INTERNATIONAL JOURNAL OF NURSING, HEALTHCARE AND HOSPITAL ADMINISTRATION **VOL. 1 NO. 1**
E-ISSN: 3116-5974 P-ISSN: 3116-5966
https://doi.org/10.66206/eduheart.ijnhha.60

Exploring The Relative Service User Through the Lens of Family Involvement Towards Quality of Care

Rhodora A. Sanchez[1], **Joel John A. Dela Merced**[2]
https://orcid.org/0009-0002-3166-7468[1]
https://orcid.org//0000-0002-1459-5274[2]
St. Bernadette of Lourdes College[1,2]
salmojuela@sblc.edu.ph[1], jdelamerced@sblc.edu.ph[2]

ABSTRACT

This qualitative study explored the lived experiences of families and primary caregivers caring for relatives admitted to a custodial and psychiatric home care facility in Metro Manila. Using a phenomenological research design, the study aimed to understand caregivers' roles, challenges, support systems, and contributions to improving patient care quality. Fifteen (15) Participants were purposively and conveniently sampled, with data collected through semi-structured, one-on-one interviews. Data were analyzed using Colaizzi's seven-step phenomenological method, involving transcription, identification of significant statements, formulation of meanings, clustering into themes, verification with participants, and integration into a comprehensive description of caregivers' experiences. This study explored the roles, challenges, support systems, and practices of family caregivers in psychiatric and custodial home care facilities. Findings revealed that caregivers enhance the quality of care through Family–Staff Partnership, active communication, compliance, and Emotional and Holistic Care Advocacy, thereby providing emotional support and daily care assistance. Caregivers offer Emotional and Social Support and Direct Holistic Care while facing Occupational, Emotional, and Burnout Challenges. Their influence on care includes engagement, trust-building, and spiritual support. Effective caregiving is sustained through Professional, Social, and Faith-Based Support and practices promoting Empowerment, Training, Well-Being, and resilience, highlighting caregivers' critical role in patient-centered care. Homecare facilities may establish clear communication channels, regular meetings, and feedback systems to involve family caregivers in care planning. Flexible visiting hours, clear care protocols, and adequate staffing can address scheduling conflicts and coordination challenges, supporting active family participation.

Keywords: Primary caregivers, Families, Home care facility, Family involvement, Quality of care

INTRODUCTION

Family involvement is widely recognized as a cornerstone of quality mental health care. Family members often provide emotional support, assist with daily living activities, monitor treatment adherence, and identify early signs of relapse among individuals with mental health conditions. As mental health services increasingly shift from institutionalized care toward community-based and home care models, the role of families in supporting recovery has become more significant. Family participation contributes to continuity of care, emotional stability, and improved patient outcomes. In the Philippine setting, families remain the primary

source of support for individuals with mental health challenges. Cultural values such as kapwa, utang na loob, and strong family solidarity encourage relatives to assume caregiving responsibilities. However, caregivers frequently experience emotional strain, financial difficulties, limited training, and inadequate institutional support. These challenges may affect both caregiver well-being and the quality of care provided to patients. Despite growing recognition of family involvement in mental health care, limited studies have explored the lived experiences of caregivers within custodial and psychiatric home care facilities. Understanding these experiences is essential in developing interventions that strengthen caregiver participation and improve patient-centered care. Therefore, this study explored the experiences of families and primary caregivers caring for relatives admitted to a custodial and psychiatric home care facility in Metro Manila.

STATEMENT OF THE PROBLEM

This study sought to answer the following questions:

1. How do caregivers perceive their roles in patient care?
2. What challenges do they experience?
3. How does family involvement influence the quality of care?

SCOPE AND DELIMITATIONS

This study focuses on the lived experiences of families and primary caregivers of individuals with mental health challenges admitted to a custodial home care facility in Metro Manila. It specifically examines their roles, challenges, coping mechanisms, and contributions to enhancing the quality of care. The study is limited to fifteen (15) purposively selected participants who are immediate family members or primary caregivers actively involved in patient care. It does not include healthcare professionals, facility staff, or caregivers not directly engaged in the patient's care. The findings of this study are context-specific and may not be generalized to all psychiatric facilities or populations. The study also relies on self-reported experiences, which may be influenced by personal perceptions and recall.

REVIEW OF RELATED LITERATURE

Family involvement plays a vital role in mental health care, contributing to improved treatment adherence, patient engagement, and emotional stability. Active family participation promotes recovery and enhances quality of care. However, caregivers often experience emotional stress, burnout, financial difficulties, and limited access to training and support. In the Philippine context, cultural values encourage family members to assume caregiving responsibilities, strengthening patient support but also increasing caregiver burden. Homecare services have been shown to improve patient outcomes by combining professional care with family involvement. Despite these benefits, gaps remain in caregiver education, support systems, and communication with healthcare providers.

THEORETICAL FRAMEWORK

This study is anchored in Watson's Theory of Human Caring, Orem's Self-Care Deficit Nursing Theory, and Family Systems Theory. These theories emphasize compassionate care, the role of family members in assisting patients who cannot meet their own needs, and the

influence of family relationships on patient outcomes. Together, they support the importance of family involvement in promoting holistic and patient-centered care.

CONCEPTUAL FRAMEWORK

This study follows an Input–Process–Output (IPO) framework, wherein family involvement and caregiver characteristics serve as inputs, collaborative care practices constitute the process, and improved quality of care and patient well-being represent the expected outcomes.

METHODOLOGY

This study utilized a qualitative phenomenological design to explore caregivers' lived experiences. Fifteen (15) family caregivers were selected using purposive sampling. Data were collected through semi-structured interviews lasting 20–40 minutes. Interviews were audio-recorded, transcribed, and analyzed using Colaizzi's seven-step method. Ethical principles were strictly observed, including informed consent, confidentiality, and voluntary participation.

RESEARCH DESIGN

This study employed a qualitative phenomenological design to explore the lived experiences of family caregivers in a psychiatric home care setting.

RESEARCH STEPS

The study involved identifying the research problem, reviewing literature, preparing the interview guide, securing ethical approval, selecting participants, conducting interviews, transcribing and analyzing data using Colaizzi's method, validating findings, and presenting the results.

DATA COLLECTION AND SAMPLE SELECTION

The study used purposive sampling to select fifteen (15) participants who are family members or primary caregivers of psychiatric patients admitted to a custodial home care facility. Data were collected through semi-structured, one-on-one interviews. Each interview lasted approximately 20–40 minutes and was conducted in a private and comfortable setting. With participants' consent, interviews were audio-recorded and later transcribed verbatim. The interview guide focused on experiences, roles, challenges, and support systems related to caregiving.

DATA ANALYSIS METHOD

Data were analyzed using Colaizzi's seven-step phenomenological method, which involved identifying significant statements, formulating meanings, clustering themes, developing descriptions, and validating findings through member checking. This process ensured credibility and rigor in the analysis.

RESEARCH HYPOTHESES AND VALIDATION

As a qualitative study, no statistical hypotheses were tested. Findings were validated

through member checking, peer debriefing, audit trails, and measures of credibility, dependability, and confirmability.

STUDY LIMITATIONS AND ETHICAL CONSIDERATIONS

This study has several limitations. The small sample size and focus on a single home care facility in Metro Manila limit the generalizability of the findings. Additionally, the results are based on participants' subjective experiences and may be influenced by recall and response bias. Ethical principles were strictly observed throughout the study. Informed consent was obtained from all participants; confidentiality and anonymity were maintained; participation was voluntary; and participants had the right to withdraw at any time. All data were securely stored and used solely for research purposes, with respect for dignity and privacy.

RESULTS AND DISCUSSION

Findings revealed four major themes: Family–Staff Partnership and Emotional Advocacy; Emotional and Social Support; Caregiving Challenges; and Support Systems and Empowerment. Caregivers contributed to patient well-being through communication, advocacy, emotional support, and assistance with daily activities. Despite challenges such as stress, burnout, and competing responsibilities, participants remained actively involved in care. Professional guidance, family support, and educational interventions were identified as important factors in sustaining effective caregiving and improving quality of care.

SUMMARY

The study explored the experiences of family caregivers in a psychiatric home care facility. Findings showed that caregivers contribute significantly through emotional support, advocacy, collaboration with healthcare providers, and direct caregiving. Despite experiencing stress and caregiving burden, they remain committed to supporting their relatives. Professional guidance and social support were identified as important factors in sustaining effective caregiving.

CONCLUSIONS

Family caregivers are essential partners in enhancing the quality of care in psychiatric home care facilities. Their involvement in communication, care coordination, emotional support, and daily caregiving contributes significantly to patient well-being. Strengthening caregiver support and participation can further improve patient-centered care and treatment outcomes.

RECOMMENDATIONS

Based on the study's findings, homecare facilities should strengthen family–staff collaboration through regular communication, caregiver involvement in care planning, and feedback mechanisms. Healthcare institutions should provide caregiver education, training, counseling, and support programs to enhance caregiving skills and reduce stress and burnout. Furthermore, policies that encourage active family participation and promote caregiver well-being should be implemented to improve the quality of care and patient outcomes in psychiatric

home care facilities. Future studies may be conducted in different settings with larger participant groups to further validate and expand the findings of this research.

ACKNOWLEDGMENTS

The researcher sincerely thanks the participants for sharing their experiences and the home care facility for its cooperation. Appreciation is also extended to the research adviser, panel members, faculty, family, friends, and colleagues for their guidance and support. Above all, gratitude is offered to Almighty God for His blessings and guidance throughout this research journey.

AI DECLARATION STATEMENT

AI-supported tools helped with grammar and structure in creating this article. No AI tools were used to collect, analyze, or interpret data; all authors are credited for their academic contributions.

REFERENCES

Bowen, M. (1978). Family therapy in clinical practice. Jason Aronson.

Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. Valle & M. King (Eds.), *Existential-phenomenological alternatives for psychology* (pp. 48–71). Oxford University Press.

Family Caregiver Alliance. (2023). Caregiver statistics: Demographics. https://www.caregiver.org

Orem, D. E. (2001). *Nursing: Concepts of practice* (6th ed.). Mosby.

Watson, J. (2008). *Nursing: The philosophy and science of caring* (Rev. ed.). University Press of Colorado.

World Health Organization. (2021). *Guidance on community mental health services: Promoting person-centered and rights-based approaches.* World Health Organization.

World Health Organization. (2022). *World mental health report: Transforming mental health for all.* World Health Organization.