NAVIGATING LIFE AFTER STROKE: A HERMENEUTIC PHENOMENOLOGICAL STUDY

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ABSTRACT

Stroke remains one of the leading causes of long-term disability in the Philippines. While many studies focus on clinical outcomes and caregiver roles, survivors themselves, especially in smaller cities like Ozamiz, rarely have the opportunity to share their stories. This study explored how stroke survivors in Ozamiz City live with speech and mobility limitations, highlighting the emotional, social, and physical shifts they experience. A hermeneutic phenomenological design guided by van Manen's lifeworld existential was used. Seven stroke survivors, at least four months post-stroke, were selected through snowball sampling and interviewed. Grounded in Orem's Self-Care Deficit Nursing Theory and Roy's Adaptation Model, the study examined how survivors adapted to new dependencies and redefined their identity and roles within their environment. These theories supported an understanding of how individuals make sense of stroke not only physically but as an ongoing adjustment in self-care and meaning-making. Five essential themes emerged: (1) the body as a site of struggle and adaptation, (2) home as a paradox of safety and confinement, (3) reconstructing life through altered temporality, (4) rediscovering self in the wake of stroke, and (5) redefining independence through everyday objects. Based on the findings, the researchers recommend a holistic, person-centered approach to stroke care that includes emotional and social support, family involvement, accessible communities, and more empathetic training for nursing students. Future studies may focus on long-term adjustment and include a more balanced gender representation.

Keywords: *community-based recovery, hermeneutic phenomenology, lived experiences, stroke survivors, van Manen's existential*

DEDICATION

The researchers dedicate this research paper wholeheartedly to Almighty God, who has given them unwavering guidance and support throughout this journey. His blessings have carried them through every challenge, allowing them to successfully complete this research.

To the researcher's beloved parents, siblings, and friends who offer support, encouragement, and love, pillars of strength that keep them moving forward, especially during the toughest times of this endeavor.

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Lastly, the researchers would like to dedicate this study to their participants. Their gratitude and appreciation to the participants who gladly contributed with their full involvement to this study. Their willingness to share their experience has been insightful to their research and has helped to make this study a success.

The Researchers

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TABLE OF CONTENTS

	Page
TITLE	i
CERTIFICATE OF PANEL APPROVAL	ii
ABSTRACT	iii
DEDICATION	iv
ACKNOWLEDGMENTS	v
TABLE OF CONTENTS	viii
LIST OF TABLES	ix
LIST OF FIGURE	x
INTRODUCTION	
Background of the Study	10
Theoretical Framework	13
Conceptual Framework	17
Objectives of the Study	25
Significance of the Study	25
RESEARCH METHODOLOGY	
Design	28
Environment	28
Participants of the Study	29
Data Gathering Procedure	29
Data Gathering Instruments	30
Mode of Analysis	31

Ethical Considerations 33

RESULTS AND DISCUSSIONS

Description of the Participants 34

Results 37

Discussion of Findings 58

Reflexivity 67

Aesthetic Expression 69

CONCLUSIONS AND RECOMMENDATIONS

Conclusion 71

Recommendations 72

REFERENCES 75

APPENDICES

Appendix A – Interview Guide 83

Appendix B – Informed Consent Forms 87

Appendix C – Approved Letter of Consent 88

Appendix D – Table of Themes 89

Appendix E – Documentation 97

Appendix F –Turnitin Results 98

Appendix G – Grammarly Results 99

CURRICULUM VITAE 100

LIST OF TABLES

Table		Page
1	Initial Codes, Sub-Themes, Main Themes of the Phenomenon	37

LIST OF FIGURE

Figure		Page
1	Schematic Diagram of the Study	24

INTRODUCTION

Background of the Study

Stroke, as far as we are all mostly aware, is a health concern that causes disability or even death. Murphy and Werring (2020) define stroke as a focal neurological deficit of sudden onset, with symptoms lasting more than 24 hours. It is a medical emergency that occurs when blood flow to the brain is blocked or when there is sudden bleeding in the brain, resulting in lasting brain damage, long-term disability, or life-threatening situations (National Heart, Lung, and Blood Institute, 2023). Stroke has two main types: ischemic stroke, the more common type, which is usually caused by a blood clot resulting in a blockage of blood flow to the brain, and hemorrhagic stroke, which is caused by a rupture of blood vessels resulting in bleeding inside the brain (Barthels & Das, 2020).

For the last two decades, stroke has remained the second leading cause of death as well as the third leading cause of disability globally. It is similar to a heart attack, but it occurs in your brain (Tadi and Lui, 2023). According to the World Health Organization (n.d.), over 15 million individuals worldwide suffer from stroke every year, of which 5 million result in death and another 5 million result in permanent disability. Stroke is one of the leading causes of functional disability and brain damage globally, and it ranks as the third-highest contributor to adult mortality. Additionally, about 65% of strokes have reportedly come from developing countries (Hawati et al., 2024).

The Philippines is a developing country, because of its inadequate funding and low prioritization of stroke prevention and treatment, including emergency care (Collantes et al., 2022), making stroke the second leading cause of death with approximately 500,000 Filipinos being affected (Logan et al., 2024). And with the incidence rapidly increasing,

doubling every decade after age 55 (Shindo & Tadaka, 2020). Over the last two decades (1990-2019), there has been an increase in the number of incidences of stroke by 70%, prevalence of stroke by 85%, deaths from stroke by 43%, and disability adjusted life-years (DALYs) by 32% (Potter et al., 2022).

In stroke, there are many risk factors, either pathological or behavioral conditions, and not all of them can be treated or controlled. Such factors include hypertension, obesity, physical inactivity, poor diet, and smoking habit (National Heart, Lung, and Blood Institute, 2023). It will happen at any age, but is likely to occur at older ages. Also, race and ethnicity contribute to the occurrence of stroke, with the increased risk of having a first stroke nearly twice as high for non-Hispanic Black adults, and the highest death rates together with Pacific islander adults (Barthels & Das, 2020; CDC, 2024).

The impact of stroke, especially on those that lead to disability, is commonly reported in musculoskeletal problems, sensory problems, and medical problems (Ju et al., 2022). Also, the health of those survivors who have already experienced stroke reports that it could lead to such development of physical, psychological, or emotional disabilities, like a mood disorder, aphasia, dysphagia, or even depression, leading to approximately 80% of stroke survivors experiencing limitations in their activities of daily living (Veronese et al., 2024). Even people with mild stroke have reported experiencing chronic symptoms such as limb weakness, decreased concentration, and memory loss, leading to a substantial need for rehabilitation and support, especially outside the hospital settings (Lo et al., 2021; Sidek et al., 2022).

With their ability that was highly affected due to stroke, they are unable to be independent and participate in activities of daily living (ADL), reducing the quality of life

in many aspects (Timm et al., 2023). The limitations and the risk of health complications such as recurrence of stroke, it is necessary for those discharged stroke survivors to have access to effective rehabilitation and community care services, or sometimes their needs and care have also led to the work or task of the family caregivers to support their physical and psychological recovery and as well as promote positive health outcomes (Chau et al., 2022). As such, studies have already been conducted on their lived experiences and challenges in performing their task in taking care of a person with a stroke.

There are also identified gaps in information in regard to structures, processes, and the outcomes as well as deficits in the provision of stroke-associated services and processes thus creating barriers, such as healthcare resources, maldistribution of health facilities, inadequate training on stroke treatment among the healthcare workers, poor stroke awareness, insufficient government support and limited health insurance coverage (Logan et al., 2024). Those services lead to a lack of access to the needs of those people who have a stroke in the Philippines. Additionally, it also relates to economic or financial toxicity, which is a negative impact on the medical expenses affecting the patient's quality of life, mentally and physically. According to Xu et al. (2024), the expenses associated with the treatment and rehabilitation of stroke have left patients with a financial strain, thus affecting their treatment, quality of life, and emotions.

A study related to caregivers has also been conducted, according to Verones et al. (2024), which recognizes that recognizing the caregivers who play a vital role in caring for stroke patients is crucial, as it provides valuable insights into their experiences and challenges of both stroke survivors and the caregivers (Verones et al., 2024). Other studies have already been conducted, especially among stroke survivors and/or located mostly

abroad, including Tiwari et al. (2021) in India and Chang et al. (2020) in China. However, there is a lack of local research, especially in Ozamiz City, Philippines, which creates several difficulties, including limited services and medical facilities, as well as limited knowledge. According to the study by Logan et al. (2024), although the development of stroke services has already been identified, there remains a wide gap between the availability of stroke services and the high burden of stroke in the Philippines. With such circumstances, people with stroke in the Philippines would find it difficult to perform their activities of daily living.

With an empirical gap, the researcher aimed to explore and directly investigate the patients with stroke themselves in their daily life experiences and challenges, understanding and recognizing their struggles with such disabilities. As standardized stroke care is still in development, there is inadequate knowledge among the healthcare providers and caregivers of stroke patients (Chau et al., 2022). Documenting their experiences and challenges contributes to expanding the body of nursing knowledge by informing new techniques, management, and care for stroke patients. The purpose of this study was to explore the life experiences and challenges of those people with stroke in Ozamiz City, as they strive for their new life, as well as the simple day-to-day tasks that need to be relearned, now that they have a disability, and need more frequent rest.

Theoretical Framework

This study was supported by the "Self-Care Deficit Nursing Theory" (SCDNT) by the author Dorethea Orem, as well as the "Roy's Adaptation Model" (RAM) by Sister Callista Roy.

The SCDNT focuses on the individual's ability to perform care independently, as it involves activities individuals initiate to maintain life, health, and well-being (Gonzalo, 2024). According to Orem (1995), SCDNT represents a caring approach that uses experiential and specialized knowledge to design and produce nursing care. Knowing more about self-care, Orem said that "the condition that validates the existence of a requirement for nursing in an adult is the absence of the ability to maintain continuously that amount and quality of self-care which is therapeutic in sustaining life and health, in recovering from disease or injury, or in coping with their effects. With children, the condition is the parent's (or guardian's) inability to maintain continuity for the child, the amount and quality of care that is therapeutic" (Orem, 1991). According to Feriani and Pandin (2022), self-care is the ability of patients or individuals to take care of themselves; when they are unable to do so, nursing care will be provided.

The SCDNT is also composed of 4 related theories that the researcher used to utilized on the study, the theory of self-care which describes why and how the person cares for themselves; the theory of dependent care which how the related family and/or friends is the one who provide care for a dependent person; and the theory of self-care deficit which describes and explains why a person can be helped through nursing; and lastly the theory of nursing systems which describes and explains the relationships that must be brought about and maintained for nursing to be produced (Udan, 2020, p. 183). In this theory, Orem also revealed that there are five methods that can be used to help self-care, namely: (1) Actions to or do for others; (2) Provide guidance and direction; (3) Provide physical and psychological support; (4) Provide and maintain an environment that supports personal development; and (5) Education (Yip, 2021).

The theory of SCDNT is related to the personal experiences & challenges, as stroke would either lead to mortality or disability; those who survived have faced challenges affecting their activities of daily living (ADL), thus they would mostly rely upon someone for help. Because of their disability, which could be paralysis, muscle weakness, memory problems, and other difficulties, they are dependent on someone for their care and are also in a self-care deficit. Other problems also include long-term stroke survivor dissatisfaction or issues with health and social services, or other needs (Poomalai et al., 2023). This is because their needs are difficult to distinguish and depend on related factors, such as patient satisfaction, preferences, health-related quality of life, disability severity, and physical and psychological functioning (Chen et al., 2019). This dissatisfaction is linked with their "unmet needs" regarding physical activity, rehabilitation, and health-related care (Saydah et al., 2019). There are only a few of them who have mild strokes and can do self-care, but on the other hand, most of them cannot do well. In theory, nursing care helps to prevent the development of self-care defects and provides therapeutic self-care for those who have self-care defects, meaning that the theory emphasizes that patient strengthen their self-care abilities while also receiving professional nursing care (Si et al., 2021).

Roy's Adaptation Model (RAM) in nursing is a framework that analyzes how an individual or a group interacts with and responds to stimuli in an environment (Callis, 2020). According to Callista Roy, a person is a bio-psycho-social being that is in constant interaction with a changing environment, and to respond positively that person must adapt, a person's adaptation is a function of a stimulus he is exposed to, and the adaptation model, the person's adaptation level comprises a zone indicating the range of stimulation that will lead to positive response (Udan, 2020, p. 258). In the adaptation model, the major concepts

included; person, on which they are a holistic individuals that are in a constant interaction with the environment and uses the system of adaptation in respond to a stimuli they experienced; environment, it is the context that affects the development and behavior of an individual as adaptive system; health, is which the state of an individual can continually adapt to the stimuli; nursing, they are the facilitators of adaptations on which they assess the individual's behavior, enhancing environmental interactions, and reacting positively to a stimuli; and last adaptation, on which is the process and outcome whereby individual's use of conscious awareness and choice to create human and environment integration (Marudhar and Bashir, 2019).

In addition to the model and the concept that highly utilized on the study, a "person" has four modes of adaptation, the physiological-physical mode which is the individual's physical health and functions, it is relative to the basic needs of physiological integrity such as oxygenation, nutrition, elimination, activity and rest, then lastly protection; the self-concept-group identity mode focuses specifically psychological and spiritual aspects of the human system , in which is the individual's belief and feelings about themselves; the role function mode, as role, the functioning unit of society is defined as a set of expectations about how a person occupying one position behaves towards a person occupying another position, as which is where the individual's role in the society; and the interdependence mode which is the individual's relationship and interactions and interactions to others, focuses on close relationships of people either be individually or collectively and their purpose, structure, and development (University of Tulsa, 2023).

This theory has enabled researchers to identify the coping mechanisms of stroke survivors. As the person who survives a stroke, most of them will develop disabilities; they

will experience sudden and shocking changes regardless of the severity, as it would be referred to as a turning point because it can make a profound difference in one's life; they will find it challenging and struggle to adapt to their new life (Choi et al., 2022). In the study of Liu et al. (2023), a proposed coping style plays a role in the depressive state of depression among stroke survivors. Using the adaptation model, the researchers can examine how stroke survivors with disabilities adapt or cope in their new lives, based on their experiences and daily-life challenges.

The use of both Self-Care Deficit Nursing Theory (SCDNT) and Roy's Adaptation Model (RAM) has provided a deeper, more integrated understanding of the lived experiences of stroke survivors. Orem's theory of SCDNT offers the necessary simplicity, clarity, and logic to serve as the preferred framework (Yip, 2021). It highlights the limitations of stroke survivors in doing self-care and being dependent on others for support. And in Roy's adaptation model, it is suited in the study of stroke survivors as it relates to their adaptation status (Kim and Kim, 2023), it highlights how the stroke survivor's capacity to adjust or adapt to their challenges, such as physically, emotionally, and socially, to a new life. Together with both theories, it revealed how stroke survivors navigated their lives in dependence on others and the struggle of adaptability, and has also provided the researchers with an opportunity to expand the understanding of stroke survivors (De Lima et al., 2023).

Conceptual Framework

The study was guided by the goal of understanding how stroke survivors experience and make sense of life after stroke. As a qualitative research project, this study does not aim to measure variables, but to explore the deep, lived experiences of individuals who

have gone through a stroke and are trying to rebuild their lives. There is a total of five themes that emerge from stroke individuals' experiences, which show their daily struggles, emotional pain, inner strength, relationships, and how they try to move forward even when things are difficult. These essential themes include: The Body as a Site of Struggle and Adaptation; Home as a Paradox of Safety, Confinement, and Struggle; Reconstructing Life Through Altered Temporality; Rediscovering Self in the Wake of Stroke; and Redefining Independence Through Everyday Objects.

The Body as a Site of Struggle and Adaptation shows that individuals with stroke experience physical changes, such as weakness, stiffness, numbness, and immobility, and that the body has become a center of struggle and adaptation. Many have described their bodies weird, unfamiliar, and unreliable and also expressed frustration over to their sudden inability to perform things they were, according to Hall et al., (2024) and the American Stroke Association (n.d) as it is common and can be sudden in stroke to result in disabilities or physical limitation have often changed their experience and can results in a existential challenge on which can threaten their identity.

The loss of bodily functions greatly affected the participant's perception of themselves, as some reflected on how an everyday struggle has turned into an emotional burden due to physical limitations. Some participants shared that they could not move their right arm, and others would have to relearn how to use a spoon. These challenges were not merely physical; they were essential to shaping the stroke survivor's perception of their dignity, worth, and control over their lives. They would learn new ways or techniques when moving, using devices, or relying on the support of others, according to Kernan et al. (2021). As they were limited in their ability to work or perform household tasks, they

required assistive devices or instruments for mobility or assistance with activities of daily living. The collection of statements resonates well with Roy's Adaptation Model because an individual with a stroke has striven to adapt to their new life, as this theory analyzes how individuals respond to and interact with environmental stimuli (Callis, 2020). Orem's Self-Care Deficit Theory is evident in how participants' inability to meet their basic needs has led them to a sense of helplessness and dependence, while also striving for recovery through perseverance. Applying Orem's SCDNT to individuals with stroke who have impaired self-care is conducive to their recovery of physical health (Si et al., 2021).

Home as a Paradox of Safety, Confinement, and Struggle reflects on how life after stroke changes the home: once a place of comfort and routine that offered safety and emotional refuge, it has now become a space of confinement, tension, and struggle, where limitations are most noticeable. Such limitations or obstacles at their home would include thresholds, stairs, or limited spaces (Elf et al., 2023). They would find it difficult to climb stairs or to navigate narrow spaces such as the bathroom and the kitchen. Home is a paradoxical space, where it is either a comforting or isolating space for stroke survivors. They will come to learn that their house now serves as their sanctuary and a reminder of what they have lost (Marcheschi et al., 2021).

They shared how such a place used to be, where they relaxed, and now it has become where they sleep, eat, or wait, as they can no longer reach the bedroom upstairs. These adjustments have produced a sense of displacement within their familiar environment, showing the fact that stroke survivors not only struggle with their bodies but also with how space shapes their lives (Elf et al., 2023). This also shows that they do not simply exist in such a space but also experience it. For stroke survivors, space is no longer

neutral, but rather a symbolic meaning and emotional weight, both a place of healing and a visual reminder of limitations. Their struggles within the home environment could relate to Roy's Adaptation Model, in which they would rearrange furniture or renovate a part of their home to adjust and restore some level of normalcy in their personal spaces (Slaug et al., 2023).

Reconstructing Life Through Altered Temporality, which explains how individuals with stroke experience time differently. Most of them expressed a change in perception of time: it was once fast-moving, has now become fractured, and has become slower, often immobilizing and uncertain (Coelho et al., 2022). Their fast-paced life before stroke has now been replaced, as participants would feel that a day has become a week. Time was no longer just a measure of clock for stroke survivors; it became a symbol of loss, stagnation, and slow progress. The past becomes a place of longing for the time when life felt normal; the present itself is filled with challenges, and other stroke survivors anticipate or dread an uncertain future that may be better or worse (Rodrigues, M. et al., 2022). Time is now considered to be emotionally charged and personally experienced, as the stroke alters the lived temporality of the participants by disrupting their routine, productivity, and personal narrative. With this new experience of time, stroke survivors adapt to their new lives, which focus on schedules, attention, and acceptance (Mole et al., 2020).

With the adjustment of this new time, it has shaped how stroke survivors approach daily living. The time has become distressful and unpredictable, making it difficult to establish new routines, as Coelho et al. (2022) report changes in their perception of time, leading to miscalculations. As time has slowed, simple tasks have felt too long to complete,

and the unpredictable recovery has left them confused about their emotions between the past they long for and the uncertain future. Some of the stroke survivors spoke that they are learning to learn new ways in their condition, having a new set of schedules, accepting prolonged time or patience, and achieving meaning in such small progressive milestones. Their effort to adjust to a new life has begun to reestablish itself through adapting to a new flow of time shaped by their condition and healing journey.

Rediscovering Self in the Wake of Stroke showed that stroke survivors often describe the feeling of being disconnected from who they are and from others. Though some of the others had their social worlds changed, the relationships could either become stronger or become stained and faded. They often describe feeling disconnected from who they are, a burden, having lost one role, and needing to be cared for, which has been a painful reality in their relationships with others (Anderson et al., 2022). Many of the participants regretted their loss of social independence; they expressed that before, they were the ones who provided for everyone, and now, they are all taking care of me. There are also other stroke survivors who shared altered appearance, speech, or mobility, which has affected how they were treated by others; often, they encounter pity, avoidance, or overprotection (Maggio et al., 2024). Many stroke survivors were forced to reassess their identity, worth, and roles in their families or communities. However, some participants have also started rediscovering who they are now through support from personal reflection, family, and spirituality. They are finding meanings through new activities, relationships, and even the ability to survive and adapt (Bifulco, 2021).

Their journey of finding a new self was characterized by internal struggle between who they once were and who they will become, according to Guwulayo et al. (2021). To

them, they have become a family burden and have a significant impact on their daily functioning. Some have spoken of regrets and emotional pain due to their condition, expressing sorrow for neglect or harmful habits as they reflected on their past choices. And because of that, it has shaped them into a new self, despite the struggles of independence and shifting family roles. Over time, stroke survivors have slowly adapted, finding new ways to manage their daily lives. Despite their vulnerability to emotions and the unwavering presence of their loved ones, many have already begun to rebuild their new selves, even if it's only a little progress, like feeding themselves or walking again. Their family is not just a mere caregiver but also an anchor that has given them strength and restored a sense of dignity, according to Deepradit et al. (2023). Family is an important part of stroke recovery, as they play a role in the recovery. With this gradual adaptation, their efforts have now contributed to a new sense of self and the evolving understanding of their worth.

Redefining Independence Through Everyday Objects showed how stroke survivors use simple everyday items, such as cranes, wheelchairs, grab bars, and other essential tools that were once unnecessary, which have now become important as they accompany them on their journey toward independence (Soleimani et al., 2024). Those objects are essential to their ability to carry out everyday activities, such as eating or going around the house. Through these interactions, stroke survivors start to redefine what independence means, not as they would want it to be before they had a stroke, but rather as the ability to navigate a new life through adaptation (Darmadi et al., 2023). Some participants also used material objects and developed their own strategies, such as putting things within reach, rearranging furniture for mobility, and renovating or customizing their

homes for safety and ease. Others also use everyday objects like smartphones for communication, scheduling, setting reminders, and entertainment or comfort. These things hold emotional, symbolic, and functional value in the healing process, not just as physical aids (Gashoot, 2021). This theme reflects how the material world becomes deeply intertwined with life after stroke, how these individuals interact with their environment, making decisions, and regaining independence is influenced by the presence or absence of supportive tools. Despite their physical challenges, stroke survivors develop a sense of control, confidence, and dignity.

In this new sense of independence, to which once a simple and unexpected object has now taken on a powerful meaning, according to Nayeem et al. (2022), with their performance in activities of daily living highly affected, such manipulation of objects is essential. As the stroke survivors shared, such tools not only helped them with their daily living but also provided a renewed sense of purpose and capability. It has brought satisfaction and hope, as many of them are able to perform even the smallest tasks and make little progress. The presence of these objects has given them a strategy that reflects a form of resilience in which independence is no longer about doing everything alone, but about living meaningfully with such support. These objects have served as a reminder to them that life can still be navigated, and progress is not about returning to what once was but about moving forward for what is now possible. And from this perspective, recovery is no longer only about rehabilitation but also about redefining oneself in the new life.

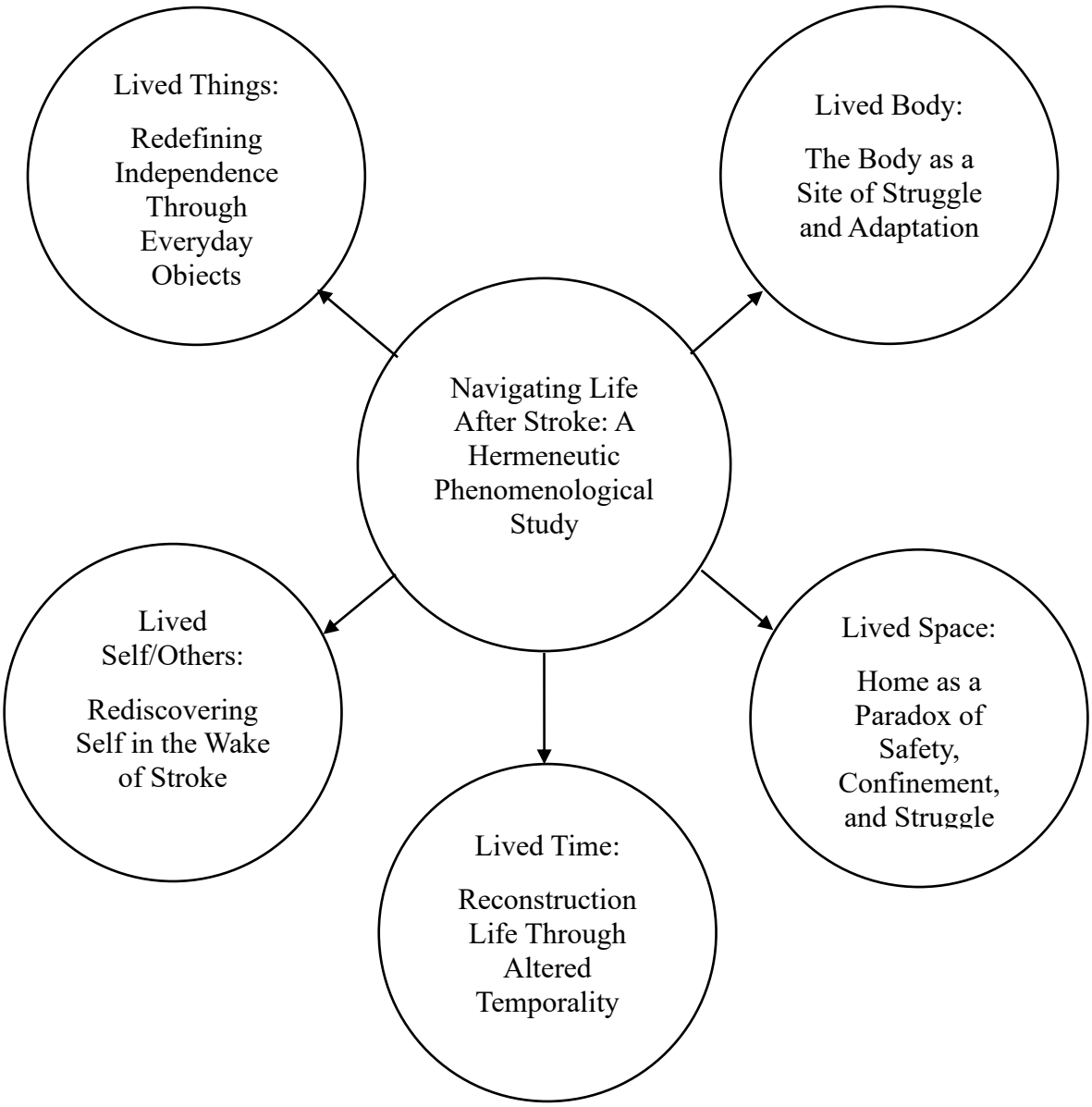

Figure 1. Schematic Diagram of the Study

Objectives of the Study

This study will navigate life after a stroke among individuals affected with difficulty talking but able to communicate and restricted physical abilities, and to answer the research question: What is life after a stroke?

Significance of the Study

This study provided a deep understanding of the lived experiences of individuals navigating life after stroke. Through these experiences, the study sought to go beyond clinical narratives, offering holistic care to those individuals who have had a stroke.

Stroke Patients. As the primary beneficiaries of this study, stroke patients are given a meaningful space to share their stories, which can be both healing and empowering. By expressing their lived experiences, they may feel heard and acknowledged, promoting self-reflection and personal growth. In addition to fostering individual development and awareness, the insights from this study can deepen understanding of stroke survivors' coping strategies and resilience, potentially guiding healthcare providers, support programs, and future research.

Family. This study sheds light on how families can better support stroke survivors throughout their journey, boosting resilience and adaptation. Understanding these experiences helps families recognize the physical, emotional, and cognitive changes that often occur during stroke recovery, preparing them to offer empathy and responsive care. Furthermore, by focusing on the role of family in survivors' social support networks, this study emphasizes the need for open communication, patience, and understanding to reduce survivors' feelings of isolation and reliance.

Community. By sharing the experiences and challenges faced by those people who have had a stroke, community members will understand these problems and will know how to handle them and help them lessen the burden. This increased awareness can lead to greater compassion, reduced stigma, and more inclusive attitudes toward stroke survivors. It may also encourage local support initiatives, such as community education programs, peer support groups, or improved accessibility in public spaces, fostering a more supportive and informed environment for recovery and reintegration.

Nursing Students. This study emphasizes the importance of gaining a deeper understanding of stroke survivors' lived experiences. Students can enhance their empathy and patient-centered care approach. By developing better communication and collaboration skills, one can learning to work closely with families, bridging the gap between clinical care and emotional support. Students will equip themselves to deliver efficient, appropriate, and responsive nursing care, demonstrating compassion, especially in addressing the physical, emotional, and cognitive needs of stroke patients.

Healthcare professionals. As future employers of nursing graduates,healthcare institutions will be indirect beneficiaries of this study. Understanding their experiences and Challenges will help healthcare professionals to improve and produce much more social support and family-centered care for those people with Stroke.

Future Researchers. This study will lay a foundation for further exploration by providing a rich, deep understanding of stroke survivors' lived experiences. The study provides important added information about the social, emotional, and psychological aspects of recovery. These results may stimulate further qualitative and quantitative

research to pinpoint the critical elements that foster resilience and overall health in stroke survivors, leading to the development of specialized interventions and support systems.

RESEARCH METHODOLOGY

This section presents the research design, research setting, study participants, research instrument and its validation, data-gathering procedure, and statistical tools.

Design

This study used a qualitative, hermeneutic-phenomenological research design. Hermeneutic phenomenology is a qualitative research methodology that combines phenomenology, which focuses on lived experiences, with hermeneutics, the art of interpretation. This approach seeks to understand how people interpret their experiences and the meanings derived from them. It highlights how events are subjectively interpreted as well as the circumstances around them (Oerther, 2020). This design is the most suitable for this research, as it surveys the facts and conditions existing in the locale.

Environment

This study was conducted in Ozamiz City, Misamis Occidental, Philippines. Ozamiz City is a developing urban area in northwestern Mindanao, equipped with basic healthcare facilities, but it has limited specialized services for stroke rehabilitation and long-term care. The city has no dedicated stroke centers and only minimal access to long-term care support for survivors. Despite these limitations, Ozamiz City was chosen as the setting because it reflects the common reality for many Filipino stroke survivors living in low-resource communities, and particularly due to genetic diseases that are risk factors for stroke.

Additionally, due to the city's climate, it would worsen conditions such as hypertension and stress. Conducting the study in this environment allowed the researchers

to explore how individuals adapt to post-stroke life in the absence of extensive institutional support.

Participants of the Study

The participants of the study were a total of 7 individuals who experienced stroke and are living with a variety of physical disability but are able to communicate/articulate words. The inclusion criteria required: Stroke survivor for at least 4 months; either an adult male or female; capable of verbal communication; and currently residing in Ozamiz City, Misamis Occidental. The selection of participants was also based on their confirmed stroke diagnosis and willingness to participate in the study. A total of 7 participants were included, and the sample was kept going until data saturation was reached. According to Vasileiou (2018), qualitative research often utilizes small sample sizes to allow for in-depth, case-oriented analysis, which is central to this methodology.

Data Gathering Procedure

Before conducting the study, the researchers obtained permission from the dean of the College of Nursing, Midwifery, and Radiologic Technology. The researchers had informed the participants that the participation would be voluntary. Participants and their significant others were asked to complete an informed consent form. The researchers obtained information on the agreed schedule between the selected participants. The researchers collected data on stroke survivors; the initial participants were found through referrals from support groups, healthcare professionals, or individuals who knew someone who had experienced a stroke.

This referral procedure persisted until enough participants from diverse backgrounds were gathered to provide a thorough understanding of their experiences. After

identifying the final participants, interviews were scheduled. The interviews occurred over two weeks. A face-to-face interview format was used to allow for clarifying questions, further probing, and observation of non-verbal communication. Each interview lasted approximately 30 to 60 minutes; the researchers took notes during the interviews and observed participants' behavior, which they supplemented with journal memos.

Immediately after each interview, the researchers transcribed the recordings themselves to ensure accuracy and to faithfully preserve the participants' responses. To begin each interview, participants were given sufficient time to read the informed consent form, and the purpose of the interview was explained. Participants and their significant others were asked to review drafts of the study's written report and provide additional feedback to verify the accuracy of the findings. This member check was one of the procedures used to verify the accuracy.

Data Gathering Instruments

In this study, snowball sampling was employed to identify and recruit eligible participants. The researchers used semi-structured interviews to gain in-depth insights into the lives of stroke survivors. The interviews began with an introduction that helped develop rapport with the participants, allowing them to relate their life experiences and challenges. The interview guide utilized open-ended questions that allowed participants to discuss their experiences when facing such issues. The interviews were digitally recorded and transcribed. Additionally, a tape recorder was used to record the interviews for accurate transcription and review.

Mode of Analysis

A van Manen method of analysis will be used in this study, as van Manen (1990) asserts that the lifeworld is a depiction of the world as it is directly experienced by humans and includes the subjective, embodied, and contextual elements of human existence. van Manen's phenomenology, grounded in the concept of the lifeworld, provides an advanced framework for analyzing lived experiences.

The study utilized Van Manen 6-steps approach on Hermeneutic Phenomenology: (1) Turning to the nature of lived experiences, which is formulation a research question; (2) Investigating experience as we live it, the phenomenon is captured through methods of investigation; (3) Reflecting on the essential themes which characterize the phenomenon, the overall meaning of an informant's experience is sought when reflecting on the themes; (4) Describing the phenomenon in the art of writing and rewriting, through the process of writing, the intention is to make visible the feelings, thoughts, and attitudes of the informants; (5) Maintaining a strong and orientated relation to the phenomenon, the researcher must strive to remain focused on the research question; (6) Balancing the research context by considering the parts and the whole, the researcher is asked to constantly measure the overall design of the study.

Van Manen's five lifeworld's provide a framework for understanding the multiplicity of human experience in a holistic way, our perception and understanding of the world are shaped by the interactions and interweaving ofThe lived body (Corporeality), The lived space (Spatiality), The lived time (Temporality), human relationships (Relationality), and the live things (Materiality) to uncover the deeper meanings of lived experiences and to comprehend how these aspects of life both influence and are influenced

by human consciousness, phenomenological research frequently addresses these lifeworlds.

The Lived Body (Corporeality) The corporeality describes how our bodies interact with the outside environment. Subjective and relational experiences of the body in the world are just as important as the biological body itself.

The Lived Space (Spatiality). This lifeworld focuses on how humans perceive and live in space. It is the way our physical surroundings and places affect and mold our experiences and behaviors.

The Lived Time (Temporality) This dimension focuses on how we live, feel, and interpret time, not just as a chronological progression. It encompasses how we view the past, present, and future.

The Lived Self-Others (Relationality). This lifeworld emphasizes how intertwined we are with others and how our sense of ourselves is neither separate nor autonomous. We learn about ourselves and develop our identities through these partnerships.

The Lived Things (Materiality) The material and cultural environment in which our lives take place is referred to as the lived world. This includes the things, artifacts, technology, and social systems that influence human experience.

These essential themes include: The Body as a Site of Struggle and Adaptation; Home as a Paradox of Safety, Confinement, and Struggle; Reconstructing Life Through Altered Temporality; Rediscovering Self in the Wake of Stroke; and Redefining Independence Through Everyday Objects.

Ethical Considerations

The study aimed to maximize participant benefits while minimizing potential risks. By fostering a compassionate and encouraging atmosphere during interviews, steps have been taken to guarantee both physical and mental well-being. The researchers ensured, prior to the interview protocol, that participants had already taken their medications and received guidance from healthcare professionals, including the psychologist. Participants received the necessary support materials; in such instances, the researcher offered reassurance, paused the interview when needed, and acknowledged their feelings throughout.

Participants' autonomy and dignity have been upheld, and they have been free to choose whether to participate in the study. Clear and thorough explanations of the study's goals, methods, risks, and benefits were provided to secure informed consent. People who had a stroke and have cognitive or speech problems received extra care to ensure they understand the consent process completely and were not forced to participate. Strategies for recruitment provided a fair and equal selection of participants, preventing any group from being exploited or excluded. To ensure that the results provide a representative knowledge of life after stroke, efforts have been made to involve a diverse variety of participants to capture a wide range of lived experiences.

RESULTS AND DISCUSSION

This section presents the study's findings based on the lived experiences of seven participants with stroke. The study used participants' narratives to generate main themes and sub-themes using van Manen's existential framework, comprising the Lived Body, Lived Space, Lived Time, Lived Other, and Lived Things. A total of five main themes: The Body as a Site of Struggle and Adaptation, Home as a Paradox of Safety, Confinement, and Struggle, Reconstructing Life Through Altered Temporality, Rediscovering Self in the Wake of Stroke, Redefining Independence Through Everyday Objects, and twelve sub-themes emerged from the study, revealing the physical, emotional, social, and spiritual realities faced by these individuals with stroke.

Description of the Participants

The study was participated in by seven (7) participants of Ozamiz City, Misamis Occidental, through referrals and chosen according to the eligibility requirements of the study. To protect the participants' anonymity and confidentiality, their names will be replaced with "P1 to P7".

P1. A 61-year-old married man, currently in his first year of recovery following a stroke he experienced at the age of 60 years old. The stroke led to immobility in his right arm and lower body, along with mildly slurred speech. He stays at home and uses his smartphone to stay connected with others. In the early months, he was deeply saddened and emotionally weighed down by his condition. Over time, he has grown to accept his new limitations and expresses gratitude for the life he still has. With steady support from his family, especially in their consistent presence at Sunday church services, where they

accompany him in a wheelchair, he is gradually adjusting to his new way of living, anchored in faith and quiet resilience.

P2. A 37-year-old single man, currently in his second year of recovery following a stroke he experienced approximately two years ago. He was formerly a market laborer; he stays at home due to his physical limitations. He continues to struggle with his loss of strength and independence, relying on others for assistance with daily activities. The inability to provide for his family financially remains a source of regret. However, over time, he has begun to come to terms with his condition and is slowly learning to live with his new reality.

P3. A 56-year-old married man who experienced a stroke approximately one year and six months ago. The stroke resulted in mild speech impairment and some physical limitations. His formal recovery lasted about three months, after which he gradually resumed his daily routines. Despite the ongoing challenges, he remains determined to stay engaged in meaningful activities. He openly acknowledges his limitations with his body movements but continues to push himself within his capabilities, driven by his strong sense of commitment and a willingness to adapt.

P4. A 63-year-old married man who had a stroke five months ago, in December 2024. He is currently five months into his recovery. The stroke left one of his arms immobile, significantly impacting his independence. When it comes to self-reliance, he depends heavily on his family for assistance with personal tasks. He describes the experience as life-altering, marked by frustration over his reduced abilities to do work, but also expresses deep appreciation for the support of his loved ones.

P5. A 55-year-old married man who experienced a stroke in 2019. In the first few years following the stroke, he engaged in rehabilitation, but he eventually discontinued formal therapy around the third year. Despite this, he continues to manage the long-term effects of his stroke well. The stroke led to temporary vision loss and cognitive challenges, which deeply affected his sense of independence. He initially struggled with denial, sadness, and feelings of helplessness. Although he has chosen not to use certain assistive devices for personal reasons, he remains dedicated to his own rehabilitation. His journey is marked by faith and a growing sense of gratitude for the steady support and understanding his family has shown.

P6. A 60-year-old single man, one year post-stroke, was diagnosed at the age of 59. The stroke caused severe weakness and pain in his lower limbs, making walking and even simple movements difficult. He has expressed emotional distress and moments of anger about his condition. Despite these struggles, he remains determined and continues working hard at home to regain some mobility.

P7. A 70-year-old woman who lives alone in her home and occasionally gets visits from friends. 1 year ago, she had a stroke. Before her stroke, she handled a range of household duties, including cleaning, laundry, and care, all of which are now beyond her capabilities due to her limited mobility. Over the course of her three-month recovery, she grew increasingly dependent on others to perform daily tasks. She spends a significant portion of her day waiting for assistance, a stark contrast to her earlier independence.

Results

Formulated Meaning Units, Sub-themes, Essential Themes of the Phenomenon

Meaning Units were formulated from the researcher's understanding of the participants' significant statements gathered during the interview. These meaning units represented meaningful units of information that captured essential aspects of the participants' lived experience of navigating life after stroke, particularly their challenges with physical disability and speech. Through an iterative analysis, sub-themes were formed by integrating meaning units with similar meanings. Twelve (12) sub-themes were formulated and grouped into five (5) essential themes that capture participants' lived experiences.

Table 1. Meaning Units, Sub-Themes, Essential Themes of the Phenomenon.

Meaning Units	Sub-Themes	Essential Themes
Physical Impairment and Reduced Mobility	Loss of Mobility and Independence	The Body as a Site of Struggle and Adaptation
Limitations in Performing Daily Activities		
Fatigue	Physical Exhaustion and Vulnerability	
Physical Pain		
Paralysis	Bodily Disruptions from Stroke	
Vision Loss		
Pain from Stroke		
Boredom in Home Space	Conflicted Perceptions of Home	Home as a Paradox of Safety, Confinement, and Struggle
Isolation at Home		
Sensory Change of the Environment	Altered Perception of Surroundings Post-Stroke	
Cognitive Disorientation in Familiar Spaces		
Bodily Sensation in One's Environment		

Sense of Safety and Comfort at Home	Conflicted Emotional Attachment to the Home Environment	
Emotional Distress		
Altered Perception of Time	Shifting Temporal Experience	Reconstructing Life Through Altered Temporality
Slowing down and appreciating life		
Acceptance of life's timing		
Gradual Adjustment	Evolving Acceptance of Life After Stroke	
Acceptance of the New Normal		
Delayed Acknowledgment of Symptoms	Recognition and Regret Over Stroke Onset	Rediscovering Self in the Wake of Stroke
Regret on life before stroke		
Loss of Provider Role	Adapting to Changing Roles and Physical Realities	
Dependency on Daily Functioning		
Acceptance to Physical Limitations		
Restricted Physical Participation		
Adaptation to Limitations		
Unchanging Family Support	Family as Source of Support and Strength	
Hope Rooted in Family		
Use of adaptive tools to support mobility and comfort	Strategies for Lifestyle Adjustment	Redefining Independence Through Everyday Objects
Change of hobbies and lifestyle		

The Body as a Site of Struggle and Adaptation

For stroke survivors, the body, which had been their source of freedom, became a source of their everyday struggle after experiencing a stroke. Under this essential theme, three sub-themes emerged, namely: (i) Loss of Mobility and Independence, (ii) Physical Education and Vulnerability, and (iii) Bodily Disruptions from Stroke.

Many participants expressed a sense of loss over their inability to walk, bathe, or eat without help, activities once taken for granted that have now become challenging. Participants emphasized this transition as a difficult phase in their lives, while showing signs of tiredness, daily physical restrictions, and a need to rely on others for necessities. Fatigue was a constant companion, and the feeling of vulnerability was a daily reminder of the body's betrayal for the participants. These restrictions triggered feelings of irritation, helplessness, and even humiliation, particularly when it came to needing assistance with personal care.

For many, a stroke triggered a sudden and disorienting break from their previous sense of bodily normalcy, where they no longer feel fully synchronized with their physical body. However, alongside the struggle, participants also learned to navigate their new limitations after a stroke. A lived body, grounded in the participant's experiences, portrays a deeply embodied experience of Illness, in which the body is no longer a transparent medium of action but becomes problematic and dominant. The sub-themes clarified how the participant's body became not only a site of disruption, but also a medium through which healing, resilience, and adjustment could unfold.

Loss of Mobility and Independence

The participants' everyday lives were drastically changed by their stroke-related physical impairments, particularly their loss of mobility in their bodies. These limitations deprived them of their level of physical independence and disrupted their ability to carry out their daily routines. When participants were asked to describe their life experiences with their illness, they commonly mentioned impairments such as difficulty moving, body pain, and generalized weakness of the body that altered how they function at home.

One of the participants shared his experience of difficulty in moving:

> ***P1.*** "Lisod gyud kaayo ang akong naagian pagkahuman sa stroke… Lisod na gyud ang lihok …" (What I went through after the stroke was difficult… It's hard to move now…)
>
> ***P2.*** "Dili na kaayu ko makalihok…Kalit lang nga dili na nako malihok akong tibuok bukton, hastang kamot nako di na nako mabatian (I can hardly move anymore… Suddenly, I could not move my whole arm, even my hand, I could not feel it)
>
> ***P4.*** "Sakit na kaayo i-lihok akoang lawas. Lahi na akong gibati sa lawas, ug lisud na kayo molihok" (It really hurts to move my body. My body feels different now, and it's difficult to move.)
>
> ***P5.*** "Ang nabantayan jud nako sa akong lawas dili nako kadagan kay magsakit na…and when I do my personal things and necessities kay hinay kaayo, dili na pareha sauna." (What I really noticed about my body is I cannot run anymore because it hurts…

and when I do personal tasks and necessities, I tend to be slow, quite different from before)

P6. "Ganahan ko mo lakaw, di ko kalakaw mo... praktis kog push-up...wala gihapon kay diko kalakaw… Wala na di nako mabuhat ang mga sayun unta mabuhat sakong lawas sauna." (I want to walk, but I cannot… I try to practice doing push-ups… but still nothing because I cannot walk… I can no longer do the things that used to be easy for my body before.)

Some participants reported failing to perform basic daily living activities, such as working. They also complained of a loss of mobility, which meant their activities were limited. Due to these limitations, participants must rely on others to help them with their needs, as illustrated in the following excerpts:

P2. "Makabuhat ra gihapon ko sa pagligo ug paglaba pero dili na parehas sauna…" (I can still take a bath and do laundry, but it is different from before…)

P3. "Tong nagtrabaho kog labor sa merkado pero karon diri nako sa balay kay dili naman sila mosugot kay masuko man sila." (I used to work as a laborer in the market, but now I just stay at home because they will not allow me to work anymore; they get mad.)

P5. "When I do my personal things and necessities, kay hinay kaayo, dili na pareha sauna." (When I do personal tasks and necessities, I tend to be slow, quite different from before)

> ***P6.*** "Ganahan ko mo lakaw, di ko kalakaw mo... praktis kog push-up...wala gihapon kay diko kalakaw… Wala na di nako mabuhat ang mga sayun unta mabuhat sakong lawas sauna." (I want to walk, but I cannot… I try to practice doing push-ups… but still nothing because I cannot walk… I can no longer do the things that used to be easy for my body before.)

Most participants reported that their loss of mobility and the limitations that accompany it affected not only their physical abilities but also their emotional well-being, independence, and sense of identity. The inability to perform simple tasks deepened the participant's experience of vulnerability and frustration.

Physical Exhaustion and Vulnerability

Most participants indicated that stroke had serious consequences on their body, as the level of weariness that they experience when constant, overwhelming lethargy takes a toll on the body after experiencing a stroke. Other challenges mentioned included feeling weak and easily drained, even with minimal activity. As one of the participants stated:

> ***P1.*** "Lisod na kaayo ang trabaho ug dali ra ko kapoyon…Kung naa koy gusto buhaton, muundang nalang ko." (Work has become very difficult, and I get tired easily… If there's something I want to do, I just end up stopping.)
>
> ***P2.*** "Makabati ko ug ka kapoy, luya sa lawas…nawad-an ug kusog akong lawas…" (I feel tired and weak… My body has lost its strength…)

P5. "Physically, luya kaayo akoang lawas." (Physically, my body is very weak.)

P6. "Luya kayko, luya dayun dili ko kagunit kay wala koy kusog" (I feel so weak, drained that I cannot even hold things properly because I have no strength.)

In some cases, Fatigue was compounded by physical pain, as the participant's body, which had once represented their strength and dependability, now felt like a delicate, vulnerable part of them. One participant expressed his experience with his leg pain and described an inability to stand or move without risk of falling, as indicated below:

P3. "Ang akong nabantayan kay sakit akoa tiil…dili na nako sila mabuhat. Dili ko katindog murag nalupog ko ba. Mugamit ko sa akoang kamot ug tiil kay matumba ko, tungod mawad-an kog kusog." (What I have noticed is that my leg hurts… sometimes I can no longer lift it.) I cannot stand; it is like I'm beingcrushed. I use my hands and feet for support because I'm losing strength, and I might fall.)

Bodily Disruptions from Stroke

The sudden and life-altering impact of stroke on the physical body of the participants showed that this disruption was not only physical but also included the body's rhythm, control, and independence. Ayerbe et al. (2019) stated that a profound sense of detachment between the participant and their bodies resulted from the stroke's abrupt and concerning changes in bodily sensations and functions. Most of the participants describe various physical consequences of stroke that significantly changed their day-to-day

function throughout their lives. As one participant shared experiencing paralysis, specifically the inability to move the entire arm:

> ***P2.*** "Dili na nako malihok akong tibuok bukton…" (I can no longer move my entire arm…)
>
> ***P5.*** "Dili ko kabasa kay na black out ako so nagkaroon ako ng temporary blindness…" (I could not read because I blacked out, so I experienced temporary blindness…)
>
> ***P6.*** "Hangin ning dagan sa buko-buko ning palos sa paa nako dayun tiil ug lapa-lapa ning sakit kaayu..." (It felt like air rushed through my spine, then down to my legs and the soles of my feet…it was very painful…)

Participants expressed feelings of unease and discomfort when faced with sudden changes in their bodies, such as losing vision, being unable to move an arm, or experiencing strange sensations. Norouzi and Lincoln (2020) stated that stroke survivors often perceive their bodies as strange, fragmented, or unfamiliar, especially during the first year of recovery. The physical body, once a source of security, becomes a site of confusion, pain, and disruption.

Home as a Paradox of Safety, Confinement, and Struggle

For stroke survivors, the meaning of home becomes layered and paradoxical, simultaneously a place of refuge and a site of hardship. While the home's physical structure remains unchanged, its emotional and existential impact shifts significantly. This theme captures how the home environment, once perceived as a symbol of comfort and security, transforms into a space that also reflects confinement, dependency, and emotional

complexity. This paradox is illuminated through three interrelated sub-themes that reflect the evolving post-stroke relationship with the home.

Conflicted Perceptions of Home

This reflects the internal tug-of-war many stroke survivors feel within their living space. Although a home offers a familiar and physically safe setting, it also serves as a constant reminder of one's limitations. Several participants expressed that their reduced mobility and social isolation made the home a place of boredom and stagnation. As Kristensen et al. (2019) and Chen et al. (2021) suggest, the home can lose its positive meaning when it no longer supports meaningful activity and interaction. The statements of the participants are expressed as follows:

> ***P1.*** "Sukad na stroke ko nabati nako nga among balay laay na kaayo tungod kay dili namanko kalihok." (Since I had a stroke, I realized that our house has become very dull because I can no longer move around)
>
> ***P2.*** "Lisud kaayo…dayon laay pa jud kay naa rako pirme diris balay." (It's very difficult… and it's also really boring because I'm always just here at home)
>
> ***P3.*** "Dili man ko kalakaw diri ra sa balay na di rako makabati ug sagabal, laay lang mag pundo diri." (I can't walk, so I just stay at home where I don't feel like a burden to others, but it's just boring to be stuck here)
>
> ***P4.*** "Mao ganahan ko mo gawas kay laay sa balay ako ra'y isa". (That's why I want to go out, because it's boring at home and I'm all alone)

Participants' remarks about feeling bored, stuck, and alone underscore this contradiction. The home, once full of movement and engagement, now reflects loss and disconnection. Thus, home is not always a haven; it can also become a symbol of helplessness and inactivity. This conflicted perception illustrates how safety and psychological distress can coexist in the same physical environment.

Altered Perception of Surroundings Post-Stroke

This theme deepens the discussion by highlighting how stroke changes one's sensory, cognitive, and emotional relationship with space. According to van Manen (1990), lived space is not only experienced through physical presence but also through bodily and emotional awareness. Post-stroke, even familiar spaces can begin to feel disorienting or foreign. As noted by Jokura et al. (2023), changes in perception and memory significantly influence how individuals experience their immediate environment. The statements of the participants are expressed as follows:

> ***P4.*** "Nausab akong panan-aw ug pandungog maong maglisod nakog pamati sakong palibot." (My vision and hearing have changed; that's why it's difficult for me to get a sense of my surroundings.)
>
> ***P5.*** "Akong left brain ning buto so na affected akong memory… naguol ko kay tungod ani di nako kabasa" (My left brain was damaged, so my memory was affected… I feel sad because of this, I can no longer read)
>
> ***P6.*** "Lain akong pamati nga wala nako kasabot sakong palibot, kapoy man gud…" (I feel different, as I don't know what to feel, and my body feels tired.)

Participants described feeling overwhelmed, confused, or emotionally disconnected from their surroundings. These perceptual shifts add another layer to the paradox. While the home is supposed to be predictable and comforting, it now demands increased effort, vigilance, and adaptation. This sub-theme illustrates how spatial familiarity can be disrupted, contributing to the ongoing struggle within what should be a secure and reassuring environment.

Conflicted Emotional Attachment to the Home Environment

Participants described feeling overwhelmed, confused, or emotionally disconnected from their surroundings. These perceptual shifts add another layer to the paradox. While the home is supposed to be predictable and comforting, it now demands increased effort, vigilance, and adaptation. This sub-theme illustrates how spatial familiarity can be disrupted, contributing to the ongoing struggle within what should be a secure and reassuring environment. The statements of the participants are expressed as follows:

> ***P1.*** "Oo, kaning sa among balay, mabati gyud nako na safe ra kaayu ko." (Yes, here in our house, I really feel that I'm very safe)
>
> ***P2.*** "Akong pamati nga nay hadlok sa balay kay wala koy mabatian na kahadlok…maskompartable ko sa balay og safe…pero usahay ug ako nalang isa sa kwarto kay maghilak ko" (I feel that there's nothing to fear at home because I don't feel any fear… I'm more comfortable and safer at home…but sometimes, when I'm alone in the room, I cry.)
>
> ***P3.*** "Okay raman ko diri sa balay, wala raman ko kabati ug kabalaka pero ug molakaw lang ko akoa lang kay bantayan ko." (I'm okay here at

home, I don't feel worried, but if I go out on my own, I should be watched or accompanied)

P4. "Luwas ra man dinhi sa among balay. Wala man pud nang hilabot namo maong komportable ra ko." (It's safe here in our house. No one bothers us, so I feel comfortable)

P6. "Abrido akong ulo bah, samukon ko. dali rako masuko. Wala man koy balaka sa amoa okay raman ko, mabati ra na safe rako sa among balay." (My head feels heavy, and I get easily irritated. I get angry quickly. I don't have any worries at home, I'm okay. I can feel that I'm safe here in our house)

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Reconstructing Life Through Altered Temporality

Stroke survivors described time as no longer as it was before; they frequently feel uncertain about the future and cut off from their past. There are days that feel painfully slow, or others that pass in a blur. This is what a shifting sense of time left many survivors feeling lost and unsure how to move forward. Eventually, over the life of experience as a stroke survivor, they began to make peace and reconstruct their lives, and their sense of self is impacted by this changed perception of time. They slowly learned to accept what

had changed in both their bodies and their everyday routines. They reconstruct their life story and feeling of continuity, considering these changes in identity, not by who they were, but by learning who they are now. This emerges as their evolving acceptance of life after stroke and as part of how they imagine their future, despite the limits of a changed reality.

Shifting Temporal Experience

According to the participants, their perception of their time had changed since they experienced a stroke. The time no longer seems to move normally; it speeds up or slows down. This is because time perception comprises the subjective experience of the passage of time and the duration of events (Coelho et al., 2022). This emphasizes the altered perception of time, resulting in a disruption of their capacity to plan, structure, and engage in everyday routines (Marinho et al., 2019), suggesting that the subjective experience of time in stroke survivors has become less efficient. As Mezzalira et al. (2023) state, the psyche in a time-shifted dimension is where the shadow of the past extends over the present, and the unbearable present hinders growth and development. There are also some survivors for whom such changes led to a slowing down and a deeper appreciation of life, a quiet recognition of how time has taken on a new meaning. They shared that the shift in their pace has allowed them to slow down and be more present, showing how restructured time was felt and lived. Over time, the sense of acceptance of life's timing emerged, and the stroke survivors are beginning to adapt to their new pace of life. Despite being disrupted, time was redefined as something to live with and not against. These experiences of the participants are expressed in the following statements:

P1. *"Sauna murag dali na kaayu, karon usahay paspas, usahay dugay... Dako gyud kaayo ang epekto sa stroke sa akong kinabuhi. Ganahan pa*

unta ko magpadayon sa trabaho, apan maayo nalang gani kay nakaabot ko sa edad nga 61 ug nakaretire ko sa hustong panahon." (It used to be so easy, now sometimes it's fast, sometimes it takes a long time... The stroke had a huge impact on my life. I would have liked to continue working, but it's a good thing I've reached the age of 61 and I was able to retire at the right time.)

P2. *"Sauna nga sa wala pa ko nastroke paspas jud ang dagan sa panahon kay ang oras akong gigukod daghan man ko ug trabaho, karun hinay na kaayu ang dagan oras tungod kay laay man gud wala koy ginabuhat…ako ang nagpaabot sa oras karun."* (Before I had a stroke, time passed very quickly because I was chasing time because I had a lot of work to do, but now time passes very slowly because I'm so bored and doing nothing... I'm the one waiting for time now.)

P4. *"Lahi gyud ang pagbati karon kompara sauna. Sauna, murag dali ra ang tanan. Karon, hinay-hinay ug usahay paspas, usahay hinay."* (The feeling is completely different now compared to the past. In the past, everything seems so easy. Now, it's slow and sometimes fast, sometimes slow.)

P5. *"There was a time na murag dugay karon kay murag feeling ko paspas... So, there's a change now sa pacing sa life ko so kuan rajud take things slowly lang gyud and appreciate ko lang ang days and then thank God for the support sa family kumbaga pa ang nahitabo sila ang naging extension sa mga parts ng body ko na diko na buhat... Kay 48 years old pako at that time, who would've thought na 48 years old na stroke daw."* (There was a time that seems like a long time now because I feel like it's fast... So, there's a change now in the pacing of my life, so I just take things slowly and I just appreciate the days and then thank God

for the support of the family and what happened is that they became an extension of the parts of my body that were already there... Because I was 48 years old at that time, who would have thought that 48 years old had a stroke.)

P6. *"Ning mubo ang oras kay diman ko makalihok."* (The time feels short because I can't move.)

The participants described a noticeable change in their experience of time after a stroke. The time that was once felt fast, but now it feels inconsistent or sometimes slow due to inactivity, and other times strangely fast, which also becomes unpredictable or confusing. This change brought increased awareness of the present moment, along with the reflections on loss, dependence, and the unexpected nature of their condition.

Evolving Acceptance of Life After Stroke

After a stroke, time no longer unfolds as it used to be. Stroke survivors often expressed a range of emotions, such as grief one day, frustration for the next, followed by a glimmer of hope, and finally acceptance. This process emerges as a gradual adjustment, influenced by each individual's changing identities and perceptions of time. Though it was not immediate, it slowly unfolded, and eventually they began to recognize and accept the limitations brought by their conditions. Despite the process of stroke survivors undergoing a range of emotions and making sense of what happened, they eventually find what works for them and evolve a new normal, whilst managing the ups and downs of life (Theadom et al., 2019). This lived time, according to Manen (1990), is an individual's felt experience of past, present, and future. The stroke survivors describe these temporal anchors as fragmented or disorganized, such as the past feeling distant, the present seeming strange, and the past being uncertain. Yet despite these disturbances, the survivors tend to slowly

embrace and accept a new normal of life after stroke, finding their own individual ways to move forward through adaptation.

According to S. H. S. Lo et al. (2021), survivors widely acknowledge the importance of self-recovery and lifelong learning, and they implement new knowledge and skills to adapt to their challenges and attain independence. The acceptance for them was not just a single moment, but it was a continuous process of reorienting themselves to change their reality. These disruptions in temporal experience are expressed in the following participant statements:

> ***P1.*** *"Sauna, nagsige ko'g hinayang. Pero karon, gidawat na nako (the stroke) kay kung dili nimo dawaton, ikaw ra pud ang mag-antos sa imong kaugalingon."* (In the past, I kept feeling regret. But now, I accept it (the stroke) because if you don't accept it, you'll still be the one suffering.
>
> ***P5.*** *"Lately naka-adjust nako so far kumbaga na accept na nako so okay rako. Grateful lang ko and then take life one step at a time take it slowly."* (Lately I have adjusted so far, and I accepted my new normal so it's okay... I'm just grateful and then take life one step at a time, take it slowly.)

The early phases were a time of denial for many. Time seemed to stop. Healing felt unattainable, and days passed in a haze. Some clung to their pre-stroke identities, grieving for what had been lost while trying to make sense of what remained. P1 explained that their pain only got worse when they refused to embrace their new situation. But things started to change over time. It was more like the gradual turning of a page and wasn't always dramatic. They talked about settling down, slowing down, being thankful, and finding

contentment in family. These are subtle yet effective indicators of change. This "new normal" feeling was widespread.

The participants were learning to live differently rather than return to their previous lives. They conveyed a sort of resilient acceptance rather than passive resignation. They started to view time as something they could control rather than as something that had deceived them. Although it wasn't simple, it allowed them some breathing room. Their statements demonstrate how, following a stroke, lived time becomes intensely personal. Even as the past is lamented and the future is uncertain, there is still the present, flawed and strange, gradually being reclaimed.

Rediscovering Self in the Wake of Stroke

The aftermath of a stroke tends to be significant moment of change as survivors often feel a profound of a stroke tends to be a significant moment of change as survivors often feel a profound shift in their self-perception and in their relationships (Lo et al., 2023) drawing from this essential theme, captures the emotional journey of how these people redefined their selves to self-perception, role changes, physical challenges, and the need to depend on others. Alongside the stroke, survivors became used to the idea of being independent and capable of performing and providing, but soon they had to embrace a new identity that revolves around vulnerability, dependence, and resilience (Sohkhlet et al., 2023). This transformation is illustrated through three sub-themes: Recognition and Regret Over Stroke Onset, Adapting to Changing Roles and Physical Realities, and Family as Source of Support and Strength. Collectively, these sub-themes illuminate the intricate layers of identity in the aftermath of a distressingly impactful health event.

Recognition and Regret Over Stroke Onset

The delayed recognition results in a form of self-blame as conveyed in the first sub-theme. This phenomenon is replete with guilt and a deep sense of remorse. Participants noted that they did not acknowledge "red flag" warning signs and engaged in behaviors that, in hindsight, now make sense, such as adopting and maintaining poor health practices (Meque et al., 2023). Through a process of self-reflection, the severity of the stroke event, alongside stroke eventualities, and post-event, profound emotions such as self-blame and regret started re-surfacing. For instance, Participant 2 expressed disbelief and sorrow: *"Wala pud ko nagdahum nga mahitabo na sa akoa… daghan nag mahay nganung wala k o nagpa check-up ug tarung… dako judakong pagmahay."* (I never thought this would happen… I truly regret not getting checked properly.) Participant 4 similarly reflected on long-ignored warning: *"Giingnan ko nila nga dili na gyud ko angay moinom, pero nagpadayun lang gihapon…"* (They told me to stop drinking, but I still kept on drinking.)

This crucial concept stems from these reflections: self-assertion of responsibility. Rather than previously held perceptions of fate or illness, participants began viewing the stroke as something within the realm of choices that they, at some stage, could have altered (Runion et al., 2024). A defining moment in their sense of identity had changed, and self-critical examination had begun. On the other hand, the burden of "what could have been done differently" loomed large and inordinate in the narratives they constructed, which bestowed an identity steeped in accountability and remorse.

Adapting to Changing Roles and Physical Realities

This shift in self-perception stems from participants defining new roles and boundaries, which is the stroke as an adjustment marker (Faccio et al., 2023). There was and, at some level, continues to be, acute emotional distress associated with loss of the

ability to work, attain independence, and the ability to contribute, over an extended period, to their families. However, the emotional distress associated with the loss is accompanied by an adaptation process that leads to increased acceptance and resilience (Mouton, 2024). After some time, participants began to reinterpret their abilities, celebrating small "victories" as significant milestones.

Participant 2 voiced the emotional toll of no longer being able to provide: *"Maulaw ko sakong pamilya kay dili ko katabang sa ilaha…Karun ang gaatiman nako akoang ginikanan…"* (I feel ashamed I cannot support my family… Now my parents care for me.) Despite this, other participants, such as Participant 1, showed a growing sense of agency: *"Naningkamot ko nga makaya ra nako buhaton akong mgabuluhaton…"* (I try my best to do my tasks…)

Participant 5, struggling with emotional lows, still clung to a desire for normalcy: *"Gusto ko lang mag effort trying to be normal even though I know I'm not normal anymore…"* (I just want to make an effort to be normal…)

These statements explore themes of loss and adjustment, with an element of aspiration. While the initial stages were obsessed with loss and dependence, survivors began to introduce an element of self-assertion to reclaim autonomy over their lives (Gibson et al., 2022). The self-image, previously anchored in productivity and brute strength, began to shift toward resilience, acceptance, and the ability to endure life's hardships.

Family as Source of Support and Strength

Equally essential to the journey of self-discovery is the enduring involvement of family (Vladislav et al., 2024). This sub-theme illustrates the valuable role of family

through providing consistent emotional and practical support to loved ones. Besides the caregiving role, the family in the subject also served as a stabilizing force, helping survivors reframe their narratives and sustain motivation. Participant 2 expressed the unconditional nature of their family's care: *"Wala man sila nausab sa ilang pagtratar nako…ilang giatiman maski lisod para kanila."* (They never changed how they treated me. Even when it is hard, they still care for me.)

Participant 3 described family as the source of emotional energy: *"Ang akong pamilya rajud ang nihatag nakog paalam…diha rapod ko nagkuha ug kusog."* (My family is what gave me hope… that is where I draw strength.)

These statements capture meaning units of emotional stabilizers, acceptance, and anchoring. Family members, in offering care, helped sustain the emotional tug-of-war that stabilizes participants' inner struggles (Vladislav et al., 2024). Survivors began to look beyond their incapacity and reframe their sense of worth within relationships defined by love, patience, and interdependence.

Redefining Independence Through Everyday Objects

This theme shows that stroke patients use commonplace objects to renegotiate their sense of autonomy and control. This finding works in contrast to the study of Wurzinger et al (2021), in which stroke patient significantly became dependent in the first 12 months after their stroke. In this study, participants were found to be able to adopt and use available resources to maintain a degree of independence despite differences in economic status. Participants expressed that, due to a lack of financial support, they would encourage their significant others to use scraps they discarded or even tools they had used before to build

tools that would aid their lifestyles. Such methods were used as one of the strategies that allowed participants to adapt to the new lifestyle.

Strategies for Lifestyle Adjustment

One of the most prominent strategies identified was the use of adaptive tools to support mobility and comfort, a common factor among participants. Resources they used when they were still working, such as bamboo or wood, to customize equipment to support activities of daily living, were vital for adjusting to the new lifestyle. As Roaldsen et al. (2022) noted, these DIY solutions reflect stroke survivors' desire to engage in creative problem-solving to mitigate functional limitations. These highlights are not only a practical aid but also an empowering symbol for self-determination:

> ***P1.*** *"Sauna, dili ko tiggamit og wheelchair… naanad na ko ug gidawat na lang nako…"* (Before, I didn't use a wheelchair, but I've gotten used to it and eventually accepted it.)
>
> ***P2.*** *"Gibuhatan ko nila og lingkuranan para sa CR kay maglisud man kog pungko, nakatabang gyud siya ug mag CR ko mas Komportable ko."* (They made me a seat for the bathroom because I have a hard time sitting down. It really helps and makes me feel more comfortable when I use the toilet.)
>
> ***P3.*** *"Wala ko gagamit ug sungkod ron, pero katong naa kog hospital ang gipractisan nako tong butanganan sa dextrose…kanang pagluto ug pagsulat maedyo apeki. ug magsulat ko murag mo steno akoang agi Mang gahi akoang kamot."* (I don't use a cane anymore, but when I was in the hospital, I practiced using the IV stand as support. Cooking and writing are

a bit difficult. When I write, my handwriting looks cursive because my hand stiffens.)

P4. *"Ang akong gamit sa karon kay kawayan, kahoy, o tubo nga akong dalhon pirme para makatabang sa paglakaw ug malikayan ang pagkatumba… sa una, mag-andam kog pala kay naa koy trabaho. Karon, dili na kini magamit, ug usahay dili na pud nako makita akong mga gamit"* (Right now, I use bamboo, wood, or a pipe that I always bring with me to help me walk and avoid falling. I used to prepare a shovel because I had a job. But now, I can't use it anymore, and sometimes I even misplace my tools.)

P5. *"Actually, gi encourage kos PT nako at that time na mag-tungkod.* (Actually, my physical therapist encouraged me to use a cane back then.)

Most stroke survivors reported significant changes in their hobbies and lifestyles. Many participants transition from physically demanding jobs, such as farming, carpentry, or industrial work, into a more sedentary lifestyle, such as a pastor or in-house support. These lifestyle changes were not seen as a limitation, but rather as a way to preserve mental well-being. The transformation in their lifestyle was marked by the family's acceptance, support, and creativity, which helped the participants adjust.

Discussion of Findings

This section provides a more thorough understanding of stroke participants' experiences. Life after stroke presents deeply personal and challenging events, marking the beginning of a long and complex journey of having a stroke, which reshapes the

individual’s sense of self, their relationship to others, and their daily lived reality. This study aimed to explore the lived experiences of individuals with stroke through the lens of van Manen’s existential life world. This study revealed emotions and reflections ranging from initial feelings of fear, frustration, and vulnerability to gradual processes of acceptance, adaptation, and hope. Stroke survivors stated not only about their physical challenges but also about their evolving identities and their struggle to regain a sense of normality and purpose.

Lived Body: The Body as a Site of Struggle and Adaptation reflects how participants' bodies perceive the world around them. It explores all bodily sensations felt, concealed, and shared throughout the participants' bodies, emphasizing how their bodily presence constantly connects them to the outside world, shaping how they see themselves and how they interact with others. According to van Manen (1990), this theme captures how the participants experienced challenges in their bodies not as physical entities but as central to their sense of identity, control, and connection with the outside world following their stroke. Basnet (2022) stated that the body is essential because a person’s consciousness records every experience, beginning with the physical body in which one exists; therefore, it is vital in how a person experiences space, time, human relations, and materiality. For the participants, their bodies no longer functioned as transparent enablers of action but became unreliable and unfamiliar.

Loss of Mobility and Independence, participants have significantly altered their daily routine and sense of self-sufficiency. Participants reported that simple tasks, such as bathing and working, were difficult to perform independently after a stroke. As argued by van Manen (1990), the participant's body participates in events and speaks about specific

experiences, not only reflecting on them from the perspective of the present but also revealing how they were experienced at that precise moment. Recalling physical experiences creates the preconditions for revealing moments from participants' everyday lives that would otherwise be overlooked or considered irrelevant (Rodriguez-Prat et al., 2016). According to Anderson (2022), stroke individuals often face reduced mobility and dependency, affecting their daily routines and emotional well-being.

Physical Exhaustion and Vulnerability participants express overwhelming fatigue that persisted long after their initial recovery phase, affecting their ability to engage in their daily activities. Stroke often precipitates a constellation of physical impairments that significantly curtail an individual's capacity to engage in activities of daily living, leading to fatigue and a heightened sense of vulnerability (Fernández et al., 2021). Bicknell (2022) supported this by saying that stroke survivors often experience “Post-Stroke Fatigue” or known as PSF, as a multifaceted issue, influencing physical, cognitive, and emotional domains, thereby necessitating individualized management strategies.

Bodily Disruption from Stroke reflects how participants’ description of stroke causes them to experience abrupt sensory and motor changes, making them feel like their bodies no longer feel like their own, causing them to experience sudden loss of vision, be unable to move their arms, and experience abnormal bodily sensations. Norouzi and Lincoln (2020) emphasized that stroke survivors often experience a fragmentation of bodily awareness, wherein their physical form feels unfamiliar and strange during the first year of recovery. These experiences often left participants not only physically vulnerable but emotionally overwhelmed. Bowman (2021) stated that stroke patients often describe abrupt

and unexpected changes in their physical capabilities and sensory perceptions, leading to a disconcerting disconnect from their bodies.

Lived Space: The distinctive quality of space that surrounds it can be objective or sentimental and influenced by location, feelings, and mood. Each of them has a location that makes us feel comfortable. According to van Manen (1990), the lived environment is a sensed space that shapes how we discover our lives. It enables us to comprehend our surroundings and the effects they have on us, our lives (van Manen, 1990). Every home is unique; it can have a cozy, safe vibe, making it a place to unwind and be authentic. However, for stroke survivors, home can often become a site of imprisonment and hardship. They might not be able to move, perform the same activities, or leave as readily as they once could after a stroke (Zhang, 2020). Home may become a location where people feel trapped or reminded of what they have lost (Galvin, 2021). Although home is still a place of safety, it can often feel confining or isolating. The occurrence of two opposing emotions at the same location is known as a paradox (Petani, 2020). We can better understand stroke survivors' emotional and physical experiences in their homes by using lived space. Depending on how that location relates to their everyday difficulties and memories, a chair, a hallway, or even a bedroom might evoke both melancholy and comfort (Dahlberg, 2022).

Conflicted Perceptions of Home expresses how participants feel conflicted or perplexed when at home. On the other hand, the home must feel cozy, comfortable, and safe (Saevi, 2020). However, it can also cause feelings of loss, despair, or frustration, particularly if they require assistance with everyday duties or are unable to move around as they once could (Zhang, 2020). Home serves as a reminder of the changes while still

being a place of comfort (Todres, 2021). The body and mind work together to construct livedspace, which is replete with emotion (Dahlberg, 2022). They can better comprehend people's experiences of life by looking at how they feel in their surroundings.

Altered Perception of Surroundings Post-Stroke reflects that stroke survivors may become more conscious of their limitations, such as how difficult it is to reach for something or move around a room. Their perception of space is altered as a result (Fuchs 2023). Hallways that were once easy to navigate can now feel long, claustrophobic, or even frightening. The outer space feels distinct in this way (Carel, 2021). It reflects how stroke survivors experience lived space in a new and often confusing way. The outside world feels different because their body and emotions have changed on the inside (Zhang, 2020).

Conflicted Emotional Attachment to the Home Environment expresses the participant's experience and their feelings about their surroundings on both emotional and physical levels (van Manen, 1990). It encompasses how a person feels anxious, safe, confined, or at peace in space. Once a place of comfort and tranquility, the house can become a source of physical and mental stress following a stroke (Zhang, 2020). Stroke survivors sometimes have physical challenges at home, such as difficulty walking, using the restroom, or mounting stairs. Due to these challenges, familiar locations may feel hazardous and draining, affecting their mental and physical states and how they see and perceive their surroundings (Carel 2021).

Lived Time: Reconstructing Life through Altered Temporality reflects how an individual's experience of time, not as by clocks or calendars, but on how it is felt and lived in one's consciousness. (Tommasi et al., 2020) It is how an individual reflects on their past, views on the present, and looks forward to the future in relation to their life experiences.

For stroke survivors, time becomes different; it no longer follows its previous, familiar, and predictable pattern (Darmadi et al., 2023). The participants shared how their perception of time has significantly changed after their stroke. Most of them felt that time had slowed or stopped, especially during the long and uncertain process of their recovery. Others also shared their experiences of nostalgia and sorrow in the memories of their old self, feeling rooted in remembering their life before the stroke.

Most of them think the future is uncertain, filled with anxiety, hope, or tentative expectations. These individuals with stroke are not just merely recovering physically but also redefining their connection with time itself. As they begin rebuilding their lives and navigate this altered temporality, they adjust to a new routine, shift personal goals, and find meaning in the slow, unpredictable progression of each day (Saltzman & Terzis, 2024). Lived time is not just significant to their recovery but a crucial component of how individuals make sense of life after stroke.

In Shifting Temporal Experience, participants report that their perception of time has changed since experiencing a stroke, as time is no longer organized in a routine manner. Instead, it became either slow, prolonged, or broken. The participants frequently felt that days became repetitive or endless during their recovery, and time slowed down as they waited for signs of improvement. This change reflects how the disruption of an individual's usual life pattern reveals how stroke alters the flow of everyday temporality (Kenah et al., 2023).

Evolving Acceptance of Life After Stroke captures the participants' experiences of how they move from such denial or frustration into recognizing their new reality as they gradually accept the changes brought by stroke. As they come to accept their new pace of

life and unknown futures, some have experienced a range of emotions, including frustration, sadness, anxiety, hope, and even resilience, as their acceptance was closely tied to how they dealt with the passage of time (Saltzman & Terzis, 2024). Now moving from being resistant or in denial into embracing the new reality, it deeply connects their whole experiences as a stroke survivor, showing how their recovery is more than simply physical but also involves the constant changing of one's personality and life perspective.

Lived Others: reflects on how people see themselves in relation to others and their lived self. (Bertomeu & Esteban, 2023) Our interactions with others influence, test, and occasionally mend our sense of self-identity, which is not solely a matter of self-reflection. That identity frequently changes dramatically following a stroke. A person who formerly saw themselves as powerful and competent may now rely on others for meals or bathing. In such circumstances, loved ones' reactions might either strengthen one's sense of self-worth or make one feel less worthy. van Manen (1990) emphasizes the importance of considering the unseen links of connection that connect individuals to others and how those links might break or endure trauma in order to comprehend their life world (Lau & Tov, 2023) becomes clear how important these relationships are in determining a person's sense of self and well-being when viewed through the lens of understanding one's life experiences in relation to others and their lived self (Sundler et al., 2019).

Rediscovering Self in the Wake of Stroke, the lens that allows them to understand rediscovering oneself after a stroke. The people who lived through this experience were not only suffering from speech problems and tingling extremities but also had an abrupt change, as they struggled to figure out who they were and what they were permitted to be (Lo et al., 2023). Their self-image was no longer isolated; rather, it shifted and changed in

response to family obligations, friendships, and new dependencies. In a world where their position had changed, they were doing more than just learning to walk again; they were also rediscovering themselves.

Recognition and Regret Over the Onset of Stroke, several participants reflected on the beginning of their stroke with remorse and intense self-reflection. Not only was this a case of medical regret, but also of emotional accounting. They reviewed their decisions, the signals they missed, and the times they ignored some advice, showing a break in how they once saw themselves (Matarazzo et al., 2021) at one point in their past, who were once in command of their bodies, feeling secure and invulnerable.

Their remarks revealed the kind of inner conflict that gradually reshapes one's identity (Huang, 2022). They now regret their loss of self-assurance, not only in their physical possessions but also in their sense of identity, as this illustrates a significant change in the lifeworlds of themselves and others. In their newfound vulnerability, they began to grasp the connection between decisions, relationships, and responsibilities, as they no longer felt invincible (Barney, 2020). The guilt sometimes caused them to distance themselves emotionally from loved ones who were only attempting to provide support.

Adapting to Changing Roles and Physical Realities reflects that it is one thing to lose independence; another is learning to accept that loss. The participants drew pictures that were occasionally humiliating, embarrassing, and irritating. It is quite human to feel as though you have lost your capacity to give and to feel like a burden when you used to support others (Huang, 2022). These were not minor blows to pride, whether the person was a father unable to earn a living or someone too bashful to ask for assistance with bathing. There were significant fractures in the foundation of who they had been.

However, something else started to grow in those very fissures. For others, it began with minor behaviors, such as doing things on their own, even if it took them a long time (Paley & Hajal, 2022). Others eventually began to create a version of normal that reflected their new circumstances, with help from family members or even paid caregivers. The change in emotion from loss to acceptance mirrors the flow of van Manen's life with others (Duggleby et al., 2022). These survivors were relearning how to live in the company of others, not as the powerful provider, but as someone who still deserved love, respect, and the opportunity to contribute. Their identity underwent a gradual transformation in the dull, daily moments of perseverance.

Family as a Source of Power and Support holds that the family is often a key component in defining one's identity in Filipino culture, and this cultural value is evident throughout these statements (Kuļigina & Dobelniece, 2022). Families served as an anchor for participants, even if they were experiencing feelings of helplessness, dependency, or depression. It was a great consolation to see that the family members continued to provide care without showing any signs of distancing themselves or treating them "less than." For the participants, it served as their emotional anchor. Family became more than just a support system; it became a mirror, reflecting dignity and worth through the lens of van Manen's life and others' lives (Lee & Han, 2024). The love that the participants kept receiving allowed them to view themselves through that lens rather than just through their illness. Even if they did not have much to give back, they still felt seen, heard, and cared for.

This change, from viewing oneself as the provider to seeing oneself as a worthwhile person, did not occur spontaneously (Westover, 2025). It required time, patience, and trust.

However, it demonstrated that those who loved them still had a place in their hearts, even if the stroke had robbed them of their prior functions. Epiphany helped them rediscover their sense of self through steady, consistent care rather than through a dramatic recovery (Maggio et al., 2024).

Lived Things: Redefining Independence through Everyday Objects reflects relationships with objects and technology in our world, including tools, devices, and other material items that become part of our lived experiences (van Manen, 1990). For stroke survivors, assistive devices like canes or wheelchairs are not only tools but part of their daily existence and identity (Yang et al., 2023). It described the participants' assistive devices, household tools, and personal belongings in the context of recovery, such as canes, walkers, adaptive utensils, and even simple objects that could be relied on. These objects were not merely aids to function; they're also linked to the stroke survivor's sense of autonomy, dignity, and identity (Li et al., 2024).

Strategies for Lifestyle Adjustment describes how stroke survivors engaged with equipment or tools to reshape their daily routines, regain autonomy, and achieve a sense of normalcy (Lavis et al., 2023). Participants in this study described practical strategies involving specific objects that supported their changing needs; these objects not only eased physical challenges but also minimized their dependence on others.

Reflexivity

Upon engaging in this study, the researchers recognized that their own experiences, beliefs, and assumptions inevitably shape them through which they interpreted the lived experiences of stroke survivors. Throughout this study, the researchers remained mindful of their attitude not as distant observers but as a human being who shows empathy for them.

The researcher's motivation to explore life after stroke stemmed from personal reflections, as they want to understand their stories. The moment the participants began sharing their experiences in life as individuals who had survived stroked, it became evident that each person had their own way of confronting loss, uncertainty, and fear.

As the conversations deepens, raw emotion starts to surface as their voices carried tremors of pain and suffering layered with memories that resurfaced like waves, vivid and disorienting. For some participants, it was a momentary blackout; for others, it would be a slow unraveling of life as they once knew it. Their speech sometimes falters as through the weight of their experiences pressed against their throats, and in those pauses, the room often filled with an unspoken heaviness that they carry by themselves. The researchers witnessed tears gather in their eyes not just from sorrows, but from the courage it took to relive the moment that left them feeling powerless, isolated, and uncertain about the future they will face.

As the researchers observed their participants during the interview, their hearts would clench tight with sympathy upon hearing what our participants have gone through, yet despite all that, they spoke of days spent relearning to move, nights questioning their worth, and of the slow but painful memory with hope that stays hidden in their hearts, to a persistent journey toward reclaiming their lives. The researchers learned in this study that as an aspiring nurses, researchers and healthcare professionals, they need to enhance the care that they will provide not only for the stroke patients but rather to the future patients that they will encounter and provide a more comprehensive, compassionate and genuinely patient centered care for them.

Aesthetic Expression

The poem was formulated by the researchers, reflecting their understanding of stroke survivors' lived experiences. The poem itself conveys perceptions of each participant's life. This poem offers a glimpse into a time of recovery and readjustment to society, as individuals reconnect with the world as changed, resilient people.

It also highlights the lingering psychological and emotional effects of stroke amongst the participants in their journey. It also further elucidates the societal impact of stroke, the lingering stigma faced even after recovery, and its effects on the morale of the recovered individuals.

Currents of Strength

In days of old, this body was a music
Movements are free, light, and mystic
Now, even small steps are like ocean tides
but Braving waves of dreams where hope resides

This home of mine, once laughter swings
Now like a cage where emptiness cling
Silent are the walls, but my heart screams
the whispering ceiling, echo fading dreams

The clock walks now, where once it ran
Seems like a drop of rain in midnight span
Some hours race like winds, minutes weigh like stone
My hands once write with life now has turned into unknown

Still the heart remembers, what it used to feel
from broken steps, I slowly begin to heal
in every touch of silent grasp

My shattered soul mend in a snap

My cane is a beacon, in the ocean of loneliness
and my chair is a rest in both pain
and stillness
This might not be the life I used to know
Yet still a fight every step I'll show

So, if you ask what stroke has done
It stole, it shattered, but with hope I stand
Not less than whole, but someone new
Not who I was, but tried and true

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

The findings revealed how stroke survivors made sense of their lives through van Manen's five existential life worlds: the body, space, time, relationships, and everyday objects. What emerged was more than a story of recovery: it was a process of redefinition of identity, daily routine, and familiar environments, which were reshaped by the overall stroke experience. Physically, participants described their bodies as unpredictable and difficult to control, a theme that captures The Body as a Site of Struggle and Adaptation. Fatigue and discomfort were part of their daily struggle. Emotionally, many grieved the loss of their independence. Home, once a space of comfort, became a reminder of limitations, reflecting Conflicted Perceptions of Home. Time felt altered and slowed in periods of isolation and gradually reclaimed through acceptance, revealing Reconstructing Life through Altered Temporality. Social roles shifted; some expressed discomfort in relying on others, while many found renewed strength in family support, illustrating Rediscovering Self in the Wake of Stroke. Everyday items such as walking aids and adaptive tools took on symbolic meaning, representing small steps toward autonomy, expressing the theme Redefining Independence through Everyday Objects.

The study showed that stroke recovery is rarely linear. It affects more than just motor function, but also touches memory, emotion, relationships, and self-image. The findings pointed to the need for care that goes beyond physical therapy. Stroke survivors benefit most when healthcare providers address the emotional, social, and environmental layers of recovery. In conclusion, the research accentuates the value of holistic, person-centered care. It encouraged healthcare professionals, families, caregivers, and

communities to view stroke not as an endpoint, but as the beginning of a different kind of life, one that can still carry meaning, dignity, and connection, even in the face of permanent change.

Recommendations

Based on the findings and the conclusion of the study, the following recommendations are proposed for the physical, emotional, psychological, social, and material needs of stroke survivors through insights drawn from van Manen's five existential life worlds:

1. For stroke patients to rediscover their sense of self, it is vital that they find value not only in physical recovery but in personal adaptation. Recovery may be slow, and routines may shift, but accepting assistive tools, altered roles, and unfamiliar spaces can be a form of quiet strength. As reflected in the theme The Body as a Site of Struggle and Adaptation, participants spoke of their exhaustion, vulnerability, and frustration, yet also revealed a growing ability to live meaningfully within new limitations. The researchers recommend that stroke patients should be encouraged to embrace adaptive tools not as a sign of loss, but to participate in life again. Accepting this new normal can help foster self-respect and hope amid daily challenges.
2. Nursing students can increase their capacity to deliver empathetic, patient-centered stroke care by being exposed to the lived realities of stroke survivors, particularly in community and rehabilitation settings. This study revealed a disconnection between future nurses and the nuanced emotional needs of stroke patients, suggesting a gap in current training. By integrating real narratives of adaptation,

grief, and resilience into the curriculum, students may better understand how stroke affects not just the body but also the patient's identity, relationships, and perception of time and space. Enhancing their clinical insight through this lens can lead to more compassionate and context-aware care.

3. Healthcare professionals may enhance patient-centered care by recognizing stroke recovery as a holistic process deeply tied to emotional, psychological, social, and environmental factors. As shown in the themes Rediscovering Self in the Wake of Stroke and Reconstructing Life through Altered Temporality, participants often felt unseen when care focused only on physical symptoms. Professionals are encouraged to build therapeutic relationships that go beyond the chart, engaging families, listening without interruption, and addressing the patient's lived space and emotional state. Recovery becomes more effective when care is consistent, humanized, and shared between the patient, provider, and family.
4. Family members may empathize with emotional and psychological recovery, not just physical caregiving. As participants revealed through Conflicted Perceptions of Home and Recognition and Regret Over Onset of Stroke, stroke altered how they felt about themselves and their place in their own home. Small gestures such as patient listening, gentle support, and not over-assuming, independence made a significant emotional impact. Families play a crucial role in either reinforcing resilience or deepening withdrawal. Encouraging open communication and emotional validation may restore a sense of purpose and dignity for the stroke survivor.

5. Community stakeholders, including local leaders and barangay health councils, may empathize with efforts to create safer, more inclusive environments for stroke survivors. The study revealed that homes often became sites of confinement rather than comfort. Through the theme Redefining Independence through Everyday Objects, it was evident that stroke survivors longed for environments that support mobility and social inclusion. Communities may promote engagement by investing in accessible infrastructure, public awareness, and local rehab services. Simple efforts like smoother pathways, community-based therapy, or stroke support groups can restore a sense of belonging and reduce isolation.
6. Future researchers may explore how stroke survivors gradually rebuild their self-esteem and resilience. Although the emotional and existential changes that follow a stroke were the main focus of this study, further research is required to determine how these changes may evolve over the months and years to come. Future researchers should examine the effects of regular interactions with family, the environment, and assistive technology on healing and long-term emotional adjustment. Given the limited female representation in this study, future researchers are urged to incorporate gender diversity to capture a wider range of perspectives and ensure balanced gender representation. By extending these themes, especially Evolving Acceptance of Life After Stroke, stroke rehabilitation should adopt a more thorough, evidence-based, inclusive, and patient-centered approach, thereby strengthening treatment.

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APPENDIX A: Interview Guide

Guide Question for Interview

Researcher: The goal of this interview is to explore your lived experiences as a stroke survivor. You are encouraged to take your time when responding, as there are no right or wrong answers, and you are also free to share information that you are comfortable with. There will also be follow-up questions to deeply understand your experiences. And you may also request a copy of transcription of your responses. Rest assured that everything that you share, or answers will be kept strictly confidential and only used for the purpose of this study.

Introduction:

- Self-introductions
- Discussion of purpose of the study
- Provide informed consent
- Provides structure of the interview
- Ask for any questions
- Testing for audio recording equipment
- Makes participant feel comfortable

Demographic information (Brief):

1. Age
2. Gender
3. Current/past occupation
4. Current living situations

Opening questions:

1. When did you get affected by a stroke?
2. How did you feel when you found out about the stroke?
3. How much do you understand about this stroke?

Core question:

1. How was life after stroke?

   Probe Question:

   a. Can you describe how your body felt after the stroke?
   b. How did your experience of your surroundings change after the stroke?
   c. How do you see your life now compared to before the stroke?
   d. How did your relationships with others change after the stroke?
   e. What objects or tools became important in your everyday life after the stroke?

2. How has your experience of physical spaces changed since your stroke?

   Probe Questions:

   a. Can you describe how you feel when you are at home?
   b. Are there specific places where you feel safe or uncomfortable? Why?
   c. How do you navigate spaces you used to visit frequently?

3. How do you now view your body since your stroke?

   Probe Questions:

   a. What physical sensations or changes do you notice most?
   b. How does your body respond to activities you used to find easy?
   c. Are there moments when you feel particularly aware of your body?

4. How do you perceive time and your daily routines after your stroke?

Probe Questions:

   a. Has your sense of time (e.g., days feeling longer or shorter) changed?
   b. Can you describe how your daily schedule has been affected?
   c. How do you view the future now compared to before your stroke?

5. How have your relationships with others changed since your stroke?

Probe Questions:

   a. Can you describe your interactions with family members or friends?
   b. Have you experienced changes in how others treat or relate to you?
   c. How do you feel about building new relationships or engaging socially now?

6. How do you now see the tools and objects you use on daily life since your stroke?

Probe Questions:

   a. Can you describe any objects or tools that have become especially important to you after your stroke?
   b. Are there items or tasks that are now difficult or impossible to use or manage? How do you feel about this?
   c. How have assistive devices or technologies (if any) influenced your life?
   d. Are there particular objects or material things that bring you comfort or frustration now?
   e. How do you experience handling things like cooking utensils, phones, or writing tools after your stroke?

f. Can you share any adjustments or adaptations you've made to interact with your environment or belongings?

7. Can you share what life has been like for you since the stroke?

Probe Questions:

a. What moments stand out as the most challenging or transformative?

b. What gives you hope?

Concluding Statement:

- Thank the participants for their cooperation and participation
- Ask if he/she would like to see a copy of the results
- Record any observations, feelings, thoughts, and/or reactions about the interview

APPENDIX B: Informed Consent Form

MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines
College of Nursing, Midwifery and Radiologic Technology
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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 "NAVIGATING LIFE AFTER STROKE: A HERMENEUTIC PHENOMENOLOGICAL STUDY." This study aims to explore the life experiences and as well as their challenges to those people with stroke. 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,

KENT RYAN O. CARILLO
Research Student

DANICA JANE P. DOMINGUEZ
Research Student

JANELLE E. CATIGBE
Research Student

IRISH ANN H. DECENA
Research Student

ANNE CLEAR S. DECENA
Research Student

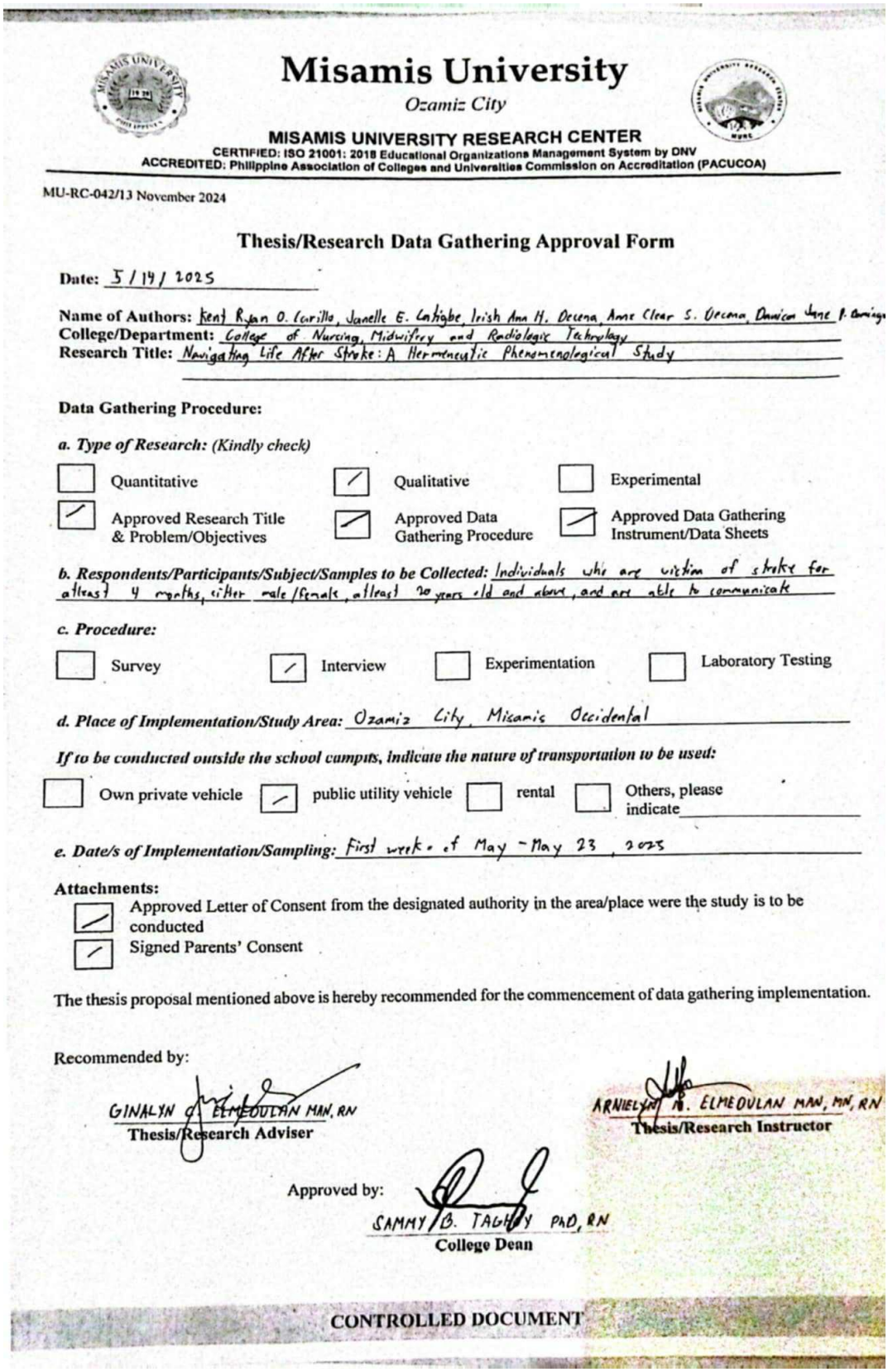
Noted by:

GINALYN C. ELMEDULAN, MN, MAN, RN
Research Adviser

Approved by:

SAMMY B. TAGHOY, PhD, RN
College Dean

APPENDIX C: Approved Letter of Consent



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)

MU-RC-042/13 November 2024

Thesis/Research Data Gathering Approval Form

Date: 5/14/2025

Name of Authors: Kent Ryan O. Carrillo, Janelle E. Cañigbe, Irish Ann H. Decena, Anne Clear S. Orcena, Dawicon Jane P. Amigo
College/Department: College of Nursing, Midwifery and Radiologic Technology
Research Title: Navigating Life After Stroke: A Hermeneutic Phenomenological Study

Data Gathering Procedure:

a. Type of Research: *(Kindly check)*

- [ ] Quantitative
- [x] Qualitative
- [ ] Experimental
- [x] Approved Research Title & Problem/Objectives
- [x] Approved Data Gathering Procedure
- [x] Approved Data Gathering Instrument/Data Sheets

b. Respondents/Participants/Subject/Samples to be Collected: Individuals who are victim of stroke for atleast 4 months, either male/female, atleast 20 years old and above, and are able to communicate

c. Procedure:

- [ ] Survey
- [x] 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
- [x] public utility vehicle
- [ ] rental
- [ ] Others, please indicate

e. Date/s of Implementation/Sampling: First week of May - May 23, 2025

Attachments:

- [x] Approved Letter of Consent from the designated authority in the area/place were the study is to be conducted
- [x] Signed Parents' Consent

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

Recommended by:

GINALYN O. ELMEOULAN MAN, RN
Thesis/Research Adviser

ARNIELYN B. ELMEOULAN MAN, MN, RN
Thesis/Research Instructor

Approved by:

SAMMY B. TALHOY PhD, RN
College Dean

CONTROLLED DOCUMENT

APPENDIX D: Table of Themes

Significant Statements	Meaning Units	Sub-themes	Essential themes	Thematic Categorization based on Existential Lifeworld
(P1) "Lisod gyud kaayo ang akong naagian pagkahuman sa stroke… Lisod na gyud ang lihok…" (P2) "Dili na kaayu ko makalihok…Kalit lang nga dili na nako malihok akong tibuok bukton, hastang kamot nako di na nako mabatian." (P4) "Sakit na kaayo i-lihok akoang lawas. Lahi na akong gibati sa lawas, ug lisud na kayo molihok" (P5) "Ang nabantayan jud nako sa akong lawas dili nako kadagan kay magsakit na." (P6) Ganahan ko mo lakaw, di ko kalakaw mo praktis kog push-up...wala gihapon kay diko kalakaw…	Physical Impairment and Reduced Mobility	Loss of Mobility and Independence	The Body as a Site of Struggle and Adaptation	Lived Body-Corporeality
(P2) "Makabuhat ra gihapon ko sa pagligo ug paglaba pero dili na parehas sauna…" (P3) "Tong nagtrabaho kog labor sa merkado pero karon diri nako sa balay kay dili naman sila mosugot kay masuko man sila." (P5) "When I do my personal things and necessities kay hinay kaayo, dili na pareha sauna." (P6) "Wala na di nako mabuhat ang mga sayun unta mabuhat sakong lawas sauna."	Limitations in Performing Daily Activities			

(P1) “Lisod na kaayo ang trabaho ug dali ra ko kapoyon…Kung naa koy gusto buhaton, muundang nalang ko.” (P2) “Makabati ko ug ka kapoy, luya sa lawas…nawad-an ug kusog akong lawas…” (P5) “Physically, luya kaayo akoang lawas.” (P6) “Luya kayko, luya dayun…Dili ko kagunit kay wala koy kusog”	Fatigue	Physical Exhaustion and Vulnerability		
(P3) “Ang akong nabantayan kay sakit akoa tiil…dili na nako sila mabuhat. Dili ko katindog murag nalupog ko ba. Mugamit ko sa akoang kamot ug tiil kay matumba ko, tungod mawad-an kog kusog.”	Physical Pain			
(P2) “dili na nako malihok akong tubuok bukton tungod sa stroke…”	Paralysis	Bodily Disruptions from Stroke		
(P5) “dili ko kabasa kay na black out ako so nagkaroon ako ng temporary blindness…”	Vision Loss			
(P6) “...hangin ning dagan sa buko-buko ning palos sa paa nako dayun tiil ug lapa-lapa sakita kaayu...”	Pain from Stroke			
(P2) “Sukad na stroke ko nabati nako nga among balay laay na kaayo tungod kay dili naman ko kalihok.” (P6) “Dili man ko kalakaw diri ra sa balay na di rako makabati ug sagabal, laay lang mag pundo diri.”	Boredom in Home Space	Conflicted Perceptions of Home	Home as a Paradox of Safety, Confinement, and Struggle	Lived Space-Spatiality
(P3) “Lisud kaayo…dayon laay pa jud kay naa rako pirme diris balay.” (P7) “Mao ganahan ko mo gawas kay laay sa balay ako ra’y isa.”	Isolation at Home			

(P4) “Nausab akong panan-aw ug pandungog maong maglisod nakog pamati sakong palibot.”	Sensory Change of the Environment	Altered Perception of Surroundings Post-Stroke		
(P5) “Akong left brain ning buto so na affected akong memory… naguol ko kay tungod ani di nako kabasa”	Cognitive Disorientation in Familiar Spaces			
(P6) “Lain akong pamati nga wala nako kasabot sakong palibot, kapoy man gud…”	Bodily Sensation in One’s Environment			
(P1) “Oo, kaning sa among balay, mabati gyud nako na safe ra kaayu ko.” (P2) “Akong pamati nga nay hadlok sa balay kay wala koy mabatian na kahadlok…mas kompartable ko sa balay og safe.” (P3) “Okay raman ko diri sa balay, wala raman ko kabati ug kabalaka pero ug molakaw lang ko akoa lang kay bantayan ko.” (P4) “Luwas ra man dinhi sa among balay. Wala man pud nang hilabot namo maong komportable ra ko.” (P6) “Wala man koy balaka sa amoa okay raman ko, mabati ra na safe rako sa among balay.”	Sense of Safety and Comfort at Home	Conflicted Emotional Attachment to the Home Environment		
(P2) “Usahay ug ako nalang isa sa kwarto kay maghilak ko…” (P6) “Abrido akong ulo bah, samukon ko. dali rako masuko.”	Emotional Distress			
(P1) “Sauna murag dali na kaayu ang oras, karon usahay paspas, usahay dugay.”	Altered Perception of Time	Shifting Temporal Experience	Reconstructing Life Through	Lived Time-

(P2) “Sauna nga sa wala pa ko nastroke paspas jud ang dagan sa panahon kay ang oras…karun hinay na kaayu ang dagan sa oras…ako ang nagpaabot sa oras karun.” (P4) “Lahi gyud ang pagbati karon kompara sauna. Sauna, murag dali ra ang tanan. Karon, hinay-hinay ug usahay paspas, usahay hinay.” (P5) “There was a time na murag dugay karon kay murag feeling ko paspas.” (P6) “Ning mubo ang oras kay diman ko makalihok.”			Altered Temporality	Temporality
(P5) “So there’s a change now sa pacing sa life ko so kuan rajud take things slowly lang gyud and appreciate ko lang ang days and then thank God for the support sa family kumbaga pa ang nahitabo sila ang naging extension sa mga parts ng body ko na diko na buhat.”	Slowing down and appreciating life			
(P1) “Dako gyud kaayo ang epekto sa stroke sa akong kinabuhi. Ganahan pa unta ko magpadayon sa trabaho, apan maayo nalang gani kay nakaabot ko sa edad nga 61 ug nakaretire ko sa hustong panahon.” (P5) “Kay 48 years old pako at that time, who would’ve thought na 48 years old na stroke daw.”	Acceptance of life’s timing			
(P5) “Lately naka-adjust nako so far kumbaga na accept na nako so okay rako. Grateful lang ko and then take life one step at a time take it slowly.”	Gradual Adjustment	Evolving Acceptance of Life After Stroke		

(P1) “Sauna, nagsige ko’g hinayang. Pero karon, gidawat na nako kay kung dili nimo dawaton, ikaw ra pud ang mag-antos sa imong kaugalingon.”	Acceptance of the New Normal			
(P2) “Wala pud ko nagdahum nga mahitabo na sa akoa kay lagi kumpyansa ra ko sa akong lawas bisan naa na ko’y gibati…” (P7) “Naglain najud to akong gibati, nalipong ko, akong singot grabi wala lang to nako pansina… karun wa ko nag dahum nga mahitabo ni sa akoa nga mastroke ko.”	Delayed Acknowledgment of Symptoms	Recognition and Regret Over Stroke Onset	Rediscovering Self in the Wake of Stroke	Lived Self/Others - Relationality
(P2) “Daghan nag mahay nganung wala ko nagpa check-up ug tarung, dili siguro ko mastroke karun…Dako jud akong pagmahay.” (P4) “Sauna, giingnan ko nila nga dili na gyud ko angay moinom, pero nagpadayun lang gihapon mao ng karun nga na stroke ko mao pa ang pagbiya nako sa inom.” (P6) “Kasagara, maghilak ko kung lisod na gyud kaayo… dako akong pagmahay nganung na stroke ko.”	Regret on life before stroke			
(P2) “Maulaw ko sakong pamilya kay dili ko katabang sa ilaha… di ko nako makahatag ug kwarta nila.” (P7) “Di nako makasuporta sakong kaugalingon karun hastansa akong bana ako na ang atimanon…”	Loss of Provider Role	Adapting to Changing Roles and Physical Realities		
(P2) “Karun and ga-atiman nako akoang ginikanan, sa akong mga pang adlaw-adlaw nga buhaton sa pag-ligo ug pag-laba…”	Dependency on Daily Functioning			

(P7) “Ginasuholan nako ang pag-umangkon ni pastor para siya ang mubuhat sa akong kailangan lihukon sama sa pag limpyo, ligo, ug uban pa…” (P3) “Giatiman jud kog ayu sakong asawa kay siya ang mulihuk para sa akoa ug mag andam sa akong mga maintenance.” (P5) “Kasagara, maghilak ko kung lisod na gyud kaayo. Mangayo lang ko og tabang sa akong kauban kung kinahanglan.”				
(P4) “Dawat lang nako akong sitwasyon karun, kung makaya nako ug lihuk, ako lang pud ang mubuhat” (P3) “Okay nako karun, nadawat nako nga di nako kalihuk tungod sa stroke bisan lisud.”	Acceptance to Physical Limitations			
(P2) “taman ra gyud ko ug lantaw sa mga opisyal sa baranggay ug naay mga buluhaton mga tungod kay stroke man ko… lisud ang paglihuk ba.” (P7) “Dili nako ka adto nila sa akong amigo ug naay mga laag kay tungod lagi stroke ko.”	Restricted Physical Participation			
(P5) “Gusto ko lang mag effort trying to be normal even though I know I’m not normal anymore…” (P1) “Karun lisud najud mulihok pero naningkamot ko nga makaya ra nako buhaton akong mga buluhaton sama sa pagkaun ug hinay-hinay lang nga pag lakaw ug uban pa…” (P2) “Kadugayan kay giaanad nako akong kaugalingon para	Adaptation to Limitations			

makalihuk sa akong pang adlaw-adlaw nga buhaton…”				
(P2) “Sa akong pamilya, wala man sila mausab sa ilang pagtratar nako. Gitagad gihapon ko nila ug ilang giatiman maski lisod para kanila.” (P3) “Mao raman gyapon kay ug unsay mandar nako sakoang pamilya panglihokon raman pod nila okay raman gihapon mi diri sa balay.” (P4) “Hangtod karon, maayo ra gihapon ilang pagtrato nako. Wala ra gyud dako nga kausaban.”	Unchanging Family Support	Family as Source of Support and Strength		
(P3) “Ang akong pamilya rajud ang nihatag nakog paglaum samot na akoang misi ug maulian nana siya, para makalaag na mi diha rapod ko nagkuha ug kusog” (P4) “Ang nakahatag nako og paglaum mao ang akong mga anak, labi na kung muuli sila. Malipay kaayo ko labi na pud kung naa akong asawa.”	Hope Rooted in Family			
(P2) “Gibuhatan ko nila ug lingkuranan para sa CR kay maglisud man kog pungko, nakatabang gyud siya ug mag CR ko mas Komportable ko.” (P4) “Ang akong gamit sa karon kay kawayan, kahoy, o tubo nga akong dalhon pirme para makatabang sa paglakaw ug malikayan ang pagkatumba.” (P5) “Actually gi encourage kos PT nako at that time na mag-tungkod.” (P3) “Wala ko gagamit ug sungkod ron, pero katong naa kog hospital ang gipractisan	Use of adaptive tools to support mobility and comfort	Strategies for Lifestyle Adjustment	Redefining Independence Through Everyday Objects	Lived Things-Materiality

nako tong butanganan sa dextrose” (P6) “Akong Wheelchair, kay makalingkod man ko ani og makahatag nakog komportable ug dili makahasol sa akoa.”				
(P6) “Ang mga butang lisud nako buhaton ang paggabas raman dili nako kalukdo, martilyo ug dili na maka-bughag, maluya naman ko” (P3) “kanang pagluto ug pagsulat maedyo apeki. ug magsulat ko murag mo steno akoang agi Mang gahi akoang kamot" (P4) “Sa una, mag-andam kog pala kay naa koy trabaho. Karon, dili na kini magamit, ug usahay dili na pud nako makita akong mga gamit.”	Change of hobbies and lifestyle			

APPENDIX E: Documentation

APPENDIX F: Turnitin Results

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

APPENDIX G: Grammarly Results

NAVIGATING LIFE AFTER STROKE: A HERMENEUTIC PHENOMENOLOGICAL STUDY

KENT RYAN O. CARILLO

JANELLE E. CATIGBE

ANNE CLEAR S. DECENA

IRISH ANN H. DECENA

DANICA JANE P. DOMINGUEZ

MISAMIS UNIVERSITY

2025

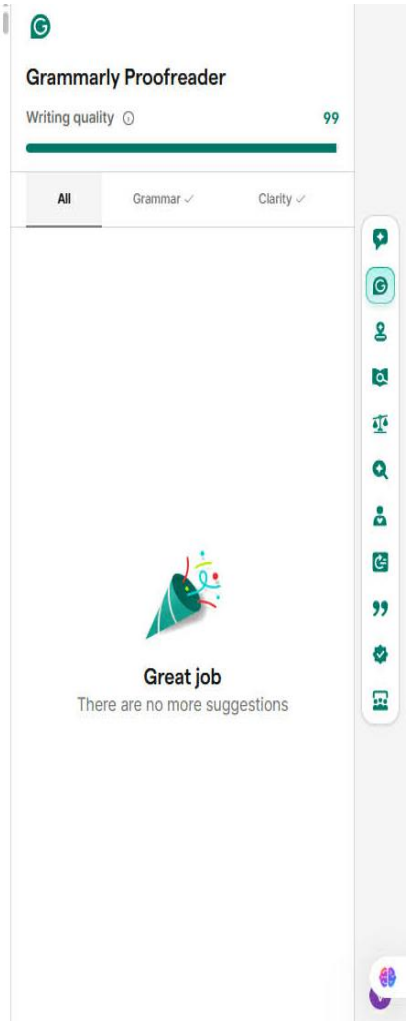
NAVIGATING LIFE AFTER STROKE: A HERMENEUTIC PHENOMENOLOGICAL STUDY

An Undergraduate Thesis

Presented to the Faculty of the College of Nursing,

Midwifery and Radiologic Technology

Ask AI



CURRICULUM VITAE

PERSONAL DATA

Name	: Kent Ryan O. Carillo
Date of Birth	: January 31, 2001
Place of Birth	: Loyuran Katipunan Zamboanga Del Norte
Home Address	: P-2 Talisay Malaubang Ozamiz City
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EDUCATIONAL BACKGROUND

Elementary	: Sto Nino Institute of Science and Technology Batasan Rd, Quezon City, 1126 Metro Manila
Secondary	: Sto Nino Institute of Science and Technology Batasan Rd, Quezon City, 1126 Metro Manila
Senior High School	: Technological Institute of the Philippines Aurora Blvd, Cubao, Quezon City 1109 Metro Manila
College	: Misamis University H.T. Feliciano St., Aguada, Ozamiz City

CURRICULUM VITAE

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EDUCATIONAL BACKGROUND

Elementary	: Baroy Central Elementary School Poblacion Baroy, Lanao Del Norte
Secondary	: Lanao Del Norte National Comprehensive High School Sto Niño Village Baroy, Lanao Del Norte
Senior High School	: Lana Del Norte National Comprehensive High School Sto Niño Village Baroy, Lanao Del Norte
College	: Misamis University H.T. Feliciano St., Aguada, Ozamiz City

CURRICULUM VITAE

PERSONAL DATA

Name	: Anne Clear S. Decena
Date of Birth	: April 25, 2004
Place of Birth	: Ozamiz City
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EDUCATIONAL BACKGROUND

Elementary	: Ozamiz City Seventh Day Adventist Elementary School Don Anselmo Bernard Avenue, Ozamiz City
Secondary	: Misamis Union High School Ozamiz Bypass Rd, Ozamiz City
Senior High School	: Ozamiz City National High School Mayor Fernando Bernard Ave, Ozamiz City
College	: Misamis University H.T. Feliciano St., Aguada, Ozamiz City

CURRICULUM VITAE

PERSONAL DATA

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EDUCATIONAL BACKGROUND

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Secondary	: Ozamiz City National High School Mayor Fernando Bernard Ave, Ozamiz City
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College	: Misamis University H.T. Feliciano St., Aguada, Ozamiz City

CURRICULUM VITAE

PERSONAL DATA

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EDUCATIONAL BACKGROUND

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Senior High School	: Misamis University H.T. Feliciano St., Aguada, Ozamiz City
College	: Misamis University H.T. Feliciano St., Aguada, Ozamiz City