wheelchair or gives her a sponge bath, and I get physically tired doing it. As time went on, it became real—I truly got exhausted.)

P4. *“Wala rman pud kaayu hago saakong lawas ato kay dili man bedridden akong mother...maka affect gyud gihapon usahay saimohang lawas.”* (It was not really that physically tiring for me because my mother was not bedridden... but it can still sometimes affect your body.)

P5. *“It was out of exhaustion with school works, chores nako sa balay and other extracurricular activities ...my body was exhausted(physically).”* (It was because of exhaustion from schoolwork, my chores at home, and other extracurricular activities... my body was physically exhausted.)

Gradual Deterioration of the Physical Body refers to participants who experienced a gradual but noticeable deterioration in their physical health. Whether it was lifting, bathing, staying up all night, or juggling caregiving with other obligations, the demands of ongoing care built up in the body. Over time, chores that started as doable became sources of ongoing stress. Due to overwork, the caretakers' bodies began to deteriorate, often without their immediate notice. Physical heaviness, back pain, and fatigue became enduring companions, indicating that providing care, when continued for days or months without sufficient relief, led to gradual physical exhaustion. Abaah (2023) stated that the physical and physiological changes family caregivers experienced affected their overall health, and that physical strain from caring for the family member, a lack of time for exercise, and the time required to cook nutritious meals were all factors in the decline in physical health. The second reason for the participants' fatigue was subjective. It concerned the intricate, gradual process of redefining their professional and personal identities, shaped

by their total renunciation of prior social roles, which they reportedly resumed after becoming family caregivers (Campos et al., 2021).

Adaptation and Endurance

Throughout caregiving, the participants adapted to the strenuous challenges their bodies experienced; some even noted increased endurance from doing repetitive tasks. Caregiving for an extended period made the participants more resilient to the physical toll they had endured. The statements expressed by the participants are as follows:

P3. "Since makaalsa jud ko ni lola, dili na kaayo siya bug-at saakoa." (Since I can really lift my grandmother, she does not feel that heavy to me anymore.)

P5. "Having to carry someone's weight... it really did help me siguro maka build ug endurance..." (Having to carry someone's weight... I think it actually helped me build endurance)

Adaptation and Endurance explored the physical endurance participants demonstrated while caring for their loved ones. The strenuous challenges their bodies experience made them more resilient to physical activities like constant lifting. This change in physical endurance made them realize what a person can achieve in caregiving. Lasanthika (2024) supported this by saying that through the experience of providing care, family caregivers increased endurance, tolerance, and confidence in their ability to manage daily life. Wang's (2022) study found that caregivers' ability to provide care amid uncertainty about the disease was significantly influenced by their resilience level.

Strained Physical Engagement

The act of caregiving for a family member does not come without discomfort for participants, as they experience a sense of disdain for performing caregiving tasks, which costs them the comfort their bodies seek. The statements of the participants are expressed in the following manner:

P3. "Snappy akong movements pero medyo sloppy gihapon, barely acceptable ang resulta sa pag-care..." (My movements were snappy but still sloppy—the result of my caregiving was barely acceptable.)

P5. "Having to carry someone... (frowned) I was getting stronger (physically) because my lola was dying." (Having to carry someone... (frowned) I was getting stronger physically because my grandmother was dying.)

The sub-theme Strained Physical Engagement demonstrated that providing care required participants to exert significant physical effort, often more than they had expected. This led them to develop a dislike for the physical tasks they were assigned. It was not carelessness but rather their discomfort in performing specific tasks that caused their movements to become hurried, erratic, or aggressive. The body was both a place of struggle and a tool of care. Lasanthika (2024) stated that, compared to patients with dementia and cancer, family caregivers have stated that providing end-of-life care for these individuals is substantially more difficult. According to Zhang's (2023) study, family caregivers always shoulder the burden and repress their own needs to prioritize patients and maintain the family's daily routine. They have an obligation to accompany and care for patients to the best of their abilities as a means of demonstrating filial piety.

Transforming Spaces from Safe Havens to Emotional Landscapes

The progression of illness transformed not only the bodies of the participants but also the physical and emotional spaces inhabited by both of them. The physical environment where caregiving took place became deeply intertwined with emotional experience. For the participants, these spaces were no longer just houses or rooms, they became containers of fear, comfort, vigilance, and, ultimately, grief.

Emotional Turmoil in Familiar Spaces

The participants shared an emotional turmoil in the comfort of their familiar environment, as they shared the feeling of guilt, the emotional discomfort in their home space, which made the participants emotionally distant towards their loved ones, and the anticipation of the death of their loved ones, which led to different effects on the space inside their minds. The statements expressed below by the participants are as follows:

P1. “So depressing kaayo to think nga diha pa siya padulong, bug-at kaayo sa dughan mentally...almost in a depressive state na ko ato. I felt distant from my aunt...” (It was so depressing to think that she was on her way to death; it was so heavy on my chest mentally...I was almost in a depressive state...I felt distant from my aunt.)

P2. “Kani napud na phase ginahinay nakog dawad saakong mind... kay di na kaistorya si papa.” “Mura na gyud naay barrier namong duha...” (This is a phase I am slowly coming to terms with... because my grandfather cannot talk anymore. It is like there is a barrier between us...)

P3. *“My mind always feels hopeful nga basin makarecover pani si lola.”* (My mind always feels hopeful that maybe grandma will recover.)

P4. *“Deep inside, dawat na nako nga padulong sya ana(death) kay dira man pud ta tanan padulong. Mo come up gyud ka ug guilt.. in a way nga mag care ka nila in a high pitch.”* (Deep inside, I have accepted that he is heading towards that (death) because that is where we are all headed. I really felt a sense of guilt.. in a way that you care about them in a high-pitched tone.)

P5. *“Usahay mabalaka ko mag huna-huna nga anytime mamatay si lola. When I finally saw her in the casket, na realize nako nga I should not be blaming myself...there is still the guilt, ma konsensya gihapon ko.”* (Sometimes I worry thinking that grandma will die anytime. When I finally saw her in the casket, I realized that I should not be blaming myself...there is still the guilt, I still feel guilty.)

Emotional Turmoil in Familiar Spaces highlighted the deep emotional challenges caregivers face in their home environments. Caregiving often leads to a heavy mental burden, feelings of depression, and emotional distancing, straining familial relationships. Caregivers experienced a mix of hope, denial, acceptance, and guilt as they cope with their loved ones' conditions and eventual loss. These struggles can transform familiar spaces into environments filled with stress, grief, and self-blame. The narratives emphasized the

emotional complexity and psychological impact of caregiving within the confines of once-comforting home spaces. According to the study of Xu (2024), family caregivers frequently go through emotional ups and downs at this time of transition, feeling nervous, uncomfortable, and depressed. As a result, they need psychological comfort and emotional support. The pressures and challenges of caring for their family members produce psychological issues like stress, anxiety, and sadness, according to family caregivers (Sakwape et.al., 2025).

Emotional and Psychological Toll

The participants also experienced the emotional and psychological toll of caregiving when they experienced emotional distress, and shared the feeling of emotional exhaustion. The comforts of the space inside their minds were disrupted due to the psychological toll of caregiving, thus transforming the room into a space of danger and anxiety. This connection between space and emotional safety was echoed in the act of turning one's back, which became a form of spatial self-protection—a moment to cry unseen, to preserve dignity, both their own and their loved ones'. The statements of the participants are expressed as follows:

P1. *“Tungod sa kakapoy, wala na kaayu ko nag grieve...that feeling of being left alone was exhausting.”* (Because of the fatigue, I could not even grieve anymore...that feeling of being left alone was exhausting.)

P2. *“Usahay ako na italikod si papa kay para muhilak ko kadali...sometimes while gadula ko, muguot napud akong dughan. Pirti nakong pangurog(physically) pag abot sa mga*

final days niya...” (Sometimes I turn my father back away from me so he cannot see me cry...sometimes while I am playing, my chest tightens. I was shaking (emotionally) when his final days arrived...)

P3. *“Na wrecked ko sa sigeg pag iyak, puffy eyes, then buskag hair...emotionally exhausted na kaayo ko ato.”* (The constant crying, puffy eyes, and emotionally wrecked me, and then hair falling out...I was so emotionally exhausted.)

Emotional and Psychological Toll refers to providing care and having a significant emotional and psychological cost, marked by weariness, anxiety, and disrupted mental spaces. The participants coped with overwhelming emotions through acts of spatial self-protection, such as moments of hidden grief and emotional withdrawal. Stress and severe emotional strain further emphasized the psychological and emotional toll of caregiving, alongside fear. These experiences reveal the profound mental and emotional impact of caregiving on individuals and how it affects the mental space inhabiting their minds. The study of Shimizu (2024) stated that throughout the course of a patient's illness and the dying process, family caregivers have encountered a range of emotional distress. The scenario was emotionally taxing for nearly all family caregivers, even when they were happy with how care and work were organized, and the emotional strain of caring for someone nearing the end of their life was a key issue (Bijnsdorp et al., 2022).

Environmental Adjustments and Lifestyle Shift

As participants took on the responsibilities of providing end-of-life care, their routines and familiar surroundings changed. Once a place for relaxation and personal

comfort, their personal space was transformed into a practical setting for providing care, characterized by restricted mobility, altered sleeping schedules, and ongoing attention. To remain near their loved ones, participants changed their living arrangements and habits, often compromising their privacy, mobility, and even daily routines. The statements expressed below by the participants are as follows:

P1. *“Didto rami makatulog sakong cousin duol niya...”* (My cousin and I would sleep next to her.)

P2. *“Didto rako matulog sa daplin, tapad sa iyahang higdaanan...Na stress kaayo kos mga panghitabo sa balay...that time tung ninaog ko sa kwarto niya, perti nakong hagulhol...”* (I would sleep on the side, next to his bed...I was extremely stressed by everything that was happening at home... that time when I came down from my grandfather's room, I broke down crying.)

P3. *“Sa pagkamatay ni lola, nahadlok ko ato sa room nga iya gistayhan...tung naa ko sa house sa akong lola, wala nako giandar ang suga.”* (After my grandmother died, I became scared of the room she stayed in... when I was at her house, I did not turn on the light.)

P4. *“Well treated gyud siya (mother) saamong house, nice environment...tahimik among lugar, anang time nga nag take care ko nila...Lisod gyud kaayu mag take care ug tigulang nga naa sainyuhang own house...”* (She (mother)

was really well treated in our house, nice environment...our place was quiet when I took care of them. It is not easy to take care of an older adult in your own house.)

P5. *“We could not go out anymore... and nalain ko kay dinami kalaag ni lola.”* (We could not go out anymore... and I was sad because my grandmother and I could not go to different places anymore.)

Environmental Adjustments and Lifestyle Shift explored the participants' caregiving experience that transformed not only the emotional landscape of their homes but also required significant lifestyle adaptations. As participants took on the responsibilities of providing end-of-life care, their everyday routines and familiar surroundings inevitably changed. Once a place for relaxation and personal comfort, the home was transformed into a practical setting for providing care, characterized by restricted mobility, altered sleeping schedules, and ongoing attention. To remain near their loved ones, participants changed their living arrangements and habits, often compromising their privacy, mobility, and even daily routines. Xu (2024) supported this by stating that facilitating seamless transfers between care settings is essential to reducing the physical and emotional strain caused by environmental shifts and to delivering continuous, reliable, and superior palliative care. The care needs of an old patient who is bedridden may necessitate rearranging the house, exposing changes in social roles and affective relationships brought on by the death of a "healthy family member." (Campos et. al., 2021).

Relational Tensions and Bonds in the Caregiving

Caregiving is a committed and serious task that a person can experience in life. Caregiving strains a person's overall well-being, redefines relationships, and brings profound emotional realizations to the surface. Participants, particularly those who had been close to the patient even before the illness, described an intensified sense of responsibility. The patient was not just someone being cared for; they were someone deeply loved, and that love shaped every action, every decision, and every tear quietly shed at night. Even humor was used intentionally to ease the patient's discomfort, turning intimate caregiving moments, like changing diapers, into opportunities for laughter.

Active Engagement in Caregiving Role

Active engagement in a caregiving role benefits the patient, helping ease the suffering, as if the participants were the ones who make their loved ones function daily to extend their lives, indicating a priceless sacrifice. The statements below are the expressions of the participants:

***P1.** “Mag assist ko saiyang pag reposition, mag change ko saiyang diapers ug clothes, magpainom niya ug tambal...Mas affectionate ko, sige ko ug say “I love you, mommy,” pirmi ko mubisita ug kuyog niya, comforting pud nga okay ra sa akong auntie akong pag-atiman...”* (I assist her with repositioning, change her diapers and clothes, and give her medicine..., I am more affectionate, I often say "I love you, mommy", I always visit and stay with her... It is also

comforting that my auntie is okay with how I take care of her.)

P2. *“Ipang blend namo iyang pagkaon then ipakaon saiyaha...”*

(We blend his(grandfather's) food, then feed it to him.)

P3. *“Ako ang tig change sa diapers, ako ang mag carry sa*

wheelchair or ako ang mag spongebath niya.” (I am the one who changes the diapers, carries her wheelchair, or gives her a sponge bath.)

P4. *“Mag serbisyo mi sa mga tigulang, kanang care, mga hygiene*

care...” (We provided services to my mother, like caregiving and hygiene care.)

P5. *“Paliguan nako siya, and then alalayan nako sya balik inig ilis.*

While she is still here, I like to still make memories with her, syempre I will put that time and effort to take care of her.” (I bathe her, and then I assist her again when changing. While she is still here, I like to make memories with her. Of course, I will put in the time and effort to take care of her.)

Active Engagement in the Caregiving Role highlights how participants demonstrate deep commitment and hands-on involvement in caring for their loved ones. Their active participation in daily tasks, such as repositioning, feeding, changing diapers, maintaining hygiene, and providing emotional comfort, reflects a strong sense of responsibility and sacrifice. This engagement not only eases the suffering of care recipients but also creates meaningful connections, demonstrating love and dedication. Amado-Tineo (2024) stated

that caregivers fulfill three main functions: responsibility for the care itself, participation in decision-making processes, and providing support to and solidarity with the sick person. Elizabeth (2025) also added that quality end-of-life care involves multiple components. It is important to ensure that patient needs are met, including symptom control, and that patients are treated with dignity. The participants' detailed accounts assisting with repositioning, changing diapers, preparing food, performing hygiene care, and managing mobility reflect a level of responsibility that extends beyond simple duty. According to Yanan (2024), family caregivers generally believe that, through caring for their loved ones, they not only achieve personal growth but also become more optimistic and confident, thereby deepening their understanding of self-worth. Caregivers engage in experiential learning, acquiring skills through methods such as experimenting and learning from mistakes, actively seeking necessary information and advice, applying knowledge and skills from previous experiences, and reflecting on their current experiences (Meier et al., 2025).

Burdens Shared Within the Family

The collective handling of responsibilities, challenges, and emotional struggles among family members. This reflects the interconnectedness of family members in the caregiving journey, where responsibilities, emotional stress, and physical tasks are not borne by a single person but are shared across the family unit. The sacrifices and strain within the family are hard to prevent, as the following statements show:

PI. “Kadugayan namong atiman sakong igagaw, wala miy tulog, dili pa mi katarong ug kaon, nanghina jud mi...I felt unappreciated and neglected by my aunt's (other aunt) side

of the family.” (After taking care of my cousin for a long time, we hardly got any sleep, we could not eat properly, and we really became weak...I felt unappreciated and neglected by my aunt's(other aunt) side of the family.)

P2. “Magsabutanay lang gyud mi nga sila magbantay sa buntag ako sa gabie, bahalag di nako katulog, bahalag unya rako mukaon...” (We just agree among ourselves that they’ll watch over during the day and I’ll take the night, even if I don’t get to sleep or eat right away...)

P3. Unfair kay sa kadaghan namo, nganong ako? Mangutana ko nganung ako, sila diay? Ingon ra silag sige lang ikaw man eldest. (It is unfair because there are many of us, so why me? I ask, why does it have to be me? What about them? They say, 'It is fine, you're the eldest anyway.')

P4. “Maka affect gyud saimohang pamilya.... kay saputon naman ko, ma feel nimo nga obligado ka magpainom at the same time worried ka. Magsige mig lalis kay magtuman man sailang gusto.” (It really affects your family... because I become irritable, and you feel obligated to give medicine while also feeling worried. We always argue because they insist on getting what they want.)

Burdens Shared Within the Family shows the emotional, physical, and relational strain that caregiving places on the entire family. While tasks and responsibilities may be

shared, the weight of care is not always evenly distributed, leading some members to feel overburdened, neglected, or unappreciated. The participants discuss family conflicts stemming from unfulfilled expectations and unequal responsibilities, as well as sacrifices such as missing meals and sleep. Feelings of injustice, emotional tiredness, and conflict arise despite shared caring efforts, demonstrating that psychological stress and family division can still result from caregiving even when it is a team effort. According to Bieleck (2024), a lack of support from other family members, communication difficulties, and a lack of skills in proper patient care also exacerbated feelings of stress. Huang (2025) added that the primary caregiver of a family usually provides care services to patients with minimal guidance or prior preparation. These studies show that family conflict can affect the quality of care during caregiving, underscoring the need for action and change to achieve the best results. Larysa (2025) states that inadequate support leads to decreased caregiver mental well-being, which can negatively affect the quality of patient care.

Emotional Regulation in Social Interaction

Emotional regulation in social interaction is the ability to control emotions when interacting with others, such as staying calm during conflict or managing excitement to respond appropriately. It helps maintain good communication and relationships. The following statements show the participants' coping mechanisms to control their emotions for the sake of caregiving:

P4. *“Usahay, ikaw nga naghatag care ma irita pud ka, pero imo gyud pasabton sila.”* (Sometimes, as the one giving care, you also get irritated, but you really have to make them understand.)

P5. “Usahay di ko kasabot niya, maglagot ko, pero wala ko nagpagawas ug frustrations sa akong lola.” (Sometimes I do not understand her, I get frustrated, but I do not show my frustrations to my grandmother.)

Emotional Regulation in Social Interaction highlights the participant's awareness of their emotional responses during caregiving and their active regulation of those feelings to maintain harmony. Even though they are annoyed or frustrated, they decide not to express these feelings in order to prevent the care recipient from being harmed or upset. Their deliberate attempt to strike a balance between the social responsibility to give compassionate care and their genuine emotional experiences is evident in this. This kind of control supports healthy relationships and efficient communication in the context of providing care. According to Xu's (2024) study, caregivers of end-of-life patients employ various coping strategies during caregiving, including active coping and seeking support. These strategies help family caregivers better manage the challenges of caregiving and improve their quality of life. Shaabna (2025) added that the emotional strain of witnessing this suffering, combined with the practical responsibilities of caregiving, often leads to feelings of isolation and distress.) Sarah (2023) states that it was difficult to calm their frustration towards the care recipient because, in many cases, the care recipient was unaware or did not understand that they were causing such stress.

Time Reconstructed Through Caregiving

The experience of caregiving profoundly changed how participants understood and lived through time. Time, for the participants, was no longer a neutral measure. It became an overwhelming force that either raced ahead or stretched endlessly. The caregiving

period brought a deep distortion in how they perceived its passing. Their regular schedules changed, and they had to follow a new way of living. Each day was shaped by what the situation needed, not by their personal plans. Time became something they adjusted and managed differently as they gave care.

Altered Daily Rhythms

Caregiving led to significant changes in participants' daily lives. They experienced major disruptions to their usual routines, with sleep patterns most affected. Their daily rhythm was no longer predictable, as they constantly had to adapt to the needs of the person they were caring for. Life adjustments became a regular part of their reality, requiring them to shift responsibilities, share duties with others, and make compromises in their own routines.

P1. *“Countless among mga sleepless nights, consistent jud nga naapektohan akong sleeping patterns. Pirme mi mag bilar... mag service mi sakong tita mag bilar napud mi, murag na set sakong lawas nga late nako matulog. For two whole weeks, mao na’y routine (caregiving) namo... thankfully, it was bakasyon.”* (I had countless sleepless nights, and my sleeping pattern was really affected. We always stayed up late... I provide service to my aunt, and we stayed up late again. It felt like my body got used to sleeping late. For two weeks, that was our caregiving routine... thankfully, it was during the vacation.)

P2. *“Every 2-3 weeks naa napud mi adjustments buhaton... Sila mag bantay sa buntag...dayun ako napud sa gabie...ato nga mga panahon kaundangon nagyud ko mag training, ang akua nalang ato is pang recall lang sa skillset.”* (Every 2–3 weeks, we had to make new adjustments again... They would watch over in the morning, then I would take over at night. During that time, I really wanted to stop training. All I really did was try to recall my skillset.)

P3. *“Imbes mu wake-up ko para mag exercise, mu wake-up nalang ko as early as 4 AM para mag luto...Gilihok nako akong schedules so of course nay changes...Padulungay naanad ko saakong buhaton, dira ko nagsugod ug kasamokan...”* (Instead of waking up to exercise, I would wake up as early as 4 AM to cook. I changed my schedule, so of course, there were changes. As time went on, I started getting used to what I had to do, and that is when I began to feel the stress.)

P4. *“Makasapot kaayo kay pagmata nimo daghan na kaayong sugo...Every day, mausab ang imohang way the way you care kay ma learn man pud ka ug experience nila...pagkamatay sakong mother, I stop working and devoted my time to take care of my mother-in-law.”* (It is really frustrating because when you wake up, there are already so many tasks waiting for you. Every day, the way

you provide care changes because you learn from their experiences. When my mother passed away, I stopped working and devoted my time to taking care of my mother-in-law.)

Altered Daily Rhythms describes how caregiving disrupted participants' usual routines, especially their sleep. Many faced sleepless nights and struggled with inconsistent sleep schedules due to late-night or early-morning care duties. Regular activities like exercise and personal time were often sacrificed. Their days became unpredictable, requiring constant adjustments to meet the needs of those they cared for. These changes led to shared responsibilities, routine compromises, and growing stress. Some grew accustomed to the new schedule, while others had to pause their personal goals and cope with frustration, especially after personal losses that further impacted their daily lives. According to Sumaguingsing (2020), caregiving requires constant presence and prompt response to needs in order to provide comfort to the terminally ill loved one. These findings align with Mamatsharaga's (2022) study, in which family caregivers reported low sleep quality, physical fatigue, and emotional stress due to the heavy burden of caregiving. Similarly, Albani (2024) highlighted that caregiving often results in lifestyle disruptions and role strain, particularly when family members must adapt to unpredictable care needs.

Shifting Personal Priorities

Caregiving brought significant changes to the participants' personal lives, particularly in how they managed their time and priorities. As they took on the responsibilities of caring for a loved one, many found themselves slowly losing time that

was once reserved for themselves. Daily routines were adjusted, personal activities were set aside, and self-care often became secondary to the needs of those they were caring for.

P3. *“Before ako ang nag atiman, naa man gyuy nag atiman sakong lola so daghan kog time ato para sakong self, pero nangawala man ang yaya so ako nay gabantay ang nagka gamay akong time para saakong self.”* (Before I became the one taking care of my grandmother, there was someone else looking after my grandmother, so I had much time for myself. Nevertheless, when the helper left, I became the one who had to watch over her, and my time for myself became less.)

P5. *“While she is still here... I will put that time and effort into caring for her...I was spending time with her. The time I spent taking care of my lola was time well spent.*

Shifting Personal Priorities reflects how caregiving changed participants' time management and energy allocation. As they assumed greater responsibility for a loved one's care, personal routines were rearranged, and activities once part of daily life, such as hobbies, rest, or moments for themselves, were set aside. Time for self-care became limited, often secondary to the needs of the person they were caring for. A participant described how the absence of prior support, such as hired help, left them with little choice but to take on the full burden of care, further reducing their personal time. Despite these adjustments, another participant expressed that the time spent caregiving felt valuable. She saw it as a meaningful way to give back to someone important in her life, choosing to

prioritize presence and connection over personal convenience. Zanini (2021) stated that this shift often resulted in the reorganization of personal routines, reduction of leisure activities, and a redefinition of what matters most in daily life. This reflects how family caregivers are often unable to attend to their own needs and are left with no choice but to devote their time and energy solely to caring for their loved ones (Mamatsharaga et al., 2022). Rachel (2022) stated that despite the demands of caregiving, many family caregivers find emotional fulfillment and a sense of purpose in their role.

Subjective Experience of Time

Time is not only measured by the clock but is also felt emotionally and mentally by the participants. Participants described how caregiving altered their subjective experience of time, sometimes making it feel too fast or too slow, or in some cases, unchanged. These changes were often tied to how they felt, tired, stressed, or emotionally drained. Caregiving did not just affect their routines; it also changed how time passed by.

P1. *“Slow kaayu ang adlaw, murag gituyo sa panahon para mas taas mi ug time...”* (The day felt really slow, like time was being stretched so we would have more of it.)

P2. *“Paspas ragyud kaayu to oy (referring to time) murag igo ragyud mi mag ilis niya dayun wala mi kabalo ingato na kadugay nilabay ang oras...magdula ko, tingala ko hapit naman pud mag buntag murag kadjut ra kaayu nagdula...”*
(Time passed by so fast. It felt like we were changing his clothes, and then suddenly we realized so much time had

already passed. When I play, I get surprised that it is almost morning, it feels like I was only playing for a short while.)

P3. “Paspas (referring to passage of time), like daghan unta kog mabuhat ato nga time, murag ning labay ra bitaw.” (Time went by so fast, like I could have done a lot during that time, but it just passed by.)

P5. “Relatively wala raman, akong perception of time stayed the same.” (No, really changed; my perception of time stayed the same.)

Subjective Experience of Time highlights how caregiving altered participants’ emotional and mental sense of time beyond the clock. Many described feeling that time either slowed down or sped up, depending on their emotional state, whether tired, stressed, or drained. For some, the days felt long and stretched, as if time was deliberately extended to allow for more care. Others experienced time passing quickly, surprised at how much had gone by while they were focused on caregiving tasks or distractions. A participant, however, felt her perception of time remained unchanged despite her new responsibilities. This shift in how time was felt shows that caregiving impacts not only daily routines but also the deeper, subjective way people experience the passing of moments. According to Omiya (2021), intense caregiving led to changes in time awareness. A participant also expressed that her perception of time did not change. This view suggests that not all caregivers experience a noticeable change in how they perceive time during their caregiving journey. Perception of time can be affected by various elements, such as greater social support, higher self-efficacy, and especially, positive coping strategies (Peng et al., 2023).

Emotional Time Awareness

Caregiving also made participants more aware of the reality of losing their loved ones. As they devoted time and energy to caring for someone, their sense of time shifted, taking on emotional weight and meaning. Time became more emotional as they started to prepare themselves for the eventual loss. Some accepted the situation, while others struggled with the feeling of emptiness after the loss.

P1. “Sa last 1–2 days sa iyang confinement, naka-realize mi nga slim na ang chance for recovery.” (In the last 1–2 days of her confinement, we realized that the chance of recovery was very slim.)

P2. “Sa 1st month nga pagkawala niya...munaog ko didto and naanad ko nga naa ra gyapon si papa didto.” (In the first month after he passed away, I went there and got used to the fact that my dad was still there.)

P5. “We conditioned ourselves as a family that sooner or later, our family members will be leaving us.”

Emotional Time Awareness reflects how caregiving deepened participants' emotional understanding of time in relation to loss. As they invested time and energy in caring for their loved ones, their sense of time became charged with meaning and anticipation of the eventual goodbye. Many became more aware of the limited time left, especially during critical moments when recovery seemed unlikely. This heightened awareness brought a mix of acceptance and struggle; some came to terms with the reality of loss, while others grappled with feelings of emptiness afterward. For many, caregiving

was not just about managing daily tasks but also about emotionally preparing themselves and their families for the inevitable departure of those they cared for. Time for the participants was no longer just a chronological measure; it became deeply emotional, shaped by anticipatory grief, acceptance, and the long-lasting presence of loss. Mamatsharaga's (2022). These insights align with the study of Bilic (2022), which pointed to the concept of anticipatory grief, where caregivers begin to mourn before the actual loss, allowing for a gradual acceptance of death. According to Kazemi (2021), the lingering sense of absence shows that time, once shared with a loved one, continues to echo in caregivers' routines and emotional landscapes.

Caregiving Shaped by Culture, Constraint, and Coping Mechanisms

Culture, financial constraints, and coping strategies all significantly impact the lived experience of caregiving. The dependence on material resources to handle the responsibilities of caregiving is fundamental to this reality. Regular use of devices that provide brief distractions and respites from fatigue becomes a prominent coping mechanism.

Coping Through Material Means

When providing care, people frequently use material possessions and technology to cope with stress, fatigue, and emotional strains. This illustrates how individuals use technology, such as smartphones and social media sites, to divert their attention and gain momentary respite from the taxing nature of their jobs. Even while excessive screen use may have adverse effects, using social media or watching videos as a coping strategy might help reduce feelings of exhaustion and mental stress. The statements expressed by the participants are below:

P1. *"Nag atubang gihapon ko sa phone nga pirme naga-emit ug radiation...mag-scroll na lang ko sa social media para dili nako mabati ang exhaustion, bisan pa nga frequent ang pag gamit ug phone ug mag-atubang lang sa screen."* (I am still in front of my phone, which constantly emits radiation...I scroll through social media so I do not feel exhausted, even though I use my phone frequently and just look at the screen.)

P2. *"Sa una, mag-scroll-scroll ko sa TikTok aron makatulog, ug bisan makamingaw ang pagdula sa PC, ok ra kay mas convenient man ang mobile."* (At first, I would scroll through TikTok to fall asleep, and even though I miss playing on my PC, it was okay because mobile was more convenient.)

P3. *"Maglisod pud kog sa computer nako kay maputol ang playing hours nako..."* (I am also having a hard time with my computer because my playing hours will be cut off...)

Participants cope with physical and emotional exhaustion by using digital devices such as smartphones and social media for quick distraction and stress relief. The participants found solace in scrolling through social media, even while acknowledging the risks of prolonged screen exposure. They also valued mobile devices for their convenience, noting that platforms like TikTok help them fall asleep. Recent studies indicate that caregivers who use social media for health-related purposes experience reduced psychological distress, as these platforms provide avenues for social support and

connectedness (Chirumamilla & Gulati, 2021). This behavior aligns with findings that caregivers who use mobile phones for social support report lower levels of parenting stress and guilt (Yuan et al., 2023). In the emotionally and physically exhausting situation of providing end-of-life care, family members frequently use digital technology as a coping strategy. To cope with stress, exhaustion, and emotional strain, study participants talked of using social media and smartphones. This behavior aligns with broader research indicating that digital tools can provide caregivers with temporary relief and a sense of connection (Petrovic & Gaggioli, 2020).

Disruption of Tangible Constant

Providing care for a loved one might make it difficult to live freely. Because they must support their family, they often have to give up their hobbies or academic focus. These obligations leave caretakers feeling they have no control over their own time or decisions. The statements of the participants of this study are expressed as follows:

P3. *“Nag-juggle ko sa akong academics ug hobbies, di ko kabuhat sa mga butang nga gusto nako buhaton, ug di ko ganahan magbuhat ug chores kay gusto unta nako mag-focus sa akong own things.”* (I juggle between my academics and hobbies, I don't get to do the things I want to do, and I don't like doing chores because I want to focus on my own things.)

P2. *Gipang bagbaligya namo ang mga gamit, mga gipang invest...sa pagpalit ug medisina.”* (We sold our belongings, our investments...to buy medicine.).

P4. Magpadala ko ug kwarta para saakong mother...gamiton para sa pang gastos nila” (I always send money to my mother...to use for her expenses.)

Caregiving often disrupts personal independence, requiring significant sacrifices that impact various aspects of life. The demands of balancing responsibilities such as work, academics, and household chores can create feelings of limitation and frustration, hindering the pursuit of personal goals and interests. Financial strain is another challenge, as caregivers may need to allocate resources, including liquidating assets, to meet medical and caregiving needs, often at the expense of their financial stability. Additionally, prioritizing the needs of others can lead to a redirection of personal resources and time, further diminishing autonomy. Overall, caregiving imposes significant constraints on individual freedom, financial security, and personal aspirations. These emotional challenges are part of the phenomenological texture of disrupted independence (van Manen, 1990). The need to provide service to family members to support their overall health, even if the participant has other activities such as academic responsibilities, suggests that sacrifice and financial resources are crucial in the caregiving setting. Research highlights that student caregivers frequently encounter obstacles in balancing caregiving responsibilities with academic success, often resulting in compromised educational outcomes (Zehrung & Chen, 2023).

Culture as a Driving Force of Caregiving

Cultural values and ideas frequently have a significant impact on caregiving. This sub-theme demonstrates how, particularly in Filipino culture, love, care, and close family ties are important sources of motivation for caretakers. Demonstrating tender love and care

is an essential aspect of their identity. Because of their cultural background and familial values, they accept their position even when it is challenging or uncomfortable. These convictions support the caretaker's dedication and sense of purpose in their work. The statements from the participants are expressed as follows:

P4. "Ang akong values ra gyud ato is ma apply gyud ang tender love and care." (The values that I have applied are really to provide tender love and care.)

P5. "I think that as Filipinos, we are naturally a very mapalangga nga kind of nation, and our cultural background plays a big role; part of my culture is the reason why, even though dili ko ganahan musulod ug medicine, I accepted that significant role of caregiving." (I think that as Filipinos, we are naturally a very loving kind of nation, and our cultural background plays a big role; part of my culture is the reason why, even though I do not like going into medicine, I accept that significant role of caregiving.)

Culture as a Driving Force of Caregiving is evident in the shared experiences, emphasizing how Filipino cultural values and familial bonds inspire and sustain commitment to caregiving. One individual demonstrates a strong dedication to exhibiting delicate love and care, underscoring empathy and compassion as vital aspects of their identity as a caregiver. Another acknowledges that cultural norms shaped their decision to embrace caregiving despite initial hesitation, attributing their willingness to take on the challenging role to the Filipino culture's emphasis on being "mapalangga" (loving and

caring). These reflections reveal how deeply ingrained cultural values shape caregivers' sense of purpose and strengthen their determination to provide care despite personal or professional challenges. (Ahmadi et al., 2024). The familial bond that binds the participants' values can be driven by the concept of "utang na loob," which emphasizes the importance of caregiving.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

This study examined in depth the lived experience of family members providing end-of-life care, uncovering the profound physical, emotional, relational, temporal, and material dimensions of Caregiving in the context of terminal illness. Using van Manen's existential lifeworlds, the researchers identified five essential themes, uncovering the temporal, relational, emotional, and physical aspects of providing care in the context of terminal illness through the voices of 5 volunteers.

Lived Body. Refers to how our bodies interpret the external environment. It highlights that, through our physical presence, we are always connected to the outside world, which impacts our self-perception and interpersonal relationships. It explains how people experience and live through their bodies in the world, according to van Manen (1990). The central theme of this study is The Body as the Battleground of Care, which reflects the existential lifeworld of the Lived Body. This theme highlights the tremendous challenges participants' bodies faced while providing end-of-life care to their family members.

Lived Space. van Manen (1990) defined lived space as how individuals feel and perceive their living environment. The way we interact with and perceive the physical environments we live in. It goes beyond a place's actual location to consider how a space affects identity, emotions, and mood. The theme of Transforming Spaces from Safe Havens to Emotional Landscapes encapsulates the significant transformations in meaning that occur in both physical and emotional contexts when providing end-of-life care. Previously

cozy, private, and familiar spaces turned into emotionally charged environments full of tension, alertness, grief, and introspection.

Lived Self-Other. This relates to how we interact and react to other people. It draws attention to how social interactions shape our identities and worldview. The relationship between the carer and the ill member, along with their communication, is examined to evaluate the situation. The lived self-other, according to van Manen (1990), concerns our interpersonal space—how we relate to, share, and communicate with others, especially in vulnerable moments such as illness. The subject Relational Tensions and Bonds in Caregiving examines how providing care alters the caregiver's relationships with others and with oneself, particularly with the family member who is dying and other family members.

Lived Time. Refers to how a person personally feels and experiences the passing of time, rather than how the clock measures it. van Manen (1990) explains lived time as the personal feeling of how fast or slow time passes, depending on one's situation. This idea aligns with the central theme, Time Reconstructed Through Caregiving, in which participants described how their sense of time and daily schedules changed as a result of their caregiving duties. When caring for a sick family member, participants often felt their days were long or short, tiring, and their nights sleepless. Their time became centered on the needs of the sick family member rather than their own plans or routines.

Lived Things. Describes how items, implements, and other tangible parts of

The world is not just seen as worthless; it is also viewed in light of human existence.

Items, but as significant elements that influence and mirror one's actual reality (Van Manen, 1990). The intentional use of items in everyday life and environmental supports

the theme of Caregiving Shaped by Culture, Constraint, and Coping Mechanisms, which was closely associated with participants that is greatly influenced by societal norms, individual and structural limitations, and the coping mechanisms family members adopt to deal with the mental and physical burden of providing care.

Recommendations

The study demonstrated that the experiences of family members providing end-of-life care left a significant impact on their lives and those around them. It changes their bodies, their thoughts and feelings, their relationships with themselves and others, their perceptions of their environment, and their beliefs. Several recommendations in line with the essential themes are proposed to address the needs of those family members involved in end-of-life caregiving:

1. The Body as a Battleground of Care

During home visits, healthcare providers should proactively assess family caregivers' physical well-being and educate them on safe caregiving practices, body mechanics, and fatigue management. By doing this, healthcare professionals support more sustainable and efficient home care while also safeguarding caregivers' well-being.

2. Transforming Spaces from Safe Havens to Emotional Landscapes

Community health programs should establish support networks or safe spaces, such as caregiver support groups or neighborhood wellness centers, to ease the emotional stress caregivers experience at home. By providing psychological support and respite, these community-based interventions can help turn the house back into a haven of comfort rather than a source of emotional strain.

3. Relational Tensions and Bonds in Caregiving

To resolve disputes and divide duties, families giving end-of-life care should be urged to communicate openly and frequently. Throughout the caregiving process, structured family counseling or facilitated dialogue sessions can ease stress, develop emotional ties, and validate each member's role.

4. Time Reconstructed Through Caregiving

Nursing education should include qualitative narratives and caregivers' lived experiences in the curriculum, with modules that address family dynamics, emotional labor, and caregivers' experiences. Future nurses will be better equipped to develop comprehensive, family-centered care treatments by learning how caregiving alters daily routines and how people perceive their own time.

5. Caregiving Shaped by Culture, Constraint, and Coping Mechanisms

Family members who are providing end-of-life care should be encouraged to embrace and appreciate their cultural beliefs while also seeking appropriate coping mechanisms, such as seeking help from nearby medical professionals, online resources, or faith-based organizations. Understanding cultural identity as a source of strength and stress can help caregivers better balance their responsibilities and self-care, enabling them to continue providing care in a resilient and meaningful way.

6. For Future Researchers

Future qualitative research might examine underrepresented family roles (such as grandchildren's caregivers) or concentrate on particular phases of caregiving (such as the diagnosis period, the last days, or the bereavement phase). Understanding end-of-life caregiving in the Filipino context can also be enhanced by examining diverse cultural and regional contexts.

Reflexivity

We gained profound insights into the lives of family members navigating the emotional and existential uncertainties of end-of-life care. In order to better comprehend their lived experiences, how they dealt with anticipatory grief, how they made sense of imminent loss, and how the unpredictability of every moment influenced their day-to-day lives, we immersed ourselves in their world and heard their tales. Under van Manen's hermeneutic-phenomenological guidance, we were both professional and personal observers of intensely human experiences.

We learned that exhaustion in this situation is layered; it includes emotional and spiritual depletion, as well as sleepless nights and ongoing attention. Regardless of age, background, or relationship to the patient, each family member expressed a deep weariness that permeated their entire being. They carried the burden of caregiving, anticipating grief, and the need to maintain their strength, and their voices and looks frequently spoke more than their words.

As we considered their stories, we began to consider our own endurance and potential boundaries. We talked about how providing care, particularly near the end of life, can deplete one's energy, prompt a reevaluation of priorities, and test one's ability to bounce back. Their experiences made us realize how delicate the equilibrium is and how easy it is to lose oneself while caring for someone else. Our comprehension of compassion fatigue and the psychological toll of loving and caring for someone who is gradually dying has grown as a result of this reflection.

During the interviews, we noticed emotional shifts between the warm memories and the sleepless nights of the participants, who sometimes had brief relapses and showed

visible signs of fatigue as they recounted stories that reminded them of how hard it is to care for an end-of-life individual. Their emotions, which were characterized by melancholy, annoyance, remorse, and silent fortitude, demonstrated that fatigue affects not only weary bodies but also weary hearts and minds. Many participants defined weariness as more than just not getting enough sleep; it was the ongoing emotional toll of having to be present, make tough choices, and conceal their own suffering for the benefit of the person they were losing. It was attempting to keep things together while feeling overextended on all levels, mentally, emotionally, and physically.

We investigated how this weariness manifested itself in their bodies, habits, relationships, sense of time, and even the environments they occupied, using van Manen's framework. Every family member has a unique way of feeling and understanding their weariness. As aspiring nurses, researchers, and medical professionals, this study taught us the importance of looking beyond the patient and acknowledging the often-overlooked challenges faced by those providing care. We can promote more compassionate, supportive, and truly holistic care, a kind of care that respects not just the dignity of the dying but also the tenacity of those who walk by them, recognizing the lived experience of tiredness among family caregivers.

Aesthetic Expression

We came across narratives that were not just full of significance but also deep in silent emotional endurance when investigating the lived experiences of family members receiving end-of-life care. These tales described intense affection, quiet pain, and the profound weariness that comes with providing care for a loved one who is near death.

To capture the depth of these experiences, we offered a poetic expression that conveys their richness beyond scholarly writing. A reflection of the emotions that often lie between words, in glances, in silences, in the spaces where language falters. This poem is a tribute to the unseen labor of love, the quiet courage of caregivers, and the sacredness of presence in life's final chapter.

“A Promise at the End”

In quiet rooms, they sit and stay,
Watching time slip away.
Holding hands, they say no word,
Nevertheless, every silence speaks and is heard.

Their eyes are tired, their hearts are sore,
Nevertheless, they still wait and give some more.
They wipe the tears, they smooth the sheet,
They stand beside the weary feet.

Exhaustion grows with every day,
Nevertheless, love is why they choose to stay.
Through every sigh and every cry,
They gently learn to say goodbye.

No grand applause, no spotlight bright
Just quiet strength throughout the night.
They gave their all with silent grace,
Furthermore, leave their love in that small space.

REFERENCES

- Abaah, D., Ohene, L. A., & Adjei, C. A. (2023). Physical and social wellbeing of family caregivers of persons with hepatitis B associated chronic liver disease in Ghana: a qualitative study. *BMC Primary Care*, 24, 1-11. Retrieved on May 23, 2025 from <https://tinyurl.com/4cnhb33r>
- Ahmadi F, Zandi S and Poblete M-L (2024) Religion, culture, and cancer: insights from a qualitative study on coping experiences of Filipino patients. *Front. Psychol.* 15:1457027. Retrieved on May 20, 2025 from <https://tinyurl.com/3yf7d45t>
- Ahmadi, F., Zandi, S., & Poblete, M. L. (2024). Religion, culture, and cancer: insights from a qualitative study on coping experiences of Filipino patients. *Frontiers in psychology*, 15, 1457027. Retrieved on May 20, 2025 from <https://tinyurl.com/2959dz3k>
- Albani, E. N., Toska, A., Togas, C., Rigatos, S., Vus, V., Fradelos, E. C., Tzenalis, A., & Saridi, M. (2024). Burden of Caregivers of Patients with Chronic Diseases in Primary Health Care: A Cross-Sectional Study in Greece. *Nursing Reports*, 14(3), 1633-1646. Retrieved on May 18, 2025 from <https://tinyurl.com/4xxamyja>
- Alford, H., Anvari, N., Lengyel, C., Wickson-Griffiths, A., Hunter, P., Yakiwchuk, E., & Cammer, A. (2024). Resources to Support Decision-Making Regarding End-of-Life Nutrition Care in Long-Term Care: A Scoping Review. *Nutrients*, 16(8), 1163. Retrieved on August 20, 2024 from <https://doi.org/10.3390/nu16081163>
- Amado-Tineo, J., Oscanoa-Espinoza, T., Loli-Ponce, R., & Marvin Omar Delgado-Guay. (2024). Experiences of caregivers of patients with noncancer diseases readmitted to an emergency department at the end of life. *BMC Palliative Care*, 23, 1-10. Retrieved on May 15, 2025 from <https://tinyurl.com/ypk3tttz>
- Author(s). (2022). Spaces for relaxing, spaces for recharging: How parks affect people's emotions. *Journal of Environmental Psychology*, 81, 101782. Retrieved on May 20, 2025 from <https://tinyurl.com/73vt3frw>
- Author(s). (2025). Reimagining socially just environments through children's perspectives: An innovative approach for civic participation. *Child Indicators Research*. Retrieved on May 20, 2025 from <https://tinyurl.com/4jr7stwe>
- Bielecka, L. (2025). The role of family support in palliative care: Challenges and best practices. *Palliative Medicine in Practice*, 19(1), 49–52. Retrieved on May 15, 2025 from <https://doi.org/10.5603/pmp.103624>
- Bijnsdorp, F. M., Onwuteaka-Philipsen, B. D., Boot, C. R. L., Van Der Beek, A. J., & Pasman, H. R. W. (2022). Caregiver's burden at the end of life of their loved one: insights from a longitudinal qualitative study among working family caregivers. *BMC Palliative Care*, 21(1). <https://doi.org/10.1186/s12904-022-01031-1>

- Bilić J, Skokandić L, Puljak L. Anticipatory grief and experience of providing at-home palliative care among informal caregivers of spouses in Croatia: a qualitative study. *BMC Palliat Care*. 2022 Nov 18;21(1):199. Retrieved on May 23, 2025 from <https://tinyurl.com/3hvtar97>
- BMC Geriatrics. (2025). Maintaining trust and seeking support: A qualitative study of family caregivers' experiences interacting with health care services for home-dwelling older people with mental health problems. *BMC Geriatrics*, 25, Article 136. May 20, 2025 from <https://tinyurl.com/2krtd5hb>
- Boris, E. (2022). A double bind of relational care: Nurses' narratives of caregiving at work and at home. *Gender Issues*, 39(3), 220–235. May 20, 2025 from <https://tinyurl.com/ua63b9wd>
- Cæcilie Borregaard Myrhøj, Stine, N. C., Jarden, M., Johansen, C., & Annika, v. H. (2024). Compassionate Communication and Advance Care Planning to improve End-of-life Care in Treatment of Haematological Disease 'ACT': Study Protocol for a Cluster-randomized trial. *BMJ Open*, 14(5) Retrieved on September 24, 2024 from <https://doi.org/10.1136/bmjopen-2024-085163>
- Campos, J. S., Anjos, A. C. Y. D., Da Costa Neto, S. B., & Peres, R. S. (2021). Grieves and struggles of family caregivers providing care for bedridden elderly patients affected by chronic degenerative diseases. *Investigación Y Educación En Enfermería*, 39(2). <https://doi.org/10.17533/udea.iee.v39n2e09>
- Chang, H. Y., Chiou, C. J., & Chen, N. S. (2010). Impact of mental health and caregiver burden on family caregivers' physical health. *Archives of gerontology and geriatrics*, 50(3), 267-271. Retrieved on May 20, 2025 from <https://tinyurl.com/m9pad375>
- Chirumamilla, S., & Gulati, M. (2021). Patient education and engagement through social media. *Current Cardiology Reviews*, 17(2), 1-5. Retrieved on May 20, 2025 from <https://tinyurl.com/4433tevf>
- Chow, A. Y. M., Fordjour, G. A., Jiao, K., Jung, N., Chan, I. K. N., & Kuok, C. N. (2023). Redefining caregiver strain for family caregivers in end-of-life care in Hong Kong – CORRIGENDUM. *Palliative & Supportive Care*, 22(4), 775. <https://doi.org/10.1017/s147895152300072x>
- Connolly, M., Bell, M., Lawler, F., Timmins, F., & Ryder, M. (2021). Hospital-Based Palliative and End-of-Life Care in the COVID-19 Pandemic: A scoping review. *American Journal of Hospice and Palliative Medicine®*, 39(9), 1105–1120. <https://doi.org/10.1177/10499091211057049>
- Dan-dan Xu, Luo, D., Chen, J., Ji-li, Z., Xiao-lin, C., Li, J., Juan-juan, P., & Hu, F. (2022). Nurses' perceptions of barriers and supportive behaviors in end-of-life care in the intensive care unit: a cross-sectional study. *BMC Palliative Care*, 21, 1-10. <https://doi.org/10.1186/s12904-022-01020-4>

- Duffy, M., & Tanya Ní Mhuirthile. (2024). The power of phenomenology. *Social Sciences*, 13(9), 442. Retrieved on May 20, 2025 from <https://tinyurl.com/yymx9t2k>
- Duxbury, L., Ding, R., Stevenson, M., & Sadavoy, J. (2024). Impact of Care-Recipient Health Conditions on Employed Caregiver Well-Being: Measure Development and Validation. *Journal of Aging and Health*, 37(3-4), 192-209. Retrieved on May 23, 2025 from <https://tinyurl.com/mphc7jze>
- Elizabeth, L. C., Gordon, C., Burton, C., Davidson, C., Jenkinson, D., Patel, A. S., Petrie, F. J., Rouncefield-Swales Alison, Nikola, S., Stewart, K., Mehrunisha, S., Watkins, C. L., & Clare, T. (2025). Prepare: Improving End-of-Life Care Practice in Stroke Care: Insights from a National Survey and Semi-Structured Interviews. *Healthcare*, 13 (848). Retrieved on May 15, 2025 from <https://tinyurl.com/bddn4dtb>
- Fisher, C. L., Campbell-Salome, G., Bagautdinova, D., Wright, K. B., Forthun, L. F., Bacharz, K. C., Mullis, M. D., Wolf, B., Pereira, D. B., Spiguel, L., & Bylund, C. L. (2023). Young adult caregiving daughters and diagnosed mothers navigating breast cancer together: Open and avoidant communication and psychosocial outcomes. *Cancers*, 15(15), 3864. May 20, 2025 from <https://tinyurl.com/yc54eeby>
- Ghanbari-Afra, L., Adib-Hajbaghery, M., & Dianati, M. (2022). Human Caring: A Concept Analysis. *Journal of caring sciences*, 11(4), 246–254. Retrieved on October 5, 2024 from <https://doi.org/10.34172/jcs.2022.21>
- Gomes, S. A., Silva, D. N. M., Sorice, F., Arantes, A., Peixoto, R., Ferrari, R., Martins, M., Jácome, A., Bergerot, C., De Melo, A. C., & Ferrari, B. (2024). Outpatient Palliative care program: Impact on home death rate in Brazil. *Cancers*, 16(7), 1380. <https://doi.org/10.3390/cancers16071380>
- Guillen, D. E. F. (2019). Investigación cualitativa: Método fenomenológico hermenéutico. *Propósitos Y Representaciones*, 7(1), 201. <https://doi.org/10.20511/pyr2019.v7n1.267>
- Huang, S., Ling, X., Zheng, D., Li, H., Wang, L., Zhao, M., Jiao, X., Wang, J., Yin, H., Tian, Y., Wu, Q., & Liu, H. (2025). Mediating and moderating roles of individual resilience, caring ability and social support: a cross-sectional study on the association between family resilience and caregiving burden among primary family caregivers of cancer patients in China. *BMJ Open*, 15(3) Retrieved on May 15, 2025 from <https://tinyurl.com/3dk5uzsz>
- Hudson, P., Quinn, K., O'Hanlon, B., & Aranda, S. (2011). Family meetings in palliative care: Multidisciplinary clinical practice guidelines. *BMC Palliative Care*, 10(1), 1-10. Retrieved on September 4, 2024 from <https://doi.org/10.1186/1472-684X-1012>

- Jika, B. M., Khan, H. T. A., & Lawal, M. (2021). Exploring experiences of family caregivers for older adults with chronic illness: A scoping review. *Geriatric Nursing*, 42(6), 1525–1532. Retrieved on September 5, 2024 from <https://doi.org/10.1016/j.gerinurse.2021.10.010>
- Jones, D. L. (2023, May 24). How the space-time continuum is affected by caregiving |. . . *Angioedema News*. <https://angioedemanews.com/columns/how-space-time-continuum-affected-by-caregiving/>
- Kazemi, A., Azimian, J., Mafi, M. et al. Caregiver burden and coping strategies in caregivers of older patients with stroke. *BMC Psychol* 9, 51 (2021). Retrieved on May 22, 2025 from <https://tinyurl.com/yj8c7jmz>
- Lasanthika, C., Ann-Christin Janlöv, Amarasekara, T., & Larsson, H. (2024). Caring burden and coping with haemodialysis: a qualitative study with family caregivers in Sri Lanka. *BMJ Open*, 14(4) Retrieved on November 26, 2024 from <https://doi.org/10.1136/bmjopen-2023-080775>
- Mahura, M., Karle, B., Sayers, L., Dick-Smith, F., & Elliott, R. (2024). Use of the supportive and palliative care indicators tool (SPICT™) for end-of-life discussions: a scoping review. *BMC Palliative Care*, 23, 1-13. Retrieved on August 20, 2024 from <https://doi.org/10.1186/s12904-024-01445-z>
- Majed, A. A., Shaban, M. M., Osama Mohamed, E. R., Mohammed, E. Z., Huda, H. M., Fatma Gomaa, M. A., & Shaban, M. (2024). Navigating end-of-life decision-making in nursing: a systematic review of ethical challenges and palliative care practices. *BMC Nursing*, 23, 1-15. Retrieved on September 3, 2024 from <https://doi.org/10.1186/s12912-024-02087-5>
- Meier, C., Wieczorek, M., Vilpert, S., Borrat-Besson, C., Jox, R. J., & Maurer, J. (2025). Learning from experience: does providing end-of-life care support for relatives boost personal end-of-life health literacy? *BMC Palliative Care*, 24, 1-9. Retrieved on May 15, 2025 from <https://tinyurl.com/4kja8azr>
- Mamatsharaga IP, Mashau NS, Damian JU. I lack ‘me-time’: (2022). The experiences of family caregivers of elders with Diabetes Mellitus in a selected village in South Africa. Doi: 10.4102/hsag.v27i0.2026. PMID: 36483492; PMCID: PMC9724022. Retrieved on May 15, 2025 from <https://tinyurl.com/3yyypfdw>
- MDPI. (2021). How does a family caregiver’s sense of role loss impact the caregiving experience? *Healthcare*, 9(10), 1337. May 20, 2025 from <https://tinyurl.com/4tdsbn75>
- Omiya, T., Kutsumi, M., & Fukui, S. (2021). Work, Leisure Time Activities, and Mental Health among Family Caregivers of the Elder People in Japan. *Healthcare*, 9(2), 129. Retrieved on May 16, 2025 from <https://tinyurl.com/ymxpukb7>

- Patra, L., Ghoshal, A., Damani, A., & Salins, N. (2022). Cancer palliative care referral: patients' and family caregivers' perspectives – a systematic review. *BMJ Supportive & Palliative Care*. Retrieved on September 4, 2024 from <https://doi.org/10.1136/spcare-2022-003990>
- Peacock, S., Bayly, M., Duggleby, W., Ploeg, J., Pollard, L., Swindle, J., Lee, H. J., Williams, A., Markle-Reid, M., & McAiney, C. (2020). Women's caregiving experience of older persons living with Alzheimer disease and related dementias and multiple chronic conditions: Using Wuest's theory. *Global Qualitative Nursing Research*. May 20, 2025 from <https://tinyurl.com/44p5zav6>
- Peng, Y., Xu, Y., Yue, L., Chen, F., Wang, J., & Sun, G. (2023). Resilience in Informal Caregivers of Patients with Heart Failure in China: Exploring Influencing Factors and Identifying the Paths. *Psychology Research and Behavior Management*, 16, 1097–1107. Retrieved on May 17, 2025 from <https://tinyurl.com/f78k75e>
- Pe-Pua, R., & Protacio-Marcelino, E. A. (2000). Sikolohiyang Pilipino (Filipino psychology): A legacy of Virgilio G. Enriquez. *Asian Journal of Social Psychology*, 3(1), 49-71 Retrieved on May 20, 2025 from <https://tinyurl.com/5557fpx4>
- Petrovic, M., & Gaggioli, A. (2020). Digital Mental Health Tools for Caregivers of Older Adults—A Scoping Review. *Frontiers in Public Health*, 8. <https://doi.org/10.3389/fpubh.2020.00128>
- Rachel, K. , Rukundo, G. , Mutto, M. , Orem, J. , Niyonzima, N. and Kizito, S. (2022) Coping and Caregiving-Satisfaction among Caregivers of Patients with Cancer at the Uganda Cancer Institute and Mbarara Regional Referral Hospital in Uganda. *Open Journal of Medical Psychology*, 11, 170-181. Retrieved on May 20, 2025 from <https://tinyurl.com/2s9uwmjs>
- Saimaldaher, Z. A. H., & Wazqar, D. Y. (2020). Relationships between caregiving stress, mental health and physical health in family caregivers of adult patients with cancer: implications for nursing practice. *Scandinavian journal of caring sciences*, 34(4), 889-898. Retrieved on May 20, 2025 from <https://tinyurl.com/36dut957>
- Sakwape, K., Kovane, G. P., Chukwuere, P. C., Moagi, M., & Machailo, R. (2025). The needs of family members caring for people living with mental illness: An integrated review. *Health S A*, 30 Retrieved on November 26, 2024 from <https://doi.org/10.4102/hsag.v30i0.2901>
- Sarah, A. G., Danielle Nunes, M. S., Sorice, F., Arantes, A., Peixoto, R., Ferrari, R., Martins, M., Jácome, A., Bergerot, C., de Melo, A. C., & Ferrari, B. (2024). Outpatient Palliative Care Program: Impact on Home Death Rate in Brazil. *Cancers*, 16(7), 1380. Retrieved on November 18, 2024 from <https://doi.org/10.3390/cancers16071380>

- Schulz, R., & Sherwood, P. R. (2008). Physical and mental health effects of family caregiving. *The American Journal of Nursing*, 108(9 Suppl), 23–27. Retrieved on September 20, 2024 from <https://doi.org/10.1097/01.NAJ.0000336406.45248.4c>
- Shaabna, Z., SAbdalrahim, M., & Zeilani, R. (2025). Experiences and needs of family caregivers for patients with End Stage Renal Disease (ESRD) in Palestine. *BMC Palliative Care*, 24(1). Retrieved on May 23, 2025 from <https://doi.org/10.1186/s12904-025-01722-5>
- Shimizu, Y., Hayashi, A., Maeda, I., Miura, T., Inoue, A., Takano, M., Aoyama, M., Masukawa, K., & Miyashita, M. (2025). Resilience and coping styles in family caregivers of terminally ill patients: A cross-sectional survey. *Palliative & Supportive Care*, 23 Retrieved on November 11, 2024 from <https://doi.org/10.1017/S1478951524001135>
- Sumaguingsing, Robert & Martinez, Rudolf Cymorr Kirby. (2020). “Swinging Pendulum”: Lives of Family Members Caring for A Dying Relative. Retrieved on May 22, 2025 from <https://tinyurl.com/4mmy55sw>
- Taheri-Ezbarami, Z., Jafaraghaee, F., Sighlani, A. K., & Mousavi, S. K. (2024). Core components of end-of-life care in nursing education programs: a scoping review. *BMC Palliative Care*, 23(1). <https://doi.org/10.1186/s12904-024-01398-3>
- Tejima, Y., Mori, S., Yoshino, J., Yaguchi, N., & Imaizumi, S. (2024). Insights into the experiences of nurse educators in end-of-life care: A qualitative study. *Nurse Education in Practice*, 77, 103980. Retrieved on August 20, 2024 from <https://doi.org/10.1016/j.nepr.2024.103980>
- Van Manen, M. (1990) *Researching lived experience: Human science for an action sensitive pedagogy*. State University of New York Press, Albany. Retrieved on May 15, 2025 from <https://tinyurl.com/4x3h3nkn>
- Wang JY, Cui J, Tu SY, Yang R and Zhao LH (2022) Resilience and caregiving ability among caregivers of people with stroke: The mediating role of uncertainty in illness. *Front. Psychiatry* 13:788737. Retrieved on November 6, 2024 from [doi:10.3389/fpsy.2022.788737](https://doi.org/10.3389/fpsy.2022.788737)
- Wang, C., Bi, S., Lu, Y., Li, Y., Han, B., Xu, M., Meng, G., & Zhou, Q. (2024). Availability and stability of palliative care for family members of terminally ill patients in an integrated model of health and social care. *BMC Palliative Care*, 23, 1-13. Retrieved on September 6, 2024 from <https://doi.org/10.1186/s12904-024-014757>
- Wang, M. J., Chang, M. Y., Gu, C. F., et al. (2025). Psychological adaptation profiles are associated with coping style, social support, and family intimacy in caregivers of children with hematologic malignancies: A cross-sectional study. *BMC Nursing*, 24, 221. May 20, 2025 from <https://tinyurl.com/3j6e76wx>

- Watson, J. (1997). The theory of human caring: Retrospective and prospective. *Nursing science quarterly*, 10(1), 49-52. Retrieved on September 20, 2024 from <https://tinyurl.com/5dfz3yxr>
- Wong, E. L., Kiang, N., Chung, R. Y., Lau, J., Chau, P. Y., Wong, S. Y., Woo, J., Chan, E. Y., & Yeoh, E. (2020). Quality of Palliative and End-Of-Life Care in Hong Kong: Perspectives of Healthcare Providers. *International Journal of Environmental Research and Public Health*, 17(14), 5130. <https://doi.org/10.3390/ijerph17145130>
- Xu, Y., Liu, Y., Kang, Y., Wang, D., Zhou, Y., Wu, L., & Yuan, L. (2024). Experiences of family caregivers of patients with end-of-life cancer during the transition from hospital to home palliative care: a qualitative study. *BMC Palliative Care*, 23, 1-9. Retrieved on May 15, 2025 from <https://tinyurl.com/mrxrzvbk>
- Xu, Y., Liu, Y., Kang, Y., Wang, D., Zhou, Y., Wu, L., & Yuan, L. (2024). Experiences of family caregivers of patients with end-of-life cancer during the transition from hospital to home palliative care: a qualitative study. *BMC Palliative Care*, 23, 1-9. Retrieved on May 23, 2025 from <https://tinyurl.com/3sw7vpa9>
- Yan, S., Azmi, A., Mansor, N., Wang, Z., & Wang, Y. (2024). Healing Spaces as a Design Approach to Optimize Emotional Regulation for Patients with Mood Disorders. *Buildings*, 14(2), 472. Retrieved on May 20, 2025 from <https://tinyurl.com/554z7fbr>
- Yousef, S. R., Mei, C. C., Tang, L. Y., Khatijah, L. A., Mohammad, W. T., Mohajer, S., & Namazinia, M. (2024). Barriers in providing quality end-of-life care as perceived by nurses working in critical care units: an integrative review. *BMC Palliative Care*, 23, 1-13. Retrieved on August 28, 2024 from <https://doi.org/10.1186/s1290402401543-y>
- Yuan, Y., Saha, K., Keller, B., Isometsä, E. T., & Aledavood, T. (2023). Mental Health Coping Stories on Social Media: A Causal-Inference Study of Papageno Effect. *arXiv preprint arXiv:2302.09885*. Retrieved on May 20, 2025 from <https://tinyurl.com/58vue2vd>
- Zanini C, Amann J, Brach M, Gemperli A, Rubinelli S. The challenges characterizing the lived experience of caregiving. A qualitative study in the field of spinal cord injury. *Spinal Cord*. 2021 May;59(5):493-503. Retrieved on May 21, 2025 from <https://tinyurl.com/3yyypfdw>
- Zehrung, R., & Chen, Y. (2023). Self-expression and sharing around chronic illness on TikTok. *arXiv preprint arXiv:2311.11481*. Retrieved on May 20, 2025 from <https://tinyurl.com/yuezsu55>
- Zhang, X., Xu, T., Qin, Y., Wang, M., Li, Z., Song, J., Tang, Q., Wang, Z., Xu, L., Wu, L., & Peng, Y. (2023). Exploring the needs and coping strategies of family

caregivers taking care of dying patients at home: a field study. *BMC Palliative Care*, 22, 1-11. Retrieved on May 23, 2025 from <https://tinyurl.com/2wjh4hzn>

APPENDICES

Appendix A: Guide Questions for Interview

Guide Question for Interview

Researcher: The purpose of this interview is to explore your lived experiences as a family member who provided end-of-life care to your loved one. We'll ask open-ended questions to elicit more detailed information about your journey, adding follow-up and probing questions if needed. It is advised that you take your time answering, and you have the option to request transcriptions of your answers, which will be kept completely private.

Lived Body (**Corporeality**)

How did your physical involvement in caregiving tasks affect your personal well-being or relationship with them? *“Giunsa pag-apekto sa imong pisikal nga pag-apil sa pag-atiman sa ilang mga panginahanglan ang imong kaugalingong kahimtang o relasyon ninyo?”*

In what ways did your loved one’s physical condition influence your caregiving approach and your interactions with them? *“Sa unsang paagi nakaimpluwensya ang pisikal nga kahimtang sa imong family member sa imong paagi sa pag-atiman ug sa inyong pakig-uban?”*

Lived Space (**Spatiality**)

Can you describe the physical environment where you provided care for your loved one and how it influenced your caregiving experience? *“Ma-describe ba nimo ang pisikal nga palibot kung asa ka nag-atiman sa imong hinigugma ug giunsa kini nakaapekto sa imong kasinatian sa pag-atiman?”*

How did the space around you impact your emotional state or your ability to connect with your loved one during their end-of-life care? *“Giunsa pag-apekto sa palibot nimo ang imong emosyonal nga kahimtang o ang imong abilidad sa pag connect sa imong family member atol sa ilang kataposang mga adlaw sa kinabuhi?”*

Lived Self/Others (**Relationality**)

Can you describe how your relationship with your loved one evolved during the time you provided care for them? *“Mahimo ba nimo isaysay kung giunsa pagusab ang inyong relasyon sa imong family member samtang nag-atiman ka kaniya?”*

How did your interactions with other family members or healthcare providers influence your caregiving experience? *“Giunsa pag-apekto sa imong pakig-uban sa ubang miyembro sa pamilya o sa mga healthcare provider ang imong experience sa pag-atiman?”*

Lived Time (**Temporality**)

How did your sense of time change while caring for your loved one during their final days? *“Giunsa pag-usab ang imong pagbati sa oras samtang nag-atiman ka sa imong family member sa ilang kataposang mga adlaw?”*

Looking back, how do you perceive the time you spent with your loved one during their end-of-life care? *“Giunsa nimo pagtan-aw o pagpasabot sa oras nga imong gigugol uban sa imong family member sa panahon sa pag atiman nimo sa ilang kataposang mga adlaw?”*

Lived Things (**Materiality**)

What role did your beliefs, values, or cultural background play in shaping your caregiving experience? *“Unsay papel ang gihimo sa imong mga tinuohan, mga prinsipyo, o kultural background sa paghulma sa imong kasinatian sa pag-atiman?”*

How did caring for your loved one influence your view of life, death, and your place in the world? *“Giunsa pag-impluwensya sa pag-atiman sa imong family member ang imong panan-aw sa kinabuhi, kamatayon, ug sa imong lugar dinhi sa kalibutan?”*

These open-ended questions may serve as a guide for follow-up questions during the interview and are based on Van Manem's five lifeworld existentials.

Appendix B: Sample Data and Analysis Matrix

Significant Statements	Meaning Units	Sub-Themes	Essential Themes	Thematic Categorization based on Existential Lifeworld
P1. Grabe kaayo ang sakit sa among kalawasan ug likod tungod sa pag-arsa sa akong tita...nawalaan mi ug kusog, ug pirmi gyud magsakit among likod." P2. Basta magbilar ko kay lain kaayo sa feeling sa lawas...to the point na magsakit among lawas sigi ug bilar.	Localized pain	Gradual Deterioration of the Physical Body	The Body as a Battleground of Care	Lived Body-Corporeality
P1. Wala gyud koy tulog ug tarong ang in turn nanghina na jud ko kay ako ra pirme magbantay, walay mu-substitute namo... P2. Bisan kulang kog tulog, wala nako ginabati ang kakapoy(physical)...mag-training gihapon ko bisan hago na kaayo ko, pero inig training nako, mas samut pa jud kog kahago. P3. Ako ang mag carry sa wheelchair or ako ang mag spongebath niya and kapuyan(physical) nakog buhat. Nagka increase ang time, nagkatinuod na nga gikapoy ko... P4. Wala rman pud kaayu hago saakong lawas ato kay dili man bed-ridden akong mother...maka affect gyud gihapon usahay saimohang lawas P5. it was out of exhaustion with school works, chores nako sa balay and other extracurriculars activities ...my body was exhausted(physically).	Physical Exhaustion and Fatigue			

P1. Naanad na akong lawas sa sige ug all-night bantay sa akong tita...bisan wala mi tulog, pero nanghina gihapon ko.	Sleep deprivation			
P2. Wala nako ginabati ang kakapoy bahalag kulang kog tulog.				
P5. Having to carry someone's weight... it really did help me siguro maka build ug endurance...	Physical endurance	Adaptation and Endurance		
P3. Since makaalsa jud ko ni lola, dili na kaayo siya bug-at saakoa.	Adapting to Physical Change			
P3. "Snappy akong movements pero medyo sloppy gihapon, barely acceptable ang resulta sa pag-care..."	Sluggish Movements	Strained Physical Engagement		
P5. Having to carry someone's weight...(frowned) I was getting stronger (physically) because my lola was dying.	Discomfort in Performing Tasks			
P1. So depressing kaayo to think nga diha pa siya padulong, bug-at kaayo sa dughan mentally...almost in a depressive state na ko ato.	Anticipating death	Emotional Turmoil in Familiar Spaces	Transforming Spaces: From Safe Havens to Emotional Landscapes	Lived Space-Spatiality
P2. Kani napud na phase ginahinay nakog dawat saakong mind... kay di na kaistorya si papa.				
P3. My mind always feels hopeful nga basin makarecover pani si lola.				
P4. Deep inside, dawat na nako nga padulong sya ana(death) kay dira man pud ta tanan padulong.				
P5. Usahay mabalaka ko mag hunahuna nga anytime mamatay si lola.				
P4. Mo come up gyud ka ug guilt.. in a way nga mag care ka nila in a high pitch.	Feeling of guilt			
P5. When I finally saw her in the casket, na realize nako nga I shouldn't be blaming myself...there is still the guilt, ma konsensya gihapon ko.				

P1. I felt distant from my aunt...	Emotional distance			
P2. Mura na gyud naay barrier namong duha...				
P1. Tungod sa kakapoy, wala na kaayu ko nag grieve...that feeling of being left alone was exhausting.	Emotional Exhaustion	Emotional and Psychological Toll		
P2. Usahay ako na italikod si papa kay para muhilak ko kadali...sometimes while gadula ko, muguot napud akong dughan...				
P3. Na wrecked ko sa sigeg pag iyak, puffy eyes, then buskag hair...emotionally exhausted na kayo ko ato.				
P2. Pirti nakong pangurog(emotionally) pag abot sa mga final days niya...	Emotional Distress			
P4. Lisod gyud kaayu mag take care ug tigulang nga naa sainyuhang own house...	Restricted mobility	Environmental Adjustments and Lifestyle Shift		
P5. We couldn't go out anymore... and nalain ko kay dinami kalaag ni lola.				
P1. Didto rami makatulog sakong cousin duol niya...	Adjustment to living arrangements			
P2. Didto rako matulog sa daplin, tapad sa iyahang higdaanan.				
P2. Na stress kaayo kos mga panghitabo sa balay...that time tung ninaog ko sa kwarto niya, perti nakong hagulhol...	Emotional Discomfort in Home Space			
P3. Sa pagkamatay ni lola, nahadlok ko ato sa room nga iya gistayhan...tung naa ko sa house sa akong lola, wala nako giandar ang suga.				
P4. Well treated gyud siya (mother) saamong house, nice environment...tahimik among lugar, anang time nga nag take care ko nila.	Comfortable Environment			

P1. Mag assist ko saiyang pag reposition, mag change ko saiyang diapers ug clothes, magpainom niya ug tambal... P2. Ipang blend namo iyang pagkaon then ipakaon saiyaha... P3. Ako ang tig change sa diapers, ako ang mag carry sa wheelchair or ako ang mag spongebath niya. P4. Mag serbisyo mi sa mga tigulang, kanang care, mga hygiene care... P5. Paliguan nako siya, and then alalayan nako sya balik inig ilis.	Direct caregiving involvement	Active Engagement in Caregiving Role	Relational Tensions and Bonds in the Caregiving	Lived Self/Others-Relationality
P1. Mas affectionate ko, sige ko ug say "I love you, mommy," pirmi ko mubisita ug kuyog niya..comforting pud nga okay ra sa akong auntie akong pag-atiman... P5. While she's still here I like to still make memories with her, syempre I'll put that time and effort to take care of her."	Expressing love and affection			
P1. Kadugayan namong atiman sakong igagaw, wala miy tulog, dili pa mi katarong ug kaon, nanghina jud mi... P2. Magsabutanay lang gyud mi nga sila magbantay sa buntag ako sa gabie, bahalag di nako katulog, bahalag unya rako mukaon... P4. Maka affect gyud saimohang pamilya.... kay saputon naman ko, ma feel nimo nga obligado ka magpainom at the same time worried ka."	Sacrifice and strain within the family	Burdens Shared Within the Family		
P1. I felt unappreciated and neglected by my aunt's(other aunt) side of the family.	Unfairness and family conflict			

P3. Unfair kay sa kadaghan namo, nganong ako? Mangutana ko nganung ako, sila diay? ingon ra silag sige lang ikaw man eldest. P4. Magsige mig lalis kay magtuman man sailang gusto.”				
P5. Usahay di ko kasabot niya, maglagot ko, pero wala ko nagpagawas ug frustrations sa akong lola.	Controlling irritation	Emotional Regulation in Social Interaction		
P4. Usahay, ikaw nga naghatag care ma irita pud ka, pero imo gyud pasabton sila.	Understanding Oneself and Others			
P1. Countless among mga sleepless nights, consistent jud nga naapektohan akong sleeping patterns. Pirme mi mag bilar... mag service mi sakong tita mag bilar napud mi, murag na set sakong lawas nga late nako matulog. P3. Imbes mu wake-up ko para mag exercise, mu wake-up nalang ko as early as 4AM para mag luto...	Disrupted sleep patterns	Altered Daily Rhythms	Time Reconstructed Through Caregiving	Lived Time-Temporality
P1. For two whole weeks, mao na’y routine (caregiving) namo... thankfully, it was bakasyon. P2. Every 2-3 weeks naa napud mi adjustments buhaton... Sila mag bantay sa buntag...dayun ako napud sa gabie. P3. Mag wake up ko early 4am magluto... Gilihok nako akong schedules so of course nay changes. P4. Makasapot kaayo kay pagmata nimo daghan na kaayong sugo.	Change in routine			
P2. Every 2–3 weeks naa napud mi adjustments buhaton...ato nga mga panahon kaundangon nagyud ko mag training, ang akona nalang ato is pang recall lang sa skillset.	Adjustments to life changes			

P3. Padulungay naanad ko saakong buhaton, dira ko nagsugod ug kasamokan... P4. Everyday mausab ang imohang way the way you care kay ma learn man pud ka ug experience nila...pagkamatay sakong mother, I stop working and devoted my time to take care of my mother-in-law.				
P3. Before ako ang nag atiman, naa man gyuy nag atiman sakong lola so daghan kog time ato para sakong self, pero nangawala man ang yaya so ako nay gabantay ang nagka gamay akong time para saakong self.	Gradual loss of time for self	Shifting Personal Priorities		
P5. While she's still here...I'll put that time and effort into caring for her...I was spending time with her. The time I spent taking care of my lola was time well spent.	Quality time			
P1. Slow kaayu ang adlaw, murag gituyo sa panahon para mas taas mi ug time... P2. Paspas ragyud kaayu to oy (referring to time) murag igo ragyud mi mag ilis niya dayun wala mi kabalo ingato na kadugay nilabay ang oras...magdula ko, tingala ko hapit naman pud mag buntag murag kadjut ra kaayu nagdula..." P3. Paspas (referring to passage of time), like daghan unta kog mabuhad ato nga time, murag ning labay ra bitaw.	Perceived speed of time	Subjective Experience of Time		
P5. Relatively wala raman, akong perception of time stayed the same.	Stable perception of time			
P1. Sa last 1–2 days sa iyang confinement, naka-realize mi nga slim na ang chance for recovery.	Acceptance of impending loss	Emotional Time Awareness		

P5. We conditioned ourselves as a family that sooner or later, our family members will be leaving us.				
P2. Sa 1st month nga pagkawala niya...munaog ko didto and naanad ko nga naa ra gyapon si papa didto.	Grief adjustment			
P1. Nag atubang gihapon ko sa phone nga pirme naga-emit ug radiation...mag-scroll na lang ko sa social media para dili nako mabati ang exhaustion, bisan pa nga frequent ang pag gamit ug phone ug mag-atubang lang sa screen. P2. "Sa una, mag-scroll-scroll ko sa TikTok aron makatulog, ug bisan makamingaw ang pagdula sa PC, ok ra kay mas convenient man ang mobile." P3. Maglisod pud kog sa computer nako kay maputol ang playing hours nako...	Frequent gadget use	Coping Through Material Means	Caregiving Shaped by Culture, Constraint, and Coping Mechanisms	Lived Things-Materiality
P3. "Makit an nako iyang bed, then didto ko sa bed sakong lola□ eveytime makit-an nako to nga bed, it will always remind me of my lola"	Emotional attachment to objects			
P3. Nag-juggle ko sa akong academics ug hobbies, di ko kabuhat sa mga butang nga gusto nako buhaton, ug di ko ganahan magbuhat ug chores kay gusto unta nako mag-focus sa akong own things."	Restricted autonomy due to responsibilities	Disruption of Tangible Constant		
P2. Gipang bagbaligya namo ang mga gamit, mga gipang invest...sa pagpalit ug medisina. P4. Magpadala ko ug kwarta para saakong mother...gamiton para sa pang gastos nila.	Financial and material adjustments			
P5. I think that as Filipinos, we are naturally a very mapalangga nga kind of nation, and our cultural background plays a big role; part of my culture is the reason why, even though dili ko ganahan musulod ug	Culture-driven Caregiving	Culture as a Driving Force of Caregiving		

medicine, I accepted that significant role of caregiving."				
P4. Ang akong values ra gyud ato is ma apply gyud ang tender love and care.	Application of Values			

Appendix C: Informed Consent Form

 **Misamis University**
Ozamiz City

MISAMIS UNIVERSITY RESEARCH CENTER
CERTIFIED: ISO 21001: 2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)

MUI-RC-042/13 November 2024

Thesis/Research Data Gathering Approval Form

Date: May 03 2025

Name of Authors: Raica A. Acosta, Jerwin C. Adarbo, Steven James C. Aditor, Gibelle Des. B. Bernaldo, Veronika B. Bernaldo

College/Department: College of Nursing Midwifery and Radiologic Technology

Research Title: Exploring the Experiences of Family Members Providing an End-of-Life Care

Data Gathering Procedure:

a. Type of Research: (Kindly check)

☐ Quantitative	☒ Qualitative	☐ Experimental
☒ Approved Research Title & Problem/Objectives	☒ Approved Data Gathering Procedure	☒ Approved Data Gathering Instrument/Data Sheets

b. Respondents/Participants/Subject/Samples to be Collected: Individuals who provided end-of-life care to their family members who are above 18 years of age

c. Procedure:

☐ Survey	☒ Interview	☐ Experimentation	☐ Laboratory Testing
---------------------------------	---	--	---

d. Place of Implementation/Study Area: Ozamiz City, Misamis Occidental

If to be conducted outside the school campus, indicate the nature of transportation to be used:

☒ Own private vehicle	☐ public utility vehicle	☐ rental	☐ Others, please indicate _____
---	---	---------------------------------	--

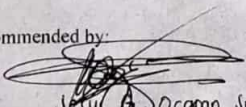
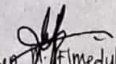
e. Date/s of Implementation/Sampling: First week of May - May 10, 2025

Attachments:

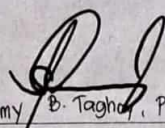
☐ Approved Letter of Consent from the designated authority in the area/place where the study is to be conducted
☒ Signed Parents' Consent

The thesis proposal mentioned above is hereby recommended for the commencement of data gathering implementation.

Recommended by:

 <u>Jesus A. Ocasio Jr. PhD, RN</u> Thesis/Research Adviser	 <u>Arnielyn M. Almedula MA, MN, RN</u> Thesis/Research Instructor
--	---

Approved by:


Sammy B. Tagho, PhD, RN
College Dean

CONTROLLED DOCUMENT

Appendix D: Approved Letter of Consent



MISAMIS UNIVERSITY

Ozamiz City 7200, Philippines
College of Nursing, Midwifery and Radiologic Technology
Tel No. +63 88 521-0367 / Telefax No. +63 88 521-2917
E-mail Address: mu@mu.edu.ph



CERTIFIED: ISO 21001:2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)
GRANTED: AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

May 14, 2025

DR. SAMMY B. TAGHOY

Dean, College of Nursing, Midwifery and Radiologic Technology
Misamis University

Dear Dr. Taghoy:

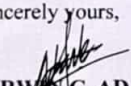
Good day!

The undersigned are 3rd year students of Misamis University, Ozamiz City taking up Bachelor of Science in Nursing and are currently working on research study titled "THE EXPERIENCES OF FAMILY MEMBERS PROVIDING AN END-OF-LIFE CARE". This study aims to explore the lived experiences of family members who provided end-of-life care to a family member. With this, they would like to ask for an approval from your good office to allow them to conduct the study. It will be conducted in Ozamiz City, Misamis Occidental, within the houses of the participants or the most comfortable places for them from March to May 2025

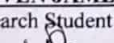
Rest assured that all information derived herein will be treated with utmost confidentiality.

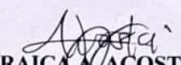
Thank you very much and God bless.

Sincerely yours,

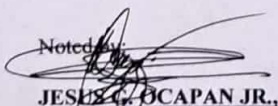

JERWIN C. ADARLO
Research Student

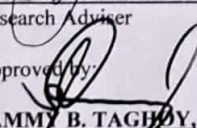

STEVEN JAMES C. AUDITOR
Research Student


VERMEO Y. BETONIO II.
Research Student


RAICA A. ACOSTA
Research Student


GIBELLE BLESS B. BAGUNDOL
Research Student

Noted by:

JESUS C. OCAPAN JR., PhD, RN
Research Adviser

Approved by:

SAMMY B. TAGHOY, PhD, RN
College Dean

Appendix E: Turnitin Results



Page 2 of 82 - Integrity Overview

Submission ID trn:oid::28447:120600577

14% Overall Similarity

The combined total of all matches, including overlapping sources, for each database.

Filtered from the Report

- Bibliography

Match Groups

-  **144** Not Cited or Quoted 9%
Matches with neither in-text citation nor quotation marks
-  **43** Missing Quotations 4%
Matches that are still very similar to source material
-  **7** Missing Citation 0%
Matches that have quotation marks, but no in-text citation
-  **7** Cited and Quoted 1%
Matches with in-text citation present, but no quotation marks

Top Sources

- 8%  Internet sources
- 7%  Publications
- 11%  Submitted works (Student Papers)

Integrity Flags

0 Integrity Flags for Review

No suspicious text manipulations found.

Our system's algorithms look deeply at a document for any inconsistencies that would set it apart from a normal submission. If we notice something strange, we flag it for you to review.

A Flag is not necessarily an indicator of a problem. However, we'd recommend you focus your attention there for further review.



Page 2 of 82 - Integrity Overview

Submission ID trn:oid::28447:120600577

Appendix F: Grammarly Results

Report: JERWIN C. ADARLO Part 1

JERWIN C. ADARLO Part 1

by Misamis University

General metrics

43,562	6,328	326	25 min 18 sec	48 min 40 sec
characters	words	sentences	reading time	speaking time

Writing Issues

 No issues found

Plagiarism



100% of your text matches 2 sources on the web or in archives of academic publications

CURRICULUM VITAE

I. Personal Information

Name: Acosta, Raica A.

Age/Sex: 21 years old/ Female

Civil Status: Single

Religion: Roman Catholic

Date of Birth: January 16, 2004

Address: Gomez Street, 50th district, Ozamiz City Mis. Occ

Phone Number: 09494015687

Email: acostaraica@gmail.com



II. Educational Background

Elementary: Kapalaran Elementary School

Junior Highschool: San Isidro High School

Senior Highschool: Misamis University, Ozamiz City

College: Misamis University, Ozamiz City

I. Personal Information

Name: Adarlo, Jerwin C.

Age/Sex: 20 years old/ Male

Civil Status: Single

Religion: Roman Catholic

Date of Birth: July 26, 2004

Address: Purok Mauswagon, Tinago Ozamiz City, Mis. Occ

Phone Number: 09683181624

Email: adarlojerwin.66@gmail.com



II. Educational Background

Elementary: Philippine Baptist Christian College of Mindanao Inc.

Junior Highschool: Philippine Baptist Christian College of Mindanao Inc.

Senior Highschool: Santo Tomas National High School

College: Misamis University, Ozamiz City

I. Personal Information

Name: Auditor, Steven James C.

Age/Sex: 22 years old/ Male

Civil Status: Single

Religion: Roman Catholic

Date of Birth: August 16, 2002

Address: Purok-2 Talisay Malaubang Ozamiz City, Mis. Occ

Phone Number: 09305496337

Email: auditorsteven@gmail.com



II. Educational Background

Elementary: Seventh-day adventist Ozamiz City

Junior Highschool: La Salle University Ozamiz City

Senior Highschool: La Salle University Ozamiz City

College: Misamis University, Ozamiz City

I. Personal Information

Name: Bagundol, Gibelle Bless B.

Age/Sex: 20 years old/ Female

Civil Status: Single

Religion: Roman Catholic

Date of Birth: May 28, 2004

Address: Purok 3 Labinay Ozamiz City, Mis. Occ

Phone Number: 09569969745

Email: bagundolgibelle@gmail.com



II. Educational Background

Elementary: Cumarom Elementary School

Junior Highschool: Midsalip National Highschool

Senior Highschool: Westprime Horizon Institute Incorporated

College: Misamis University, Ozamiz City

I. Personal Information

Name: Betonio II, Vermeo Y.

Age/Sex: 21 years old/ Male

Civil Status: Single

Religion: Christian

Date of Birth: December 5, 2003

Address: Malaubang Ozamiz city, Mis. Occ

Phone Number: 09081392481

Email: vrbbetonio@gmail.com



II. Educational Background

Elementary: Ozamiz City Central School

Junior Highschool: Ozamiz City National Highschool

Senior Highschool: Ozamiz City National Highschool

College: Misamis University, Ozamiz City