

Voices of Meningitis Caregivers: A Multi-case Study Towards Social Media Support Design

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Abstract

This study used a multi-case qualitative approach to understand the real-life experiences of caregivers looking after meningitis patients. It focused on the problems they face, how they deal with those problems, and how they stay strong despite challenges. The researcher conducted in-depth interviews and analyzed the common themes that came out of the conversations. To get a broader view, the study included different people involve in caregiving, such as family caregivers, barangay health workers (BHWs), doctors and nurses, social workers, and local government officials. Their combined insights helped identify what kind of support system caregivers need most.

The study found five main challenges faced by caregivers: emotional stress, money problems, not knowing enough about how to care for meningitis patients, difficulty getting healthcare services, and feeling socially isolated. Even with these difficulties, caregivers showed strength and adaptability. They coped by reaching out for emotional and community support, carefully managing their finances, learning how to give better care, and speaking up to get better healthcare services for their loved ones.

This study contributed to the limited body of literature on caregiving for meningitis patients and emphasized the importance of structured, culturally grounded support systems that empower caregivers. It highlighted the need to establish a robust, community-based support system specifically designed for caregivers of individuals with meningitis.

As a concrete output, the study developed the design of a social media account dedicated to caregivers of meningitis patients, envisioned as a platform where they could share experiences, access caregiving knowledge, alleviate hardships, and engage in social interaction with others who had faced similar challenges. It also recommended creating peer support groups, offering more caregiver training, improving access to financial assistance, and strengthening connections with local health services. While caregivers demonstrated great resilience, the study stressed that this strength needed to be supported by organized programs and services—including the proposed social media platform design—to enable them to continue providing effective care, especially in communities with limited resources.

Chapter I

Introduction

Caregiving has emerged as a crucial yet often under-recognized component of healthcare, particularly in the context of chronic and complex illnesses. Family members and informal caregivers frequently assumed the responsibility of caring for patients with little to no formal training or support.

In many cases, as noted by Angwenyi et al. (2024), caregivers were thrust into roles that demanded physical, emotional, and psychological resilience. They managed daily routines, administered

medications, provided emotional support, and coordinated with health professionals—all while navigating their own personal, social, and financial challenges.

Similarly, as Legare et al. (2024) explained, when a loved one is discharged from a hospital after a severe illness, such as meningitis, the caregiving journey begins in earnest. While the medical focus shifted from acute intervention to rehabilitation and recovery, the caregiver became the primary facilitator of this transition. However, the lived experiences of caregivers—especially those dealing with the long-term effects of meningitis—remained under-explored. Their struggles, strategies for coping, and the support systems they attempted to build often went undocumented in formal health discourse.

Safari et al. (2023) conducted a study using a multi-case qualitative approach to explore the lived experiences and perspectives of caregivers of individuals with meningitis. It examined how different caregivers experienced the responsibilities and

emotional burden of caregiving, the challenges they encountered, the strategies they employed to cope, and the resilience they developed in light of adversity. By comparing and analyzing multiple cases, this research aimed to uncover patterns, unique perspectives, and contextual factors that shaped caregiving practices. Ultimately, the results of this study sought to inform future caregiver-centered support interventions, policy development, and healthcare training by centering the narratives and needs of those providing care. This caregiver-focused lens was essential for building holistic, inclusive systems that recognized not only the medical needs of patients but also the indispensable role and well-being of those who cared for them.

In the Philippines, Padilla (2023) reported that the Department of Health (DOH) documented recurring outbreaks of bacterial meningitis, especially among infants and young children. Surveillance data from 2021 to 2023 revealed that over 1,000 suspected cases were reported annually, with morbidity and mortality rates varying across different regions. These figures pointed to a persistent public health issue that not only challenged the healthcare system but also affected the lives of caregivers who provided intensive and often prolonged care under emotionally and financially strenuous conditions.

At the local level, caregiving for patients diagnosed with meningitis presented unique and profound challenges. Unlike more commonly studied chronic illnesses, meningitis progresses rapidly and could lead to sudden neurological damage, long-term disabilities, or death. According to PLOS Global Public Health (2023) and Life after Invasive Meningococcal Disease (2024), the abrupt onset and unpredictability of meningitis often

led to emotional shock, compelling caregivers to swiftly assume unfamiliar roles. In many rural and underserved areas of the Philippines, limited resources and low health literacy left caregivers struggling to manage complex medical needs with little guidance or support. What made the caregiving experience for meningitis distinct was the intensity and immediacy of the responsibilities involved. Caregivers managed both the physical demands of care—such as administering medications, monitoring symptoms, and assisting with mobility—as well as the psychological burdens of uncertainty, fear, and grief. Unlike conditions with established long-term care plans, meningitis often left caregivers unprepared, isolated, and emotionally overwhelmed.

Despite the growing recognition of caregiver advocacy in public health, the lived experiences of those who cared for individuals diagnosed with meningitis—particularly in the Philippine context—remained largely undocumented and poorly understood. This study aimed to address that gap by capturing and analyzing the narratives of caregivers of individuals with meningitis, shedding light on the emotional, social, and practical complexities of their caregiving experience. Herrera-Restrepo et al. (2024), through

a multi-case study approach, aimed to give voice to those whose contributions often went unnoticed and to inform future frameworks for caregiver support and health system responsiveness.

In response to the identified research gap, the study explored the lived experiences of caregivers of patients with meningitis using a qualitative, multi-case approach. It examined the emotional, financial, and social challenges caregivers faced, the coping

strategies they employed, and the resilience they demonstrated. Perspectives from barangay health workers, healthcare professionals, social workers, and local government officials were also included to provide a broader view of existing support systems and their potential for improvement. Through thematic analysis of in-depth interviews, the study developed a community-based caregiver support framework tailored to the specific needs of meningitis caregivers. The research contributed to the limited literature on caregiving for meningitis and offered practical, culturally relevant recommendations for public health policy and community health programs. It underscored that while caregiver resilience was evident, it required sustained support through systemic and community-driven interventions.

This study was important because it gave voice to an underserved and often invisible group—caregivers of meningitis patients—by highlighting their lived experiences, coping mechanisms, and resilience. Moreover, it involved key community stakeholders to present a more holistic picture of support structures and gaps. Through in-depth qualitative analysis, the research addressed the scarcity of focused literature on meningitis caregiving and provided practical insights for developing a culturally sensitive, community-based support system. By filling this gap, the study has contributed valuable knowledge that could have guided health practitioners, policymakers, and local organizations in designing effective interventions to support caregivers in resource-limited settings.

Research Objectives

This study aimed to explore the lived experiences of caregivers of meningitis patients, focusing on their challenges, coping strategies, and resilience, and to develop a social media-based support platform that fosters connection, knowledge sharing, and emotional strength among caregivers.

Specifically, it achieved the following objectives:

1. Explore the multidimensional experiences of caregivers of meningitis patients in terms of challenges, strategies used, and resilience; and
2. Design a social media account as a support system to address their emotional and healthcare needs to ensure better well-being and assistance in their caregiving roles.

Scope and Delimitation

This study focused on the caregiving experiences of family members of meningitis patients who received treatment or underwent recovery either in hospital settings or at home in the municipalities of Canaman and Pasacao, Camarines Sur, from 2024 to 2025. It explored how caregivers coped with the emotional, financial, and psychological challenges brought about by the illness and examined the sources of support available to them, including assistance from healthcare professionals, extended family, and community-based resources. These personal accounts served as the basis for developing a collection of inspirational narratives and practical caregiving advice, intended to offer guidance, motivation, and emotional support to other families in similar situations.

Additionally, the study contributed to the design of a structured caregiver support group system, including the conceptualization of a social media-based platform for networking and resource-sharing among care-

givers of meningitis patients and those managing comparable chronic or severe health conditions. The study was delimited to a purposively selected number of caregivers who were identified through specific hospitals, barangay health units, and community networks that had managed meningitis cases. It did not cover the medical treatment of meningitis, nor did it include the perspectives of patients themselves or medical professionals, except in cases where these perspectives were narrated or referenced by caregivers. The study focused strictly on the caregiving perspective and the personal and relational impact of caregiving, not on clinical outcomes or interventions.

Furthermore, the study was qualitative and context-specific; thus, its findings were not intended to be generalized to all caregivers of meningitis patients. However, the insights generated served as a foundational basis for policy development, the design of psychosocial interventions, and future research in similar contexts. The caregiving experiences included in the study were also limited to those who provided care within the previous five years, ensuring the relevance and reliability of the data collected. Importantly, the study was limited to the design and conceptual development of the social media-based support platform. It did not include the full implementation, user testing, or evaluation of the platform's effectiveness, as these fell beyond the scope at that time and could have been addressed in future studies.

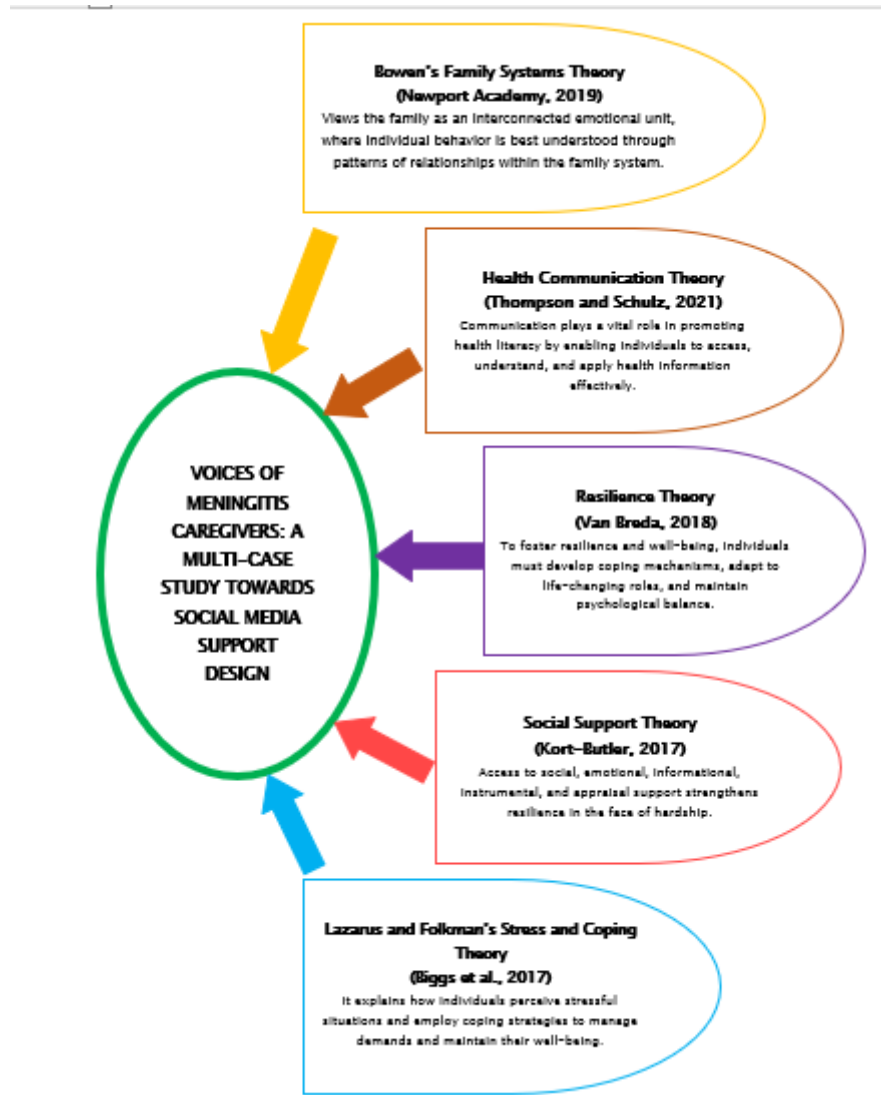
Theoretical Framework

Figure 1 shows an interdisciplinary theoretical foundation, drew insights from family psychology, health communication, and sociology. The complexity of caregiving, particularly for individuals recovering from meningitis, called for a multifaceted lens that considered emotional, relational, social, and adaptive dimensions. The following five theoretical frameworks informed the study:

Bowen's Family Systems Theory, developed in the 1950s by psychiatrist Murray Bowen (as cited by Newport Academy, 2019), presented the family as an emotional unit composed of interdependent individuals. It emphasized that family members influenced one another and could not be fully understood in isolation from the family system. According to Bowen, individuals tended to respond in predictable ways based on established roles and unspoken relationship patterns, which could either maintain stability or lead to dysfunction. This approach helped address personal issues within the broader context of family dynamics, promoting overall emotional health. In caregiving contexts, the theory illustrated how caregiving responsibilities were shaped by and impacted family roles, emotional connections, and adjustments. Key concepts such as "emotional triangles" and "differentiation of self" were particularly relevant, as caregivers often navigated pressure from multiple family members while managing their own emotional needs.

Health Communication Theory by Thompson and Schulz (2021) highlighted the crucial role of communication in improving health outcomes. It focused on how clear,

Figure 1
Theoretical Paradigm



accurate, and empathetic communication enhanced health literacy, helped individuals understand medical instructions, and fostered trust between caregivers and healthcare providers. In that framework, caregivers were seen as key communicators who interpreted medical information, supported decision-making, and advocated for the patient's needs.

The theory also stressed the importance of reliable health information and effective communication practices, particularly in digital platforms like social media, where caregivers increasingly sought guidance, support, and resources.

Resilience Theory by Van Breda (2018) offered a valuable framework for understanding how caregivers coped with and recovered from the ongoing challenges of their role. Rather than viewing resilience as a fixed personality trait, the theory defined it as a dynamic process shaped by both internal factors—such as coping skills and emotional strength—and external resources, like social support and access to services. In the context of this study, the theory helped explain how caregivers managed chronic stress, adapted to significant life changes, and sustained their responsibilities over time. It guided the analysis of how caregivers built resilience through personal growth and the effective use of available support systems, helping them maintain psychological well-being despite ongoing demands.

Social Support Theory, as outlined by Kort-Butler (2017), explained how individuals coped with stressful or challenging situations by drawing on different forms of support: emotional (empathy and understanding), informational (guidance and advice), instrumental (tangible help), and appraisal (affirmation and feedback). In caregiving—especially in medical settings—the presence and quality of supportive relationships significantly affected caregivers' well-being and ability to manage their roles. This theory was highly relevant to the study, which proposed a social media-based support system designed to improve caregivers' access to both peer and professional support. By applying this framework, the study emphasized how strengthening social networks could ease caregiver burden and enhance resilience.

Lazarus and Folkman's Stress and Coping Theory (1984), as cited by Biggs et al. (2017), provided a psychological framework for understanding how individuals perceived and responded to stress. The theory emphasized that stress was not solely determined by external events but by how individuals appraised these situations and their perceived ability to cope. It identified two primary coping strategies: problem-focused coping, which involved actively addressing the source of stress, and emotion-focused coping, which aimed to manage the emotional impact of the stressor. In the context of caregiving, this theory helped explain how caregivers navigated emotional strain, financial burdens, and physical exhaustion by employing various coping mechanisms suited to their individual circumstances.

Together, these theories created a cohesive lens through which the lived experiences of meningitis caregivers were interpreted. Bowen's Family Systems Theory explained the relational dynamics that underpinned caregiving roles, revealing how family structures and emotional bonds shaped the caregiver's sense of responsibility. Health Communication Theory complemented this by highlighting how caregivers interacted with healthcare systems and how communication affected their understanding and performance of care tasks.

Meanwhile, Resilience Theory and Stress and Coping Theory worked in tandem to unpack the internal processes caregivers went through to sustain themselves emotionally and psychologically. Resilience Theory emphasized the long-term adaptation and strength-building in caregivers, while Stress and Coping Theory provided insight into immediate emotional and cognitive responses to caregiving stressors.

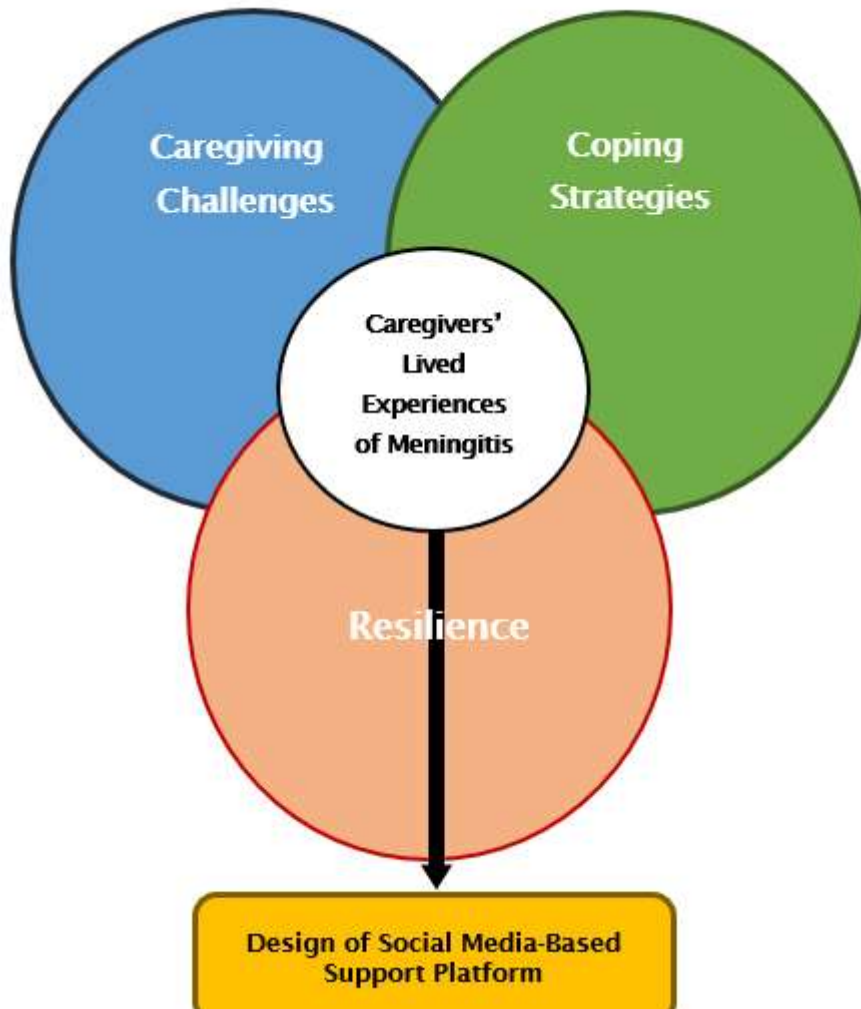
Lastly, **Social Support Theory** intersected with all the above by recognizing the external resources and relationships that buffered caregivers from burnout and isolation. It directly informed the design of the social media-based support system, which aimed to operationalize social support into a tangible, digital tool for caregivers.

By integrating these five frameworks, the study captured the complex interplay of personal, familial, psychological, communicative, and social factors in caregiving. This holistic theoretical approach ensured that the study's findings and recommendations were grounded in a comprehensive understanding of the realities of caregivers.

Analytical Framework

Figure 2 displays the caregivers' lived experiences with the design of a social media-based support platform. It is guided by an analytical framework that places the lived experiences of caregivers affected by meningitis at the center of inquiry. Unlike prescriptive input-output models, the framework adopts an interpretivist lens, recognizing that caregiving is not a linear process but a dynamic, context-dependent journey shaped

Figure 2
Analytical Paradigm



by personal, social, and cultural factors.

Caregiving Challenges

This domain examined the emotional, psychological, financial, and physical strains that caregivers experienced in providing care for meningitis patients. It captured the intensity and immediacy of caregiving responsibilities, as well as the uncertainties brought by the sudden onset and possible long-term effects of the disease.

Coping Strategies

This component analyzed how caregivers adapted to those challenges. It considered individual coping mechanisms (e.g., emotional regulation, faith, resourcefulness) and collective strategies (e.g., support from family, peers, and community networks).

Resilience

Resilience is conceived not merely as an inherent expression of personal strength or inner fortitude, but as a dynamic and evolving outcome that emerges through the continuous interaction between an individual's unique capacities—such as emotional regulation, adaptability, and problem-solving skills—and the broader network of available support systems, including family, community, institutions, and

social resources, which collectively shape the ability to withstand adversity, recover from challenges, and ultimately thrive in the face of uncertainty.

Through thematic analysis of in-depth interviews, focus group discussions, and personal narratives, the three domains—caregiving challenges, coping strategies and resilience were interlinked to reveal patterns, divergences, and contextual realities. The analytical framework enabled the study to move from individual caregiver stories to broader themes, which then informed the design of a social media–based support platform. By centering on caregivers’ voices, the framework not only highlighted their lived realities but also provided the interpretive lens for examining findings and generating practical recommendations. Ultimately, it ensured that the study remained true to its qualitative orientation, privileging meaning, context, and lived experience over mechanistic cause-and-effect assumptions.

Assumptions

This study was premised on the following assumptions:

1. Meningitis caregivers face significant emotional, physical, financial and social challenges that impact their well-being.
2. A structured support system can improve the well-being, resilience, and caregiving capacity of those supporting meningitis patients.

Definition of Terms

This section defines key terms used in the study, both conceptually and operationally, based on the conceptual framework to ensure clarity and consistency.

Caregiver. Auerbach et al. (2019) defined a caregiver as an individual who provided care and support to someone with a chronic illness, disability, or health condition, often a family member. In this study, a caregiver is referred to a person who is responsible for providing continuous physical, emotional, or medical care to a patient diagnosed with meningitis.

Caregiving Experience. Yustisia et al. (2023) described caregiving experience as the totality of tasks, emotions, challenges, and rewards encountered by individuals who cared for someone with a chronic illness. In this study, caregiving experience referred to the personal and emotional journey of meningitis caregivers as revealed through their autobiographical narratives and interview responses.

Coping Mechanisms. Algorani and Gupta (2023) defined coping mechanisms as the cognitive and behavioral efforts individuals use to manage the internal and external demands of stressful situations. In this study, coping mechanisms referred specifically to the strategies and behaviors shared by meningitis caregivers in their autobiographical narratives, illustrating how they managed the emotional, physical, and psychological stresses of caregiving.

Healthcare Interventions. Klaic et al. (2022) defined healthcare interventions as organized actions or strategies aimed at improving health outcomes or altering health-related behaviors, including treatments, programs, or policy changes. In this study, healthcare interventions pertained to the formal or informal medical, psychological, and community-based services accessed or desired by caregivers to manage the care of individuals with meningitis, as revealed in interviews and surveys.

Meningitis. Nath (2024) explained that meningitis was a medical condition characterized by inflammation of the protective membranes covering the brain and spinal cord, typically caused by bacterial or viral infections, which could result in severe neurological damage or death if untreated. In this study, meningitis referred to the diagnosed illness affecting the patients for whom the caregivers were

providing or had provided support, forming the basis of the caregiving experiences explored in the autobiographical narratives.

Multi-case Study. Yin (2018) defined a multi-case study as a qualitative research design that investigated a phenomenon across multiple cases to understand similarities, differences, and contextual influences. It allowed researchers to explore complex issues within real-life settings and to identify patterns that emerged across cases. In this study, the multi-case study approach was used to explore and compare caregiving experiences among families of meningitis patients, identifying shared themes, differences, and coping patterns to gain deeper insights into caregivers' needs, challenges, and adaptive strategies.

Multidimensional. Celestine (2021) described the term "Multidimensional" as involving multiple interrelated aspects—emotional, psychological, social, and financial—that together explain a phenomenon more completely. It recognized that experiences such as caregiving could not be fully understood through a single perspective. In this study, the term described the varied caregiving experiences of families of patients with meningitis, reflecting how different life domains shaped their overall well-being.

Social Media. Machado (2020) defined social media as an online platform that enhanced communication between individuals, businesses, and governments, highlighting its multidisciplinary impact. In that study, social media served as a means for caregivers to interact and collaborate in the care of meningitis patients.

Structured Support System. Kent de Grey et al. (2018) described a structured support system as an organized set of services, resources, and strategies designed to provide assistance and improve the well-being of individuals in need. In this study, the structured support system referred to the developed output based on caregivers' narratives and analyzed data, comprising actionable recommendations and organized strategies to address caregiving challenges for meningitis caregivers.

Notes

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Chapter II

Review of Related Literature and Studies

This chapter presents relevant literature and studies that explore the multifaceted experiences of caregivers, particularly those caring for individuals with meningitis. The review is structured into thematic sections to highlight key areas: caregiving challenges, emotional and psychological impacts, financial strain, coping strategies, support systems, and the value of storytelling.

Caregiving for Patients with Meningitis

Caregivers, whether family members or professionals, often experience significant emotional and psychological strain while providing care for individuals with chronic illnesses, disabilities, or aging-related conditions. The constant demands of caregiving could have led to stress, emotional exhaustion, anxiety, depression, and burnout. Caregivers may have felt isolated, as their own well-being was often neglected in favor of their caregiving responsibilities. The emotional toll was intensified by complex

relationship dynamics and the lack of sufficient support. This research investigated the emotional and psychological effects on caregivers, identifying key stressors and effective coping strategies. The findings aimed to inform policies and interventions that could enhance caregiver support, ultimately improving the well-being of both caregivers and those they care for.

Moreover, Ocampo et al. (2021) emphasized that providing care for individuals diagnosed with meningitis imposed a profound emotional and psychological burden on caregivers. Their findings indicated elevated levels of anxiety, depression, and emotional fatigue, primarily resulting from the abrupt onset and potentially severe progression of the illness. Furthermore, the unpredictable trajectory of meningitis heightened emotional distress, as caregivers were often unprepared for the rapid escalation of symptoms. Consequently, Ocampo et al. (2021) asserted that caregivers were compelled to adapt rapidly to demanding responsibilities, which had an adverse impact on their mental health and overall quality of life. In addition, Alsirafy et al. (2021) highlighted the substantial burden endured by family caregivers of patients with severe neurological conditions, including those suffering from meningitis. Specifically, their study identified emotional exhaustion and physical fatigue as central dimensions of caregiver strain. Moreover, Alsirafy et al. (2021) advocated for the establishment of targeted support systems, such as psychological counseling, respite care, and health education, to enhance caregiver resilience and well-being. Therefore, they concluded that such structured interventions were essential for mitigating stress, improving mental health outcomes, and promoting the delivery of high-quality patient care.

Nipp et al. (2016) explored the psychological challenges experienced by caregivers of meningitis patients, noting elevated levels of anxiety, depression, and social isolation. Additionally, they proposed that access to emotional support services and community-based resources—such as counseling programs, peer support groups, and psychosocial interventions—could significantly alleviate these difficulties. Moreover, Nipp et al. (2016) emphasized that such measures assist caregivers in managing stress effectively and cultivating psychological resilience. Ultimately, the study underscored the necessity for healthcare systems to recognize these challenges and implement evidence-based interventions to enhance caregiver well-being and optimize patient outcomes.

In this regard, Moghaddam (2023) examined the emotional and physical challenges encountered by caregivers of individuals living with chronic neurological conditions, including meningitis. Moreover, the study revealed that although caregivers frequently experience significant psychological strain, some also derive emotional fulfillment depending on the patient's behavioral presentation and coping mechanisms. Therefore, Moghaddam (2023) advocated for integrative interventions that address both caregiver and patient needs simultaneously, emphasizing that a holistic, dyadic framework fosters enhanced emotional well-being and improved quality of care.

In support of this, Wei et al. (2024) underscored the substantial emotional and physical burdens experienced by family caregivers of patients with neurocritical conditions, such as meningitis. The critical and unpredictable progression of these illnesses exacerbated caregiver stress. Wei et al. (2024) had identified anxiety and the caregiver's ability to adapt as key factors that had influenced this burden. Their findings highlighted the need for comprehensive emotional support, coping strategies, and practical guidance to empower caregivers to manage their roles effectively and enhance patient care.

Additionally, Brown et al. (2023) emphasized that the emotional and psychological impact experienced by caregivers of meningitis patients is both profound and multifaceted. Specifically, caregivers frequently endure heightened anxiety, depression, and feelings of helplessness, particularly during the initial phases of the illness. Moreover, the unpredictable progression of meningitis generates persistent

uncertainty, which can severely undermine caregivers' emotional stability and sense of control. They emphasized the importance of early psychological assessment and emotional support to mitigate these adverse effects.

Morrison et al. (2024) proposed stress management programs, counseling services, and mindfulness-based interventions as effective strategies for addressing the mental health needs of caregivers. Additionally, empirical evidence suggested that caregivers who participated in psychosocial support interventions exhibited greater emotional resilience and more adaptive coping mechanisms. Therefore, Morrison et al. (2024) concluded that structured psychological support played a crucial role in enhancing caregivers' overall well-being and sustaining the quality of care provided to meningitis patients.

Moreover, Luppino et al. (2023) highlighted the significant mental health challenges encountered by caregivers of patients with chronic illnesses, including meningitis. Specifically, their research revealed that caregivers frequently experience stress, depression, and anxiety as a result of the continuous physical and emotional strain associated with caregiving. Furthermore, the prolonged nature of these responsibilities often leads to feelings of overwhelm, isolation, and emotional exhaustion, thereby diminishing caregivers' capacity to provide effective support. Therefore, they advocated for the implementation of targeted interventions—such as counseling, respite services, and community-based support networks—to mitigate these psychological burdens.

In addition, McGuigan et al. (2024) underscored the emotional challenges faced by caregivers supporting individuals with neurological conditions like meningitis. Moreover, they emphasized the necessity of psychosocial interventions designed to address the multifaceted emotional and practical difficulties associated with caregiving. Specifically, such interventions include counseling services, peer support groups, stress management programs, respite care opportunities, caregiver education, and access to mental health resources. Consequently, they concluded that addressing caregivers' stress and emotional well-being enables them to manage their responsibilities more effectively and sustain high-quality patient care. MacCarthy et al. (2023) examined the strategies caregivers employ to cultivate resilience when faced with the emotional and physical demands of caring for individuals with severe illnesses, such as meningitis. In particular, the study identified coping strategies including seeking emotional support, establishing personal boundaries, and utilizing professional mental health resources. Moreover, caregivers who sought reassurance from family, friends, or support groups were found to experience reduced feelings of isolation and enhanced emotional stability. Ultimately, MacCarthy et al. (2023) asserted that adopting these coping strategies helps caregivers preserve psychological balance and prevent burnout.

Penning and Wu (2016) examined the psychological strain experienced by caregivers of individuals with long-term illnesses, emphasizing the prevalence of burnout, depression, and social isolation. Furthermore, their research highlighted the detrimental impact of these emotional burdens on caregivers' well-being and caregiving capacity. In response, the recognition of caregivers' emotional needs within healthcare systems to ensure adequate psychological and structural support. Therefore, they recommended comprehensive support programs, including mental health services and respite care, to assist caregivers in managing emotional distress and sustaining effective caregiving.

Moreover, Thompson et al. (2023) investigated the impact of caregiving on family dynamics, emphasizing the emotional exhaustion and interpersonal strain that often accompany long-term caregiving. Specifically, the study revealed that caregiving responsibilities can disrupt family relationships, leading to conflict, miscommunication, and weakened emotional bonds among relatives. Furthermore, these disruptions exacerbate caregivers' stress levels, compounding both emotional and practical challenges.

Consequently, the importance of addressing family-level effects to promote healthier relational dynamics and improve caregivers' overall well-being.

In addition, Lee and Cho (2023) conducted a systematic review of mental health interventions designed to support caregivers' psychological health and resilience. Their findings demonstrated that interventions such as counseling and structured stress management programs significantly reduce emotional distress and enhance life satisfaction among caregivers. Moreover, these evidence-based interventions have been shown to improve caregivers' emotional stability, enabling better coping and adaptation to caregiving demands. Therefore, accessible mental health resources are vital to promoting long-term caregiver well-being and sustaining quality care.

Simmons et al. (2023) examined the relationship between sleep disturbances and caregivers' mental health, identifying sleep deprivation as a key contributor to emotional distress. Specifically, their research revealed that inadequate sleep exacerbates anxiety, depression, and cognitive fatigue, thereby impairing caregivers' functioning and resilience. Furthermore, Simmons et al. (2023) argued that sleep management strategies should be an integral component of comprehensive caregiver support frameworks. Consequently, they recommended that healthcare providers prioritize sleep health interventions to improve caregivers' overall psychological and physical well-being.

Finally, Williams and Johnston's (2023) study underscored the importance of empowering caregivers through education and training. By increasing caregivers' knowledge and skills, the study suggested that caregivers could build emotional resilience and reduce the psychological burdens associated with caregiving. Empowerment through training helped caregivers feel more capable and confident in their roles, improving both their well-being and their caregiving effectiveness.

Meningitis patients' families used various caregiving strategies to manage their unique challenges. Open communication between family members and healthcare providers was crucial for better understanding and coordination of care. Professional support services like home health aides and respite care alleviated caregiver burden,

allowing families to balance their responsibilities with personal well-being. Emotional support mechanisms like support groups and community networks helped families share experiences and gain resilience. A patient-centered care approach that respected cultural and spiritual beliefs enhanced the caregiving experience, improving satisfaction and patient quality of life.

Moreover, research examined how the emotional and practical burdens of caregiving influenced both the well-being of caregivers and the cognitive functioning of their care recipients. The findings indicated that elevated stress and emotional strain significantly compromised caregivers' mental health, which, in turn, might have led to a decline in the quality of care provided. This reduced quality of care adversely affected the cognitive health of the individual receiving care. In this context, Wennberg et al. (2023) emphasized that the emotional burden experienced by caregivers not only undermined their psychological well-being but also had a direct impact on their caregiving effectiveness. These insights underscored the importance of implementing tailored support strategies to reduce caregiver stress, promote mental wellness, and ultimately enhance the care delivered

The theme underscored caregiving as a multidimensional challenge that deeply affected mental health and quality of life. The literature moved beyond acknowledging caregiver burden to examining systemic factors and coping mechanisms that influenced caregiver well-being and care effectiveness. The recognition of caregiving as a dyadic, relational process involving the interplay between patient needs and caregiver capacity

offered a more nuanced understanding of emotional burdens. However, while many studies advocated for interventions, challenges remained in accessibility, consistency, and contextual adaptation of such supports, especially in low-resource settings where mental health services and respite care were scarce. The emotional burden also interacted with sociocultural factors, such as stigma or family dynamics, which required tailored approaches rather than one-size-fits-all solutions.

The literature suggested that addressing the emotional and psychological needs of caregivers was not only a matter of individual health but a systemic imperative to improve caregiving quality and patient outcomes. There was a clear call for integrated models of support that combined mental health care, education, practical assistance, and community engagement.

This theme aligned closely with key research objectives focused on identifying the emotional and psychological stressors unique to caregivers of meningitis patients, such as anxiety, depression, and role strain. It emphasized the exploration of coping strategies and support mechanisms that caregivers used or required, including counseling, respite care, and peer support. Additionally, the theme supported evaluating the impact of caregiver mental health on the quality of patient care and cognitive outcomes, highlighting the important dyadic relationship between caregiver and patient. It further informed the development of comprehensive, context-sensitive interventions aimed at enhancing caregiver resilience, reducing emotional exhaustion, and promoting sustainable caregiving practices. Lastly, this theme contributed to guiding policy and

healthcare practice by advocating for the integration of psychosocial support and education for caregivers within meningitis care programs.

In conclusion, the theme of emotional and psychological burden was a fundamental aspect of studying caregiving for meningitis patients. It underscored the importance and urgency of the research objectives while offering guidance for developing targeted, comprehensive, and sustainable interventions. Gaining a deeper insight into these challenges enabled the creation of practical strategies that focus on empowering caregivers, enhancing their mental well-being, and improving patient outcomes. The connection between these thematic findings and the research goals enhanced the study's value in both academic research and practical healthcare settings. This theme also supported the objective of identifying the challenges faced by caregivers by highlighting the physical demands and practical difficulties involved. Additionally, it aided in evaluating the effectiveness of existing support systems, and by documenting how caregivers navigated logistical challenges, it fulfilled the goal of understanding their coping mechanisms.

Emotional and Psychological Impact on Caregivers

The physical demands of caregiving—such as prolonged hours, intense labor, and sleep deprivation—are well-documented and contribute significantly to caregiver burden. These demands often result in physical exhaustion and cognitive fatigue, which can impair a caregiver's ability to manage complex tasks and adhere to treatment protocols.

Complementing previous findings, Gotze et al. (2018) identified that stress-related cognitive decline—particularly impairments in working memory and recall—significantly hinders caregivers' capacity to manage patient care effectively. Moreover, their study emphasized that prolonged exposure to high stress levels diminishes caregivers' cognitive efficiency, thereby increasing the likelihood of errors in care delivery. Consequently, these cognitive limitations not only affect patient outcomes but also exacerbate caregivers' emotional exhaustion and perceived burden. Thus,

Gotze et al. (2018) highlighted the critical need for cognitive and stress-management interventions tailored to support caregivers in high-intensity clinical contexts.

Furthermore, Choi et al.'s (2024) systematic review explored the multifaceted factors contributing to caregiver burden, particularly among those supporting patients with chronic neurological conditions such as meningitis. Specifically, the review identified physical exhaustion, emotional distress, financial strain, and inadequate formal support systems as major determinants of caregiver strain. In addition, caregivers frequently faced psychological challenges—including anxiety, depression, and feelings of helplessness—while managing demanding medical responsibilities. Therefore, Choi et al. (2024) underscored the necessity of implementing integrated nursing interventions, such as emotional counseling, patient education, respite care, and community-based support, to alleviate burden, enhance well-being, and sustain high-quality care delivery.

Similarly, Caruso et al. (2017) emphasized the multifaceted burden borne by caregivers of individuals with severe neurological conditions, including meningitis. Their study identified caregiving hours, emotional strain, and the cognitive state of the patient as primary stressors. Extended caregiving hours often led to physical depletion and diminished quality of life, while emotional strain manifested in heightened anxiety, depression, and burnout. The authors advocated for targeted interventions like respite services and mental health support to alleviate stress and improve the caregiving experience.

In alignment with those findings, Gotze et al. (2018) further highlighted that caregiver anxiety negatively impacted cognitive functions crucial for caregiving, such as memory and attention. This decline impaired caregivers' abilities to follow medical directives, manage medication routines, and maintain consistent care practices. To address those issues, the study recommended mental health support measures—including psychological counseling, stress reduction programs, and practical tools like written care plans and reminders—to enhance caregiver cognitive performance and ensure safer, more effective care.

The theme of physical exhaustion intertwined with cognitive impairment provided a crucial lens to understand caregiver burden beyond emotional strain. It highlighted the interdependency of physical health and cognitive capacity in caregiving roles, where deterioration in either could undermine caregiving effectiveness and patient outcomes. This relationship suggested caregiving burden was a holistic phenomenon demanding interventions that addressed physical health, mental wellness, and cognitive support simultaneously. The evidence underscored the importance of systemic support structures—formal respite services, counseling, education, and practical cognitive aids—that alleviated physical and cognitive demands. However, challenges persisted in making such supports widely available, especially in resource-constrained settings where caregivers might have lacked access to formal healthcare resources.

Moreover, the literature pointed to the vicious cycle of caregiver fatigue and cognitive decline, which might have escalated risks of medication errors, poor adherence to treatment, and ultimately worse patient outcomes. This dynamic highlighted the urgency of early identification of caregiver fatigue and cognitive impairment to implement timely interventions. The emphasis on practical tools such as care plans and reminders reflected a pragmatic approach to empowering caregivers, acknowledging that emotional and physical support alone was insufficient without concrete cognitive aids to help manage complex caregiving tasks.

This theme aligned directly with research objectives focused on assessing the physical and cognitive challenges experienced by caregivers of meningitis patients, particularly how exhaustion affected

memory, attention, and overall caregiving competence. It emphasized identifying the interconnected nature of emotional distress, physical fatigue, and cognitive decline as key contributors to caregiver burden. The theme supported evaluating current support systems and interventions that addressed both physical and cognitive needs, including respite care, psychological counseling, and cognitive aids. Furthermore, it guided the recommendation of integrative strategies designed to alleviate physical exhaustion while enhancing cognitive functioning, thereby improving caregivers' ability to follow complex care routines. Finally, this theme informed

healthcare policies and caregiver training programs, advocating for the inclusion of cognitive support tools and structured respite services to maintain high-quality, sustainable caregiving.

In summary, the exploration of physical exhaustion and cognitive impairment enhanced the understanding of the complex nature of caregiving and directly supported the research objectives by pinpointing essential areas for intervention. These interventions addressed the interconnected physical, emotional, and cognitive challenges encountered by caregivers of meningitis patients. Fundamentally, this theme underscored that providing effective care for meningitis patients demanded a holistic approach—one that promoted physical recovery, mental well-being, and cognitive strengthening—thereby reinforcing the study's aim to develop comprehensive strategies that improved caregiver health and ultimately optimized patient outcomes.

Financial and Economic Burden of Caregiving

Caregiving for individuals with meningitis imposed a profound financial and economic burden that extends well beyond the emotional and physical demands typically associated with caregiving. Studies such as Frazier et al. (2023) have documented that the sudden onset and severity of meningitis lead to unexpected and often substantial medical expenses, including hospitalization, medications, diagnostic tests, and ongoing follow-up care. These direct costs rapidly drained household financial resources and are compounded by indirect economic impacts such as reduced income or job loss, as caregivers frequently reduce working hours or leave employment entirely to meet the intensive demands of caregiving. Such financial strain heightened overall caregiver burden and threatened long-term economic stability for families.

Beyond direct medical expenses, caregivers faced extensive logistical challenges that further exacerbate their burden. Coordinating multiple medical appointments, managing complex medication regimens, and navigating under-resourced and fragmented healthcare systems require significant time, cognitive effort, and emotional energy (Determeijer et al., 2024). These logistical difficulties contributed to elevated anxiety, fatigue, and burnout among caregivers, particularly in resource-limited settings where institutional inefficiencies impede access to consistent, high-quality care. The convergence of financial hardship and logistical complexity creates a multifaceted caregiving strain that adversely affects caregiver well-being and their capacity to provide effective care.

Moreover, the absence of adequate structured institutional and community support systems intensified these challenges. Research by Longhini et al. (2024) and Alkali (2019) revealed that many caregivers lack access to critical services such as respite care, psychosocial counseling, formal training, and emotional support—resources essential for sustaining their competence and psychological resilience. This systemic gap is especially pronounced in low-resource hospital environments, where caregivers often feel isolated and ill-prepared to manage the demanding care needs of patients with severe neurological illnesses like meningitis. The lack of support infrastructure left caregivers vulnerable to emotional exhaustion and

reduces care quality, highlighting an urgent need for comprehensive caregiver support mechanisms integrated into health systems.

Conversely, multiple studies emphasized the transformative impact of integrated, multidisciplinary support frameworks. Access to peer support groups, caregiver education programs, financial aid initiatives, and psychosocial services has been shown to mitigate caregiver stress, build resilience, and improve caregiving competence (Alsirafy et al., 2021; Choi et al., 2024). Emotional counseling combined with practical assistance enables caregivers to better manage both the psychological and logistical demands of care. For example, Longhini et al. (2024) highlighted how caregiving training enhances confidence and skills, while Alkali (2019) underscored the critical role of structured emotional support in sustaining caregiver well-being during intensive treatment phases. These holistic approaches reduce burnout and promote sustainable caregiving practices that ultimately benefit patient outcomes.

The broader economic implications of caregiving extended beyond individual households. Maresova et al. (2020) stressed that caregiving-related costs place substantial pressure on national healthcare budgets and social insurance systems, particularly in countries with limited formal support. Socioeconomic disparities further intensify the financial burden for marginalized groups, as demonstrated by higher out-of-pocket caregiving expenses among racial and ethnic minorities, which undermine wealth accumulation and future economic security. Thomas-Hebdon et al. (2022) also highlighted that long-term financial insecurity—due to depleted savings and debt incurred from caregiving—adds to psychological distress and compromises the sustainability of caregiving roles.

Given these realities, the literature strongly advocated for systemic policy interventions and programs that promote economic equity, workplace accommodations, and accessible financial assistance to alleviate caregiving burdens (Lopez et al., 2020; Fakeye et al., 2023). Integrating financial counseling and planning resources within caregiver support models is essential to address both immediate costs and long-term economic risks. Furthermore, Determeijer et al. (2024) emphasized that improving healthcare system coordination and reducing logistical barriers remained critical to easing caregiver strain.

In summary, caregiving for patients with meningitis entailed a complex interplay of financial, logistical, and emotional burdens that significantly challenged caregivers' well-being and capacity to care. The literature revealed systemic failures in providing adequate support, particularly in resource-limited contexts, which exacerbate caregiver vulnerability and jeopardize patient care continuity. Comprehensive, context-specific interventions combining financial aid, education, emotional counseling, and community-based resources are necessary to foster caregiver resilience and promote equitable, high-quality care delivery. Addressing these intertwined challenges aligns closely with research objectives aimed at developing sustainable, holistic caregiver support frameworks that enhance both caregiver quality of life and patient health outcomes.

Impact of Caregiving on Patient Outcomes

Caregiving played a crucial role in shaping patient outcomes, as the quality and consistency of care directly influenced recovery, well-being, and overall quality of life. Caregivers often served as the primary source of physical, emotional, and social support, ensuring that patients adhered to treatment plans and maintained daily functioning. However, the demands of caregiving also affected the caregiver's capacity to provide effective care, particularly when faced with emotional, physical, or financial strain. Understanding the impact of caregiving on patient outcomes was therefore essential in promoting both patient health and caregiver well-being. Despite this, Moghaddam (2023) reported that some caregivers experienced personal growth and emotional fulfillment through their caregiving roles.

Specifically, Moghaddam (2023) found that caregivers of individuals with chronic neurological conditions, including meningitis, often endured high levels of stress but also derived emotional rewards, particularly when managing patients with challenging behavioral symptoms. Thus, Moghaddam (2023) highlighted that caregiving can foster resilience and a sense of purpose, even amidst demanding circumstances.

Furthermore, Wei et al. (2024) emphasized that effective coping strategies—such as strong problem-solving skills, emotional resilience, and participation in peer support networks—significantly reduced caregiver stress. According to Wei et al. (2024), the unpredictable and neurocritical nature of conditions like meningitis heightened caregiver burden, with anxiety levels and adaptability being key determinants of coping effectiveness. Consequently, Wei et al. (2024) concluded that caregivers with well-developed coping mechanisms were better prepared to navigate the challenges of caregiving and maintain their emotional well-being.

In addition, Longhini et al. (2024) highlighted the importance of caregiver education and professional guidance in enhancing caregiving capacity. As noted by Longhini et al. (2024), caregivers who received structured training and emotional support demonstrated higher confidence and competence in their roles. Therefore, Longhini et al. (2024) argued that interventions such as health education, skills training, and access to

supportive services are crucial in equipping caregivers to manage complex care responsibilities effectively.

Moreover, the role of external support systems was emphasized by multiple studies, including Longhini et al. (2024), which underscored that family, friends, and healthcare professionals provided essential practical and emotional support. Specifically, Longhini et al. (2024) reported that respite care, counseling, and peer support networks fostered environments where caregivers could maintain mental well-being while delivering high-quality care. Thus, Longhini et al. (2024) suggested that robust support systems were instrumental in sustaining caregivers' resilience and overall effectiveness.

Consequently, Moghaddam (2023) highlighted the nuanced dynamic between caregiving challenges and personal fulfillment. Their research revealed that, despite the emotional and physical demands of caregiving, many caregivers derived a sense of purpose and growth, particularly when they successfully managed complex patient behaviors and received adequate support. Therefore, Moghaddam (2023) concluded that

caregiving, while burdensome, can also enhance resilience and meaning in caregivers' lives.

Additionally, Wei et al. (2024) stressed that adaptive coping strategies played a critical role in mitigating caregiver stress and enhancing caregiving capacity. According to Wei et al. (2024), problem-solving skills, emotional resilience, and engagement with peer support networks helped caregivers navigate the unpredictable trajectory of neurocritical illnesses like meningitis, improving both caregiver well-being and patient

care quality.

Moreover, Longhini et al. (2024) emphasized that caregiver education and professional guidance were foundational to improved patient outcomes. As Longhini et al. (2024) reported, structured training programs, combined with emotional support, increased caregivers' knowledge, confidence, and competence. Thus, Longhini et al. (2024) argued that such interventions empowered caregivers to effectively meet the complex needs of meningitis patients, thereby reducing the risk of burnout and ensuring continuity of care. This theme highlighted caregiving as a bidirectional process impacting both

caregivers and patients. While emotional and physical strain was undeniable, caregiving was also a source of meaning and psychological growth, provided caregivers had access to adequate resources and coping mechanisms. The literature demonstrates that caregiving outcomes depend heavily on the support structures and skills caregivers possess.

The critical role of coping strategies was particularly notable. Caregivers' psychological resilience and problem-solving abilities emerged as protective factors that mediated the negative effects of caregiving stress. Without these adaptive skills, caregivers were vulnerable to burnout, which could compromise the quality of patient care. This insight suggested that caregiver interventions should have prioritized building resilience and practical skills alongside providing emotional support. Education and professional guidance represented a foundational pillar in that context. The research underscored that caregiver training not only improved caregiving competence but also instilled confidence, both vital for sustaining care quality in complex neurocritical conditions like meningitis. Lack of training could have resulted in suboptimal care and caregiver overwhelm, threatening patient outcomes.

The presence and quality of external support systems further influenced the caregiving experience and patient outcomes. Support networks mitigated isolation and stress, enhancing caregiver well-being and, indirectly, patient health. This dimension pointed to a systemic need to strengthen community and healthcare-based supports for caregivers.

This theme is closely aligned with the research objectives by emphasizing a holistic understanding of the caregiver experience, acknowledging not only the challenges but also the potential for emotional growth within caregiving roles. It supported the identification of coping strategies and support mechanisms that helped caregivers maintain their responsibilities effectively, which was vital for designing interventions aimed at building resilience. Additionally, the theme highlighted the importance of evaluating the impact of caregiver education and external support systems on both caregiver well-being and the quality of patient care, thereby providing a strong basis for recommending comprehensive support programs for caregivers. Ultimately, it underscored the goal of enhancing patient outcomes through caregiver empowerment by advocating for training, counseling, and community resources as essential components within caregiving frameworks.

In summary, the theme underscored the critical influence of caregiver adaptation, education, and support networks on patient outcomes. It supported the research goal of developing targeted, holistic interventions that not only alleviated caregiver burden but also enhanced the quality and sustainability of care provided to patients with meningitis.

The Call for Holistic and Systematic Interventions

Consequently, Gotze et al. (2018), Determeijer et al. (2024), and Choi et al. (2024) underscored the need for holistic and system-wide interventions to address the multifaceted challenges faced by caregivers. Specifically, these scholars recommended support strategies such as tailored mental health programs, respite services, memory aids, and integrated caregiver-patient care models. Therefore, they emphasized that such approaches not only alleviate caregiver burden but also improve patient outcomes and overall quality of life.

For instance, Determeijer et al. (2024) identified significant barriers faced by family caregivers in resource-constrained hospital settings. Their study revealed challenges in participating in hospital care and coping with the emotional and logistical demands of caregiving. Consequently, Determeijer et al. (2024) highlighted that accessible support systems, including financial aid and caregiver education, could significantly reduce stress, whereas the absence of such resources might lead to caregiver burnout.

Similarly, Wennberg et al. (2023) explored the impact of emotional and practical caregiving burdens on both caregiver mental health and the cognitive function of care recipients. Their findings indicated that chronic stress and emotional fatigue can compromise caregivers' well-being, which in turn diminishes care quality and may adversely affect patients' cognitive outcomes. Thus, Wennberg et al. (2023) recommended personalized support programs to strengthen caregiver resilience and ensure better care delivery.

In the context of meningitis, Punguyire et al. (2024) highlighted that caregiving often becomes an especially complex and enduring responsibility. Their research showed that caregivers of meningitis survivors frequently manage long-term complications such as hearing loss, cognitive decline, and physical disability. Therefore, Punguyire et al. (2024) emphasized that caregivers are tasked not only with basic care but also with navigating medical appointments, administering treatment, and providing sustained emotional support, all of which contribute to a high emotional and psychological toll compounded by communication barriers and economic strain.

Moreover, Acobal (2024) further highlighted that caregiver of meningitis patients often experience significant emotional and physical exhaustion due to the complexity of care. The study stressed the importance of psychological counseling and coordinated care plans to help manage the intricate needs of both patients and caregivers, thereby enhancing caregiver well-being and care quality.

The call for holistic and systematic interventions recognized caregiving as a complex, dynamic process that required coordinated responses at multiple levels—individual, familial, institutional, and societal. This theme moved beyond piecemeal solutions, advocating instead for integrated frameworks that addressed emotional,

educational, financial, and logistical needs concurrently.

A critical strength of this theme lay in its comprehensive scope: it acknowledged the interconnected nature of caregiver and patient needs, stressing that caregiver wellbeing was inseparable from patient outcomes. This systems-thinking approach aligned with best practices in health and social care at the time, emphasizing person-centered models that included caregiver support as an integral component. However, the literature pointed to significant challenges, especially in resource-constrained settings, where implementing such holistic interventions was hampered by infrastructure deficits, funding limitations, and workforce shortages. This raised important questions about feasibility and equity, calling for innovative strategies tailored to local contexts.

Moreover, while personalized and coordinated care plans were ideal, the literature suggested a gap in practical application—many caregivers still faced fragmented services and limited access to mental health counseling or respite care. This gap underscored the need for policy advocacy and capacity-building to translate research recommendations into actionable programs.

This theme directly supported the research objectives by highlighting the need to identify and address the multifaceted burdens faced by caregivers, including emotional, physical, financial, and logistical challenges. It underscored the importance of evaluating the effectiveness of existing support systems and pinpointing gaps, particularly in resource-limited healthcare settings, to better tailor intervention programs. The theme

also informed the development of comprehensive caregiver support models that integrated mental health services, respite care, educational resources, and coordinated care planning. By promoting sustainable caregiving practices through system-wide and personalized approaches, it aimed to improve both caregiver well-being and patient outcomes. Furthermore, this theme guided the formulation of policy

and practice frameworks that acknowledged caregiving as a complex, dynamic process requiring strong institutional commitment and active community involvement.

Therefore, caregiving for patients with meningitis was marked by deep complexity and vulnerability. Effectively responding to the emotional, logistical, and financial challenges faced by caregivers demanded a comprehensive and coordinated approach that went beyond medical assistance to include continuous emotional, educational, and institutional support. This integrated understanding laid the groundwork for establishing a caregiver-focused support system that recognized their essential role and empowered them to deliver compassionate, knowledgeable, and enduring care.

Coping Mechanisms and Resilience among Caregivers

Caregiving is a challenging role that required balancing personal well-being with the demands of providing care. As a result, caregivers often faced emotional, physical, and psychological pressures that tested their endurance. To adapt, they developed coping mechanisms and resilience strategies that helped them manage stress and maintain their caregiving effectiveness.

According to Sklenarova et al. (2015), common strategies among caregivers of meningitis patients included seeking social support, engaging in religious or spiritual practices, and employing problem-focused coping methods. Resilience—the ability to adapt and recover from difficult situations—was crucial for maintaining well-being and was influenced by social support networks, coping skills, personal characteristics, and access to resources.

Furthermore, Santos and Villanueva (2022) found that caregivers with higher levels of resilience were better able to cope with caregiving challenges. The study highlighted that resilience-building interventions, such as support groups and structured resilience training programs, enhanced caregivers' well-being, reduced burnout, and sustained long-term caregiving roles.

Similarly, Panzeri et al. (2024) investigated emotional regulation and coping strategies among informal caregivers during the COVID-19 pandemic. The study revealed that controlling emotional responses to stress, seeking social support, and engaging in self-care activities were critical for alleviating anxiety and depression. Thus, Panzeri et al. (2024) emphasized the need for resources and interventions that strengthened emotional regulation and coping skills during periods of heightened stress.

In addition, Nai-Ching Chi et al. (2020) found that caregivers with chronic conditions who sought emotional support from family, friends, or support groups were better equipped to manage stress and reduce feelings of isolation. The study also highlighted that problem-solving techniques helped address daily caregiving challenges, fostered a sense of control, and enhanced resilience, preventing burnout and supporting the sustainability of caregiving roles.

Moreover, Krishnan et al. (2017) demonstrated in their scoping review that cognitive and behavioral strategies, such as acceptance, active coping, and positive reframing, effectively improved caregivers' quality of life and mental health. By enabling caregivers to reframe challenges and engage proactively, these strategies reduced stress and emotional strain, underscoring the importance of promoting adaptive coping mechanisms in caregiving.

Moreover, the role of external support systems was emphasized by multiple studies, including Longhini et al. (2024), which underscored that family, friends, and healthcare professionals provided essential practical and emotional support. Specifically, Longhini et al. (2024) reported that respite care, counseling, and peer support networks fostered environments where caregivers could maintain mental well-being while delivering high-quality care. Thus, Longhini et al. (2024) suggested that robust support systems were instrumental in sustaining caregivers' resilience and overall effectiveness.

From a critical standpoint, while the literature affirmed the positive impact of coping and resilience strategies, it also revealed systemic gaps. These included limited access to mental health services, lack of structured training in emotional regulation, and societal expectations tied to traditional gender roles that disproportionately burdened women caregivers. Although some caregivers naturally adopted effective strategies, many lacked the resources or awareness needed to develop them. This highlighted a need for institutional support, such as counseling services, caregiver training programs, and community-based initiatives that fostered emotional resilience.

The analysis of this theme strongly supported the core objectives of the research by deepening the understanding of the psychosocial challenges faced by caregivers of meningitis patients. It highlighted the emotional strain, anxiety, and psychological fatigue that accompanied caregiving responsibilities, aligning with the goal of examining the mental health impact of caregiving. Furthermore, it underscored the importance of assessing the effectiveness of coping strategies used by caregivers to maintain emotional stability and continue providing care under stress. The theme also contributed to identifying actionable support systems—such as counseling, peer support, and mental health services—that enhanced caregiver resilience and helped mitigate the risk of burnout. These insights were essential for informing the development of holistic and responsive interventions that promoted caregiver well-being and, by extension, ensured more sustainable and effective care outcomes.

In relation to those objectives, the findings emphasized that interventions should have prioritized not only medical and financial support but also emotional and psychological empowerment. Strategies like resilience training, peer support networks, spiritual care, and the promotion of egalitarian caregiving roles were crucial in sustaining caregivers' wellbeing. Thus, your research could have advocated for a multidimensional caregiver support model—one that integrated emotional, social, and structural factors to enhance resilience and promote long-term caregiving sustainability.

Social Support Systems for Caregivers

Caregivers faced significant emotional, physical, and financial challenges in their role, which led to burnout, anxiety, depression, and social isolation. Social support systems, both formal and informal, helped reduce stress and improve caregiver well-being. Formal support included professional services, such as counseling and training programs, while informal support involved friends, family, and community resources. Strong social support helped caregivers manage psychological and physical demands, improved quality of life, and promoted better mental health, especially for those caring for individuals with chronic conditions or severe disabilities.

According to Kwizera et al. (2020), social support systems played a vital role in assisting caregivers of patients with meningitis. Emotional reassurance and practical help were provided through family members, friends, healthcare professionals, and community networks. Additionally, formal support services—including counseling, peer support groups, and respite care—provided caregivers with the opportunity to rest and recover, thereby enhancing their overall well-being.

Furthermore, Hegarty & Sherwood (2020) and Schulz et al. (2021) emphasized that social support systems were crucial for caregivers as they navigated the emotional, physical, and financial challenges associated with caregiving. These systems took various forms, including informal support from family and friends, as well as formal support provided by healthcare services, community programs, and government initiatives. Caregivers often faced feelings of isolation, stress, and burnout, which were mitigated through the availability and utilization of social support networks.

Similarly, Pinguart and Sørensen (2021) found that family and peer networks provided emotional and practical support, such as offering respite care or assistance with daily tasks. These informal networks were often the first line of support but also carried their own limitations, such as the need for better coordination and the emotional toll placed on loved ones. Formal support systems, including healthcare professionals, support groups, and respite services, offered specialized resources that helped caregivers manage their roles more effectively.

Moreover, Karlsen et al. (2023) noted that healthcare institutions played a critical role in supporting caregivers. Hospitals and healthcare providers could offer caregiver education, home-based care training, and access to support networks. Such interventions not only improved caregiving outcomes but also reduced caregiver stress and prevented burnout.

In addition, Hegarty & Sherwood (2020), robust social support systems played a pivotal role in promoting the well-being of caregivers. The combination of informal and formal networks enabled caregivers to share responsibilities, access resources, and find emotional support, all of which contributed to their resilience and reduced caregiver stress.

Likewise, Xu et al. (2024) found that family resilience and social support helped alleviate caregiver burden, especially for stroke patients. Strong family support and cohesion helped caregivers cope with emotional and physical challenges, reduced burnout, and improved the quality of care. Social support from family, friends, or community networks enhanced stress management and caregiving capacity.

Additionally, Kahriman and Zaybak (2015) perceived that social support from family and friends alleviated caregiver burden. Caregivers who reported feeling supported by their social networks experienced lower levels of stress, emotional exhaustion, and anxiety. This emotional relief allowed them to perform their caregiving duties more effectively.

Therefore, Akbari et al. (2020) supported interventions aimed at strengthening access to social support systems, which should have been central to strategies for managing caregiver burden. Facilitating connections with family members, friends, and community resources could significantly reduce emotional distress and increase caregivers' ability to provide sustained, high-quality care. Furthermore, institutional support was essential; healthcare systems could reinforce caregiver capacities through education, emotional support, and policies such as financial aid, caregiver leave, and skills development (Karlsen et al., 2023). Caregivers who felt emotionally supported, even if only minimally assisted, were more resilient, experienced less psychological distress, and reported greater caregiving satisfaction.

This theme was closely aligned with the research objectives, as it emphasized the critical role of support systems in shaping caregiver outcomes. It supported the goal of identifying the types of formal and informal support available to caregivers of meningitis patients and evaluating their effectiveness in promoting resilience, emotional well-being, and caregiving competence. By examining how access to resources, such as respite care, counseling, and community networks, affected caregivers' ability to manage stress and

maintain care quality, this theme provided valuable insights into the strengths and shortcomings of existing support structures. Moreover, it facilitated the exploration of gaps within the caregiver support infrastructure—particularly in resource-constrained settings—highlighting the need for context-specific interventions. These findings ultimately informed policy recommendations and program development aimed at strengthening support systems to improve both caregiver well-being and patient outcomes.

In conclusion, social support systems—both formal and informal—were vital in strengthening the coping capacity and resilience of caregivers, particularly those caring for patients with meningitis. These systems

helped reduce emotional and physical stress, alleviated burnout, and promoted mental well-being. Informal networks, such as family and friends, provided essential emotional support and practical assistance, while formal structures, including healthcare services, support groups, and government programs,

offered specialized help and resources. The literature emphasized that perceived emotional support was just as critical as the actual support received, making it imperative for interventions to foster not only access but also meaningful engagement. Aligned with the research objectives, these findings highlighted the importance of designing comprehensive, inclusive, and sustainable caregiver support programs, ultimately ensuring that caregivers are equipped, empowered, and emotionally supported in their roles.

Qualitative Research Methodologies in Caregiver Studies and the Multi-Case Study Approach

Understanding the lived experiences of caregivers required more than numerical analysis; it demanded a methodological framework that captured the emotions, decisions, behaviors, and contexts in which caregiving occurred. That chapter explored the relevance and strength of qualitative research in caregiver studies and provided a rationale for adopting a multi-case study approach. It also discussed ethical considerations and highlighted previous studies that employed similar methodologies to explore caregiving in health-related contexts.

Value of Qualitative Research in Understanding Caregiving

Indeed, Creswell and Poth (2018) stated that qualitative research played a pivotal role in uncovering the nuanced, subjective, and deeply personal aspects of human experience. In the context of caregiving, it allowed researchers to access the emotional burden, daily struggles, resilience, meaning-making, and adaptive strategies that

caregivers developed over time. Unlike quantitative designs that measured predefined variables, qualitative inquiry provided open-ended, contextualized, and narrative-rich insights that were critical in understanding caregiving as a complex psychosocial process.

Furthermore, Smith (2025) noted that caregiving, especially in health crises such as meningitis, was multidimensional—it involved navigating healthcare systems, managing emotional responses, balancing family dynamics, and confronting financial constraints. Capturing these interwoven experiences called for methodologies that

allowed caregivers' voices to emerge authentically. Through interviews, focus groups, and narrative inquiry, qualitative research created a space for reflection, storytelling, and the co-construction of meaning between the researcher and participant.

In the study by Shi et al. (2025), two related studies were conducted that highlight the evolving mental health needs of family caregivers and the potential of technology to address them. Through interviews with 25 caregivers, the first study identified distinct stages in the caregiving journey, each with specific emotional and psychological challenges, emphasizing the need for stage-sensitive, scalable interventions. In a second study involving 16 caregivers using an AI chatbot called "Carey," the authors mapped six key areas of caregiver needs—such as emotional support and crisis management—and identified design strengths and gaps. Together, the studies offer valuable insights for developing tailored, technology-based solutions to support caregiver mental well-being.

Liu et al. (2025) conducted in-depth, qualitative interviews to explore the caregiving experiences of family members caring for older adults with disabilities. The study revealed significant daily stressors and emotional burdens faced by caregivers, including physical exhaustion and psychological strain.

Moreover, participants emphasized the critical role of long-term care insurance and public support programs in alleviating some of these pressures. Consequently, the findings highlight the need for sustained policy attention to financial and emotional support systems for caregivers.

Similarly, Sunde et al. (2025) conducted interviews with 10 family caregivers of older adults with mental health issues to examine their experiences with mental health

services. The study identified two key themes: the ongoing struggle to balance respect for the care recipient's autonomy with the caregiver's sense of responsibility, and the caregivers' strong desire for recognition and support from healthcare professionals. These findings further underscored the emotional complexity of caregiving in mental health contexts. Thus, the study highlighted the importance of inclusive, respectful partnerships between caregivers and mental health service providers.

While Carswell et al. (2025) conducted a qualitative study examining the experiences of caregivers supporting individuals with conservatively managed kidney failure. The research revealed significant identity shifts among caregivers as they adapted to their roles, often redefining their sense of self and purpose. Cultural values and expectations were found to have a profound influence on caregiving approaches and decision-making. The study also emphasized the vital role of open communication and consistent support from the renal care team in helping caregivers navigate complex emotional and medical challenges.

Lastly, Zarzycki et al. (2023) conducted a systematic review and meta-synthesis of 105 qualitative studies involving over 2,500 caregivers to understand the motivations behind continued caregiving. The review highlighted both personal and relational motivations, including a sense of reciprocity, strong family values, and the pursuit of meaning. These factors were consistently cited as central to caregivers' resilience and

long-term commitment. The study offered a comprehensive thematic framework that explains why caregivers persist despite the challenges they face.

Qualitative Methodologies in Caregiver Research

For instance, Creswell and Poth (2018) noted that phenomenology sought to understand the essence of lived experience, making it suitable for exploring what caregiving meant to individuals on an emotional and existential level. This approach allowed researchers to uncover the emotions, perceptions, and interpretations that defined caregivers' experiences. Through participants' narratives, it revealed the deep, subjective realities that numerical data might have failed to capture. Thus, phenomenology provided valuable insights into how caregiving influenced an individual's identity and overall well-being.

Similarly, Zarzycki et al. (2022) employed ethnography to examine cultural contexts and shared caregiver practices within specific communities, making it especially useful for studying caregiving norms, rituals, and beliefs. This approach allowed researchers to immerse themselves in caregivers' daily experiences, enabling them to understand how cultural values influenced caregiving behaviors and expectations. Through extended observation and interaction, ethnography uncovered the social structures, traditions, and informal networks that shaped caregiving. Consequently, it offered a deep and contextualized understanding of how caregiving operated within broader cultural settings.

Additionally, Charmaz (2014), in developing Grounded Theory, aimed to generate theories directly from the data, making it particularly valuable when existing frameworks fell short in explaining caregiving behaviors or patterns. Through iterative data collection and constant comparison, researchers were able to uncover processes, actions, and social interactions that shaped the caregiving experience. This method enabled the development of a theory that was deeply rooted in participants' realities, rather than being

imposed from pre-existing models. As a result, it was especially useful for building new conceptual understandings of caregiving in complex or under-researched contexts.

Moreover, Creswell and Poth (2018), in their work on Narrative Inquiry, focused on the exploration and analysis of personal stories, allowing researchers to understand how caregivers construct meaning from their lived experiences. This approach captured the temporal, emotional, and relational dimensions of caregiving as expressed through individual narratives. By examining how stories were told and structured, researchers gained insight into identity, coping, and the moral dimensions of care. Ultimately, Narrative Inquiry revealed not just what caregivers did, but how they interpreted and made sense of their roles over time.

Finally, Yin (2018), in the Multi-Case Study Approach, which was the focus of this study, provided both depth and breadth by examining multiple caregiving experiences in parallel. It allowed researchers to deeply explore individual cases while also identifying patterns, variations, and systemic issues across different caregiving contexts. This method enhanced understanding of the complexities and commonalities in caregiving by enabling cross-case analysis.

The Multi-Case Study Approach: Justification and Application

A multi-case study approach was uniquely suited for that research, which aimed to document the voices and experiences of caregivers of meningitis patients. Unlike a single-case study, which provided insight into one unique context, a multi-case design enabled comparisons across different caregiving settings—such as between home-based and hospital-based care, or between urban and rural caregivers.

This approach by Subramaniam and Mehta (2024) was valuable because it allowed for in-depth, contextualized exploration of each caregiver's lived experience, capturing the emotional, social, and practical dimensions of caregiving in a way that other methods might have overlooked. By immersing in individual cases, researchers uncovered rich, nuanced insights into how caregivers navigated their roles within specific family, cultural, or healthcare settings. This level of detail provided a deeper understanding of the meaning and impact of caregiving on a personal level. It ensured that each caregiver's voice and unique situation were acknowledged in the research process.

Additionally, Zarzycki et al. (2024) supported cross-case analysis, identifying patterns, variations, and recurring challenges across diverse caregiving narratives.

Through comparison, researchers identified shared experiences, unique strategies, or context-specific issues that might not have been apparent in single-case studies. This analytical strength enabled a more comprehensive understanding of the caregiving phenomenon. It also facilitated the generation of broader insights while maintaining sensitivity to individual differences.

Moreover, Latif (2020) strengthened the transferability of findings by demonstrating how caregiving was shaped by multiple environmental and social factors.

By presenting how context—such as socioeconomic status, healthcare access, or cultural norms— Influenced caregiving, the study made its insights applicable to a range of settings. This contextual layering enabled others to assess how the findings might relate to their own communities or caregiving systems. As a result, the study became more relevant and informative for both researchers and practitioners.

Finally, Riche et al. (2022) suggested that it was appropriate to design interventions, such as caregiver support systems, that were responsive to a range of real-world conditions. Because it captured both individual depth and broader patterns, the multi-case study approach ensured that proposed solutions were

grounded in authentic experiences of caregivers. This relevance enhanced the feasibility, acceptability, and sustainability of intervention programs. Therefore, it directly contributed to the development of targeted, adaptable support mechanisms that reflected the complexity of caregiving in practice.

Through purposive sampling and narrative-rich data collection methods (interviews, FGDs, and life histories), the study captured the emotional, psychological, social, and practical dimensions of caregiving. Those insights formed the empirical basis for designing a social media-based support platform, informed by the real needs and experiences of caregivers.

Conducting qualitative research with caregivers—especially those who cared for loved ones with serious health conditions—demanded heightened ethical sensitivity to ensure participants' well-being and trust. That study recognized several key ethical considerations.

First, informed consent was obtained by clearly communicating the study's purpose, data handling procedures, and participants' right to withdraw at any time without penalty. Second, confidentiality and anonymity were strictly upheld by removing personal identifiers from all data to protect privacy. Third, due to the emotionally charged nature of caregiving narratives, researchers remained vigilant for signs of emotional distress, offering appropriate support, including referrals to counseling services or the option to pause or end participation. Fourth, the study upheld respect for autonomy and dignity, treating participants as co-creators of knowledge and ensuring that their stories were accurately and respectfully represented.

Finally, ethics clearance and necessary community-level permissions—such as from barangays or health facilities—were obtained before data collection began, affirming respect for both institutional guidelines and community protocols. Several notable studies successfully employed multi-case designs to investigate caregiver experiences, demonstrating the method's effectiveness in capturing complexity and informing practice.

Karimi et al. (2012) conducted a multi-case study of caregivers for individuals with cancer. Their research revealed how gender roles influenced caregiving stress. It also highlighted coping strategies that caregivers employed in response to role-related pressures. The study demonstrated the importance of considering gender dynamics in caregiving research.

Similarly, Connors et al. (2019), caregivers of dementia patients were examined. The study found that role overload could be reduced with appropriate support services. Caregivers who accessed these resources experienced less stress and improved well-being. This emphasized the value of targeted support interventions for high-burden caregivers. In South Korea, Kim et al. (2020) studied caregivers of terminally ill patients in hospice settings. The research explored how caregivers constructed meaning from their experiences. It offered insights into culturally grounded care practices. The findings highlighted the importance of contextual factors in shaping caregiving experiences.

Meanwhile, Torres et al. (2021) conducted a multi-case study in the Philippines. It investigated the experiences of caregivers of children with chronic conditions in rural areas. The study informed the development of localized caregiver training programs. It illustrated how multi-case research can generate practical, context-specific interventions.

Although previous qualitative studies explored caregiver experiences across different health conditions, limited research focused on caregivers of meningitis patients in rural areas, such as Canaman and Pasacao, Camarines Sur. Existing literature also seldom translated those findings into practical, community-based interventions. This study filled that gap by documenting caregivers' psychosocial

experiences and using their narratives to inform the creation of a social media-based support system tailored to their needs.

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Chapter III

Research Methodology

The methodology chapter reflected a thoughtful and appropriate alignment with the study's dual objectives: (1) to explore the multidimensional experiences of caregivers of meningitis patients in terms of challenges, strategies used, and resilience; and (2) to design a social media account as a support system

to address their emotional and healthcare needs to ensure better well-being and assistance in their caregiving roles.

Research Design

In accordance with Miller's (2017) framework, this study employed a descriptive-developmental research design. This design is particularly suited for research which sought not only to describe a phenomenon in depth but also to track and understand its progression or changes over time.

In the context of this study, the descriptive component allowed for a detailed exploration of the multidimensional experiences of caregivers of meningitis patients, including their challenges, coping strategies, and resilience. Through qualitative methods such as interviews and focus group discussions, rich, narrative data were gathered to capture caregivers' lived realities in various caregiving settings.

The developmental approach enabled the creation and continuous refinement of a social media-based support system specifically designed to meet the emotional and healthcare needs of caregivers. This approach facilitated the seamless integration of research findings into a practical intervention that adapts in tandem with the evolving needs of caregivers, ensuring both relevance and usability.

Overall, the descriptive-developmental design provided a strong structure for understanding caregiving as a dynamic process and for translating research insights into a tailored, context-sensitive intervention. This alignment ensured that the study met its dual objectives of exploring caregiver experiences and developing a meaningful support system to improve their well-being and caregiving capacity.

Methods and Procedures

This study employed a qualitative, multi-case study (Mik-Meyer, 2020) to investigate the lived experiences of caregivers of patients with meningitis. The goal was to explore the emotional, social, financial, and healthcare-related challenges they faced, along with the strategies they used and their demonstrated resilience.

Data collection and analysis occurred simultaneously, enabling emerging insights to shape the design of the support platform directly. This iterative process ensured that the support system was grounded in authentic caregiver experiences and responsive to their feedback.

Potential participants were provided with an information sheet detailing the study's purpose, procedures, and ethical considerations, and informed consent was obtained before data collection.

As Ruslin et al. (2022) emphasized, data collection primarily involved semi-structured, in-depth interviews conducted with each caregiver. The interviews took

place in a private, comfortable setting, either in person or through a secure video platform, depending on the participant's preference. All interviews were audio-recorded, transcribed, and analyzed to identify key themes, including emotional strain, resilience, coping mechanisms, and the level of support received from healthcare providers and family members. Each participant also completed a demographic data form to provide contextual information such as age, gender, socioeconomic status, and relationship to the patient. In addition to the interviews, participants were asked to maintain reflective journals over a period of two to four weeks. These journals allowed participants to further explore their caregiving experiences, offering deeper insights into moments of crisis, resilience, and self-discovery. Journal prompts encouraged reflections on both challenges and sources of strength throughout their caregiving journey.

According to Rocha and Arcinas (2020), the findings from those analyses contributed to the creation of a structured support system for caregivers. Thematic insights—such as emotional distress, medical challenges, and financial needs—were aligned with existing resources or used to inform the development of new support mechanisms. The final support system incorporated strategies for emotional

support, information dissemination, financial navigation, and institutional advocacy. That system was further refined through feedback from participants and expert reviewers to ensure its relevance and practicality. Additionally, the study led to the creation of a social media account specifically for caregivers of meningitis patients, providing a platform where they could share and access knowledge on proper caregiving, alleviate caregiving hardships, and engage in social interaction with others who faced similar experiences.

Breakdown of the Design Thinking Framework

The Empathize stage of the Design Thinking Framework was operationalized by conducting in-depth semi-structured interviews with caregivers of meningitis patients. Purposive sampling was used to select participants who were primary caregivers. A validated interview guide facilitated the data collection process, and ethical consent was obtained to ensure participants' rights and confidentiality.

During the Define stage, the study applied thematic analysis using NVivo software alongside manual coding to identify emerging patterns within the data. Key themes such as emotional distress, institutional gaps, resilience strategies, and the need for peer support were coded and analyzed. To ensure rigor, Lincoln and Guba's criteria for trustworthiness were followed throughout the analytical process.

In the Ideate stage, informal stakeholder consultations and focus group discussions were organized with caregivers and local health workers. These sessions aimed to generate ideas for potential support mechanisms, with brainstorming activities exploring interventions such as mobile applications, community training programs, and peer counseling initiatives.

The Prototype phase involved the development of a conceptual model known as the Caregiver Support Model. This model incorporated elements such as access to information, peer support networks, training modules, and referral systems. The design of the prototype was informed by feedback from stakeholders as well as relevant literature to ensure it addressed identified needs effectively.

Finally, during the Test stage, the prototype underwent conceptual assessment through validation interviews with key stakeholders, including caregivers and health professionals. The feedback gathered highlighted the practicality of the model and offered suggestions for future piloting in real-world settings to refine and enhance its application.

Research Respondents

As Campbell et al. (2020) explained, a purposive sampling method was used to select individuals capable of providing rich and reflective narratives. The study involved five primary caregivers who cared for a meningitis patient—either a survivor or deceased—for at least six months.

Five participants were identified through referrals from barangay health workers, local hospitals, and community leaders to ensure contextual relevance and accessibility. Inclusion criteria required that participants were primary caregivers of meningitis patients (past or present) within the previous five years, were 18 years of age or older and were willing to participate in in-depth interviews and/or focus group discussions. Individuals who had only brief or minimal caregiving involvement (such as short-term sitters or informal helpers) or those with cognitive or communication impairments that limited their ability to participate meaningfully were excluded from the study.

Table 1 presents the respondents' profiles of five caregivers of meningitis patients, detailing variables such as age, gender, relationship to the patient, years spent caregiving, educational attainment, and socioeconomic status. The data revealed that caregiving responsibilities were predominantly shouldered by family members,

particularly parents, with women most often serving as primary caregivers. Extended caregiving periods, reaching up to 35 years, indicated the presence of long-term complications from meningitis, such as cognitive or physical impairments, which required sustained care. Additionally, the prevalence of low educational attainment and low-income backgrounds among caregivers pointed to limited access to health-related knowledge, resources, and formal support systems. This combination of prolonged caregiving and financial hardship likely exacerbated emotional and psychological stress among caregivers.

Ocampo et al. (2021) highlighted that caregivers—particularly family members from low socioeconomic backgrounds—often encountered heightened challenges, such as emotional exhaustion and inadequate institutional support. Similarly, Choi et al. (2024) emphasized that low-income caregivers were at a higher risk of burnout due to limited access to formal support and caregiver education, both of which were evident among the participants in that study. To support long-term caregivers of meningitis patients, especially those from low-income backgrounds, local support programs were expected to provide financial assistance, emotional support, caregiver

Table 1
Respondents' Profile

C	Age	Gender	RP	YC	Educ. Attainment	SES	GL
1	33	Female	Parent	10 years	H/S Graduate	Low-income C.S	Canaman
2	38	Male	Brother	17 years	College Graduate	Middle-income C.S	Canaman
3	40	Female	Parent	24 years	College Level	Low-income C.S	Canaman
4	47	Female	Parent	10 years	Elementary Graduate	Low-income C.S	Canaman
5	52	Male	Parent	12 years	H/S Level	Low-income C.S	Pasacao

Legend:

C=Caregiver

RP=relationship to patient

YC=Years of Caregiving

SES=Socioeconomic Status

H/S=High School

GL= Geographical Location

education, and mental health services. Community-based initiatives, including regular training workshops, accessible counseling, and respite care, played a crucial role in reducing caregiver stress and improving their capacity to provide consistent and effective care over time. Collaboration between the government and NGOs was also essential to offer income support and help alleviate economic hardships.

The selection of participants for this study was guided by criteria aimed at ensuring a diverse and comprehensive representation of caregiving experiences. Diverse demographics were considered, including variations in age, relationship to the meningitis patient, socioeconomic status, and geographical location within Naga and the broader Bicol Region. The study also included caregivers of patients with different severities or outcomes of meningitis, such as long-term survivors or those who had passed away, provided that participation did not pose emotional harm. This approach enriched the data by capturing a wide range of caregiving roles, emotional responses, and support needs.

Research Instrument

The data collection process for this study followed a systematic and ethically sensitive approach to ensure the authenticity and depth of the caregivers' narratives. Prior to data gathering, the researcher secured informed consent from each participant, explaining the purpose of the study, the voluntary nature of participation, and the confidentiality of their responses. Participants were selected using purposive sampling

based on specific inclusion criteria, including being a primary caregiver of a meningitis patient within the past five years.

Interviews were conducted in settings where participants felt comfortable and safe—usually in their homes or in community health centers—with the assurance that they could pause or withdraw at any time. Each session began with rapport-building to create a relaxed, conversational environment. After securing consent, the researcher

proceeded with audio recording and note-taking to capture the full content and context of the interview. The average interview lasted between 45 to 60 minutes, allowing sufficient time for detailed responses without causing participant fatigue.

Clandinin (2016) emphasized that the Interview Guide used in the study was semi-structured and narrative-based, designed to encourage storytelling. The guide was divided into four major parts (see Appendix B, page 155).

Part I covered the caregiver's personal profile, including age, gender, relationship to the patient, years of caregiving, educational background, and monthly income. This section provided a contextual foundation for interpreting the caregiver's experiences.

Part II focused on three thematic areas: Lived Challenges, Caregiving Strategies, and Support Systems. Open-ended questions were designed to explore how caregivers navigated emotional burdens, managed physical demands, coped with limited resources, and found or lacked support from institutions, family, or the community.

Part III involved deeper narrative probing, where caregivers were asked to recount their caregiving journey from the moment of diagnosis to that point. Prompts

such as "Could you describe a time when you felt most overwhelmed?" or "How did this experience change you?" were used to surface significant emotional and psychological insights.

Part IV sought stakeholders' feedback by asking participants what kind of support systems they believed would be most helpful for caregivers like themselves.

This included hypothetical features of a proposed social media platform, counseling services, or training programs.

The researcher ensured the ethical handling of data by anonymizing transcripts, securely storing digital files, and maintaining a reflexive journal to monitor potential biases during the interview and analysis stages. This rigorous process ensured that the data collected were both rich and reliable, contributing

directly to the development of a responsive caregiver support system rooted in real-world caregiving experiences.

Ethical Considerations

As Barrow et al. (2022) emphasized, adherence to ethical standards in qualitative research ensured the protection of participants, research integrity, and the overall credibility of the findings. In line with this, the study followed the University of Nueva Caceres' ethical guidelines and the Policy Statement on Ethical Conduct in Human Research. The study prioritized privacy, fairness, and voluntary participation. Participants were fully informed about the study's purpose, procedures, and rights, and anonymized data were used to maintain confidentiality. The researcher remained neutral during interviews and focus group discussions, avoiding manipulation of responses. The ethical domains of protection from harm, respect for persons, beneficence, and justice were upheld, fostering trust and transparency while enhancing the credibility of the study's findings.

Data management prioritized confidentiality and participant anonymity. All audio recordings, transcripts, and journal entries were securely stored, and participants were assigned pseudonyms to protect their identities. The data were transcribed verbatim, and participants had the opportunity to review and edit their transcripts to ensure the accuracy and appropriateness of the content. The thematic analysis of the interview and journal data followed Naeem et al.'s (2023) six-phase framework, allowing for the identification of recurring themes and patterns. This process helped uncover the emotional and psychological dimensions of caregiving, including burnout, resilience, and the impact of social support. Narrative analysis was also used to examine the structure and content of the caregivers' stories, focusing on how they made sense of their experiences over time and the meaning they attached to their caregiving roles.

Data Analysis Techniques

This study employed a systematic, multi-phase qualitative data analysis procedure that integrated both thematic and narrative analysis to capture the lived experiences, coping mechanisms, and resilience of caregivers of patients with meningitis. The process began with the verbatim transcription of all interviews, journal entries, and focus group discussions. These transcripts were returned to participants for member checking, allowing them to review and validate the accuracy of their responses and ensure that no sensitive or misrepresented information remained in the final data. Lincoln and Guba's (1985) criteria for trustworthiness were adhered to, and this step contributed to the credibility of the findings.

The coding process was conducted manually in its initial phase to allow close engagement with the raw data. Following this, NVivo 12 software was employed to systematically organize and visualize emerging themes. The coding followed the six-step framework proposed by Naeem et al. (2023): data familiarization, generation of initial codes, theme identification, theme review, definition and naming of themes, and final synthesis. An inductive approach was used to derive codes directly from the narratives, allowing patterns to emerge organically without being restricted by pre-existing theoretical assumptions. Open coding was first used to identify meaningful text segments, followed by axial coding to connect related concepts and cluster them into categories. A peer debrief was conducted to review the coding scheme and challenge interpretations where necessary, thereby helping to mitigate researcher bias and enhance analytic depth. To ensure dependability and confirmability, an audit trail was maintained throughout the process, documenting all coding decisions, category definitions, thematic memos, and researcher reflections.

Triangulation was applied to enhance the richness and reliability of the analysis. In addition to the caregivers' narratives, perspectives from barangay health workers (BHWs), local healthcare professionals, social workers, and barangay officials were integrated. These stakeholders provided corroborating or contrasting insights that contextualized caregivers' accounts and validated emerging themes such as emotional

burnout, lack of access to services, and social support dynamics. Their feedback was gathered through informal interviews and community forums, offering a community-level lens that complemented the individual narratives.

To deepen the understanding of the caregivers' emotional and psychological journeys, narrative analysis was conducted in parallel with thematic coding. This

involved examining how participants structured their stories, the turning points they emphasized, and the metaphors they used to describe their caregiving experiences. Focus was placed on the emotional trajectory of their journey—starting from the initial diagnosis, progressing through caregiving challenges, and leading to either recovery or long-term adaptation. The analysis also highlighted how caregivers made sense of their roles and developed personal meaning from their experiences, shaping their identities as care providers.

Once individual cases were thoroughly analyzed, cross-case comparisons were conducted to identify recurring themes and variations among the participants. This allowed for the recognition of both common caregiving patterns and context-specific factors, such as differences between urban and rural caregiving, or the presence of support networks. NVivo's matrix coding features and thematic query tools were used to visualize the co-occurrence of themes across cases, facilitating comparative insights that informed the study's final synthesis.

The findings from both thematic and narrative analyses were then used to develop the framework for a structured support system tailored to caregivers of meningitis patients. Key themes—such as emotional fatigue, need for information, access to healthcare, and social isolation—were translated into practical support

mechanisms, including the proposed creation of a digital social media platform, local counseling services, educational resources for health workers, and peer support initiatives. The development of this support system was grounded in the actual voices and needs of caregivers, ensuring its relevance and applicability.

Elo et al. (2014) emphasized the importance of trustworthiness in qualitative inquiry, which guided the study's approach to maintaining methodological rigor. Credibility was established through prolonged engagement with participants, triangulation of multiple data sources, and member checking. Transferability was achieved by providing detailed descriptions of each caregiving case and its context, enabling readers to determine the relevance to other similar settings. Dependability was ensured through an audit trail and documentation of all analytic steps, while confirmability was reinforced through reflexive journaling, peer debriefing, and transparent coding processes. These measures collectively ensured that the study's findings were authentic, trustworthy, and firmly grounded in the lived realities of the caregivers.

The study employed the Design Thinking Framework to investigate the experiences of caregivers of patients with meningitis and to develop a prototype for a responsive support system. The framework involved interviews, analysis, brainstorming, prototyping, and testing, with the model's relevance and

practicality assessed through stakeholder validation and potential partnerships with local health units or NGOs.

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Chapter IV

Analysis and Interpretation

This chapter presents the analysis and interpretation of data gathered from the multi-case exploration of caregivers of meningitis patients.

The findings were systematically organized into key themes that emerged from their narratives, shedding light on the challenges they faced, the coping strategies they employed, and the support systems they relied on. Through thematic analysis, recurring patterns and insights were identified, offering a deeper understanding of the emotional, physical, financial, and psychological dimensions of caregiving. The interpretation of these findings aimed to inform the development of a structured support system designed to address caregivers' needs and enhance their overall well-being.

Multidimensional Experiences of Caregivers of Patients with Meningitis, along with Challenges, Strategies, and Resilience

Caregivers of patients with meningitis undergo multidimensional experiences that encompass emotional, physical, social, and financial challenges, as they navigate the uncertainty and severity of the illness while providing constant support. They often face overwhelming stress, exhaustion, and fear due to the rapid progression and potential complications of meningitis, alongside the burden of medical costs and disrupted daily routines. Despite these difficulties, caregivers develop strategies such as seeking medical guidance, relying on social networks, practicing self-care, and adapting to changing circumstances to sustain their role. Their resilience emerges through perseverance, emotional strength, and the ability to find meaning in caregiving, transforming adversity into a source of growth and compassion.

Challenges

Meningitis can spread rapidly, leaving survivors with long-term problems like neurological damage, hearing loss, or cognitive impairment. This makes caring for patients with meningitis extremely challenging. Caregivers must cope with the emotional trauma of sudden illness and uncertainty, while also managing the physical

demands of daily care, including rehabilitation and monitoring for recurring symptoms. Many struggle with social isolation, as caregiving responsibilities limit their ability to maintain outside relationships or employment. Additionally, the financial burden of medical expenses, rehabilitation costs, and lost income can be substantial, particularly when long-term support is necessary. These combined pressures often lead to mental fatigue and stress, making caregiving for meningitis patients a deeply challenging role.

Table 2 shows the common challenges faced by caregivers in various circumstances. These challenges highlight the Emotional toll, Financial strain, Learning to Care, Overcoming Healthcare Barriers, and Social Isolation that caregivers often endured.

Emotional Toll. The emotional toll of caring for meningitis patients is extremely significant. Shock and panic are frequently brought on by the illness's abrupt onset and intensity, and constant anxiety might result from the uncertainty of recovery.

Table 2
Common Challenges of Caregivers

Theme	Common Challenges	Statement
Emotional Toll	Emotional exhaustion from caregiving responsibilities. Mental exhaustion due to the emotional burden.	"My biggest challenge is hiding my own pain just to stay strong for my child. The emotional exhaustion has taken away the peace I once knew."
Financial Strain	Financial strain due to medical costs. Lack of financial preparedness for caregiving demands.	"Caregiving meant balancing debts, daily expenses, and my child's medical needs with no savings and only inconsistent support."

Learning to Care	Lack of knowledge about meningitis and caregiving techniques. Initial lack of confidence in caregiving.	“I began caregiving with little knowledge and constant doubt. The hardest part was learning how to care while facing the unknown every day.”
Overcoming Healthcare Barriers	Difficulty accessing nearby hospitals and medical facilities. Transportation issues to healthcare centers. Lack of medical specialists in the area.	“One of the hardest parts of my caregiving isn’t the daily routine, but the constant battle with an inaccessible healthcare system, long hospital lines, distant facilities, and delayed emergency help.”
Social Isolation	Social isolation due to limited interaction with friends and the community. Emotional isolation and loneliness from the caregiving journey.	“I felt my social world collapse, friends and community ties faded, leaving me with only the silence of caregiving.”

When patients have long-term issues including memory loss, hearing loss, or neurological damage, many caregivers experience despair and grief. Burnout and emotional tiredness can be brought on by the continuous responsibility of giving care as well as seeing the patient's suffering. Additionally, because their work restricts opportunities for social connection and personal fulfillment, caregivers may feel alone. This emotional pressure is one of the biggest obstacles people encounter since it might eventually have an impact on their mental health.

A 33-year-old mother caring for her 10-year-old disabled child endured a heavy emotional toll after being abandoned by her husband. Depression and overwhelming emotions deepened her sense of isolation, leaving her disconnected from the life she once knew. The constant need to stay strong for her child added pressure, forcing her to suppress her own pain. This quiet endurance highlighted the emotional sacrifices she carried daily, as emotional exhaustion from caregiving became inseparable from her loneliness and struggles.

“I almost lost the will to live after my spouse left me because of our child's condition, but I thought to myself that I needed to stay positive for my child, who has a disability”.

The heavy emotional toll that defined his greatest challenge weighed on him, a 38-year-old man who spent 17 years caring for his sibling. The long years of responsibility drained his emotional reserves, leaving him exhausted and vulnerable. Isolation intensified this burden, as he watched peers live independent lives while his

own path remained constrained. Grief over lost opportunities and guilt for questioning his role weighed constantly on him, creating a persistent sense of sorrow. This unrelenting emotional exhaustion from caregiving shaped his identity, tested his resilience, and left him carrying the weight of responsibility with diminishing strength.

“I often think about and ask myself, why was he given to me? What's even harder is that both of our parents are gone, so it's even more difficult for us to figure out how we will get through this situation.”

A 40-year-old mother who devoted 24 years to caring for her child carries a profound emotional toll that remains her greatest challenge. The pain of watching her child miss out on typical life experiences left

lasting wounds, shaped by unfulfilled hopes and milestones that never came. Even as she adjusted to the routines of caregiving, the emotional burden never disappeared, resurfacing in moments of anxiety and guilt when she questioned whether she had done enough or made the right choices. This ongoing struggle reflects the deep emotional weight of caregiving, testing her strength as she continues forward, anchored by her unwavering love for her child and sustained by her spiritual faith.

“When I think about who will take care of my child once my husband and I are gone, I feel heavy-hearted because I feel sorry for her since he has no other siblings.”

A devoted mother of 47, who spent 17 years caring for her sibling, faced a heavy emotional toll that defined her greatest challenge. The long years of responsibility drained her emotional reserves, leaving her exhausted and vulnerable.

Isolation intensified this burden, as she watched peers live independent lives while her own path remained constrained. Grief over lost opportunities and guilt for questioning her role had weighed constantly on her, creating a persistent sense of sorrow. This unrelenting emotional exhaustion from caregiving had shaped her identity, tested her resilience, and left her carrying the weight of responsibility with diminishing strength.

“My biggest challenge is hiding my own pain just to stay strong for my child. The emotional exhaustion has taken away the peace I once knew.”

A 52-year-old mother, who spent 12 years caring for her child after meningitis, describes the emotional toll of caregiving as something that has become inseparable from her identity. The weight of responsibility, accumulating day by day, has reshaped her life in profound ways. Her most difficult moments are marked by uncertainty—fears of medical relapses and long nights consumed by worries about the future. This ongoing emotional strain has touched every aspect of her existence, eroding her health, straining relationships, and unsettling her sense of peace. She rarely speaks of these struggles, choosing instead to carry them in silence. Yet, at the heart of her journey lies enduring love, which continues to sustain her and provide the strength to face each emotional storm, no matter how heavy it may be.

“Caring for my child after meningitis has become a constant weight I carry in silence, shaping every part of my life. Even in the hardest moments of worry, my love for my child keeps me moving forward despite the burden.”

Financial Strain. Financial strain is one of the most pressing challenges faced by caregivers of individuals with meningitis. Pinquart and Sörensen (2023) and Kim et al. (2017) explained that financial strain is a common burden among caregivers of individuals with chronic illnesses, often leading to heightened stress and reduced well-being. The illness often requires extended hospital stays, expensive medications, and specialized rehabilitation services, all of which place a heavy burden on household finances. At the same time, caregivers may be forced to reduce their working hours or leave employment altogether to provide full-time care, resulting in significant income loss. This dual impact, rising medical costs and reduced earnings, creates ongoing financial stress. Caregivers may struggle to meet basic needs such as food, housing, and transportation, while also covering the costs of assistive devices or long-term therapies. In some cases, families resort to loans or community support, which can deepen financial insecurity. Over time, this strain not only affects economic stability but also contributes to emotional stress and diminished quality of life for both caregivers and patients.

For the 33-year-old mother, the most relentless burden of caregiving was financial. Leaving the workforce to provide full-time care meant a drastic loss of income, forcing her household into a cycle of scarcity.

She described agonizing choices—whether to buy her child’s medication or keep the electricity running—where every decision carried the weight of survival. With bills piling up and resources dwindling, she relied on small loans and the occasional support of relatives, yet even these lifelines were never enough to ease the pressure. Daily life became an exercise in stretching every peso, budgeting to the point of exhaustion, and accepting that sacrifice was not occasional but constant. Her story underscores the hidden economic toll borne by caregivers, where financial strain is not a temporary setback but a defining reality.

“Every day felt like a calculation of survival—deciding whether to pay for my child’s medicine or keep the lights on. Walking away from work meant walking into debt, and I lived on small loans and the kindness of relatives just to make it through.”

A 38-year-old man, who had cared for his brother since his teenage years, described how financial hardship shaped his life. Each medical expense quickly drained his savings, and even with PhilHealth support, medical costs often exceeded what he could afford. To cope, he worked multiple jobs just to cover daily needs and ongoing treatments. Over time, the constant expenses turned financial strain into a relentless reality, demanding sacrifice and resourcefulness at every step.

“Every time my brother got sick, my savings vanished overnight. Even with help from relatives, the costs were more than I could manage. I worked every job I could find to keep us afloat.”

A 40-year-old mother, who spent 24 years caring for her daughter, revealed the crushing financial toll of long-term caregiving. To pay for a single vital medical procedure, her family was forced to sell their small farm—their only source of stability and livelihood—leaving them without a safety net. Even after decades of sacrifice, debts from past treatments remained unpaid, trapping them in a cycle of financial hardship that never eased. With limited income and growing medical needs, the family lived on the bare minimum, stripping away any semblance of comfort or leisure. Every peso was stretched to cover food, shelter, and medicine, while dreams of savings, security, or a better future disappeared. Her story underscored how the cost of care extends far beyond emotional devotion, becoming an unrelenting financial burden where love is measured in lost property, unpaid debts, and the daily struggle to survive.

“We sold our only source of livelihood just to afford one medical procedure, and yet the debts from past treatments still haunt us every day.”

A 47-year-old mother, then in her tenth year of caregiving, continued to face the weight of financial hardship as a constant companion in her journey. When her child’s condition deteriorated, the lack of savings turned every medical emergency into a financial crisis. In response, she started a small food business—baking and selling goods within the neighborhood—to help cover daily expenses. She also reached out to local organizations, including their church and barangay, for support, though assistance was often limited and inconsistent. Juggling her child’s medical needs with the day-to-day requirements of running a household became a central and exhausting part of her life. Her story highlighted not only the emotional toll of caregiving but also the financial balancing act caregivers were forced to perform every single day.

“Caregiving meant balancing debts, daily expenses, and my child’s medical needs with no savings and only inconsistent support.”

Additionally, a 52-year-old mother shared about the financial challenges of supporting her child with meningitis. She was unable to find a better job to support them even though she did not complete her education. Her only sources of income are her siblings' assistance and her husband's meager wage. She is also unable to pay for her child's routine checkups as a consequence of such.

“Without education or a stable job, I rely only on my husband’s small wage and my siblings’ help, yet it is never enough.”

Learning to Care. For many caregivers, one of the greatest difficulties lies in learning how to provide proper care for meningitis patients, especially when the illness leads to long-term complications such as neurological damage, hearing loss, or mobility issues. Most caregivers are family members or loved ones with little to no formal medical training, which makes the process of understanding complex treatment routines, rehabilitation exercises, and symptom monitoring overwhelming. They must quickly adapt to new responsibilities such as administering medications, assisting with physical therapy, and recognizing warning signs of relapse or infection. This steep learning curve often creates stress, anxiety, and fear of making mistakes, as caregivers worry about whether they are meeting the patient’s needs effectively. In addition, the lack of accessible training resources or professional guidance can leave caregivers feeling unsupported, further intensifying the challenge of learning to care.

Ten years into her caregiving journey, a 33 year old mother described how learning to care for her child was a process of resilience and growth. At first, she felt lost and overwhelmed, with no knowledge of medical routines or how to respond to

symptoms. Determined to provide the best care possible, she immersed herself in workshops, sought guidance from doctors and health professionals, and turned to online resources to build her understanding. Each new skill she acquired—from recognizing warning signs to managing daily routines—boosted her confidence and transformed her role as a caregiver. What once seemed impossible gradually became manageable, as hands-on experience and continuous learning empowered her to meet her child’s needs. For her, caregiving evolved beyond duty into a journey of personal development, where knowledge and perseverance shaped her ability to care with strength and love.

“In the beginning, I felt unprepared and overwhelmed, but each lesson I gained from doctors and daily experience slowly built my confidence.”

A 38 year old man looks back on the 17 years he spent caring for his brother, a role he began at just 21 with no formal training. His journey was defined by learning—through trial and error, mistakes that became lessons, and steady growth shaped by experience. In the early years, he relied on guidance from older relatives and absorbed practical knowledge from conversations with doctors and nurses during hospital visits. As medical care advanced, he adapted by learning to operate new equipment and understand increasingly complex treatment plans. Over time, each challenge expanded his skills, and he grew into a confident, knowledgeable caregiver, showing how the act of caring is learned step by step through practice and adaptation.

“As a 38-year-old man, I learned to care not through formal training but through years of trial, error, and adaptation. Each challenge taught me new skills, turning experience itself into my greatest teacher.”

A 40-year-old mother, with 24 years of caregiving experience, recalled how her early days were marked by fear and uncertainty. Unfamiliar with her daughter’s condition, she often questioned her decisions and worried about making mistakes. The challenge of not knowing what to do weighed heavily on her, and each situation demanded that she learn something new. Over time, these difficulties shaped her growth, showing that the greatest challenge in caregiving is learning how to care while facing constant uncertainty.

“As a 40 year old mother, my greatest challenge in caregiving was learning how to care while facing constant uncertainty. Each step forward came only after confronting the fear of not knowing what to do.”

A 47 year old mother, with a decade of caregiving experience, shared how her journey began with minimal knowledge and overwhelming uncertainty. Faced with her child's urgent needs, she often felt unprepared

and questioned whether she was capable of meeting them. The challenge of not knowing what to do weighed heavily on her, and each situation forced her to confront new fears. Over time, these struggles shaped her growth, showing that the greatest challenge in caregiving is learning how to care while navigating constant uncertainty.

"As a mother of a child with meningitis, I began caregiving with little knowledge and constant doubt. The hardest part was learning how to care while facing the unknown every day."

A 52-year-old mother, then in her twelfth year of caregiving, recalled how uncertain and unprepared she felt at the beginning of her journey. Her child's condition required specialized care techniques that she initially knew nothing about, leaving her overwhelmed and unsure of herself. Each situation presented new challenges, and the constant pressure of not knowing what to do weighed heavily on her. Over time, these struggles revealed that one of the greatest challenges in caregiving is learning how to care while facing the unknown.

"I began caregiving with no clear knowledge of what my child needed, and the hardest challenge was learning how to care while living with uncertainty every day."

Overcoming Healthcare Barriers. Meningitis caregivers often face significant healthcare barriers that make their role more difficult. Access to timely medical care can be limited, especially in rural or underserved areas where hospitals and specialists are scarce. Caregivers may struggle with navigating complex healthcare systems, understanding medical terminology, and coordinating between multiple providers. They may also encounter long waiting times for appointments, which can delay critical interventions. Inadequate insurance coverage or high out-of-pocket costs further restrict access to essential treatments and rehabilitation services. Caregivers often feel excluded from medical decision-making, leaving them uncertain about the best course of action. These barriers not only hinder the patient's recovery but also increase the caregiver's stress and sense of helplessness.

According to interviews with a 33-year-old mother, who was in her tenth year of caregiving, she described how living in a rural area created constant barriers to healthcare. Accessing hospitals and specialists was difficult, with emergency visits made even more challenging by long travel times and unreliable transportation. These limitations often left her feeling isolated and uncertain about how to meet her child's needs. The lack of immediate medical support highlighted the ongoing struggle caregivers in remote areas face, where every step of care is shaped by the challenge of overcoming distance and limited resources.

"I learned that the greatest challenge in caregiving was not the care itself, but the distance to hospitals and specialists."

A 38 year old man, who cared for his 35 year old younger brother, recounted the persistent challenge of securing consistent healthcare. Living far from major medical centers, he often had to travel to distant cities for specialist consultations, a burden that strained both his finances and physical well-being. The lack of accessible services made every hospital visit a struggle, highlighting the barriers caregivers face when reliable healthcare is out of reach. For him, the greatest challenge was not the act of caregiving itself, but the constant difficulty of overcoming distance and limited access to medical support.

"The greatest struggle was not caring for my brother but finding consistent healthcare. Every trip to distant cities reminded me how access itself was the biggest barrier we faced."

A 40 year old mother, who spent 24 years as a caregiver, described the ongoing challenges she faced in accessing timely healthcare for her child. Long hospital queues, costly transportation, and the frequent unavailability of specialists often led to delays in treatment. These barriers made it difficult to secure consistent medical support, leaving her worried about whether her child's needs would be met on time.

For her, the greatest struggle in caregiving was not the daily care itself, but the constant obstacles created by limited access to healthcare services.

"I found that the hardest part of caregiving was not caring for my child but facing barriers to healthcare. Every delay in treatment reminded me how access itself was the greatest challenge."

With a decade of caregiving experience, a mother recounted the frequent delays she encountered due to overcrowded public hospitals and her remote location. Emergency transportation was a constant concern, as limited access to urban health facilities often left her anxious about whether help would arrive in time. The distance, lack of immediate medical support, and long waiting times underscored the barriers she faced in securing timely care for her child. For this 47-year-old mother, the greatest challenge was not the daily caregiving itself, but the persistent struggle against an inaccessible healthcare system.

"One of the hardest parts of my caregiving isn't the daily routine, but the constant battle with an inaccessible healthcare system, long hospital lines, distant facilities, and delayed emergency help."

A mother with 12 years of caregiving experience shared how distance and the scarcity of nearby specialists posed ongoing challenges to accessing consistent healthcare for her child. As a 52 year old parent, she often struggled with high transportation costs and endured long waiting times at overcrowded public hospitals. These barriers left her anxious about whether her child's medical needs would be addressed promptly. For her, the most difficult part of caregiving was not the daily responsibilities at home, but the persistent obstacles created by limited access to reliable healthcare services.

"Every delay and every long journey reminded me how access itself was the greatest struggle."

Social Isolation. Social isolation is a major challenge faced by meningitis caregivers. The demanding nature of caregiving often limits their ability to participate in social activities, maintain friendships, or engage in community life. Many caregivers spend most of their time at home attending to the patient's needs, which reduces opportunities for recreation and personal interaction. Over time, this isolation can lead to feelings of loneliness, loss of identity, and emotional exhaustion. The lack of social support networks also makes it harder for caregivers to share their experiences, seek advice, or find encouragement, further intensifying the sense of being cut off from the outside world.

According to interviews with a 33 year old mother, who had a decade of caregiving experience, she revealed how the role gradually isolated her from her social

life. While her peers pursued careers or enjoyed gatherings, she remained at home, devoted entirely to caring for her child. Invitations eventually stopped, and the absence of social interaction left her feeling forgotten. Loneliness became a quiet but persistent presence, shaping her daily routine and sense of identity. For her, the greatest challenge was not the caregiving itself, but the emotional weight of being cut off from the social connections she once had.

"Caregiving slowly distanced me from my social life. The hardest part was living with the quiet loneliness of feeling forgotten."

The story of the 38 year old caregiver illustrates how prolonged caregiving can lead to profound social isolation. From his youth, the demands of caring for his brother meant sacrificing opportunities to build friendships, pursue relationships, and follow personal ambitions. Over time, the absence of shared understanding from others left him feeling increasingly disconnected, making it difficult to relate socially. This isolation deepened as he withdrew from social life, finding comfort only in the predictable structure of caregiving. While his role gave him meaning, the lasting consequence was a life marked by significant social sacrifice and isolation.

“As a 38 year old caregiver of my brother, I often feel invisible; few people truly understand the weight of my responsibilities, and that makes it hard to connect socially.”

The experience of the 40-year-old mother revealed how caregiving had led to significant social isolation. Over time, as her daughter’s condition became more demanding, her social world steadily narrowed. In the beginning, she still attended family gatherings and social events, but these gradually faded as caregiving consumed her life. Friends drifted away, not out of malice but because they did not understand her circumstances, and even relatives grew distant. Although she occasionally found relief in a small church group and limited community activities, these moments of connection were rare compared to the isolation she endured. Her story showed how long-term caregiving eroded her social networks, leaving her with only fragments of support.

“Caregiving consumed so much of me that isolation became my reality; the rare moments of connection in church or community gatherings were the only relief from the loneliness I carried.”

The 47 year old mother’s experience demonstrates how caregiving can lead to deep social isolation. Once active in community events and surrounded by close friends, she gradually saw her social world shrink as caregiving responsibilities consumed her daily routine. Personal interactions became rare, and the sense of disconnection from her former life grew stronger. To cope with this isolation, she turned to social media and online caregiver forums, where she found a safe space to share her feelings. These virtual connections with others who understood her exhaustion and emotional struggles offered comfort and helped her manage the loneliness that she often kept hidden from her family.

“I felt my social world collapse, friends and community ties faded, leaving me with only the silence of caregiving.”

With 12 years of caregiving experience, a 52 year old mother described the isolation she endured in a role often associated with women. She felt out of place when trying to share her struggles with peers who could not relate, which led her to withdraw socially and remain silent rather than face uncomfortable conversations. Over time, this disconnection became a defining part of her life. She found some relief in a small online group of fellow caregivers, where shared experiences offered validation, and through journaling, which provided a private emotional outlet. Although caring for her child brought fulfillment, her reflections revealed how caregiving required a quiet, often lonely endurance.

“Isolation shaped so much of my caregiving journey; it was only through small online communities and the quiet refuge of journaling that I finally found the validation and relief I had been longing for.”

Strategies

Caregivers of meningitis patients often adopt strategies that balance medical vigilance with emotional resilience while navigating multiple challenges. They must learn to provide consistent care—monitoring symptoms, ensuring medication adherence, and maintaining infection control—yet this comes with a heavy emotional toll, as anxiety and fear about the patient’s recovery can be overwhelming. The financial strain of hospital bills, medications, and lost income adds further pressure, while caregivers simultaneously face the steep process of learning to care, often without prior medical knowledge. Many struggle with overcoming healthcare barriers, such as limited access to specialists or inadequate resources, which can delay treatment and heighten stress. On top of this, social isolation is common, as caregiving responsibilities reduce time for social connections and support networks, leaving caregivers feeling alone in their role. Together, these factors highlight the need for holistic support systems that address both the medical and personal dimensions of caregiving.

Table 3 presents the common strategies of caregivers of Meningitis in addressing their concerns with Emotional Toll, Financial Strain, Learning to Care, Overcoming Healthcare Barriers, and Social Isolation. **Emotional Toll.** Coping with the emotional challenges of caregiving requires intentional strategies that strengthen resilience and sustain hope. One key approach is seeking emotional support from family and friends, as sharing burdens and receiving encouragement helps reduce isolation and stress. Another effective strategy is building strong social networks, which provide ongoing connection, advice, and reassurance; as Smith et al. (2021) emphasized, these networks and positive feedback play a crucial role in buffering the emotional strain of caregiving. Equally important is celebrating small victories—moments of laughter, signs of progress, or simply enduring a difficult day—which remind caregivers that their efforts matter and reinforce their emotional well-being. By combining these strategies—leaning on supportive relationships, cultivating social connections, and recognizing small but meaningful achievements—

Table 3
Common Strategies of Caregivers

Theme	Common Strategies	Statement
Emotional Toll	Seeking emotional support from family and friends. Finding strength in small victories.	“Caregiving tested me every day, but my unwavering love for my child and the support I received from family and friends became my strategies to endure.”
Financial Strain	Applying for financial assistance (e.g., PhilHealth, grants). Managing finances with budgeting and money management. - Seeking assistance from charities.	“I have learned to juggle my child’s medical needs with running a small food business just to keep our household afloat. I also seek help from our church, barangay, and government assistance because every peso counts in this daily struggle.”
Learning to Care	Attending workshops or consulting with healthcare professionals. Actively seeking ways to improve caregiving skills. Attending training sessions for new techniques.	My strategy is to face uncertainty by learning step by step, seeking guidance from healthcare professionals, and turning challenges into lessons that build confidence.”

Overcoming Healthcare Barriers	Utilizing telemedicine or barangay health workers. Advocating for better healthcare services. Relying on community health workers when hospitals are inaccessible.	“Since specialists are hard to reach, I make sure to stay connected with local health workers and use telehealth so my child’s care doesn’t depend only on distant hospitals.”
Social Isolation	Joining caregiver support groups. Sharing experiences with others going through similar situations. Participating in online forums or social media groups.	“I joined caregiver support groups and online communities where people truly understand my situation, because caregiving limited my chances to build friendships.”

caregivers can nurture resilience, maintain stability, and continue providing compassionate care with renewed energy.

The 33 year old mother caring for her 10 year old disabled child faced a heavy emotional toll after being abandoned by her husband, but she developed strategies to endure the challenge. To manage her depression and overwhelming emotions, she focused on staying strong for her child, channeling her energy into caregiving as a source of purpose. She learned to suppress her pain to maintain stability at home, while also seeking small ways to cope with loneliness and exhaustion. Importantly, she sought emotional support from relatives and friends, which encouraged her and helped ease the weight of caregiving.

“Suppressing my own struggles helped me keep stability at home, while seeking emotional support from relatives and friends gave me the encouragement to carry on.”

The 38 year old man who spent 17 years caring for his sibling developed strategies to cope with the emotional toll that defined his greatest challenge. To manage the exhaustion and vulnerability brought on by years of responsibility, he leaned on resilience practices such as journaling and self-reflection, which allowed him to process grief and guilt privately. Recognizing the isolation he felt while watching peers live independent lives, he sought out small support networks where shared experiences offered validation. He also turned to family and friends for emotional support, finding encouragement and relief in their presence. By reframing his role as both a duty and a source of meaning, he found ways to endure the sorrow and maintain strength, even as caregiving continued to test his emotional reserves.

“Even as caregiving drained my strength, I found strategies in reflection, connection, and emotional support that allowed me to keep going.”

The 40 year old mother who devoted 24 years to caring for her child developed strategies to endure the profound emotional toll that remained her greatest challenge. To cope with the pain of watching her child miss out on typical life experiences, she leaned on her spiritual faith, which gave her strength and perspective. She adjusted to the routines of caregiving by reframing them as acts of love, helping her manage the anxiety and guilt that resurfaced when she questioned her choices. Seeking emotional support from family and friends was encouraged, while her unwavering love for her child anchored her resilience. These strategies allowed her to carry the emotional weight of caregiving with determination, even as the burden continued to test her strength.

“Caregiving tested me every day, but my unwavering love for my child and the support I received from family and friends became my strategies to endure.”

Caring for her child over the past decade, a mother of 47 has revealed the profound emotional toll that caregiving has taken on her. She describes the constant inner struggle of maintaining a calm and composed presence while suppressing her own pain, a burden that weighs heavily on her emotional well-being. Frequent moments of deep loneliness often drive her to cry in solitude, serving as her only outlet for overwhelming stress. In her voice, there is a quiet sorrow—an acknowledgment that caregiving has reshaped her emotional landscape, stripping away the peace and balance she once knew. The psychological strain remains ever-present, underscoring how the emotional demands of caregiving can be just as challenging as the physical ones.

“Crying in solitude was my outlet, but leaning on faith and loved ones became my true strategy for finding strength.”

The mother, now 52, who spent 12 years caring for her child after meningitis, developed strategies to endure the emotional toll that became inseparable from her identity. To manage the weight of responsibility and fears of medical relapses, she leaned on her spiritual faith, which provided strength and comfort during long nights of worry. She sought emotional support from family and friends, allowing their encouragement to ease the strain and remind her she was not alone. By reframing caregiving as an act of enduring love, she found meaning in her sacrifices, even as the burden touched her health, relationships, and peace of mind. These strategies—faith, support networks, and reframing her role—helped her carry the ongoing emotional strain with resilience.

“Though the strain touched my health and relationships, faith and the encouragement of loved ones became my strategies to endure and continue forward.”

Financial Strain. Caregivers facing financial strain can ease the burden through practical strategies. Bosveld et al. (2024) highlighted that government health insurance and charitable aid help reduce hardship and improve caregiving outcomes, while Judge (2023) emphasized that budgeting and money management skills provide stability and coping mechanisms. Applying for financial assistance, practicing careful budgeting, and seeking support from charities or nonprofits can collectively alleviate financial stress, allowing caregivers to focus more on compassionate care.

The 33-year-old mother’s strategy in facing her financial caregiving challenges was anchored in survival, sacrifice, and resilience. Leaving the workforce to provide full-time care for her child meant accepting a drastic loss of income, forcing her to prioritize caregiving over financial stability. Her daily reality involved agonizing trade-offs, such as choosing between buying her child’s medication and keeping the electricity running, where every decision carried the weight of survival. To cope, she stretched every peso through meticulous budgeting, often to the point of exhaustion, and relied on small loans or occasional support from relatives, though these lifelines were never enough to ease the strain. Ultimately, she embraced the fact that sacrifice was not temporary but constant, adapting her life around scarcity and demonstrating remarkable resilience in the face of relentless financial pressure.

“My strategy is to stretch every peso and make painful choices between essentials like medicine and electricity.”

Caring for his brother since his teenage years, the strategy of a man now 38 years old in facing financial hardship was built on sacrifice, prioritization, and resourcefulness. He accepted that medical expenses would continually drain his

savings, even with PhilHealth support, and to cope, he worked multiple jobs to secure income for both daily needs and ongoing treatments. Most of his earnings were directed toward essential medical and household costs, while non-essential spending was minimized or eliminated. He adjusted his lifestyle to

endure long-term strain and relied on careful planning to stretch limited resources. Ultimately, his approach was defined by constant sacrifice and creative management of scarce finances, ensuring that his brother's care remained at the center of every decision.

"I work multiple jobs to cover his medical needs. Every expense demands sacrifice, but ensuring his care always comes first."

The caregiving strategy of the 40-year-old mother, who spent 24 years caring for her daughter, was shaped by sacrifice, financial prioritization, and seeking external support. When faced with the need for a vital medical procedure, she and her family made the painful decision to sell their small farm, sacrificing their only source of livelihood to secure her daughter's treatment. Despite this, unpaid debts from past medical expenses continued to weigh heavily, forcing the family into a cycle of hardship. To cope, she stretched every peso to cover food, shelter, and medicine, eliminating comfort and leisure from daily life. Recognizing that personal resources alone were insufficient, her strategy also included applying for financial assistance from the government, tapping into available programs to ease the burden of medical costs, and providing some relief from relentless debt. Ultimately, her caregiving approach combined personal sacrifice, strict budgeting, and reliance on institutional support, ensuring that her daughter's needs remained the priority even amid unending financial strain.

"I have given up our farm and stretched every peso just to secure my daughter's medical care. Applying for government financial assistance has become part of my strategy, because love alone cannot cover the crushing cost of caregiving."

In her tenth year of caregiving, the strategy of a mother now 47 years old was centered on balancing financial survival with her child's medical needs. Faced with constant financial crises whenever her child's condition worsened, she sought to generate income by starting a small food business, baking and selling goods within her neighborhood to help cover daily expenses. Alongside this, she reached out to local organizations, such as her church and the barangay, for support, though the assistance she received was often limited and inconsistent. Recognizing that personal efforts and community aid were not enough, her strategy also included applying for financial assistance from the government to help ease the burden of medical costs and provide a more stable source of support. By combining small-scale entrepreneurship, community outreach, and government aid, she managed the exhausting balance of caregiving, household responsibilities, and financial hardship, ensuring her child's needs remained at the center of her daily life.

"I have learned to juggle my child's medical needs with running a small food business just to keep our household afloat. I also seek help from our church, barangay, and government assistance because every peso counts in this daily struggle."

The caregiving strategy of a mother, now 52 years old, who supports her child with meningitis, was shaped by limited income, reliance on family support, and the pursuit of external aid. With no opportunity to secure a better job due to her incomplete education, she depended on her siblings' assistance and her husband's meager wage to meet basic needs. However, these sources were insufficient to cover routine medical checkups and ongoing care. To cope, her strategy included strict prioritization of household expenses, ensuring that food and essential medicines were covered first. Recognizing the inadequacy of personal and family resources, she also sought to apply for financial assistance from the government, aiming to access programs that could help subsidize medical costs and provide more consistent support. By combining family contributions, careful budgeting, and government aid, she managed the daily challenges of caregiving while striving to secure her child's medical needs despite persistent financial hardship.

“I rely on my husband’s small wage and my siblings’ help just to get by. Applying for government financial assistance has become essential, because without it, I cannot afford even routine checkups for my child.”

Learning to Care. Caregivers strengthened their abilities through continuous learning, such as workshops, consultations with healthcare professionals, and attending training sessions. Schulz and Sherwood (2018) emphasized that education was crucial for improving care quality and reducing stress, while Gitlin et al. (2020) found that training and informational support enhanced confidence and competence.

Similarly, Roth et al. (2015) noted that increased knowledge correlated with better patient outcomes and greater caregiver well-being. These strategies expanded caregivers’ skills, reinforced their commitment, and sustained compassionate, effective care.

The strategy of the 33 year old caregiver centers on resilience, continuous learning, and transformation through experience. At the beginning of her journey, she acknowledged her feelings of being lost and overwhelmed, which became the driving force behind her determination to improve. She strategically immersed herself in workshops, sought consistent guidance from doctors and health professionals, and utilized online resources to build a strong foundation of knowledge. By acquiring practical skills—such as recognizing warning signs and managing daily routines—she gradually shifted from uncertainty to confidence, turning challenges into manageable tasks. Her approach emphasized hands on practice and adaptability, ensuring that caregiving evolved alongside her child’s needs. Over time, this strategy transformed caregiving from a duty into a path of personal growth, where perseverance, knowledge, and love empowered her to provide care with strength and compassion.

“I’ve discovered that caregiving is more than duty, it’s a journey of personal development. By embracing knowledge and perseverance, I’ve grown into a role defined by strength and compassion.”

The 38 year old caregiver’s strategy is centered on adaptability, continuous learning, and growth through experience. Beginning his role at 21 with no formal

training, he relied on guidance from older relatives and absorbed practical knowledge from medical professionals during hospital visits. His method emphasized trial and error, treating mistakes as lessons that shaped steady progress. As medical care advanced, he adapted by mastering new equipment and understanding complex treatment plans, showing flexibility and a commitment to evolving with changing circumstances. Each challenge became an opportunity to expand his skills, and through persistence and practice, he transformed into a confident, knowledgeable caregiver. His approach demonstrates that effective caregiving is not innate but developed step by step through experience, adaptation, and perseverance.

“Caregiving is learned step by step, through trial, adaptation, and persistence. Starting at 21 and now at 38, I’ve grown into a confident caregiver by turning challenges into lessons and experience into strength.”

The 40 year old mother’s caregiving strategy is built on confronting uncertainty with continuous learning and gradual growth. In her early years, fear and doubt defined her experience, as she was unfamiliar with her daughter’s condition and often questioned her decisions. To overcome these challenges, she adopted a strategy of learning through each situation, consulting with healthcare professionals for guidance, and treating every difficulty as an opportunity to gain new knowledge and skills. By embracing the reality that caregiving requires constant adaptation, she transformed mistakes into lessons and uncertainty into progress. Over time, this approach allowed her to grow into a more capable and confident caregiver, showing

that the most effective strategy is to accept the unknown, seek professional support, learn step by step, and let experience shape the ability to provide care with strength and understanding.

"By seeking guidance from healthcare professionals and embracing each challenge, I grew into a stronger and more confident caregiver."

A 47 year old mother, with a decade of caregiving experience, shared how her journey began with minimal knowledge and overwhelming uncertainty. Faced with the urgent needs of her child, she often felt unprepared and questioned whether she was capable of meeting those demands. The challenge of not knowing what to do weighed heavily on her, and each situation forced her to confront new fears. Over time, these struggles shaped her growth, showing that the greatest challenge in caregiving is learning how to care while navigating constant uncertainty.

"I learned that strength was gained not from knowing everything, but from facing each moment with patience."

The 52-year-old caregiver's strategy was shaped by the challenge of facing the unknown and learning how to care without prior preparation. At the start of her journey, she felt overwhelmed and unsure, but she developed a practical approach by treating each new situation as an opportunity to learn. She sought guidance from healthcare professionals, studied specialized care techniques, and gradually built her confidence through hands-on experience. Her strategy emphasized patience, adaptability, and turning uncertainty into lessons that strengthened her caregiving

skills. Over time, this method allowed her to transform fear into competence, showing that the most effective way to meet caregiving challenges is to embrace the unknown, learn step by step, and let experience guide the path toward growth and confidence.

"My strategy is to face uncertainty by learning step by step, seeking guidance from healthcare professionals, and turning challenges into lessons that build confidence."

Overcoming Healthcare Barriers. Meningitis caregivers overcame healthcare barriers by adopting practical and community-driven strategies such as utilizing telemedicine or barangay health workers that ensured timely support. Smith et al. (2020) highlighted that telemedicine and community health workers improved access in underserved areas, while barangay health workers extended services at the grassroots level when hospitals were inaccessible. Lee (2019) emphasized that caregivers' advocacy promoted systemic improvements through increased resources, training, and accessibility. Similarly, Nguyen et al. (2021) noted that these strategies reduced treatment delays, enhanced patient outcomes, and fostered a more resilient healthcare environment.

To address the difficulty of reaching hospitals and specialists, the 33-year-old caregiver planned by organizing transportation options and preparing for emergencies in advance. She built strong connections with local healthcare providers and community resources, ensuring she had reliable contacts for urgent situations. Recognizing the isolation of rural caregiving, she sought support networks both locally and online to share knowledge and reduce uncertainty. Most importantly, she emphasized continuous learning and adaptability, using available resources to strengthen her caregiving skills despite the distance from immediate medical support. Through these strategies, the 33-year-old caregiver transformed barriers into opportunities for resilience, showing that effective caregiving in remote areas requires preparation, resourcefulness, and connection.

"Caregiving in a rural area taught me that preparation and resourcefulness are essential. By organizing transportation, building connections with healthcare providers, and seeking a support network."

To address the challenge of limited access to consistent healthcare, the 38-year-old caregiver developed a strategy centered on preparation, resourcefulness, and support. He minimized the strain of long travel by carefully planning medical visits, coordinating appointments to reduce unnecessary trips, and arranging reliable transportation whenever possible. Recognizing the financial burden, he sought assistance through community programs and explored cost-saving options to manage expenses. To compensate for the lack of nearby specialists, he built strong communication channels with healthcare providers, using phone consultations and online resources to stay informed between visits. Most importantly, he emphasized adaptability—learning to manage routine care at home while relying on professional guidance when needed. Through these strategies, the 38-year-old caregiver transformed the challenge of distance and limited access into a structured approach that ensured his brother received consistent and effective care.

"I learned to overcome distance by planning medical visits carefully, coordinating transportation, and using remote communication with doctors."

To manage the constant barriers to timely healthcare, the 40-year-old mother who had already spent 24 years caring for her child adopted strategies that helped her navigate the challenges of limited access. She learned to schedule appointments well in advance, explore smaller clinics, and rely on community health centers to reduce waiting times. The burden of costly transportation pushed her to coordinate shared travel with neighbors and carefully budget for medical trips. When specialists were unavailable, she turned to teleconsultations, strengthened ties with general practitioners, and sought guidance from caregiver support groups to fill gaps in expertise. To ease her worry about inconsistent medical support, she kept detailed health records, closely monitored her child's condition, and maintained emergency supplies at home to bridge the gap until professional care was available. For her, caregiving meant not only daily routines but also the resilience to overcome systemic obstacles, transforming resourcefulness into the foundation of her child's care.

"To deal with long hospital queues, I make sure to schedule appointments early and keep detailed records of my child's health so doctors can quickly understand the situation."

With a decade of caregiving experience, the 47-year-old mother developed strategies to cope with the persistent barriers of an inaccessible healthcare system. To address the frequent delays caused by overcrowded public hospitals, she learned to schedule appointments early, keep thorough medical records, and seek smaller clinics or community health centers to reduce waiting times. Living in a remote location with limited emergency transportation, she prepared by keeping essential supplies at home, arranging backup travel options with neighbors, and exploring telehealth services to connect with doctors more quickly. The challenge of distance and lack of immediate medical support pushed her to train herself in basic first aid and maintain regular communication with healthcare providers to monitor her child's condition. By turning her anxiety into proactive planning, she transformed daily caregiving into a system of resilience, where resourcefulness and preparedness became her primary strategies for ensuring her child's timely care.

"To overcome the distance and long waiting times, I combine regular check-ins with local health workers and use telehealth services so my child's care doesn't depend entirely on overcrowded hospitals."

The 52-year-old mother, with 12 years of caregiving experience, developed strategies to manage the persistent barriers of healthcare access. To cope with the distance and scarcity of nearby specialists, she relied on telehealth consultations, strengthened her relationship with local primary care providers, and sought advice from caregiver networks to fill gaps in expertise. The high transportation costs pushed her

to plan trips carefully, coordinate shared travel with neighbors, and budget specifically for medical expenses to ensure her child could reach facilities when necessary. Long waiting times at overcrowded public hospitals encouraged her to schedule appointments early, keep thorough medical records to streamline consultations, and explore smaller clinics or community health centers as alternatives. To ease her anxiety about whether her child's medical needs would be met promptly, she prepared by keeping emergency supplies at home, monitoring her child's condition closely, and maintaining regular communication with healthcare professionals. Her caregiving strategies were built not only on daily routines but on resilience and resourcefulness, turning proactive planning into the foundation of her child's care.

“Since specialists are hard to reach, I make sure to stay connected with local health workers and use telehealth so my child's care doesn't depend only on distant hospitals.”

Social Isolation. Addressing social isolation among caregivers required intentional strategies that fostered connection and mutual support. Brown and Smith (2018) indicated that social support groups significantly reduced stress and improved psychological health, as they allowed caregivers to share experiences and gain encouragement from others facing similar challenges. Caregivers also participated in online forums and social media groups, which provided accessible platforms for exchanging advice and building networks despite physical distance; Lee et al. (2020) noted that such peer support offered critical emotional resources when physical support was limited. Similarly, Fairfax et al. (2019) highlighted that these networks encouraged caregivers to share coping strategies, which helped reduce loneliness, strengthen resilience, and create a sense of belonging that empowered them to continue their roles with confidence and hope.

To cope with the social isolation that caregiving brought into her life, a 33-year-old mother with a decade of caregiving experience, developed strategies to maintain her sense of connection and identity. She joined online caregiver support groups and virtual communities to share experiences and feel understood. She also built routines that included regular communication with trusted friends and family through calls or messages, ensuring she stayed socially engaged despite being at home. As invitations from peers stopped, she turned to hobbies and personal interests that could be done at home, giving her fulfillment beyond caregiving. To ease the emotional weight of loneliness, she practiced self-care by setting aside time for rest and activities that nurtured her well-being. By reframing her role, she balanced devotion to her child with intentional efforts to stay connected, transforming resilience and proactive engagement into strategies against social isolation.

“Since caregiving keeps me at home, I make sure to join online support groups and stay connected with other parents, so I don't feel completely cut off from the outside world.”

The 38-year-old caregiver, having faced years of social isolation due to prolonged caregiving, developed strategies to manage these challenges while maintaining his role. To address the sacrifice of friendships and relationships, he sought out caregiver support groups and online communities where shared experiences provided understanding and connection. Recognizing the difficulty of relating socially, he made intentional efforts to maintain contact with a small circle of trusted friends through calls and messages, even when he could not join gatherings in person. To balance the absence of personal ambitions, he integrated small personal goals and hobbies into his routine, giving himself a sense of progress beyond caregiving. As isolation deepened, he reframed the predictable structure of caregiving into a source of stability, while also carving out time for self-care practices such as journaling, exercise, or quiet reflection. These strategies allowed him to transform the emotional weight of social sacrifice into resilience, ensuring

that his identity was shaped not only by caregiving but also by proactive steps to preserve connection and personal fulfillment.

“I joined caregiver support groups and online communities where people truly understand my situation, because caregiving limited my chances to build friendships.”

To cope with the deep social isolation brought on by long-term caregiving, the mother, a 40-year-old, developed strategies to preserve connection and emotional balance. As her daughter’s condition became more demanding and her social world narrowed, she intentionally sought out small but meaningful outlets of support, such as joining a church group and participating in limited community activities. To counter the fading of family gatherings and social events, she maintained communication with relatives through calls and messages, even when she could not attend in person. When friends drifted away due to a lack of understanding, she turned to caregiver networks

and peer support groups, where shared experiences provided empathy and belonging. Recognizing the emotional toll of isolation, she incorporated self-care practices into her routine, such as journaling, prayer, and quiet reflection—to sustain her well-being. By reframing her caregiving role, she balanced devotion to her daughter with proactive steps to nurture her own identity, transforming resilience and intentional connection into strategies against the erosion of her social networks.

“Even though caregiving keeps me from most gatherings, I make sure to stay connected through my church group and small community activities where I can still feel supported.”

To manage the deep social isolation that caregiving brought into her life, the mother, a 47-year-old, adopted strategies that allowed her to preserve connection and emotional support despite her shrinking social world. As community events and friendships faded under the weight of daily caregiving responsibilities, she turned to social media platforms and online caregiver forums, creating virtual spaces where she could openly share her feelings. These online communities became a method to replace lost personal interactions, offering understanding from others who faced similar exhaustion and emotional struggles. To cope with the disconnection from her former life, she relied on these virtual connections as a source of comfort, helping her manage loneliness that she often kept hidden from her family. By embracing digital networks and peer support, she transformed isolation into an opportunity for resilience, ensuring that even in the absence of traditional social circles, she maintained a sense of belonging and emotional balance.

“When loneliness feels overwhelming, I rely on virtual support groups as a safe space, which helps me manage the emotional weight I often keep hidden from my family.”

In managing the isolation that caregiving brought into her life, the mother, a 52-year-old with 12 years of caregiving experience, adopted coping strategies that allowed her to manage both emotional and social challenges. When she felt out of place sharing her struggles with peers who could not relate, she chose to withdraw from uncomfortable conversations but redirected her need for connection toward a small online group of fellow caregivers. This virtual community became a strategy to find validation and understanding from people who shared similar experiences. To address the disconnection that grew over time, she incorporated journaling into her routine, using it as a private emotional outlet to process feelings she could not express publicly. While caregiving consumed much of her life, she reframed her role by balancing fulfillment in caring for her child with intentional practices that sustained her resilience. These strategies—seeking peer support online, avoiding unhelpful social interactions, and journaling for self-expression—helped her endure the quiet, often lonely demands of long-term caregiving.

“I realized that sharing my struggles with people who couldn’t relate only left me feeling more isolated, so I chose to focus on online caregiver groups where I felt truly understood.”

Resilience

The resilience of meningitis caregivers was shown in how they managed multiple challenges. They coped with the emotional toll by seeking support and finding strength in small victories. They handled financial strain by adjusting resources and seeking assistance to meet care needs. Through learning to care, they gained skills from professionals and workshops to improve caregiving. They overcame healthcare barriers by using telemedicine, relying on barangay health workers, and advocating for better services. Finally, they addressed social isolation by joining support groups and engaging in online communities. Together, these strategies reflected their strength and dedication in providing compassionate care.

Table 4 highlights the common resilience of Meningitis caregivers in their experiences with Emotional Toll, Financial Strain, Learning to Care, Overcoming Healthcare Barriers, and Social Isolation.

Emotional Toll. The strength of meningitis caregivers shone through as they bore the emotional weight of their responsibilities. They continued providing care despite emotional exhaustion, showing strength and commitment even in the most difficult moments. Support from family, friends, and fellow caregivers helped them endure the burden, reminding them that they were not alone in their struggles. This combination of perseverance and external encouragement sustained their ability to keep caring with compassion and hope.

The resilience of the 33-year-old mother caring for her 10-year-old disabled

Table 4
Common Resilience of Caregivers

Theme	Common Resilience	Statement
Emotional Toll	Continued caregiving despite emotional exhaustion. Finding emotional support from others to endure the burden.	“Loneliness and exhaustion are heavy, but I remind myself that seeking support from family and friends helps me endure and remain resilient in my caregiving role.”
Financial Strain	Managing to continue providing care despite financial challenges. Adapting to a tighter budget while still caring.	“I have learned that resilience is not about having plenty, but about surviving with little and still choosing love. “
Learning to Care	Gaining confidence in caregiving through learning. Feeling a sense of accomplishment as knowledge increased.	“Through resilience and self-confidence, I transform uncertainty into love and progress.”

Overcoming Healthcare Barriers	Persistent in finding ways to access healthcare (e.g., telemedicine, community health workers). Advocating for better healthcare access for loved ones.	“I had faced distance, costs, and delays, yet I kept moving forward. My strength was in never letting obstacles stand between my child and the care they deserved.”
Social Isolation	Forming lasting friendships through caregiver communities. Emotional support from shared experiences with other caregivers.	“Caregiving may have narrowed my world, but it has strengthened my spirit. I carry resilience in every moment of love, sacrifice, and connection.”

child is evident in how she endured the heavy emotional toll of abandonment and ongoing caregiving demands. Despite facing depression and overwhelming emotions, she demonstrated strength by channeling her energy into caregiving, turning it into a source of purpose and stability for her child. Her ability to suppress personal pain to maintain a stable home reflects her quiet endurance and determination. At the same time, she showed resilience by seeking small but meaningful ways to cope with loneliness and exhaustion, ensuring she did not lose herself entirely. Most importantly, she reached out to relatives and friends for emotional support, allowing encouragement and shared understanding to ease the weight she carried. Through these strategies, her resilience was defined not only by survival but by her capacity to transform hardship into strength, balancing caregiving with the pursuit of emotional stability and connection.

“Loneliness and exhaustion are heavy, but I remind myself that seeking support from family and friends helps me endure and remain resilient in my caregiving role.”

The perseverance of the 38-year-old man who spent 17 years caring for his sibling is reflected in the ways he endured the emotional toll of long-term responsibility. Despite exhaustion and vulnerability, he relied on resilience practices such as journaling and self-reflection, which enabled him to process grief and guilt privately while preserving emotional balance. Confronting the isolation of watching peers live independent lives, he showed strength by seeking out small support networks where shared experiences offered validation and belonging. His resilience

was further reinforced by turning to family and friends for encouragement, allowing their presence to ease the weight of caregiving. Most importantly, he reframed his role as both a duty and a source of meaning, transforming sorrow into purpose. Through these strategies, his resilience was defined not only by endurance but by the ability to maintain strength and identity, even as caregiving continued to test his emotional reserves.

“Even when the weight of caregiving feels overwhelming, I remind myself that my strength comes from turning pain into purpose for my loved ones.”

The strength of the 40-year-old mother who devoted 24 years to caring for her child is revealed in how she endured the profound emotional toll of long-term caregiving. Faced with the pain of watching her child miss out on typical life experiences, she drew resilience from her spiritual faith, which offered perspective and inner strength. By reframing the routines of caregiving as acts of love, she managed the anxiety and guilt that surfaced when she questioned her choices, turning daily responsibilities into expressions of devotion. Her determination was reinforced by seeking emotional support from family and

friends, whose encouragement helped ease the burden. Above all, her unwavering love for her child anchored her resilience, allowing her to carry the emotional weight of caregiving with courage and perseverance. Through these strategies, she transformed hardship into endurance, maintaining strength even as the demands of caregiving continued to test her limits.

“My faith gave me the strength to face each day, reminding me that caregiving was not just a burden but an act of love.”

The strength of the 47-year-old mother caring for her child over the past decade is reflected in how she endures the profound emotional toll of caregiving. Despite the constant inner struggle of maintaining a calm presence while suppressing her own pain, she demonstrates resilience by continuing to provide stability for her child. Though loneliness often drives her to cry in solitude, these private moments serve as an outlet that allows her to release overwhelming stress and regain composure. Her quiet sorrow reveals not only the weight of caregiving but also her determination to carry it with dignity. By acknowledging how caregiving has reshaped her emotional landscape, she shows the courage to confront the loss of peace and balance while still persevering. Her resilience lies in the ability to withstand the psychological strain, proving that the emotional demands of caregiving, though heavy, can be met with endurance and unwavering commitment.

“Loneliness and sorrow may weigh heavily, but I chose to endure with resilience, finding purpose in every act of care I give.”

The perseverance in caring for her child after meningitis is revealed in the 52-year-old mother, who spent 12 years enduring the emotional toll that became inseparable from her identity. To manage the weight of responsibility and the constant fear of medical relapses, she leaned on her spiritual faith, which offered comfort and strength during long nights of worry. She reinforced her resilience by seeking emotional support from family and friends, whose encouragement reminded her she was not alone in her journey. By reframing caregiving as an act of enduring love, she discovered meaning in her sacrifices, even as the burden touched her health, relationships, and peace of mind. These strategies—faith, support networks, and reframing her role—allowed her to transform hardship into perseverance, carrying the ongoing emotional strain with courage and determination.

“Though caregiving had touched every part of my life, I chose to see it as a purpose, and that perspective helped me endure with resilience.”

Financial Strain. Despite considerable financial challenges, meningitis caregivers demonstrated resilience by sustaining their commitment to care. They managed to adapt to tighter budgets while still meeting the needs of patients, showing determination and resourcefulness. This perseverance highlighted their commitment

to caregiving, even when financial pressures made the role more demanding.

Resilience in caregiving can be understood as the strength to endure constant sacrifice while adapting to scarcity. For the 33-year-old mother, resilience meant embracing survival as her guiding principle, making agonizing trade-offs between essentials like medication and electricity, and stretching every peso through meticulous budgeting despite exhaustion. Her strategy was not about temporary adjustments but about accepting sacrifice as a permanent reality, reshaping her life around limited resources, and finding ways to persist even when support from loans or relatives fell short. In this way, her resilience was defined not by the absence of hardship but by her ability to adapt, persevere, and continue providing care despite relentless financial pressure.

“I have learned that resilience is not about having plenty, but about surviving with little and still choosing love. “

The 38-year-old caregiver’s journey is rooted in sacrifice, prioritization, and resourcefulness. His strength lies in accepting that financial hardship is a constant reality, yet choosing to adapt by working multiple jobs, minimizing non-essential spending, and carefully planning every expense to stretch limited resources. By centering his brother’s care above all else, he transforms financial strain into a driving force for perseverance, showing that true strength is not the absence of struggle but the ability to endure it with creativity and unwavering commitment.

“I have accepted that sacrifice is my constant companion, because my brother’s care will always come first. Even when money is scarce, and the strain feels endless, I find resilience in working harder, planning smarter, and choosing love over comfort.”

The 40-year-old mother’s resilience is defined by her unwavering commitment to her daughter’s care, even at the cost of her own livelihood and comfort. Her strategy reflects the strength to endure hardship through sacrifice, strict financial prioritization, and resourcefulness in seeking external support. By selling the family’s small farm to secure a vital medical procedure, stretching every peso to cover essentials, and turning to government programs to ease the burden of debt, she transformed financial strain into a driving force for perseverance. Her resilience lies not in escaping struggle, but in adapting to it—balancing personal sacrifice with institutional support to ensure her daughter’s needs remained the center of every decision.

“I may sacrifice comfort and livelihood, but my daughter’s care will always come first. Even in debt and scarcity, I choose strength, love, and perseverance over everything else.”

The caregiving strategy, carried out by a 47-year-old mother, reflects resilience shaped by sacrifice, persistence, and adaptability. Despite constant financial crises, she found strength in starting a small food business, reaching out to her community for support, and applying for government aid to ease medical costs. Her resilience lies in her ability to weave together personal effort, community outreach, and institutional assistance, transforming hardship into determination. By keeping her child’s needs at the center of every choice, she demonstrates that resilience is not the absence of struggle, but the courage to endure, adapt, and persevere through scarcity.

“As a mother caregiver, I have learned to survive by turning sacrifice into strength. Whether through my small food business, community support, or government aid, I will always find a way to keep my child’s needs at the center of my life.”

The strength of the 52-year-old mother lies in her resilience, built on sacrifice, prioritization, and the courage to seek support beyond her own means. Despite limited income and the barriers of incomplete education, she adapted by relying on family contributions, stretching her husband’s small wage, and carefully budgeting to ensure food and essential medicines were never compromised. Recognizing that personal and

family resources alone could not sustain her child’s care, she turned to government programs for financial assistance, weaving together every available source of support. Her resilience is defined not by the absence of hardship but by her determination to transform scarcity into perseverance, ensuring her child’s medical needs remained at the center of her life.

“With family support, careful budgeting, and government aid, I always found a way to keep my child’s care at the center of my life.”

Learning to Care. Meningitis caregivers' perseverance was evident in their journey of learning, as they developed self-assurance in their capacity to provide care through ongoing training and practical experience. Every new ability or piece of information they gained enhanced their ability to offer helpful assistance. This development strengthened their resilience in the face of difficulties and gave them a sense of success by serving as a reminder that their efforts had a significant impact.

The caregiving strategy, carried out by a 33 year old mother, was defined by resilience shaped through continuous learning, adaptability, and transformation from experience. At the beginning of her journey, she had felt lost and overwhelmed, but those emotions became the driving force for her determination to improve. She had immersed herself in workshops, sought consistent guidance from doctors and health professionals, and used online resources to build a strong foundation of knowledge. By acquiring practical skills—such as recognizing warning signs and managing daily routines—she gradually shifted from uncertainty to confidence, turning challenges into

manageable tasks. Her resilience was seen in how caregiving evolved from a duty into a path of personal growth, where perseverance, knowledge, and love empowered her to provide care with strength and compassion.

“I turned uncertainty into strength, and resilience became my path to caring with love and confidence.”

The caregiving strategy, carried out by a 38-year-old man, reflected resilience built on adaptability, continuous learning, and self-confidence gained through experience. Beginning his role at 21 with no formal training, he leaned on older relatives and medical professionals, treating trial and error as stepping stones toward progress. As medical care advanced, he showed flexibility by mastering new equipment and understanding complex treatment plans, proving his commitment to evolving with changing circumstances. Each challenge became an opportunity to strengthen his skills and belief in himself, and through persistence and practice, he transformed into a confident, knowledgeable caregiver. His resilience demonstrated that caregiving was not innate but developed step by step—through adaptation, perseverance, and the self-confidence to grow from every experience.

“I realized resilience meant adapting, learning, and believing in myself through every challenge. Each mistake became a lesson, and with persistence and self-confidence, I grew into a strong and capable caregiver.”

The caregiving strategy, carried out by a 40-year-old mother, embodied resilience through continuous learning, adaptability, and self-confidence gained over

time. In her early years, fear and doubt shaped her experience, but she confronted uncertainty by seeking guidance from healthcare professionals, learning from each situation, and treating every challenge as an opportunity to grow. By embracing mistakes as lessons and uncertainty as progress, she gradually built the confidence to trust her decisions and her ability to provide care. Her resilience was defined by the transformation of caregiving into a journey of growth—where perseverance, knowledge, and self-confidence empowered her to meet her child’s needs with strength, compassion, and understanding.

“Through resilience and self-confidence, I transform uncertainty into love and progress.”

The caregiving journey of a 47-year-old mother was defined by resilience built through struggle, learning, and self-confidence. Beginning with minimal knowledge and overwhelming uncertainty, she often felt unprepared and questioned her ability to meet her child’s urgent needs. Each challenge forced her to confront fear and doubt, yet over time, those very struggles became the foundation of her growth. By treating uncertainty as an opportunity to learn and trusting her capacity to adapt, she gradually built the self-confidence to face caregiving with strength and determination. Her resilience shows that the heart of

caregiving lies not in knowing everything from the start, but in persevering, learning step by step, and believing in one's ability to grow into the role with courage and compassion.

"At 47, I realized resilience meant facing uncertainty with courage and turning every struggle into growth. With self-confidence built from experience, I learned to trust my strength and provide care with compassion and determination."

Resilience was embodied by a caregiver, a 52-year-old, who transformed fear into competence through patience, adaptability, and self-confidence. Beginning with no preparation and overwhelming uncertainty, she treated each challenge as an opportunity to learn, sought guidance from professionals, and built her skills step by step. Over time, her persistence and willingness to adapt turned doubt into strength, showing that resilience in caregiving is not about knowing everything from the start, but about embracing the unknown, learning continuously, and trusting in one's ability to grow with confidence and determination.

"I discovered that resilience means embracing the unknown and turning each challenge into growth. With self-confidence built from experience, I learned to trust my strength and care with patience, adaptability, and determination."

Overcoming Healthcare Barriers. Caregivers of Meningitis' determination in finding ways to obtain medical assistance in spite of challenges demonstrated their resilience in overcoming healthcare barriers. To ensure continuity of care, they looked for alternate methods using telemedicine, community health professionals, and nearby resources. Simultaneously, they pushed for advancements in services and resources that could lessen the stress of caregiving and improved access to healthcare for their loved ones. This resolve demonstrated their fortitude and dedication to delivering dependable, caring care even in challenging circumstances.

The 33-year-old caregiver embodies resilience by actively preparing for the challenges of rural caregiving. She takes initiative in organizing transportation and emergency plans, ensuring she can respond quickly when medical support is distant. Her strength lies in building trusted relationships with local healthcare providers and community resources, giving her reliable contacts in urgent situations. Recognizing the emotional weight of isolation, she seeks out support networks both locally and online, turning connection into a source of encouragement and shared knowledge. Most importantly, she commits to continuous learning and adaptability, sharpening her caregiving skills through available resources. By transforming obstacles into opportunities, she demonstrates that resilience is not just about coping with hardship—it is about using preparation, resourcefulness, and connection to thrive as a caregiver in remote settings.

"I prepare, connect, and keep learning so that even in the most remote places, I can give care with strength and confidence."

Resilience is demonstrated through preparation, resourcefulness, and adaptability, all embodied by the 38-year-old caregiver. His strength lies in careful planning—organizing medical visits, coordinating appointments, and arranging reliable transportation to reduce the physical and emotional strain of long travel. He shows resourcefulness by seeking community programs and cost-saving options to ease financial pressures, ensuring that transportation and care remain sustainable.

Recognizing the absence of nearby specialists, he builds strong communication channels with healthcare providers, using phone consultations and online resources to stay informed and supported between trips. Most importantly, he embodies adaptability, learning to manage routine care at home while relying on professional guidance when necessary, and ensuring transportation is always part of his emergency preparedness. Through these strategies, he transforms barriers into opportunities for effective caregiving,

proving that resilience is defined by preparation, resourcefulness, reliable transportation, and the ability to adapt in the face of distance and uncertainty.

“Resilience is finding ways to turn obstacles into solutions—by planning, adapting, and staying connected, I ensure my brother’s care remains steady as a 38-year-old caregiver.”

The mother, a 40-year-old who has devoted 24 years to caring for her child, demonstrates her resiliency by confronting the constant barriers of healthcare access with determination and creativity. She shows strength in planning and scheduling appointments well in advance, exploring smaller clinics, and turning to community health centers to reduce waiting times. Her resiliency is most visible in how she manages the heavy burden of transportation: despite high costs and long distances, she coordinates shared travel with neighbors, carefully budgets for medical trips, and ensures that transportation never becomes a reason her child misses care. When specialists are unavailable, she adapts by embracing teleconsultations, building strong ties with general practitioners, and seeking guidance from caregiver support groups to fill gaps in expertise. To address the uncertainty of inconsistent medical support, she keeps detailed health records, closely monitors her child’s condition, and maintains emergency supplies at home to bridge the gap until professional care is accessible. These actions highlight her ability to transform obstacles into workable solutions, proving that her caregiving is defined by resiliency, endurance, and unwavering commitment in the face of transportation difficulties and medical challenges.

“No matter the distance, the cost, or the waiting lines, I find a way, sharing rides, planning, and turning to every resource available, because as a 40-year-old mother, my child’s care is my unwavering priority.”

The strength of caregiving is embodied by the 47-year-old mother, who has spent a decade navigating the barriers of an inaccessible healthcare system. Her resiliency is revealed not only in the strategies she employs but in her unwavering commitment to ensuring her child’s care despite systemic challenges. She endures the delays of overcrowded hospitals by planning and keeping meticulous records, showing that persistence can overcome inefficiency. Living in a remote area with limited emergency transportation, she demonstrates resiliency by preparing essential supplies, arranging backup travel with neighbors, and turning to telehealth services to bridge the gap between distance and medical support. The absence of immediate specialists does not weaken her resolve; instead, it strengthens her adaptability as she trains herself in basic first aid and maintains steady communication with healthcare providers. What defines her caregiving is not simply organization, but the resiliency to transform anxiety into action, distance into determination, and obstacles into opportunities. Her caregiving stands as proof that resiliency, endurance, and devotion are the true foundations of sustaining care.

“I have faced distance, delays, and the weight of limited medical support, yet I continue to rise above them. As a 47-year-old mother, my strength is in never giving up, turning every challenge into proof of my resilience.”

Perseverance in caregiving is embodied by the 52-year-old mother, whose 12 years of experience have been defined by her ability to rise above the persistent barriers of healthcare access. Her strength is not measured only in the strategies she employs, but in the determination that drives her to keep moving forward despite distance, financial strain, and overcrowded hospitals. Living far from specialists, she shows steadfastness by refusing to let isolation limit her child’s care, turning to telehealth, and building trust with local providers, and drawing support from caregiver networks. Transportation challenges, with their high costs and long journeys, do not deter her; instead, they reveal her capacity to endure, as she carefully plans, shares resources with neighbors, and ensures her child reaches medical facilities when needed. Even in the face of long waiting times and uncertainty, she steadies herself, transforming anxiety

into preparedness by keeping records, monitoring her child's condition, and maintaining emergency supplies at home. What defines her caregiving is not simply organization, but the fortitude to withstand hardship, adapt to scarcity, and remain unwavering in her devotion. Her journey shows that perseverance is the foundation of her caregiving, an enduring strength that turns obstacles into proof of her commitment. *"I had faced distance, costs, and delays, yet I kept moving forward. My strength was in never letting obstacles stand between my child and the care they deserved."*

Social Isolation. The resilience of meningitis caregivers in facing social isolation was strengthened through their ability to form lasting friendships within caregiver communities. By sharing experiences with others who understood their struggles, they received emotional support that eased feelings of loneliness and stress. These connections helped them feel less alone, fostering a sense of belonging and reinforcing their capacity to continue caregiving with hope and compassion.

The resiliency of a 33-year-old mother with ten years of caregiving experience shines through as she confronts isolation and loneliness caused by limited interaction with friends and the community. Her ability to endure these challenges reflects a deep inner strength that allows her to maintain identity, connection, and emotional balance even when her social world narrows. She embodies resilience by transforming hardship into perseverance, showing that her devotion to caregiving is matched by her capacity to sustain dignity, hope, and purpose in the face of loneliness.

"Even when the world feels far away, I remind myself that my strength comes from love, and my resilience is built on finding meaning in each day of caregiving."

The 38-year-old caregiver, having endured years of social isolation due to prolonged caregiving, exemplifies resiliency through his ability to rise above loneliness and preserve his identity despite limited interaction with friends and the community. His strength is reflected in sustaining meaningful bonds, nurturing personal fulfillment, and maintaining a sense of progress beyond caregiving. Even as isolation deepened, he transformed the predictable rhythm of caregiving into stability and drew upon inner resolve to protect his well-being. His resiliency is defined not by the absence of hardship, but by his capacity to balance devotion to caregiving with dignity, hope, and personal growth.

"Caregiving may have narrowed my world, but it has strengthened my spirit. I carry resilience in every moment of love, sacrifice, and connection."

The ability to endure isolation and loneliness while preserving identity, connection, and emotional balance reflects remarkable strength and perseverance, embodied by a 40-year-old mother. Her determination is evident in sustaining meaningful bonds, nurturing personal fulfillment, and maintaining a sense of stability despite the narrowing of her social world. Even as friendships faded and gatherings diminished, she drew upon inner resolve to protect her well-being and uphold her role with dignity. Her perseverance is defined not by the absence of hardship, but by her capacity to rise above loneliness, balancing devotion to caregiving with hope, purpose, and personal growth.

"Supporting my loved one has reshaped my life, but it has also revealed a deeper strength within me. I may walk a quieter path, yet I carry hope and endurance every day."

The strength of a 47-year-old mother is revealed in her ability to endure deep social isolation while preserving connection and emotional balance. As community events and friendships faded under the weight of daily responsibilities, she showed perseverance by sustaining a sense of belonging through virtual spaces where empathy and understanding could be found. Even as personal interactions diminished, her endurance allowed her to draw comfort from shared experiences and maintain stability in the face of

loneliness. Her inner resolve turned isolation into an opportunity for growth, proving that her identity was shaped not only by her role as a care provider but also by her capacity to uphold dignity, hope, and emotional well-being despite the narrowing of her social world.

“Though my social world has grown smaller, I’ve discovered that my strength lies in love, patience, and the courage to keep moving forward each day.

The strength to withstand limited interaction, deep loneliness, and the emotional demands of long-term care reflects profound endurance and unwavering resilience, embodied by a 52-year-old mother with 12 years of caregiving experience. Her resilience is not only seen in the way she sustains a sense of belonging through trusted connections, but also in her ability to transform isolation into a source of inner growth. Even when peers could not understand her struggles, she showed courage by redirecting her need for connection toward supportive spaces where empathy was possible. Her resilience shines in her capacity to protect her emotional well-being, maintain identity despite the shrinking of her social world, and continue nurturing hope

in the midst of solitude. By embracing journaling as a private outlet and reframing her caregiving role, she demonstrated that resilience is defined by adaptability, emotional strength, and the determination to rise above hardship with dignity and purpose.

“In the quiet moments when isolation felt heavy, I reminded myself that the love I gave was stronger than the loneliness I faced; it was what kept me moving forward.”

Commonalities and Differences of Five Caregivers

Among the different caregivers in this study, there were clear similarities in how they faced challenges, applied strategies, and demonstrated resilience. At the same time, notable differences emerged in their gender expression, the duration of caregiving, the specific caregiver roles they assumed, and the coping styles they adopted. These variations highlighted the unique circumstances of each caregiver, while their shared approaches underscored a collective strength and commitment to supporting patients with meningitis.

Table 5 presents the commonalities and differences in challenges, strategies, and resilience among five caregivers. Common challenges include emotional toll, social isolation, identity shift, and coping with time loss. Strategies adopted include seeking emotional support, joining support groups, journaling, practicing time management, and engaging in self-reflection. Resilience is demonstrated through continued caregiving, finding strength in shared experiences, redefining self-worth, and embracing caregiving as a meaningful path. Differences are evident in gender

Table 5

Commonalities and Differences in Challenges, Strategies and Resilience of Five Caregivers

Commonalities

Theme	Challenges	Strategies	Resilience
Emotional Toll	Emotional exhaustion, worry, guilt, and stress from long-term caregiving	Seeking emotional support from family, faith, or peer groups	Continued caregiving out of love and responsibility

Theme	Challenges	Strategies	Resilience
Social Isolation	Disconnection from social life and limited understanding of others	Joining support groups, online communities, and faith-based gatherings	Finding strength in shared experiences and learning to cope with solitude
Identity Shift	Loss of personal identity and disrupted life goals	Acceptance of caregiving role; journaling; self-reflection	Redefining self-worth through caregiving
Coping with Time Loss	Sacrifice of personal time and career advancement	Time management, prioritization, and seeking small joys in caregiving	Embracing the caregiving role as a meaningful life path

Differences

Category	Notable Differences
Gender Expression	Female caregivers openly expressed emotional breakdowns and guilt; male caregivers emphasized quiet endurance.
Duration of Caregiving	Long-term caregivers reported identity loss and long-term emotional fatigue; newer caregivers focused on adjustment.
Caregiver Role	Parental caregivers mourned their children's lost futures; the sibling caregiver emphasized personal life sacrifice.
Coping Styles	Varied from spiritual faith and journaling to emotional suppression and reliance on peer support.

expression, duration of caregiving, caregiver role, and coping styles.

All caregivers faced significant emotional and social challenges, though the intensity and expression varied. Female caregivers more openly expressed emotional breakdowns, while male caregivers relied on quiet endurance. Long-term caregivers experienced more pronounced identity shifts and emotional fatigue, whereas newer caregivers focused on initial adjustment. Coping mechanisms ranged from spiritual

faith, journaling, and peer support to emotional suppression.

These patterns indicated that caregiving is a multidimensional experience influenced by personal, relational, and contextual factors. Despite differences, all caregivers displayed resilience by finding meaning, relying on support networks, and adapting to their new roles. The strategies employed reflect both proactive coping and attempts to maintain psychological well-being.

As Angwenyi et al. (2024) and Armstrong-Carter et al. (2021) emphasized, the findings aligned with literature highlighting the emotional, social, and identity-related pressures of caregiving. They emphasized the importance of caregiver support systems that are responsive to individual differences in gender, relationship to the patient, and coping styles, while addressing universal challenges.

Programs supporting caregivers were flexible and holistic, offering emotional support, peer networks, training in coping skills, and opportunities for self-reflection. Tailoring interventions to the caregiver’s gender, role, duration of care, and preferred coping methods enhanced resilience, reduced stress, and improved outcomes for both caregivers and patients.

Caregiver Emotional Resilience Model

Figure 3 presents the Strengthening Caregiver Emotional Resilience Model, highlighting emotional resilience as its central element. This resilience reflects the caregiver’s capacity to effectively manage stress and adapt to the multifaceted challenges inherent in caregiving. It also encompasses the ability to maintain psychological stability and physical well-being throughout the caregiving journey. Together, these attributes enable caregivers to sustain their role while promoting both their own health and the quality of care provided.

Encircling this core are four interconnected domains that collectively nurture and reinforce emotional resilience:

Emotional Support involves access to counseling and therapy services, participation in peer support groups, and meaningful connections with family, friends, and healthcare professionals. These forms of support enable caregivers to process complex emotions, combat feelings of isolation, and develop healthy coping strategies.

Practical Assistance encompasses respite care—which offers temporary relief from caregiving responsibilities—comprehensive training and education on caregiving tasks and health conditions, as well as guidance in navigating healthcare systems and community resources. These practical supports alleviate daily caregiving burdens and empower caregivers with the knowledge and skills essential for effective care.

Figure 3
Diagram for Caregiver Emotional Resilience Model



Stress Management refers to the adoption of mindfulness practices, relaxation techniques, health and wellness activities, and other coping mechanisms. These strategies help caregivers manage ongoing stress, prevent burnout, and preserve overall health.

Financial Support includes financial aid programs, workplace flexibility policies and other benefits designed to ease the economic pressures stemming from medical expenses and income loss. Achieving financial stability through these means reduces caregiver anxiety and allows greater focus on caregiving duties.

The model emphasized the dynamic and reciprocal relationships among these domains, illustrated by bi-directional arrows. For instance, financial stability can diminish emotional stress, while effective stress management enhances a caregiver's capacity to seek and utilize practical assistance. Each domain directly contributes to the strengthening of caregiver emotional resilience.

Enhanced emotional resilience in caregivers led to two critical outcomes: Improved Well-Being, characterized by reduced anxiety and burnout, and Enhanced Caregiving Skills, reflected in greater confidence and competence in fulfilling caregiving responsibilities.

Together, these outcomes contribute to better patient care and overall health outcomes, underscoring the importance of a holistic, integrated approach to supporting caregivers.

Social Media Account for Caregivers

Social media platforms became powerful tools for connection, information sharing, and emotional support—especially for individuals facing similar challenges. For caregivers, these platforms offered a virtual space to share experiences, seek advice, and find comfort in a community that understood their struggles. A social

media account dedicated to caregivers served as a hub for education, peer interaction, and empowerment, helping them navigate the emotional and practical demands of caregiving. By fostering connection and access to resources, such an initiative promoted both caregiver well-being and more effective patient care.

Facebook Page



The Voices of Caregiving Families logo embodies compassion, strength, and solidarity—the defining qualities of the caregiving experience. Rooted in themes of empathy, resilience, and community support, it symbolizes the vital role of caregivers, particularly family members, in supporting individuals affected by meningitis. Through its thoughtful design, the logo reflects both the emotional and practical realities of caregiving, while underscoring the importance of amplifying the voices of those who are often unheard. More than a brand identity, it stands as an advocacy emblem, highlighting the need for structured and culturally grounded support systems for caregivers across communities.

The Circle Shape. The circular shape of the logo symbolized unity, continuity, and protection—three key values that reflected the caregiving journey. Circles, according to Rodrigues (2022), were universally recognized as representations of wholeness, community, and enduring support. In the context of my study, the circle embodied the collective and interconnected roles played by family caregivers, barangay health workers, medical professionals, and local government units. This research emphasized that caregiving was not a solitary experience but a community-based endeavor that thrived on cooperation and shared responsibility. The circle, therefore, visually reinforced my call for a more integrated and structured support system that involved various stakeholders in easing the burden on caregivers of meningitis patients.

The Embracing Figures Forming a Heart. At the center of the logo are two abstract human figures, one larger and one smaller, intertwined to form a heart shape. The larger figure represented the caregiver, offering care, protection, and strength, while the smaller figure symbolized the vulnerable meningitis patient, often a child or dependent. This design beautifully captured the core of caregiving as an act of compassion and sacrifice. The heart formation reflected the deep emotional bond and selfless love that defined the caregiver–patient relationship. This visual element was especially aligned with my findings on emotional stress, as it demonstrated the heavy yet loving responsibilities caregivers undertook. The logo thus became a symbol of emotional labor, care, and resilience, which were central themes in my multi-case qualitative inquiry. Shi et al. (2025) emphasized the importance of caregiving, noting that caregivers provided care, protection, and support, while vulnerable meningitis patients, often children or dependents, relied on this support.

The Red Heart within the Larger Figure. Embedded within the chest of the larger figure is a red heart, signifying the emotional center and inner strength of caregivers. This element represented the compassion, empathy, and endurance that motivated caregivers to persist despite overwhelming challenges. Eze et al., (2025) found that emotional resilience was one of the key coping strategies used by caregivers, even when faced with limited support or financial hardships. The red heart highlighted that beyond physical tasks, caregiving was an emotionally charged experience rooted in love and moral commitment. It underscored the idea that caregivers were driven not only by duty but also by a deep emotional connection to the patient, reinforcing the need for mental health and emotional support programs tailored specifically for them.

The Blue House Icon. The house at the center of the heart symbolized home-based caregiving, which was the primary context for the participants in my study. The blue color suggested reliability, stability, and calm characteristics that a caregiving environment had to strive to provide. This element reflected the reality that in many cases, caregiving took place at home, where families had to manage not just the physical care of meningitis patients but also their emotional and medical needs, often without formal training or sufficient resources (Neller et al., 2024). By including a house in the logo, the design visually affirmed my study’s finding that community-based and home-oriented interventions were crucial. It also supported my recommendation to enhance local health services and provide financial and educational resources to families caring for meningitis patients at home.

The Gradient Color (Teal to Green). The gradient background, which shifted from teal to green, carried deep symbolic meaning aligned with the emotional and developmental arc described in my research. Teal

represented healing, clarity, and emotional balance, while green stood for growth, renewal, and community health.

According to Eze et al. (2025), caregivers often began their journey burdened with fear, confusion, and emotional distress, but many developed resilience and strength over time, especially when supported by community and institutional resources. The gradient illustrated this journey from initial emotional distress to

empowered caregiving through support and adaptation. This visual metaphor captured the central narrative of my study and paralleled my call for sustained, culturally grounded support systems to help caregivers thrive, not just survive, in their caregiving roles.

The Text: “VOICES – Caregiving Families”. The bold word “VOICES” paired with the subtitle “Caregiving Families” positions the logo as a tool of advocacy and recognition. It foregrounds the intent of my study to amplify the often-silenced voices of caregivers providing care to patients with meningitis. Pérez-Flores et al. (2025) emphasized that highlighting caregivers’ perspectives was crucial in shaping policies and programs that addressed their emotional, financial, and logistical challenges. This textual element of the logo served as a declarative statement that those caregivers deserved to be heard, validated, and supported. By naming them directly as “Caregiving Families,” the logo avoided abstraction and affirmed the human dignity of those involved in home-based care. It aligned seamlessly with my findings that caregivers, despite their critical role, were often excluded from institutional discourse and policy design. This element encapsulated the purpose of my study, which was to bridge that gap and advocate for real, empathetic, and systematic support.

Facebook Messenger – “Your Safe Space to Share, Ask, and Connect”



We understand that caregiving involved not just physical support, but emotional labor and countless unspoken worries. That’s why we’re opening our Messenger inbox as a private, safe, and supportive communication channel for all who visit this page.

Through Facebook Messenger, you can:

1. Reach out for clarification about our posts, caregiving strategies, or medical concerns related to meningitis.
2. Confide in us about your personal caregiving experiences or struggles in a judgment-free space.

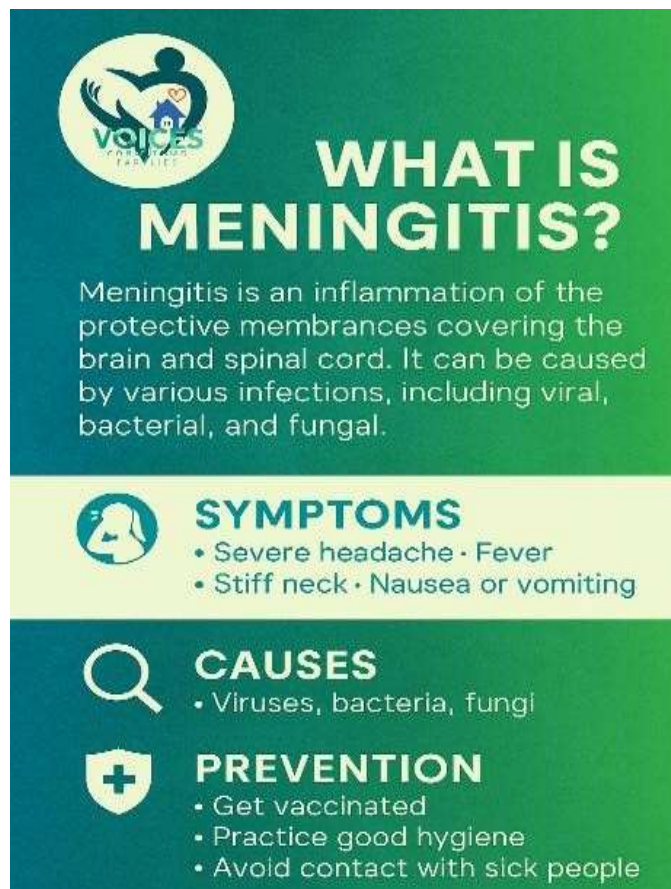
3. Ask specific questions, seek emotional support, or share your day-to-day realities.
4. Submit stories, reflections, photos, or caregiving advice that, with your consent, may be featured on this page to inspire and uplift others.

We committed to making Messenger a confidential, respectful, and responsive platform, ensuring that no caregiver felt alone in their efforts. Whether someone was in crisis, had questions, or simply wanted to talk to someone who understood, our Messenger space was open 24/7 for honest, compassionate dialogue. Members should avoid sharing personal medical details and instead focus on general wellness tips and reliable resources. Privacy must be respected, with no screenshots or forwarding of group messages without the consent of all participants. Discussions should remain supportive, inclusive, and free from misinformation, while staying relevant to health and wellness.

Additionally, this communication channel served as an avenue for collaboration and storytelling. Boots et al. (2014) highlighted that creating accessible platforms for caregivers to share their experiences fostered community support, knowledge exchange, and emotional validation. If someone wanted to share their caregiving journey or contribute to our content series, Messenger was the best way to begin that conversation. Together, we built a community of support where every voice mattered and every experience was valued.

Daily Updates and Information – “Your Daily Dose of Knowledge, Care, and Connection”

Caption for Poster 1



What is Meningitis?

Do You Really Know What Meningitis Is?

Understanding is the first step to saving. Learn the symptoms, causes, and how you can help prevent it—all in one glance. Join us as we amplify the voices of real caregiving families and raise awareness.

👉 Follow Voices of Caregiving Families for more life-saving insights and caregiver support.

#MeningitisAwareness #CaregivingMatters #HealthEducation

#VoicesOfCaregivingFamilies #KnowTheSigns #ProtectOurLovedOnes



Caption for Poster 2:

“Myths & Facts About Meningitis”

MYTHS vs. FACTS: What You

Think You Could Be Wrong!

Meningitis doesn't just affect kids.

Not all symptoms are obvious.

Let's debunk dangerous myths and replace them with life-saving truths

🔔 Be informed. Be Empowered, Be part of the movement.

💬 Like and follow Voices of Caregiving Families to Learn, connect, and advocate!

#MeningitisTruths #BustingMyths #CaregiverVoices
#VoicesOfCaregivingFamilies #StayInformed
#HealthMythsDebunked#HealthMythsDebunked

One of the key features of the Voices of Caregiving Families page is the regular posting of updates and daily information that are both meaningful and relevant to the caregiving experience—especially in the context of meningitis.

These daily uploads are designed with a clear purpose:

To serve as your daily source of inspiration, education, and empowerment.

1. **Informational Posts** – Clear, accessible explanations about meningitis symptoms prevention, treatment options, caregiving techniques, and patient care tips tailored for families and non-medical caregivers.
2. **Myth-Busting & Awareness Campaigns** – We address misconceptions and misinformation, helping followers separate facts from myths, and building more informed caregiving communities.
3. **Emotional Support Content** – Quotes, reflective prompts, mental health check-ins, and short messages that acknowledge the emotional journey of caregiving, offering validation and encouragement.
 - **Caregiver Spotlights and Stories** – Uplifting narratives and shared experiences from other caregivers that highlight resilience, hope, and practical lessons learned through the caregiving journey.
 - **Reminders and Advocacy Updates** – Calls to action, awareness days, or reminders to take care of yourself—because caregiver wellness is just as important as patient care.

- **Interactive Engagement** – Polls, question prompts, and message- based on discussion to create a two-way dialogue where followers can contribute, ask, or simply feel heard.

This commitment to daily engagement ensured that our followers stayed connected, informed, and emotionally supported—one post at a time. Annac et al. (2025) emphasized that consistent communication and storytelling helped caregivers feel recognized, validated, and part of a supportive community. Every update was not

just a piece of content, but part of a larger movement to recognize and uplift the voices of caregiving families. We wanted you to feel that when you scrolled through this page, you were not alone—you were part of a growing, compassionate community.

Stakeholders' Feedback on the Caregiver Support System (Social Media Account)

To ensure the caregiver support system is comprehensive, practical, and responsive to real needs, feedback was solicited from a variety of stakeholders involved in meningitis caregiving and healthcare. The following key stakeholders provided valuable insights:

Home Caregivers. Home caregivers are those who experience more challenges within a household. They are the ones who are more knowledgeable about the strategies that should be implemented to carry out proper methods of care. They also experience limitations in socializing due to the condition of a patient with meningitis.

Chung & Kim (2021) highlighted that providing online platforms or social media communities for caregivers could help reduce isolation, offer practical guidance, and create opportunities for peer support. Therefore, one of them shared whether having a social media account that included home caregivers was helpful and what benefits they could gain from it.

“Having a support group like a Social Media Account where I can share my struggles really helps me feel less alone. Sometimes just talking to others who understand what I’m going through lifts a huge weight off my shoulders. I also want

to have acquaintances who share the same experiences as me so that I can have someone who understands my situation and strengthens my spirit whenever I face difficulties in caregiving.”

Barangay Health Worker (BHW). Barangay Health Workers (BHWs) played a crucial role in community health in the Philippines, thanks to their proximity and accessibility. They were often the first point of contact for residents seeking healthcare services and were relied upon during health emergencies. According to Hartigan-Go et al. (2025), BHWs played a crucial role in bridging the gap between the community and the formal healthcare system, providing essential services and support at the grassroots level.

“As a member of Barangay Health Worker or BHW, we are the closest and easiest to approach by people in every house whenever they have health problems because our office is accessible from their location. However, due to their situation of having a patient who cannot just be left alone, they have limited connections with people. Sometimes, they even need to bring or take them outside if they have something important to do, which also puts a patient's life at risk.”

Local Health Center Nurses. Local health nurses performed a vital role in home caregiving by providing essential medical support, personalized care, and health education to patients in their own homes. Their primary purpose was to ensure that individuals, especially the elderly and those with chronic illnesses, received proper medical attention while maintaining their independence and comfort. They

conducted health assessments, administered medications, monitored vital signs, and assisted with daily activities to improve overall well-being.

According to Almarashdeh et al. (2019), home health nurses played a crucial role in managing chronic diseases among the elderly by providing personalized care plans, real-time health monitoring, and ensuring timely interventions, which are essential in preventing complications and hospitalizations.

Additionally, they educated patients and their families on disease management, medication adherence, and self-care techniques, fostering a supportive environment for recovery and long-term health. By bridging the gap between hospital care and home-based treatment, local health nurses enhanced the quality of life for patients while reducing hospital readmissions and healthcare costs.

“As a nurse working in the municipality, we admit that we are often busy with our jobs, perhaps due to the shortage of nurses working in our station. For me, it is important to have someone to talk to for a caregiver who is often at home, especially if the person they are taking care of has a serious illness. As a nurse, social media has become a place for interaction with my fellow nurses, due to the limitations of our work environment. Social media for home caregivers should also promote positive perspectives to better help one another”.

Social Workers. Social workers played a vital role in strengthening local communities and households by addressing social challenges, advocating for vulnerable populations, and promoting overall well-being. Their primary purpose was to support individuals and families facing difficulties such as poverty, mental health issues, domestic violence, and access to essential services. They connected people with resources such as healthcare, housing, and employment opportunities, while also providing emotional and psychological support. In communities, social workers helped develop programs that fostered social inclusion, empowered individuals, and created sustainable solutions for long-term improvement. Their work ensured that marginalized groups received the assistance they needed, ultimately contributing to a more equitable and supportive society.

According to the International Federation of Social Workers (2025), community practice combines work with individuals and families with community work, focusing on enhancing resources and opportunities, as well as personal capacities. As individuals emerged from their poverty situations, so did communities, creating a mutually reinforcing model that addressed social and economic exclusion.

“Emotional isolation is a big issue. We encourage caregivers to join support groups. In a world where technology and various online platforms are prevalent, it is essential to utilize them in a positive manner to achieve peace and comfort for those facing problems or depression. Social media brings various effects on our mental and

emotional health, but if used for good, it can be effective for everyone, especially for caregivers taking care of meningitis, which is a very rare type of condition.”

Feedback from key stakeholders was essential in developing a comprehensive caregiver support system. The plan included establishing peer support groups, offering training and educational materials, and improving access to healthcare through barangay health workers and telemedicine. It also aimed to alleviate financial strain by providing counseling and linking caregivers to support programs. Continuous collaboration among government agencies, healthcare providers, NGOs, and the community ensured the system’s sustainability and effectiveness.

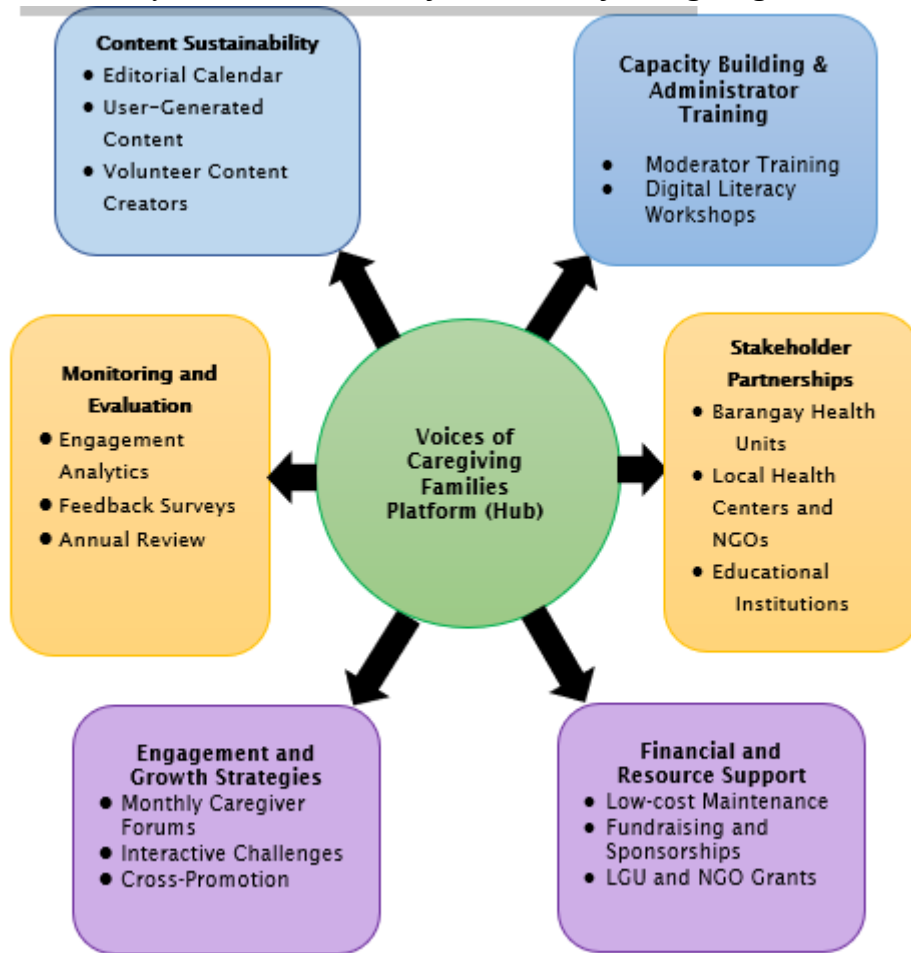
Sustainability Plan for the Social Media Platform

The sustainability plan for the Voices of Caregiving Families social media platform aimed to ensure its long-term relevance, accessibility, and effectiveness. It emphasized the critical role of resource

mobilization, strong stakeholder partnerships, active community participation, and consistent monitoring and evaluation.

Figure 4 shows the Sustainability Framework Model Flowchart, which demonstrates the interconnected relationship among content creation, partnerships, funding, and monitoring. These elements revolve around the central hub—the “Voices of Caregiving Families” platform—to promote long-term effectiveness and stability. The model highlights the importance of collaboration, continuous resource generation, and regular evaluation in sustaining the platform’s operations. Overall, the framework ensures that the platform remains adaptive, relevant, and responsive to caregivers’ evolving needs.

Figure 4
Sustainability Framework Model for “Voices of Caregiving Families”



Content Sustainability. Content sustainability is the strategic process of ensuring that organizations, communities, or individuals can consistently produce and distribute meaningful content over time. It focuses on optimizing resources, preventing contributor fatigue, and maintaining efficiency through the use of structured systems. Central to this approach are practices such as proactive planning, balanced workflows, and collaborative engagement that foster resilience and adaptability. Ultimately, content sustainability enables long-term impact by keeping material relevant, reliable, and aligned with evolving audience needs.

Editorial Calendar. A structured posting schedule will include educational content on meningitis care, caregiver spotlights, mental health resources, and awareness campaigns. This balanced mix of informative, motivational, and supportive materials promotes consistent engagement and fosters an active caregiving community. According to Foster et al. (2025), maintaining a consistent content schedule is crucial for sustaining caregiver participation, building trust, and fostering a sense of community among users, particularly on health-focused social platforms.

User-Generated Content. As Foster et al. (2025) and Ni et al. (2024) highlighted, caregivers were encouraged to share their personal stories, reflections, and practical tips. This participatory approach enhanced the authenticity of shared content, reduced reliance on administrators for content creation, and strengthened peer-to-peer support within the community.

Volunteer Content Creators. As Foster et al. (2025) and Ni et al. (2024) emphasized, partnerships with health science students, barangay health workers (BHWs), and social work interns supported daily platform activity through content creation, visual design, and dissemination of health updates. This collaborative approach not only sustained consistent engagement but also enhanced the platform's credibility and provided a practical learning opportunity for students.

Capacity Building and Administrator Training. Capacity building and administrator training are vital strategies for strengthening organizational effectiveness and ensuring long-term sustainability. These initiatives enhance leadership skills, improve technical competencies, and foster adaptability in dynamic environments. By equipping administrators with the tools to manage resources efficiently and engage stakeholders effectively, organizations can build resilience and maintain consistent growth.

Moderator Training. Dedicated page moderators (volunteers or BHWs) will be trained in ethical content management, privacy protocols, and crisis-response measures. This ensures the respectful handling of sensitive caregiver stories and the prompt referral of cases involving emotional distress.

Digital Literacy Workshops. Annual workshops will equip caregivers with essential skills in online navigation, privacy, and resource access, particularly those with limited technological experience, thereby ensuring inclusivity and wider participation. According to Almarashdeh et al. (2019), training in digital literacy and

ethical online practices is critical for enhancing user engagement, safeguarding sensitive information, and promoting sustainable participation in community health platforms.

Stakeholder Partnerships. Stakeholder partnerships are essential for building sustainable and impactful community programs, particularly in the health and education sectors. These collaborations allow for the pooling of resources, expertise, and networks, which strengthens program delivery and expands outreach. By fostering trust and shared responsibility among diverse partners, such initiatives become more resilient and better aligned with the evolving needs of the community.

Barangay Health Units (BHUs). Collaboration with BHUs will ensure regular updates on health programs while involving BHWs in recruiting caregivers. This will expand the platform's reach and increase its credibility within local communities.

Local Health Centers and NGOs. Partnerships will enable expert-led Q&A sessions, resource sharing, and sponsorships for awareness drives, providing caregivers with accurate medical advice and caregiving tools. NGOs will also contribute funding and advocacy materials.

Educational Institutions. Nursing, social work, and communication students will participate through internships, contributing research-based content, facilitating workshops, and supporting digital engagement. According to Hartigan-Go et al.

(2025), multi-stakeholder collaboration strengthened community health initiatives, enhanced access to reliable information, and promoted sustainable engagement in caregiving programs.

Financial and Resource Support. Financial and resource support is a cornerstone of sustainability for community programs and organizational initiatives. For caregivers, this can include stipends or allowances to compensate for their time and effort, ensuring they are not financially strained while providing essential services. It may also involve access to training, supplies, and wellness programs that strengthen their capacity and safeguard their well-being. By offering both monetary and non-monetary support, organizations can empower caregivers to continue their vital role while maintaining resilience and quality care.

Low-cost Maintenance. Free tools like Canva for graphic design and Facebook Creator Studio for post scheduling and management help minimize operational expenses while maintaining professional-quality content. This approach supports the platform's sustainability and maintains a visually appealing and organized interface for caregivers, ensuring steady engagement with minimal financial resources.

Fundraising and Sponsorships. Community events, online donation drives, and local business sponsorships will provide funding for branding, internet, and promotional expenses, fostering community ownership.

LGU and NGO Grants. Securing grants from LGUs and NGOs will support educational initiatives, training workshops, and digital campaigns, aligning the platform with broader public health objectives. According to Hartigan-Go et al. (2025), combining low-cost digital tools with stakeholder funding and community partnerships strengthens the sustainability of health-focused social platforms and ensures continuity of service delivery to vulnerable populations.

Engagement and Growth Strategies. Engagement and growth strategies are crucial for sustaining caregiver communities and expanding their impact. By fostering regular interaction through forums and activities, caregivers build stronger networks of support and shared learning. These strategies also encourage innovation and inclusivity, ensuring that communities remain dynamic, resilient, and responsive to evolving needs.

Monthly Caregiver Forums. Facebook Live sessions featuring health professionals, mental health advocates, and experienced caregivers. These interactive sessions aim to enhance caregiver knowledge, address emotional challenges, and foster a stronger sense of community among participants.

Interactive Challenges. Initiatives like "Caregiver Stories Week" encourage engagement among members. These campaigns will invite caregivers to share their experiences, tips, or photos related to caregiving, thereby fostering a sense of community and mutual support. These initiatives will attract new followers and expand the platform's reach and impact.

Cross-Promotion. Collaboration with local health departments and community health organizations increased visibility and follower base through sharing posts, tagging partner pages, and participating in joint campaigns or awareness events. This helped the platform reach a wider audience, build credibility, and strengthen its role as a trusted hub for caregiver support and information. Utz (2023) emphasized that

multi-platform engagement, interactive campaigns, and strategic partnerships were essential for sustaining active online caregiving communities and expanding their impact.

Monitoring and Evaluation. Monitoring and evaluation are essential for sustaining effective caregiver programs and ensuring continuous improvement. Engagement analytics help track caregiver participation and identify areas where support can be strengthened. Feedback surveys offer valuable insights into

caregivers' needs and experiences, informing program adjustments. Annual reviews consolidate these findings, ensuring accountability while recognizing caregivers' vital contributions to community health and resilience.

Engagement Analytics. Facebook Insights will be utilized for monthly engagement analytics to track key metrics, including post reach, shares, comments, and follower growth. This data will help identify engagement trends and guide future content strategies, ensuring the platform remains responsive to its audience's needs and continuously improves its effectiveness in supporting caregivers.

Feedback Surveys. Quarterly feedback surveys will be conducted among caregivers to assess their satisfaction with the platform, identify content gaps, and inform adjustments to ensure it remains relevant, supportive, and responsive to their evolving needs. This will help identify content gaps and improve user experiences.

Annual Review. Progress reports presented to LGUs and health partners, showcasing platform achievements, engagement metrics, and impact on caregiver support. This review will secure continued support, foster accountability, and guide the adaptation of content strategies to align with the evolving needs of caregivers and community stakeholders.

By embedding this sustainability framework, Voices of Caregiving Families will evolve from a pilot initiative into a permanent, culturally grounded support system for caregivers. Its integration with local health services, educational programs, and social systems ensures it remains a reliable hub of knowledge, emotional support, and advocacy, empowering caregiving families to thrive in their roles. According to Almarashdeh et al. (2019), sustainability in community-focused digital platforms is strengthened when initiatives combine stakeholder collaboration, adaptive strategies, and continuous capacity building, ensuring long-term relevance and impact.

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Chapter V

Summary of Findings, Conclusions, and Recommendations

This chapter summarizes the key findings of the study and presents conclusions based on data analysis. It also offers well-founded recommendations to address the significant issues identified. These recommendations provide practical insights and guide future actions, including a multi-case exploration designed to serve as an inspirational resource for families of meningitis patients.

Research Objective 1: Explore the multidimensional experiences of caregivers of meningitis patients in terms of challenges, strategies used, and resilience.

Findings

1. Caregivers of individuals with meningitis encountered significant emotional, physical, and financial problem. Emotional distress and anxiety, physical exhaustion, limited knowledge of medical care, social isolation, and financial strain were common among the participants. These challenges hindered their ability to provide optimal care and negatively impacted their well-being.

2. Caregivers utilized various approaches to work with these challenges.

practicing mindfulness and relaxation techniques helped alleviate distress. Scheduling rest breaks and seeking support from family and friends, utilizing professional healthcare resources, and addressing physical exhaustion. Effective communication was another key strategy, as caregivers had to interact clearly with care recipients, family members, and medical professionals helped alleviate distress.

Scheduling rest breaks and seeking support from family and friends, utilizing professional healthcare resources, and addressing physical exhaustion. Effective communication was another key strategy, as caregivers had to interact clearly with care recipients, family members, and medical professionals.

3. Despite the numerous challenges, caregivers demonstrated remarkable resilience. They maintained a positive outlook, preserved their energy for long-term caregiving, and found strength in small victories, such as their loved one's health improvements. Resilience was fostered through emotional support, self-care, and learning from shared experiences in caregiver support groups.

Conclusions

1. Caregivers encounter a range of multi-faceted challenges that demand both immediate and ongoing support. Emotional, physical, social, and financial stressors profoundly affect their capacity to provide effective care for their loved ones.
2. A blend of personal strategies (such as self-care and emotional support) and external resources (including financial assistance and social support groups) enabled caregivers to build resilience and manage their responsibilities.
3. There is a clear need for more structured and accessible support systems for caregivers, which include practical resources, emotional assistance, and financial aid. This support is essential for preventing caregiver burnout and ensuring long-term quality of care for individuals with meningitis.

Recommendations

1. Healthcare providers should consistently offer emotional support to caregivers, including access to counseling services, support groups, and mental health professionals, to help caregivers manage stress and emotional exhaustion. Governments and NGOs should establish financial assistance programs that cater to caregivers of patients with critical illnesses. It includes subsidies for medical expenses, caregiver allowances, and access to affordable healthcare services. Additionally, Support groups, both online and in-person, should be encouraged as a means of reducing social isolation. Community engagement and peer support foster a sense of belonging, which can alleviate the emotional burden caregivers face.
2. Caregiver training programs should be expanded and made more accessible, providing essential knowledge on meningitis care, symptom management, and the importance of self-care. The purpose of this training is to teach the proper strategies for caring for patients with meningitis, ensuring their care is organized and manageable.
3. One major activity to strengthen caregiver resilience is regular self-care routines. Caregivers should prioritize activities that promote their physical, emotional, and mental well-being, such as engaging in hobbies practicing mindfulness, exercising or taking short breaks throughout the day. These intentional self-care practices help caregivers recharge, reduce stress, and maintain their ability to provide compassionate care without experiencing burnout.

Research Objective 2. Design a social media account as a support system to address their emotional and healthcare needs to ensure better well-being and assistance in their caregiving role.

Utilizing sufficient understanding on how to properly care for patients at home, especially when a caregiver has limited expertise in caregiving, requires the right information, which can be obtained from individuals with similar experiences or experts in the proper care of ill people, particularly those with Meningitis.

To help caregivers who stay within their homes and have limited social interaction outdoors to gain sufficient knowledge and empathy due to the challenges they face in caregiving, it is suggested that they engage in online interaction through a Social Media Account named "Voices of Caregiving Families."

The objective of this Social media account is to serve up adequate information and also allow each member to share in order to alleviate some of their struggles in caring for patients. It is also essential for the caregiver to take better care of themselves as they want to connect outdoors, and it will also allow them to focus on caring for the patient within the home.

Stakeholder feedback indicated that having a social media account was quite beneficial for caregivers. They could speak to someone and share their views about their caregiving experiences since caring for patients with meningitis limited their ability to socialize outdoors. The information they acquired through engaging with people on social media also helped keep caregivers mentally active. Additionally, it served as a source of inspiration for effectively handling the financial expenses associated with providing care. Through the Sustainability plan designed for a Social media account of Meningitis caregivers will also be beneficial due to an array of people and organizations who will collaborate together on the various phases associated with operating an efficient and effective Social Media Account platform.

Figure 5 shows a poster that encourages every caregiver who takes care of someone with meningitis, a lifelong condition, or a severe illness to join a social media account with the Facebook name "Voices of Meningitis Caregivers." The purpose of this account is to support caregivers in gaining more knowledge and reducing the challenges that they endure while caring for someone in need.

According to Chung and Kim (2024), social media engagement offers significant advantages for family caregivers by enhancing their emotional well-being and access to support. The study found that caregivers who actively participate in online communities through posting, commenting, and interacting experience greater benefits than passive users. These include reduced isolation, increased emotional support, and better access to caregiving information. The researchers noted that high-quality interactions, such as empathetic responses and shared experiences, help caregivers feel more empowered and competent. Overall, the study highlights social media as a valuable tool for fostering connection, resilience, and knowledge among caregivers.

Figure 5

Poster for Social Media Account (Voices of Caregiving Families)



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