

Unravelling Perspectives: Lived Experiences of Physical Therapy Patients with the Community-Based Rehabilitation Programs by DRTREFI at Brgy. 98 Camansihay, Tacloban City

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Abstract

This study unravelled the lived experiences of physical therapy patients who participated in community-based rehabilitation (CBR) programs implemented by DRTREFI in Brgy.

98 Camansihay, Tacloban City from 2016-2022. Employing a hermeneutic phenomenological approach, this research aimed to understand the personal narratives and perceived impacts of these initiatives on patients' health and daily lives.

Through semi-structured interviews with 11 patients, utilizing purposive-snowball sampling, the study captured the multifaceted dimensions of their rehabilitation journey. Themes emerging from the data highlight the significance of accessibility, and mitigating personal barriers in enhancing the effectiveness of CBR programs. Patients reported improvements in physical & functioning aspects, psychological/emotional well-being, and social & community engagement attributing to the program's holistic approach.

However, challenges such as limited resources, personal barriers, and program related- issues were also identified. The findings suggest continuous evaluation and adaptation of CBR programs to address challenges and improve patient outcomes.

This study contributes to the body of knowledge on CBR, providing valuable insights for policymakers, healthcare practitioners, and organizations aiming to develop and implement effective CBR strategies in similar contexts. The lived experiences of the patients underscore the potential of well-structured CBR programs in enhancing quality of life for people with disabilities in underserved communities.

Introduction

Background of the Study

According to the World Health Organization (2011), the goal of community-based rehabilitation, or CBR, is to improve the quality of life for people with disabilities (PWDs) in their community. Following the 1978

Alma-Ata Declaration, the World Health Organization (WHO) launched CBR in an attempt to improve the lives of individuals with disabilities and their families, provide for their basic needs, and guarantee their inclusion and involvement. Originally designed as a means of expanding access to rehabilitation services in settings with limited resources, CBR has evolved into a multi-sectoral strategy that aims to break the cycle of poverty and disability while promoting social inclusion and opportunity equality for individuals with disabilities. People with disabilities, their families, communities, and pertinent governmental and non-governmental organizations work together to implement CBR.

CBR exists to cater to the needs of individuals who are financially and bodily unable to provide for themselves. The number of disabled people is growing thus, CBR efforts are also doubled to reach every corner in need of service. Patterns of disability in a particular country are influenced by trends in health conditions and trends in environmental and other factors - such as road traffic crashes, natural disasters, conflict, diet, and substance abuse (WHO, 2011). Disability disproportionately affects vulnerable populations. Results from the *World Health Survey* indicate a higher disability prevalence in lower-income countries than in higher-income countries. People from the poorest wealth quintile, women, and older people also have a higher prevalence of disability. People who earn a low income, are out of work or have low educational attainments are at an increased risk of disability. Data from the *Multiple Indicator Cluster Surveys* in selected countries show that children from poorer households and those in ethnic minority groups are at significantly higher risk of disability than other children.

In the Philippines, it is estimated that about 1.44 million persons, or 1.57 percent of the population have a kind of disability and impairment (International Labour Organization [ILO], 2022). The concept of rehabilitation was introduced in the country in the past based on a Western Model, with an emphasis on hospital departments located in the major cities making it an inappropriate approach for a country with 70% of PWDs living in rural areas. In response to this need, CBR programs were formally launched in the Philippines on June 21, 2005, through Executive Order No. 437 (National Council on Disability Affairs, 2023). These programs involve local volunteers who receive adequate training to identify and assist individuals with disabilities within their communities, eliminating the necessity for long trips to urban centers for essential care. CBR includes medical care, education, vocational training, and social support. From that, the CBR in the Philippines was remodeled to provide indigent people access to health care and education, eventually growing to be a flourishing movement that still thrives today.

Physical Therapists are among the vital key providers in CBR. Roles include conducting CBR services, becoming team leaders, and providers of direct care, and becoming a bridge towards governments and local communities in establishing CBR programs. With this, it has become a prerequisite for institutions in the Philippines that offer Physical Therapy degrees to equip their students with the knowledge, experience, and expertise to engage in CBR. Of the institutions that followed suit is the Doña Remedios Trinidad Romualdez Educational Foundation, Inc. (DRTREFI) (See Appendix L). Located in Tacloban City, it is one of the few schools in Eastern Visayas to promote and engage in active CBR involvement in the region. Since the A.Y. 2011-2012, the DRTREFI has provided physical therapy rehabilitation services to numerous rural barangays in Tacloban City, with Brgy. 98 Camansihay being one of the most consistent beneficiaries.

According to the Social Ecological Model (SEM), it provides a framework for understanding how individual experiences are shaped by interactions between personal, interpersonal, community, and societal factors.

Thus, the researchers of this study went to visit the community of Brgy. 98 Camansihay to know and

understand the lived experiences of past physical therapy patients from the year 2016-2022 with Community-Based Rehabilitation.

Theoretical Framework

This study was based on Amartya Sen's Human Capabilities Theory, which emphasizes freedom and the development of an environment where people could thrive. The theory prioritizes quality of life over income generation and acknowledges individual differences, such as those with disabilities. It does not just look at individuals; it also takes into account the social, political, and other factors that affect people's lives and abilities to function. Sen argues that resources are tools that create opportunities, not the ultimate goal themselves. Sen's concept of "capabilities" and "function" challenges the focus on income generation, education and employability as the only objectives for policymakers. Instead, it highlights the importance of securing and expanding intrapersonal and interpersonal freedoms. Achieving one's functioning relies on both individual and institutional conditions including social and economic arrangements, political and civil rights, and access to good health, basic education, and support for initiatives. Individual functioning is influenced by a person's relative advantages in society, and enhanced by enabling public and policy environments. The institutional systems that provide these opportunities are also influenced by how people exercise their freedom, through participation in society and public decision-making.

Social Ecological Model of Health

The Social Ecological Model (SEM) provided a framework for understanding how individual experiences were shaped by interactions between personal, interpersonal, community, and societal factors. Developed by psychologist Urie Bronfenbrenner in the late 1970s, as a way to recognize that individuals affect and are affected by a complex range of social influences and nested environmental interactions. This model recognizes that factors can cross between multiple levels. This model guided the exploration of the various levels of influence on CBR patients' experiences, including individual characteristics, social support networks, community resources, and broader societal attitudes towards disability and rehabilitation. In the context of this study on the lived experiences of community-based rehabilitation (CBR) patients at Brgy 98. Camansihay, the SEM provided a valuable theoretical lens through which the researchers examined the multifaceted influences on patients' rehabilitation experiences.

Statement of the Problem

The objective of this phenomenological study is to understand the lived experiences of Physical Therapy (PT) patients under the community-based rehabilitation programs by the physical therapy department of DRTREFI in Brgy. 98 Camansihay. Specifically, the researchers addressed the following questions:

1. What are the lived experiences of patients as recipients of community-based rehabilitation programs in Brgy. 98 Camansihay?
2. What are the perceived benefits and challenges associated with community-based rehabilitation from the perspective of the patients?
3. How did patients become involved in this CBR program?
4. How can patients describe their interaction with physical therapists?

Purpose of the Study

The purpose of this study was to explore and understand the unique lived experiences of individuals who

were recipients of the Community-Based Rehabilitation program in Brgy. 98 Camansihay. By unraveling into patient's narratives, this research sheds light on the limited understanding of the holistic rehabilitation process within a community setting. Specifically, the researchers sought to:

1. Explore how Community Based-Rehabilitation touched patients' lives
2. Gain an understanding of how the patients perceive CBR to contribute to their bodily improvements
3. Know of barriers they faced during the duration of the CBR program
4. Know how patients felt towards their engagement with physical therapist

Significance of the Study

The results of this study investigated the lived experiences of patients in Brgy. 98 Camansihay after participating in the CBR Program. Thus, the study will benefit the following:

To the Students. This study will offer Physical Therapy students a unique opportunity to explore the lived experiences of patients who engaged in CBR. By analyzing firsthand accounts and narratives, students can enrich their learning experiences, broaden their perspectives on patient care beyond clinical settings, and contribute to their holistic development as future healthcare professionals.

Clinical Instructors. This research will provide valuable insights to clinical instructors, allowing them to adapt their teaching methods and curricula to better prepare students for real-world challenges, ultimately resulting in physical therapy education of higher quality and producing more well-rounded and socially conscious professionals.

Institutions. This study can contribute to maintaining the institution's standard of excellence. Its results may improve the quality of education by providing valuable insights and recommendations to ensure students acquire the necessary knowledge and proficiency before starting their professional careers.

To the Community. This research can assist in uncovering the beneficial effects and limitations of CBR programs on the well-being and health of patients in Brgy. 98

Camansihay. The results can be used to advocate for program enhancements and expansions, generating a sense of empowerment and inclusion in the community.

To the Future Researchers. This study adds to the existing knowledge of CBR. It serves as a foundation for future research on effective healthcare interventions and practices in communities, enabling the development of more effective programs and strategies to address community health disparities.

Scope and Delimitation

As stated in the title of this research, the researchers were only focused on investigating within the geographical location of Barangay 98. Camansihay, Tacloban City. As a large rural barangay, there is a knowledge gap on studies highlighting the experiences of people within this community especially on the subject of rehabilitation. Their community is largely composed of indigent residents and the geographical location of their community makes healthcare access for them difficult. That is why over the years, they have been the top chosen community of the DRTREFI Physical Therapy Department to benefit the CBR program. However, due to the COVID-19 pandemic last 2020, where face-to-face school operations were temporarily halted, a 2-year-long gap in the CBR program implementation made it unavailable to provide rehabilitation services to Camansihay. It was only recently resumed in 2022. The sample size was limited to a selected population that consists only of patients who were recipients of previous community-based rehabilitation programs conducted by the Department of Physical Therapy of DRTREFI. This created a limitation in the number of participants considering the fact that ideal participants have already

changed addresses or may have succumbed to their conditions, by old age, or by other natural causes. Another limitation encountered during data gathering was the difficulty of some patients to substantially recall and reflect back on previous experiences during the treatment process due to the time passed. This difficulty limits the variation of data regarding their lived experiences. Another limitation involves patient 7AC and 8LM who were both cognitively unavailable to produce a substantial response themselves. However, they were represented by an SO which was previously declared acceptable and was specifically stated in the inclusion criteria.

Definition of Terms

Community-Based Rehabilitation. Abbreviated as CBR, is theoretically defined as a program initiated to cater to poverty-stricken communities, specifically PWDs, to provide accessible, free, and empowering services that aim to improve their quality of life. Operationally, it refers to the implemented treatment projects for the participants.

Persons with Disabilities. Abbreviated as PWDs, are individuals that have long-term physical, mental, intellectual, or neurologic impairments, which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

Quality of Life. It is defined as a measure of an individual's state of well-being, regarding positive and negative elements within the entirety of their existence at a specific point in time in terms of physical, mental, and spiritual wellness.

Disability. It refers to any restriction or lack (resulting from an impairment) of the ability to perform an activity in the manner or within the range considered normal for a human being.

Impairment. It refers to any loss or abnormality of psychological, physiological, or anatomical structure or function.

Indigent. It refers to a person who lacks any visible source of income or whose income is inadequate to support their family's basic needs, and lacks access to proper health care and education.

Significant Other. Abbreviated as SO, refers to the person that provides subjective information on behalf of the patient under the circumstance that the patient is unable to do so.

PT. Refers to Physical Therapy or Physical Therapist.

Patients. Refers to the respondents of the study who were the beneficiaries of the Community-Based Rehabilitation program of DRTREFI and received past physical therapy care.

REVIEW OF RELATED LITERATURE

Essence of Community-Based Rehabilitation

The goal of CBR is to influence people, their perceptions, attitudes, and behavior (Bongo et al., 2018). CBR is meant to simplify the rehabilitation process and give responsibility back to the individual, family, and community. This idea implies that CBR should be perceived as part of community development where the community is mandated with dealing with issues of rehabilitation for PWDs. Helander et al. (1989) affirm the idea and say once the community takes on the responsibility of rehabilitation for persons with disabilities, then the process could truly be called CBR. Its effectiveness requires collaborative efforts from different stakeholders.

Additionally, according to WHO (2014) CBR focuses on enhancing the quality of life for people with disabilities and their families; meeting basic needs; and ensuring inclusion and participation. It is a multi-sectoral strategy that empowers persons with disabilities to access and benefit from education,

employment, health, livelihood, and social services. CBR aims at providing equalization of opportunities by addressing emotional issues affecting the individual. This is especially true in situations where physical damage is accompanied or followed by emotional trauma. In situations of this nature, the rehabilitation process often involves counseling with a qualified therapist as well as physical retraining. The patient may engage in therapy on a one-on-one basis with the therapist, or be part of a group therapy arrangement that allows him or her to interact with other people facing similar challenges.

CBR programs can only be effective if there is a considerable effort to involve the local community and parents of CWD in the implementation and design of programs. Negative perceptions of disability also have a negative effect on the achievement of quality of life for children with disabilities and any effective CBR program should focus on this aspect.

Health system access challenges of people with disabilities increased during COVID-19 pandemic. Unfortunately, PWDs have an undeniable disadvantage when it comes to access to health care in comparison to the general population. This was raised during the events of the COVID-19 pandemic where home quarantine and lockdowns were enforced hindering PWDs to more difficulties in accessing health care services. This study was conducted in 2022 and highlights the health system experiences of PWDs in Ghana during the COVID-19 pandemic. The experiences of fifty-five people with disabilities, four employees of the Department of Social Welfare, and six executives of non-governmental organizations in Ghana that cater to the needs of people with disabilities were examined through narrative analysis of data from qualitative research approaches such as focus groups, semi-structured interviews, and participant observations. PWDs described the systemic and structural obstacles that prevented them from accessing health services in focus groups and interviews. These obstacles comprised but were not restricted to, the inability to pay for medical care, the expense of transportation, the lack of specialized services, and the inaccessibility of medical institutions. In addition, PWDs' poverty indicators were lower than those of their non-disabled peers. A research participant in this study described how, despite his remarkable improvement in their condition by undergoing physical therapy, the participant's family was unable to pay for rehabilitation services and the lack of financial resources for the cost of transportation from the village to the hospital, ended their recovery. The circumstances of this respondent are not unusual. The expense of the service plus the cost of transportation prevented several PWDs from being able to afford to attend their sessions for physical therapy which applies not only to the PWDs in Ghana but to other PWDs around the world especially in third-world countries like the Philippines. Additionally, PWDs from this study also reported less support from friends and family during the pandemic for the cost of healthcare. Research participants argued that the nation's challenging economic circumstances, job losses, and income reductions negatively impacted PWDs' access to resources for assistance in reducing poverty and medical expenses during the pandemic. Results of this study show that PWDs' access to health services was held back by systemic and structural barriers. PWDs' access to Ghana's free health insurance policy was also affected by bureaucratic back up, and health workers' stigma around disabilities makes health services inaccessible. The study's conclusion was that during the COVID-19 pandemic, PWDs in Ghana's health system faced more accessibility challenges due to access barriers and disability stigma. This study confirms that additional work needs to be carried out to improve accessibility within Ghana's healthcare system to address the health disparities that people with disabilities face.

Provision of Mental Health Services for People with Disabilities in the Philippines amid Coronavirus Outbreak Armitage and Nillums (2020) states that the disruption of world economic progressions and the impediment of the major human activities due to home quarantine are inducing a significant level of stress

and anxiety among the general populace, including people with disabilities. People with disabilities partake in the disenfranchised sector with regard to government disaster response and planning. The gaps in the programs of the government tend to neglect a disability lens that can present greater risk for people with disabilities who are composed of one billion people worldwide. The hindrance to health treatment deters their constitutional rights for quality healthcare during such critical times. The inaccessibility of people with disabilities to quality healthcare heightens discrimination and inequalities in the society.

CBR and Economic Empowerment of Persons with Disabilities

This book gives emphasis on the context of CBR and why it promotes the economic empowerment of Persons with Disabilities. Particularly, chapter 4 of this text, summarizes a number of ways that CBR can empower people with disabilities, citing instances from numerous CBR programs as well as other related programs in Asia and Africa. It highlights how vital it is to raise awareness in the community and the workforce in order to improve the acceptance of PWDs' abilities and their involvement in society's overall economic activities. The manner in which to guarantee the sustainability of initiatives aimed at economic empowerment is also covered. The chapter concludes that PWDs must actively participate in the entire process in order to attain economic empowerment. In conclusion, PWDs' economic empowerment is essential to improving their status. Nonetheless, in order to carry this out, every relevant stakeholder must be involved and participate, including the government, the community, the labor market, and PWDs themselves. CBR initiatives must raise public awareness of disability issues and PWDs' rights. To successfully empower PWDs through CBR, creativity and greater support for economic integration initiatives are also required, as is the execution of practical and goal-oriented plans.

CBR and Amartya Sen's Capability Theory

Amartya Sen's Capability Theory is a people-centered model of development and involves the process of acquiring more capabilities and enjoying more opportunities to use those capabilities. This theory recognizes individual differences. May it be based on sex, age, race, education, and so on. Moreover, this also sees the people to access mainstream opportunities, public services, freedom to participate in events. This understands poverty as deprivation of capabilities, which limits the freedom to pursue the goals in life. Sen argues that people's well-being depends upon what they are actually capable of being and do with resources, facility and freedom available to them. Meanwhile, capabilities denote a person's opportunity and ability to achieve desired results considering all existing factors. Functioning, on the other hand, is what people actually do with the achievements and how these give value to their lives which can be both basic and complex achievements (Goodpal, 2018).

Bajmócy et al. (2022) argues that the capability approach (CA) can be a tool for understanding disability and promoting social justice for disabled people. The CA focuses on people's ability to live a fulfilling life (capabilities) rather than just their impairments. This approach revealed that marginalization experienced by deaf children, their families, and teachers stemmed from disability, and not just the impairment itself. CBR and the capability theory emphasizes the importance of PWDs having the freedom to live fulfilling lives and participate in their communities. This goes beyond simply addressing medical needs. Both acknowledge that PWDs should be involved in decisions that affect their lives. In CBR, this means including PWDs in the planning and implementation of rehabilitation programs. Moreover, they aim to address and reduce the marginalization and exclusion that people with disabilities often face. CBR programs often focus on reducing these social barriers. They work towards creating a more just and

equitable society.

CBR and Social Ecological Model of Health

The socio-ecological model was developed to highlight the relationship between individuals and their environment. People influence and are influenced by a web of social factors and environmental interactions. They can also impact people differently, based on cumulative and intersectional experience. It involves the six levels of influence: individual, relationships, organizations, communities, policy, and society. Individuals are influenced by their birth and environment, such as age, personality, skills, race, education, and economic status. Relationships involve formal and informal social support, while organizations involve public, private, and non-profit organizations. Communities are social settings where relationships occur, and policies regulate health behaviors at various levels.

Society encompasses societal factors like culture, beliefs, values, norms, and practices (Michaels et al., 2022).

CBR programs can identify community health needs by analyzing different levels of influence. For instance, a lack of accessible healthcare facilities can be a barrier at the community level. By also understanding the factors affecting individuals with disabilities, CBR programs can design interventions across ecological levels, such as providing physical therapy services and advocating for disability-inclusive healthcare infrastructure. Moreover, promoting sustainability is crucial for long-term success, as CBR programs considering all levels of influence are more likely to be embraced and sustained by the community, leading to lasting improvements in health outcomes.

METHODOLOGY

Research Design

This study utilized a qualitative research method using a Hermeneutic Phenomenological approach to provide a comprehensive and in-depth understanding of the lived experiences of patients of physical therapy under the CBR programs in Brgy. 98, Camansihay. According to Moustakas (1994), a phenomenological design allows researchers to capture the nuanced and subjective perspectives of participants, providing rich insights into their lived realities. A Hermeneutic Phenomenology was chosen as it provides a better methodology due to its history of being used widely by researchers to understand lived experiences. This methodology asserts that individual people are as unique as their life stories Miles, et al (2013). By adopting this specific approach, the study uncovered the meaning and significance of the experiences of physical therapy patients within the context of CBR programs.

Research Respondents

There is no rule of thumb or straightforward guidelines for determining the number of participants in qualitative studies (Patton, 2015), rather several factors affect in deciding the samples. Based on the patient charts of the DRTREFI school-based CBR clinic, patients of Brgy. Camansihay from the last 2016-2022 that underwent physical therapy treatment consisted of initially 15 patients. A roster of patients was then considered as the potential respondents of this study. Further verification of their current health and living was confirmed by the researchers through an on-site visit with the aid of the barangay health unit and officials from the office of the barangay.

The view of Creswell (2011), in relation to sample size, is that normally within qualitative research it is typical to study a few individuals in a few cases. With that said, the final number of PT patients that were

the respondents of this study was narrowed down through a mix of purposive and snowball sampling to a final number of 11.

The 11 PT patients were selected through a mixed-type snowball and purposive sampling, refined with the qualities outlined in the inclusion criteria. Several other potential research participants were identified however disregarded due to not having the qualities outlined in the inclusion criteria.

Sampling Method

Choosing which individuals to keep in the sampling plan. "Who, what, where, how, and when to choose sources for data collection" are the topics covered by the sampling plan (Tracy, 2020). Nederhof (1986) also stated that unfavorable past experiences as participants in social research may lead subjects to refuse to participate in subsequent investigations or to respond in a biased way. The results indicate that persons with multiple research experiences either participated early in the survey campaign or probably not at all. Respondents without research experience or recent research experience are more prone to refuse and need the encouragement of follow-up contacts.

This study utilized both snowball and purposive sampling methods. Combining these sampling techniques enables researchers to effectively access hidden and hard-to-reach populations while accurately estimating their characteristics (Thompson, 2020). Purposive sampling was employed to select participants from the beneficiaries of the Brgy. 98, Camansihay community, who received at least 2 treatment sessions from DRTREFI Physical Therapy students from 2016-2022. This strategy is grounded in the belief that individuals with unique perspectives and ideas can offer valuable insights into the research objectives, making it essential to include them in the sample (Mason, 2002; Robinson, 2014; Trost, 1986). Additionally, when the final roster of selected patients did not meet the required sample size for the study, snowball sampling was utilized. Participants meeting the inclusion criteria may refer to other potential participants, thus broadening the sample size and capturing diverse experiences within the community (Biernacki & Waldorf, 1981). This combined approach allowed researchers to gather comprehensive data to achieve the research objectives.

Inclusion Criteria

The inclusion criteria for the qualified patients were:

1. Must have taken part in the CBR programs from the last nine years (2016-2023) implemented by the students of the Department of Physical Therapy of DRTREFI
2. Must be a resident of Brgy. 98 Camansihay during the implementation of the program and must still reside in the locale during data gathering.
3. Must have received any kind of physical therapy treatment from the program for at least two (2) PT sessions.
4. In the case of the patient being rendered incomprehensible during an interview for reasons being: mild cognitive or speech impairment, but still possessing the ability to relay an answer, a significant other/immediate family member may represent alongside them during the interview and shall be referred to as "SO".
5. In the case of the patient being rendered incapable to provide a substantial response during an interview for reasons being: severe cognitive impairment, the guardian or care taker whom has witnessed the patient's CBR treatments may represent and answer for the patient during the interview and shall be referred to as "SO"

6. Minors (aged 17 & below) will be allowed to be respondents given that they are under adult supervision during the interview, and/or a significant other can represent them in the interview.

Exclusion Criteria

The exclusion criteria for the disqualified respondents were:

1. Lack of consent or willingness to participate in this study.
2. Patients without significant others to represent them during the circumstance with severe mental illness, cognitive disabilities, and any unstable medical condition.
3. Patients with highly contagious infectious diseases, viruses, or the presence of current injury that may put at risk themselves and the interviewer.
4. Patients that no longer reside in Brgy. 98 Camansihay during the time of data gathering

Both criteria were significant in choosing suitable respondents. These criteria serve as qualifications set by the researchers to determine who can and cannot be a respondent in this study. It is also vital to consider that these potential respondents are or have been patients and the matter of data collection through interview is highly sensitive. The current medical condition of the patient is of particular importance and that if in any case a respondent's health is compromised during an interview or that of the interviewer, the data collection must be halted.

Research Locale

This study focused on Barangay 98, known as Camansihay, located in the city of Tacloban, Leyte, Philippines (See Figure 1). Given its suitability for the research objectives, the area was specifically selected as the study locale. For the past years, this community has been the top chosen beneficiary of the Physical Therapy CBR programs conducted by the Physical Therapy Department of Doña Remedios Trinidad Romualdez Educational Foundation, Inc. due to the residents being indigent to access health care services. Its population as determined by the 2020 Census is around 1,540 people. This represented 0.61% of the total population of Tacloban. The diverse population of this socially associated community presented as an excellent opportunity for the researchers to conduct an in-depth analysis of the impact of CBR programs considering having a history of physical therapy patients in the community.



Figure 1. Locator map of Brgy. 98 Camansihay

Research Instrument

In this study, the researchers have used interviews as the main research instrument. An interview is a qualitative research method that relies on asking questions to collect data (George T., 2022). The objective

of interviews is to gather types of information through conversations. Moreover, the researchers prepared a set of questions that will be asked of the participants. A semi-structured interview will be utilized, and respondents will be interviewed individually. This type of research instrument allows the researcher to collect additional data from the respondents that will help them understand the phenomena more deeply. The questionnaire which is a set of Guide Questions that comprises open-ended questions that focus on identifying the lived experiences of the respondents were devised and later validated. Photovoice is an audio-visual research methodology that puts cameras and voice recorders into the participants to help them document, reflect upon, and communicate issues of concern while stimulating social change. With the intention to foster social change, Photovoice can enhance community engagement, increase awareness of community resources, and foster self-efficacy of the research partners (Budig, Diez, Conde, 2018).

Validity and Reliability

Before conducting the interview, a questionnaire derived from a research entitled “*Community-Based Rehabilitation as we experienced it...voices of persons with disabilities.*” (WHO & SHIA, 2002) was developed by the researchers in consultation with a research instructor in the Department of Physical Therapy in DRTREF who is also a licensed Physical Therapist. A draft interview questionnaire was sent to the research instructor for validation (See Appendix C) and feedback was given on the content and comprehensiveness of the questionnaire. Revisions were made accordingly. The researchers translated the guide questions into English, Filipino, and Waray-Waray. The translated guide questions were sent to a Filipino and a Mother tongue teacher via E-mail to check the accuracy of the translation and revisions were made by the translator. The translations were validated through obtaining a Certificate of Translation Accuracy (See Appendix B). The validation was received and was used to ensure that the guide interview questions would have the desired level of validity and reliability while being conducted in the actual setting (See Appendix D).

Data Gathering

First, the researchers wrote a letter addressed to the Barangay Captain seeking permission to conduct the research in Brgy. 98 Camansihay (See Appendix F). A letter addressed to the Head of the Department of Physical Therapy seeking permission to commence data gathering was also submitted (See Appendix G). Once the letters were received and approved, the researchers scheduled for the data gathering through coordination with the office of the barangay. Following the researcher’s other academic obligations, it was settled that the researchers would be divided into two groups to collect the data and was scheduled on two separate dates. First group of researchers was on May 16, 2024 and the latter on May 17, 2024.

Secondly, once patients were located, they were oriented and given informed consent to agree with the procedures. Follow-up questions were given if the interviewer was not satisfied with the respondent’s response but only used to supplement and answer the questions in the questionnaire. Patients have been given time to respond to the questions. Modifications in terms of language would be inevitable due to the indigent nature of the respondents. The researchers mainly utilized the Waray-Waray translation of questions.

In addition, the researchers recorded the interview. This helped in maintaining consistency in the procedure and collecting accurate data from the respondents efficiently. These recordings were later transcribed by the researchers in order to analyze the data (See Appendix H). Pictures to document the interview process have also been made with the consent of the patients provided in Appendix I.

Lastly, after all the patient's responses were transcribed, the researchers utilized the Thematic Data Analysis procedure, where the researchers emphasized, pinpointed, examined, and identified patterns within the data received. Thematic analysis offers a flexible, yet rigorous approach to subjective experience that is highly applicable to research in social work settings (O. Labra, 2019).

Data Analysis

The data gathered through interviews conducted by the researchers were analyzed using a type of Thematic Analysis namely the Hermeneutic Phenomenological approach. This concept believes that each person is as unique as their life experiences. This has been used to explore the experiences of patients and healthcare professionals, with a particular focus on understanding how individuals make sense of illness and healthcare interactions. To establish a meaningful interpretation, Phenomenological Hermeneutics demands a rich descriptive text of the phenomena and the context in which it is being researched. Such information can be obtained through personal narratives, which can be gathered through semi-structured interviews (Lindseth, A., & Norberg, A., 2004).

Hermeneutics is the branch of research that deals with interpretation. According to Le Cunff, A.L. (2020) "When we interpret a text, it's not a linear process: it's a cycle, which is called the hermeneutic circle." Additionally, the hermeneutic circle refers to the idea that a researcher's understanding of a text as a whole is based on the understanding of each individual part, as well as the understanding of how each individual part refers to the whole text. In this study, a thematic analysis was performed, whereby the whole text was divided into meaningful units relating to the aim of the study. Common themes within these meaningful units were reflected on by using the hermeneutical circle and comparing experiences between the parts of the text and the whole (See Fig. 2).

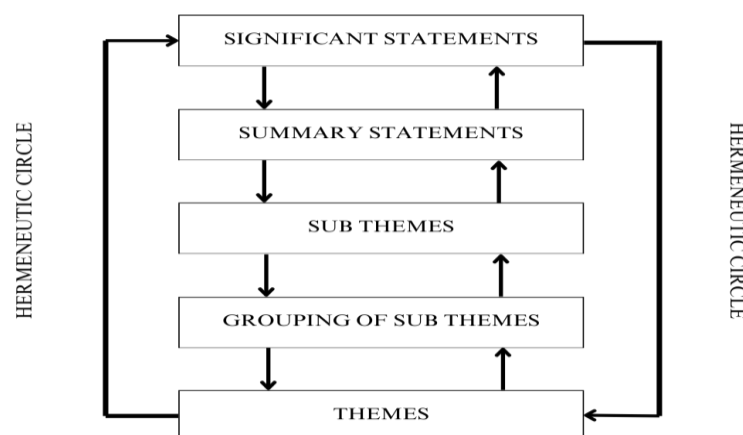


Figure 2. Process of Hermeneutic Circle in thematic analysis

Sub Themes across all of the transcripts and sub themes conveying similar meaning were arranged into groups. Sub themes were compared with other sub themes within the same group and in relation to the whole text using the hermeneutical circle. This bidirectional and iterative process of the hermeneutical circle is represented by the directional arrows in Figure 2. This illustration shows how the results of the different parts of the analysis were compared with each other and contributed to the emergent themes. 11 interview transcripts were analyzed and transcribed verbatim. The patients' statements were used to derive and identify the themes. After each sub theme was interpreted, the participant's statement was used to

pinpoint the source of the topic. The main themes are derived from the grouped sub-themes. All themes that emerged were read and finalized until the researchers agreed on the thematic representation of the data.

Ethical Consideration

Throughout this study, the researchers emphasized and upheld the importance of data privacy through explicit informed consent forms provided in Appendix E and enforced strict safeguarding of the confidentiality and personal health information of the respondents. The researchers further guaranteed the respondent's full autonomy during interviews and had given respect to the cultural sensitivity, power dynamics, and the potential impact on vulnerable populations within the community. Additionally, patients who were unable to sign the form themselves were signed by their respective SO.

RESULTS AND DISCUSSION

11 Physical Therapy Patients that participated in the DRTREFI's Community- Based Rehabilitation Programs from 2016-2022 were approached and interviewed using the semi-structured method (See Table 1).

Table 1. Summary of Patients' Key Characteristics

| PARTICIPANT ID | SEX | AGE | DIAGNOSIS/ CONDITION | YEAR/S IN TREATMENT | ACTIVE No. PTTREATMENT SESSIONS (per year) | ofMAIN STRUCTURE/ FUNCTIONAL IMPAIRMENT | BODY |
|----------------|-----|-----|----------------------|---------------------|--|--|------|
| 1DC | ♀ | 75 | Stroke | 2018 | 3 | Weakness on R UE & LE, Inability to walk normally | |
| 2AR | ♀ | 53 | Stroke | 2016 | 6 | Spastic L hand, Paralyzed bilat. LE | |
| 3JE | ♀ | 73 | Stroke | 2022 | 2 | Inability to move R UE | |
| 4RL | ♀ | 87 | Stroke | 2022 | 2 | Inability to walk, Spastic R hand, Difficulty speaking | |
| 5EP | ♀ | 83 | Stroke | 2017, 2018 | 10, 9 | Pain in back, Spastic R hand | |
| 6DD | ♀ | 54 | Stroke | 2018, 2019, 2022 | 2, 11, 10 | Bilat. UE pain & weakness with spasticity | |
| 7AC | ♀ | 25 | Cerebral Palsy | 2016, 2022 | 10, 9 | Difficulty moving bilat. UE & LE, Inability to do independent sitting & standing activities, Unable to speak | |
| 8LM | ♂ | 28 | Cerebral Palsy | 2022 | 10 | Flaccid quadriplegia, Scoliosis, Inability to do | |

| | | | | | | |
|------|---|----|------------------------|------------|------|--|
| 9BP | ♀ | 60 | Carpal Tunnel Syndrome | 2022 | 3 | independent sitting & standing activities, Unable to speak LOM in L hand, Difficulty walking due to congenital LLD |
| 10RP | ♂ | 59 | Arthritis | 2022 | 2 | Arthritis in bilat. UE & LE, Edema in bilat. LE |
| 11PT | ♂ | 53 | Arthritis | 2016, 2017 | 9,11 | Pain in L knee, LOM on L knee and R elbow due to contractures, Difficulty to ambulate |

Note. ♀ = Female, ♂ = Male, L = left, R = right, bilat. = bilateral, LE = lower extremity, UE = upper extremity, LLD = leg length discrepancy, bilat. = bilateral, LOM = loss of motion.

Each researcher was assigned a certain number of patients to interview (See Table 2). The manner used to determine which researcher will get to interview which participant was determined through draw lots. The interviews were recorded independently by the assigned interviewees and later transcribed verbatim (See Appendix H). All identifiable details were stripped from the transcripts, and interviewees were assigned Participant's identification (ID) numbers and initials instead of actual names.

Table 2. Summary of researchers' number of interviewed patients

| Name of researcher | Interviewer ID | No. of Patients Assigned to: (participant ID) | Interviewed by Researchers |
|---------------------------|----------------|---|----------------------------|
| Renee Therese S. Abria | RTA | 1 | 4RL |
| Adrian D. Ampo | AA | 3 | 5EP, 10RP, 11PT |
| Louis Miguel M. Bulaong | LB | 1 | 9BP |
| Charlize Martha G. Cañete | CC | 2 | 2AR, 8LM |
| Rodney G. Codoy | RC | 1 | 3JE |
| Anamae Joy L. Globio | AG | 2 | 1DC, 7AC |
| 'Rwin Luigi A. Holares | RH | 2 | 6DD, 11PT |

Patients' Lived-Experiences with the CBR Program

In Table 3, it answers the research question "what are the lived experiences of patients as recipients of community-based rehabilitation programs in Brgy. 98- Camansihay?". It highlights both the positive and negative experiences of patients towards CBR Program in general. Two main themes are namely positive and negative experiences while it composes of eight sub themes. Understanding both the positive and negative experiences of patients with Community-Based Rehabilitation (CBR) programs is important. Positive Experiences can draw attention to CBR program elements that are helpful and efficient for patients. With this knowledge, policymakers and healthcare professionals can find effective approaches and reproduce them in different contexts. On the other hand, Negative Experiences highlight areas where the CBR program may be falling short or where improvements are needed. These experiences are essential for identifying program-related issues, addressing gaps in care, and implementing corrective actions.

In summary, understanding patients' experiences—both good and bad—with CBR programs is critical to improving patient satisfaction, streamlining care, and producing better results from physical therapy rehabilitation. It provides guidance for developing programs, backs efforts to improve quality, and guarantees that resources allocated to healthcare are used efficiently to benefit the patient population.

Table 3. Main themes and sub themes that represent the Lived-Experiences of PT Patients with CBR.

| MAIN THEMES | SUB THEMES |
|----------------------|--|
| Positive Experiences | Treatment Effectiveness and Progress |
| | Interaction with Physical Therapists and PT Students |
| | Sense of Inclusion |
| Negative Experiences | Treatment Discontent |
| | Unable to Recall Treatment |
| | Barriers Faced |
| | Confidence in Medical Care |
| | Unfulfilled Expectations |

Main Theme 1: Positive Experiences

Positive experiences with the CBR program is important as it shapes the perception of patients that participated. This main theme comprises three sub themes that emphasizes the positive lived-experiences of the PT patients. Which are namely:

Treatment Effectiveness and Progress. Majority of patients described the effectiveness and progress of the therapy during and after the program. The patients expressed how participating in physical therapy significantly changed their level of function. It was seen to show some good and effective results of their lived- experiences with CBR. The patients supported this by stating good outcomes with the treatment and progress:

“An hadi, an gin kukuan hiya, gin ththerapy, iya na ini niya nakukuan na niya, ano adto? Bagat nabubuka na niya [tries to open the right fingers of patient]. Hinay hinay niya na nabubuka.” (5EP)

“Ay dako an epekto”, “Kadako han bulig ha akon lawas”, “Kadakon diperensya uy”, “Maupay gud basta maupay.” (6DD)

Interaction with Physical Therapists and PT Students. Some patients showed appreciation towards their interaction with the Physical Therapists and Physical Therapy Students. Moreover, giving positive feedback regarding the interaction. Some patients supported this by stating:

“Kasi mababait sila, inaano ka talaga yung parang iniingganyo ka ‘oh, nanay, ganito, ganito’.” (3JE)

“Baga maupay gad adto nga kuan, adto nga sugad nagththerapy (I think it’s good when it comes to, like the therapy).” (5EP)

Sense of Inclusion. The PT students assessed and treated anyone with diseases or illnesses regardless of the patient’s home location, distance of the house, and health conditions contributing to the sense of inclusivity felt by the patients through the program. The patients supported this by stating:

“Ginkakanhi gud ako nera hadto biskan herayo ngan maupay gud an era pagtrato ngan pagtambal haakon”. (6DD)

Main Theme 2: Negative Experiences

Knowing the negative experiences of patients with CBR is also important because it becomes a benchmark for improvement for future implementers of CBR. This main theme comprises five sub themes that highlights the negative lived-experiences of the PT patients. Which are namely:

Treatment Discontent. Treatment discontent has a significant impact on the perception of patients. The patients experienced undesirable treatment effects and unachieved outcomes from the therapy. Untreated illnesses and intolerable pain during and after the treatment were experienced by the patients and resulted in treatment discontent and discontinuation. The patient and the significant other supported this by stating: *“Aw amo ngani adto pag nahuhuman han iya pagththerapy damo’n iya maul-ol, maul-ol iya lawas. Amo adto mareklamo ito hiya “Di na kuno ako mapautro pag kuan”, “Kay ano?”, “Damo kuno it akon maul-ol kun ginththe... (therapy).” (5EP)*

Unable to Recall Treatment. The results revealed that some of the patients have forgotten or cannot recall a specific moment or experience within the CBR program that stands out to them. Many factors, including old age, recent illness, the number of treatment sessions, and the passage of time from the conclusion of treatment to the point of interview, could contribute to this, as details of the event may have faded over time. One of the patients made a statement that reflected uncertainty and forgetfulness:

“Bangin nangalimot ako. Amo, nangalimot.” (4RL)

“Baga nangangahalimtan ko na...” (2AR)

Barriers Faced. Physical limitations, such as an inability to walk, as well as audio and verbal impairments, were some of the personal barriers faced by the patients in the CBR program. These limitations can restrict the patients’ ability to interact not just beyond their homes but also within. Difficulty hearing instructions and expressing themselves can make communication challenging. This could prevent them from effectively participating in CBR services. This was supported by the patient, who said:

“An adi...maupay an pa...niyo. Ginpatimbang ak niyo. Yana, waray man ak lakat lakat, adi la ak balay. Nabuto na ak tingog. Yana, dire ak nakatingog tuhay. Dire na.” (4RL)

Confidence in Medical Care. Is defined as a belief in the trustworthiness or reliability of care, and understood as a perception that influences how patients make decisions. In one interview, one patient specifically expressed general distrust in the healthcare industry and lack of confidence in it due to negative treatment experienced by relatives.

This was reflected through the patient’s statements of:

“Ambot kun бага konektado ini na eksperyensiya pero an amon ngadto ha ospital бага dire gud kami kumpyasiyado han ira mga pamaagi na gusto himuon. Kay an bago la ako ha ospital siyempre bago la na stroke dire ako nakakayakan hin maupay tas gusto han mga doktor na taoran ako hin tubo. Siring paman han doktor na kailangan na gud ngan waray na iba na pamaagi na makakaupay nak sitwasyon. Pero siyempre na dire ako tas nahadlok ako pero duro gud an pag kumbinsi han doctor haakon asawa na sumugot nala. Pero pasalamat gud ako nga an akon asawa waray sumugot kay naging okay man ako bisan waray ako gin sugad... Dire sugad han amon usa na paryente okay pa hiya na gin dara ha ospital katapos gin tubohan namatay lugod! Asya kami бага nakuan gad udog kami hito na pagpapaospital.” (2AR)

Unfulfilled Expectations. The results reflect unfulfilled expectations of being unable to receive medication and supplements from the program. This was despite experiencing other features of the program, such as getting their weight assessed. One of the patient's responses clearly reflected this:

“An akon naeksperyensyahan an pagpatimbang. Waray man niyo dara nga medisina tapos ambot ano adto an iba.” (4RL)

“Waray man... dire man ha signon na waray data maupay man an akon gin aabat gihap...pero asya la waray ak naupay talaga.” (2AR)

Understanding Patients’ Perception on the Impacts of CBR

In this section, it tackles the research question “how did community-based rehabilitation programs impact the physical, psychological, and social well-being of patients in Brgy. Camansihay?”. Four main themes emerged and were branched into 11 sub themes that are discussed in table 4.

Perceptions offer information about how successfully CBR programs meet patients' requirements and expectations, enabling changes to be made to enhance treatment. Patients’ Perceptions on the impacts of CBR to them are individually narrated by all the patients. Though not all were positive accounts, unfulfilling impacts can be used by healthcare providers to enhance the overall quality of care delivered through CBR programs. Promptly, it can help mitigate patient dissatisfaction and prevent disengagement from treatment. It demonstrates responsiveness to patient concerns and reinforces trust in the healthcare system.

Table 4. Main themes and sub themes on the perception of PT Patients to the contribution of CBR towards their improvements

| MAIN THEMES | SUB THEMES |
|------------------------------------|--|
| Physical Improvements | Enhanced Mobility Pain & Sensory Reduction Increased Strength and Endurance |
| Functional Improvements | Improved Balance and Coordination Daily Household Activity Performance and Independence |
| Psychological/Emotional Well-being | Motivation Appreciation Disease-Induced |
| Social and Community Engagement | Community Support Family Support Participation in Community Activities |

Main Theme 3: Physical Improvements

This main theme highlights what patients deemed as improvements toward their life in physical aspects as a result from participating in CBR. Physical Improvements refer to the positive changes in a person's physical capabilities and overall bodily function resulting from medical intervention, therapy, or rehabilitation. In the context of Physical Therapy (PT) and Community-Based Rehabilitation (CBR), these improvements can be detailed in three sub themes as follows:

Enhanced Mobility. A big and important result that contributes to the patients’ perceptions about the program to their bodily improvements would be through their enhanced mobility of the body either from not being able to walk or & not being able to open their hands to being able to open them. It gave them a better perception of the contribution of the CBR towards their bodily improvements.

The participants supported this by saying:

“Diri’k nakakalakat. Yana nakakalakat na (I wasn’t able to walk, now, I can walk).” (1DC)

“Umano na yung kamay ko, nawala yung, hindi na masyadong numbing s’ya, ano na, medyo normal na. di man totally normal s’ya pero meron pa man siyang mga—Oo, naiaano na [hand gestures].” (3JE)

“Dire ini sugad dati sugad la ini hiya dati [Left hand fist closed] matiga gud. Yana na oopen open kona akon wala na kamot sugad [open and closed left hand].” (6DD)

Pain & Sensory Reduction. Result of the study showed that one of the patients described how the sensory went better than before during and after the treatment. Greatly, showing good results. One of the participants stated that:

“Umano na yung kamay ko, nawala yung, hindi na masyadong numbing s’ya, ano na, medyo normal na. di man totally normal s’ya pero meron pa man siyang mga—” *“Oo, naiaano na (hand gestures).”* (3JE)

Increased Strength and Endurance. The results reveal an increase in physical strength among the patients. They reported improvements in their ability to lift and move their hands and arms, a previously challenging task for them. This indicates an enhancement in their capacity to perform tasks requiring muscle strength. Furthermore, certain patients expressed satisfaction and recognized their progress in this aspect.

This was supported through statements:

“May ada ito ma’am kay hadto dire gud ito iya kamot nakakasugad (nakakaalsa). Yana nakakasugad (nakakaalsa) na.” (1DC)

“Kay nakakasugad na it hiya [raises hands], бага maupay.” (7AC)

Main Theme 4: Functional Improvements

Functional improvements refer to enhancements in a person's ability to perform activities of daily living (ADLs) and engage in meaningful activities effectively and independently. These improvements are crucial for overall quality of life and are a primary goal in Physical Therapy (PT) and Community-Based Rehabilitation (CBR). This main theme is reflected by two sub themes namely:

Improved Balance and Coordination. Some patients highlighted improvements in their balance and coordination. However, they also noted ongoing challenges in maintaining stability, resulting in occasional falls. This indicates that although progress has been achieved, it is not absolute, with moments of instability and challenges impacting their daily lives.

The patient’s significant other supported this by stating:

“Nakakakaon hiya, tapos daan hiya lumingkod hin iya la, pero natutumba liwat hiya danay.” (7AC)

“Diri’k nakakalakat. Yana nakakalakat na” (1DC)

Daily Household Activity Performance and Independence. The program has a significant impact on the patient’s ability to perform household activities and the degree of independence when performing ADLs. Through the bodily improvements obtained from the therapy, patients were able to perform common household activities and ADLs independently. The patients corroborated this by stating:

“Baga maupay gad adto nga kuan, adto nga sugad nagththerapy, kay бага na kuan ak adto, nakaka kuan pa hiya hin gin ththerapy hiya katapos nakakuan na hiya pagbubuhay hin iya la, diri na hiya gin aalalayan.” (5EP)

“Mayda hiya mga— naglulugaring na hiya pagkakaon, nasugad hiya, nasusugad na taiya kamo.” (7AC)

“Ay dako an epekto, nakakaglabang naakon tuhay, damo la nga butang nakakagtoon naako, nakakag hugas naako kay nakakakapot naman ako han spongha.” (6DD)

Main Theme 5: Psychological/Emotional Well-being

This main theme emphasizes the importance of psychological and emotional well-being as they are crucial components of overall health. Improvements in this area can significantly enhance a patient's quality of life which is a goal of CBR. This main theme is broken down into three sub themes.

Motivation. Results of the study revealed through the good effects of the program, some patients become enthusiastic about their life and become more driven to pursue their life. Ultimately, motivating them by changing their perspective of their lives. The participants supported this by stating:

“Maupay an era pagpabago nak pag huna huna nak kinabuhi, basta maupay.” (6DD)

Appreciation. Generally, all patients seemed to be appreciative and express sincere gratitude towards the efforts made by PT students to conduct the CBR programs in their community. This was reflected through some of the statements made by the patients and SO:

“Naaaa... Kuan man la’t ak hadto...Baga naruyag ba... nga gin sugad ak hiton pag praktis kay nababantad an lawas.” (11PT)

“An akon nanay бага kadamo gud adto hiya birthdayi han mga PT asya na ayon gud kami ha mga PT nga nagkikinadi permi la may dara para haamon.” (8LM)

“Baga dako gad an ira nabulig haam komunidad...pati haakon kay bisan maiha na nga panahon an naglabay dire gud kamo nangangalimot haak.” (2AR)

Disease-Induced. This sub theme reflects the experiences of the patients that not all were positive experiences but not automatically a reflection that was negative for the CBR program. The results revealed that some patients experienced sadness and hopelessness due to their chronic illness and not because of the program itself. This emphasized the psychological and emotional impact of disease, which could affect their outlook and overall improvement during the program which is why the researchers deemed this worthy of being a sub theme. This was corroborated by one of the patient’s responses:

“Nagtitinuok ako, tungod akon sakit nga kurog kurog.” (4RL)

Main Theme 6: Social and Community Engagement

The improvement in this aspect is one of the goals of CBR which physical therapists aim to bring empowerment to patients. This main theme is reflected by three sub themes.

Community Support. With the Barangay’s full approval and coordination with the CBR program, they have improved the health of their constituents for accessible healthcare and wellness services by the CBR program. This is supported by one of the patients and who is also the leader of the PWD Association of the Barangay by stating:

“Bisan pa ako magkapuropakulob kadto han amon pasyente, kun diri hira naruruyag, waray kami mahihimo.” (9BP)

Family Support. Most patients were fully supported by their families during the program. The families were able to take part in the rehabilitation process of the patients through monitoring, taking care of, and helping in carrying out the activities given during the program. Through this support, patients were also able to focus on therapy alone.

The participants supported this by stating:

“Naataman an akon pamilya.” (4RL)

“in pakuanan la namon hiya para бага ma praktis hiya.” (5EP) *“Uruexercise nala kita nay”, “Sugad sugad nala’t imo kamot, katapos*

pagtukdaw hinay hinay pagsugad hito, sugad naman” (5EP)

“Waray nak magtrabaho. Baga an akon mga anak nakakapag trabaho-ay na [coughs].” (11PT)

Participation in Community Activities. Through the program, the patient was able to participate in activities done in their community. However, another patient decided not to go to work anymore despite the recovery made through the program.

The patients/SO supported this by stating:

“Maupay adto an amon...an amon. pag...maupay. Nakadto kami pagsayaw didto may... ano adto nga eskwelahan, nangalimot na ako.” (4RL)

“Maupay kay nakagawas na hiya. Adto na hiya guwas. Nakakamarites na.”

(1DC)

“Waray la ghap ak magtrabaho bisan бага naupay-upay na nak kuan...”

(11PT)

The Barriers Faced by Patients During CBR

Table 5 answers the research question “what are the barriers encountered by the patients in accessing and participating in rehabilitation services within Brgy. Camansihay?”. This highlights four main themes that reflect limitations in resources, personal barriers encountered by the patients, and program related-issues that were identified by the patients. Eight sub themes were emergent in this section.

Table 5. Main themes and sub-themes on the barriers faced by PT Patients during the duration of the CBR program

| MAIN THEMES | SUB-THEMES |
|------------------------|--|
| Resource Limitation | Insufficient Time Financial Constraints |
| Personal Barriers | Physical Limitations Cognitive Impairment Audio & Verbal Impairments |
| Program Related-Issues | Inflexible Scheduling Misconception with Program Lack of Continuity |

Main Theme 7: Resource Limitation

This main theme refers to the challenges and constraints faced due to inadequate access to essential resources necessary for effective rehabilitation. This is reflected by two sub themes:

Insufficient Time. In CBR, many physical therapy treatment sessions include exercises to be done at the patient’s home. The significant other can assist with these exercises, ensuring they are performed correctly and safely. Without this help, the patient might struggle with proper execution or may not do the exercises at all. This became a problem with some patients because of the time constraints of their SO to be present during sessions. This was supported through statements:

“Maiha na ak hito naapi... bisan gad man talagudti may nabaruan ako... ugaring amo ito kailangan man nga bisan waray hira (physical therapists) kailangan ako gud ito it mag mano mano pag maniobra ito haiya asya makuri gud adto mamintinar kay kada may nakanhi nga PT may trabaho ako...” (8LM)

Financial Constraints. One finding shows that a lack of financial resources was one of the barriers faced by the patients. The patient affirms the program’s effectiveness but medication and basic necessities such as food were too expensive for them to afford. As emphasized in one of the responses:

“Maupay. Na epekto gad pero an kwarta. Kwarta an kailangan. Na epekto. Sus. Dako.” (4RL)

Main Theme 8: Personal Barriers

This main theme refers to the internal challenges and obstacles that the patients faced, which impeded their rehabilitation process. These barriers are highlighted by three sub themes.

Physical Limitations. The responses revealed an inability to stand and walk independently. The patients expressed how much it limits them and expressed their willingness to ambulate without fear of falling. Fear could cause inactivity leading to further decline in physical function. One of the patients stated:

“Kay di ak nakakatindog tuhay, natutumba ak. Kun nakakatindog ako, Ay! lalakat lakat ako kalsada.” (4RL)

Cognitive Impairment. Among patients interviewed, two were cognitively impaired due to their condition of Cerebral Palsy. They were interviewed through their respective significant others whereas one SO shared the difficulty of participating in the program with the patient having a severe cognitive impairment because of the patient lacking full comprehension to react and obey to verbal commands prompting them to be less interested in continuance with the program. This was supported by the patient’s SO stating:

“Dire man parehos hit iba na pasyente na narespond haira hit ira gin tututdo na masiring nga “sige sugad hini...” takay amo ito ayaw nala ito kay бага makuri gihap haiyo na PT.” (8LM)

Audio & Verbal Impairments. This sub-theme emerged from the patients’ hearing and speaking difficulties that became a barrier during treatment. This was a problem because with audio and verbal impairments patients cannot fully follow what is being instructed and at the same time they cannot relay to the physical therapist what they want to say. This was even evident during data collection when one patient kept on asking the researchers to repeat the question signifying that they had a hard time hearing. As documented, the patient has stated:

“Nabuto na ak tingog. Yana, dire ak nakatingog tuhay. Dire na.” (4RL)

Main Theme 9: Program Related-Issues

This main theme is derived from the challenges and obstacles arising from the implementation, delivery, and management of the CBR programs itself which were noted and expressed by some patients. This was broken down into three sub themes.

Inflexible Scheduling. Among the results it was identified that this problem arose due to the conflict between the SO’s working hours and the time scheduling of the therapy sessions. Prompting them to discontinue with the treatment. This was supported by the statement:

“Hagi dire na ako hito talaga maapi na kay maguol it pag kinuan kuan... it pag asikaso pala hit mga makadi na PT—waray na ako gumagad hito kay syempre kailangan laghap bisan waray hera kailangan ako laghap mag areglar.” (8LM)

Misconception with Program. It was revealed that the patient was expecting to receive medication for their illness from the program. Furthermore, the patient mistakenly believed that the assessments were simply interviews. As the patient stated:

“Maupay an iyo бага pagbulig pero waray medisina, waray. Puros la interview.” (4RL)

Lack of Continuity. Lack of continuity of treatment was a major factor that affected the progress of the patient. Discontinuation from the CBR program hindered the beneficial effects and caused patients to regress from the bodily improvements acquired from the therapy. The participants corroborated this by stating:

“Бага an hadi бага bag-o pa hiya nga gin the... бага di pala naiha tikang iya ka therapy, ito nga iya kamot бага na-na kukuan niya nasusugad na niya [opens hands], бага nakukuan...nabubuklad na niya hinay

hinay. Han бага waray na, naiha na, waray na hiya ka kuan, amo ito bumalik naliwat pag sugad hito... (referring to the position of the hands of patient#5).” (5EP)
“Bumalik hiya pag sugad. (referring to slouched posture of the patient).”
(5EP)

How Patients Got Involved with CBR

In this section, one main theme is identified and is divided into three sub themes. This part answers the research question “how did patients become involved in this CBR program?”. See table 6.

Table 6. Main theme and sub-themes on how the Patients got involved in the CBR program

| MAIN THEMES | SUB THEMES |
|----------------------------|---|
| Recommendation and Request | Medical Referral |
| | Recommendations from Family and Friends |
| | Community Leaders |

Main Theme 10: Recommendation and Request

This main theme reflects how patients got involved with the CBR program. Majority of the patients got involved through community leaders of the Brgy. However, some didn’t and are defined through sub themes described below:

Medical Referral. One patient answered that she was referred to physical therapy treatment after being confined in the hospital for suffering from a stroke. But due to the inconvenience of traveling from their home to the hospital they did not pursue it and instead participated in CBR when it was available in their community.

Recommendations from Family and Friends. Some patients described the means of how they were involved in the program through their family or friends requesting for them to be a part of the program. The patients supported this by saying:

“Hiya nag request ito haera [points at husband], akon asawa nag request (he requested to them, [points at Significant other], my significant other requested).” (6DD)

Community Leaders. The results revealed that most patients were engaged in the CBR program through direct visits from PT students. These patients were primarily recommended for the program by community leaders in Bgry. 96, Camansihay. This suggests that the decision-making process involves input from local leaders who have insights into the needs and suitability of individuals for the program.

The patients supported this by stating:

“Ginkanhi la hiya ha ira balay.” (1DC)

“Kay may nagtutdo ha akon. Sumiring padoctor, panambal pero dire doctor kay iba man an doctor.” (4RL)

“Kumanhi la hira.” (7AC)

“Kay...kumanhi ma la’t hira ha balay.” (10RP)

“Kumanhi la hira, may nag upod.” (11PT)

Interactions During CBR

This section caters to the research question “how can patients describe their interaction with physical therapists?”. Two main themes are identified mainly as Positive Feedback and Negative Feedback. Three sub themes are branches from it and are discussed in Table 7.

Table 7. Main themes and sub-themes on the Patients' interactions with the Physical Therapists and Physical Therapy Students during the CBR program

| MAIN THEMES | SUB THEMES |
|-------------------|---|
| Positive Feedback | Appreciation Towards PT and PT Students |
| Negative Feedback | Giving False Hope |
| | Misconceptions between healthcare providers |

Main Theme 11: Positive Feedback

This main theme refers to the expressions of satisfaction and approval regarding their experience with Physical Therapists and PT students during CBR. This is reflected by:

Appreciation Towards PT and PT Students. Some patients showed appreciation towards their interaction with the Physical Therapists and Physical Therapy Students. Moreover, giving positive feedback regarding the interaction. Some patients supported this by saying:

"Kasi mababait sila, inaano ka talaga yung parang iniingganyo ka "oh, nanay, ganito, ganito." (3JE)

"Baga maupay gad adto nga kuan, adto nga sugad nagththerapy (I think it's good when it comes to, like the therapy)." (5EP)

"Maupay gud basta maupay labi na an usa hi DA, PTRP kay hiya gud iton maupay nga bumulig haakon nakanhi gud ito hiya biskan nag uusahan la tapos hiya ito nag tutdo haako pag sugad [Opens left fingers one by one] hiya ghap nagtutdo haakon makagyakan hin maupay, bulol la ghap ako pero dre nagud parehas dati kay gin tutduhan gud ako niya hin maupay." (6DD)

Main Theme 12: Negative Feedback

This main theme refers to the expressions of dissatisfaction and concerns regarding their experience with Physical Therapists/Physical Therapy students during CBR. This was divided into two sub themes:

Giving False Hope. Some patients expected more than from what CBR could only offer. One SO held on to the promise of one physical therapy student that previously treated her son which was the patient in this study.

"Nasiring ngani adto hiya 'Ay la kuno makagradwar la ako nga magka oras ako babalik ko kamo'." (8LM)

According to Eijkholt M. (2020), endorsing false hope allows physicians to 'keep people happy' and to increase 'satisfaction rates'. However, this act could leave the SO and even some patients to have a general mistrust and disbelief in the CBR program if they are given false hopes and promises. Not only that but other effects could be that patients may lose motivation to continue their rehabilitation or follow prescribed exercises if they feel abandoned by their therapist.

Misconceptions between healthcare providers. Results revealed that the patients and their significant others mistook PT and physical therapy students for nurses. As it is part of a PT intervention to provide and teach patients exercises. This is supported with the statement:

"Danay ginkukuan an iya tiil. Ini. Ini. Kay di man ini nakakakuan— ginpapasugad-sugad in haim. Sugad...amo an siring ni...han nars." (1DC)

Khan (2013), identifies that the public's lack of awareness of scope of physical therapy practice results in the misconception and mistake of identifying healthcare providers.

CONCLUSION

The study entitled "Unravelling Perspectives: Lived Experiences of Physical Therapy Patients with the Community-Based Rehabilitation Programs By DRTREFI at Brgy. 98 Camansihay, Tacloban City" explores understanding patients' individual experiences with the CBR program in order to give them better treatment options. The SEM was used to examine the multifaceted influences on patients' rehabilitation experiences, including social factors. The study identified 12 main themes describing the unique lived experiences of the patients.

The patients' lived-experiences with the CBR program were "Positive Experiences", and "Negative Experiences". Positive experiences were characterized by the program's effectiveness, the positive interaction with PTs and PT students, and a sense of inclusion. In contrast, negative experiences included treatment discontent, unable to recall treatment, various barriers faced by the patients, lack of confidence in medical care, and unfulfilled expectations. Understanding these experiences is crucial for ensuring that the goals of CBR are met and that PT objectives are accomplished.

The majority of patients consider their CBR experience as "*Maupay*", meaning good. This highlights the main themes "Physical Improvements", "Functional Improvements", "Psychological/Emotional Well-being", and "Social and Community

Engagement". On the other hand, the study identified several barriers faced by the PT patients such as "Resource Limitation", "Personal Barriers", and "Program-Related Issues". This emphasizes the importance of continuous evaluation and adaptation of the program to better meet their needs.

The patients got involved with CBR through "Recommendation and Request" from the hospital, their family and friends, and community leaders. Their interaction with PTs and PT students yielded "Positive Feedback" through their appreciation towards PT and PT students, and "Negative Feedback" due to false hopes set by a PT student, and misconceptions between healthcare providers.

RECOMMENDATIONS

Based on the study's results, the researchers recommend the following:

Enhance program availability. To reach more communities and ensure consistent, hands-on care. DRTREFI should spearhead the implementation of CBR.

Appeal for Financial Support. The researchers urge the LGU to allocate a budget for these programs, to aid institutions that implement CBR such as DRTREFI.

Consistency and Continuity. Standardized protocols can improve service quality and prevent regression in patient's progress. The researchers call on institutions that offer PT, such as DRTREFI, to be more proactive in providing CBR to indigent communities.

Community Awareness and Public Education. For students, faculty, and readers of this study to raise awareness about the program and encourage community support and involvement.

Further Research on CBR. To address knowledge gaps due to the limited number of published studies in this area.

By implementing these recommendations, the CBR programs at Brgy. 98 Camansihay can further enhance their effectiveness, address current challenges, and ultimately improve the lived experiences and outcomes of their patients.

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