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Coping Mechanisms of Survivors of Healthcare Adversities: Bases for Community-based Psychoeducation Management Plan

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ABSTRACT

This qualitative phenomenological study explored the coping mechanisms of Filipino adults who survived healthcare adversities and used the findings as basis for a community-based psychoeducation management plan. Healthcare adversities included serious illness, hospitalization, invasive medical procedures, complicated childbirth, prolonged treatment, financial burden, and distressing healthcare encounters. Data were gathered through online and face-to-face semi-structured interviews with five purposively selected participants who had experienced healthcare adversity within the past five years. Reflexive Thematic Analysis was used to identify patterns in the narratives. Findings revealed two major impact themes: psychological distress and psychosocial burden. Psychological distress included anticipatory anxiety, psychological breakdown, emotional vulnerability, and a shattered sense of self, while psychosocial burden included financial and systemic distress, disrupted relationships, and loss of trust and safety in healthcare. Participants used adaptive coping strategies such as social support, spirituality, meaning-making, and active health coping. They also experienced maladaptive coping patterns, including suppression, withdrawal, and negative thinking. The findings indicate that recovery from healthcare adversity requires trauma-informed, culturally responsive, family-centered, and community-based psychosocial support. The proposed psychoeducation management plan emphasizes early mental health intervention, adaptive coping, help-seeking behavior, Filipino cultural values, and accessible support systems.

Keywords: *coping mechanisms, healthcare adversities, medical trauma, psychoeducation, resilience, thematic analysis*

INTRODUCTION

Healthcare systems are designed to promote healing, yet some individuals experience healthcare encounters as psychologically distressing. Serious illness, hospitalization, invasive procedures, complicated childbirth, prolonged treatment, delayed care, miscommunication, financial burden, and frightening medical environments may affect survivors beyond physical recovery. These experiences can lead to fear, anxiety, helplessness, intrusive recollections, avoidance of medical settings, and diminished trust in healthcare services.

Coping mechanisms refer to the cognitive, emotional, behavioral, social, and spiritual strategies individuals use to manage stress and adversity. Adaptive coping includes social support, problem-solving, positive reframing, meaning-making, active treatment-seeking, and spiritual reliance. Maladaptive coping includes avoidance, suppression, withdrawal, denial, and persistent negative thinking. The distinction is important because coping strategies may either support recovery or prolong psychological distress.

The study was informed by major perspectives on stress, coping, trauma, and resilience. Lazarus and Folkman's Transactional Model of Stress and Coping explains that individuals evaluate stressful events and select coping strategies based on perceived demands and available resources. Judith Herman's Trauma and Recovery Model emphasizes safety, remembrance, mourning, and reconnection. Janoff-Bulman's Shattered Assumptions Theory explains how traumatic events disrupt assumptions about safety, predictability, and the self. These perspectives helped interpret how participants responded to healthcare adversity.

In the Philippine context, healthcare-related distress must be understood alongside limited access to mental health services, stigma toward help-seeking, financial barriers, strong family ties, spirituality, and the cultural value placed on resilience. Filipino survivors may be expected to endure adversity quietly, yet their narratives show that healthcare adversities can leave unresolved psychological and relational effects. Understanding these experiences is essential for developing supportive and culturally grounded interventions.

This study explored the lived experiences and coping mechanisms of Filipino adults who encountered healthcare adversities. Specifically, it examined the psychological and emotional impacts of healthcare adversities, identified adaptive and maladaptive coping mechanisms, and proposed a community-based psychoeducation management plan responsive to survivors' needs.

LITERATURE REVIEW

Healthcare Adversities and Medical Trauma

Healthcare adversities refer to distressing medical experiences that affect individuals emotionally and psychologically. These may include prolonged hospitalization, serious diagnosis, invasive procedures, complicated childbirth, inadequate communication, perceived neglect, financial strain, and fear of medical complications. While such experiences are commonly approached as medical events, survivors may interpret them as threats to safety, identity, and control.

Medical trauma can persist after physical recovery. Survivors may experience intrusive memories, health anxiety, fear of death, avoidance of hospitals, emotional sensitivity, and distrust of healthcare providers. Intensive care, surgical recovery, childbirth complications, chronic illness, and repeated hospital admissions may produce long-term psychological effects, especially when survivors feel powerless, unsupported, or uncertain.

The source manuscript emphasizes that healthcare systems often prioritize physical treatment while providing limited attention to psychological recovery. This gap is significant because physical discharge does not necessarily mean emotional healing. Survivors may need psychosocial support, validation, and culturally responsive care after medical adversity.

Coping Mechanisms and Resilience

Coping is a dynamic process shaped by personal appraisal, available resources, social environment, culture, and the nature of the adversity. Adaptive coping strategies help individuals regulate emotions, restore meaning, seek assistance, and participate actively in recovery. Social support, spirituality, meaning-making, and active health coping emerged as important adaptive strategies in the study.

Maladaptive coping may protect survivors temporarily but can prolong distress when used excessively. Suppression may delay emotional processing, withdrawal may reduce access to support, and negative thinking may intensify self-blame and rumination. These patterns show that coping mechanisms are not fixed traits but changing responses to stress, vulnerability, and perceived safety.

Resilience is not simply an individual capacity to endure hardship. It develops through the interaction of personal strengths, family relationships, social support, cultural resources, and institutional conditions. In this study, resilience was supported by family connectedness, spirituality, reassurance from trusted people, health behavior changes, and reframing adversity as a source of growth.

Community-Based Psychoeducation and Filipino Cultural Support

Psychoeducation helps individuals understand emotional responses, normalize stress reactions, recognize maladaptive coping, and learn practical strategies for recovery. For survivors of healthcare adversities, psychoeducation can provide information about trauma symptoms, coping skills, self-care, help-seeking, and referral pathways.

Community-based psychoeducation is particularly relevant in the Philippine context because recovery is often shaped by family, community, faith, and shared support. Values such as pamilya, bayanihan, spirituality, emotional connectedness, and communal resilience may be integrated into interventions to make them more accessible and culturally meaningful.

The proposed management plan in this study is anchored on the participants' narratives. It recognizes that survivors need more than medical clearance; they need safe emotional spaces, supportive relationships, early mental health intervention, culturally grounded coping resources, and pathways toward professional help when distress becomes persistent.

METHODS

Research Design

The study employed a qualitative phenomenological research design. This design was appropriate because the study sought to capture the essence of the lived experiences of healthcare adversity survivors and to understand the subjective meanings they attached to coping, resilience, and recovery. The approach allowed the researcher to examine emotional, cognitive, behavioral, relational, and cultural dimensions of coping.

Research Locale

The study was conducted in the Philippines using both online and face-to-face interview arrangements. The research was not limited to one geographic site because the focus was the lived experience of healthcare adversity. Online interviews were conducted through Messenger and other participant-preferred platforms, while face-to-face interviews were conducted in private and mutually agreed settings.

Participants and Sampling Technique

The participants were five Filipino adults who had experienced healthcare adversities within the past five years. They were selected through purposive sampling, referrals, and social media identification. Participants were included if they were willing to share their healthcare adversity experiences and provide informed consent. Pseudonyms were used in the source manuscript to protect their identities. To preserve confidentiality in the journal article, detailed biographical narratives and lengthy verbatim transcripts were condensed into thematic synthesis.

Table 1. *Participant Contexts and Healthcare Adversity Experiences*

Participant pseudonym	Healthcare adversity context	Key experiential focus
Anne	Complicated pregnancy, prolonged hospitalization, cesarean delivery, bereavement, typhoon-related hospital stress, and postpartum recovery	Anxiety, social judgment, loss of control, support-seeking, spirituality, and postpartum vulnerability
Bong	Serious illness and hospital-related distress	Emotional strain, family support, health-related decision-making, and recovery adjustment
Carla	Distressing medical experience and recovery challenges	Fear, uncertainty, emotional regulation, and reliance on trusted relationships
Dina	Healthcare adversity involving emotional and relational burden	Withdrawal, meaning-making, and family/community-based coping

Elias	Chronic illness, physical suffering, financial strain, and lifestyle change	Spiritual reliance, discipline, health behavior modification, and reframing illness as transformation

Research Instrument

A semi-structured interview guide was used to explore participants' healthcare adversity experiences, psychological and emotional impacts, coping mechanisms, support systems, and suggestions for psychoeducational intervention. The flexible interview format allowed the researcher to ask follow-up questions and clarify meanings while maintaining alignment with the study objectives.

Data Gathering Procedure

Participants were contacted personally or virtually and were provided with a letter of invitation and informed consent form. After consent was confirmed, interviews were conducted through the participants' preferred mode. Interviews were carried out in a manner that promoted privacy, emotional safety, and voluntary disclosure. The researcher documented and organized the narratives for thematic analysis.

Data Analysis

The study used Reflexive Thematic Analysis. The researcher familiarized herself with the narratives, identified meaningful statements, generated initial codes, clustered related codes, developed themes and subthemes, reviewed the coherence of the themes, and interpreted the findings in relation to stress, coping, trauma, and resilience theories. The analysis focused on patterns across participant narratives while preserving the complexity of individual experiences.

Ethical Consideration

The study observed informed consent, voluntary participation, confidentiality, anonymity, and emotional safety. Participants were informed of the purpose of the study and their right to withdraw. Pseudonyms were used, and identifying details were minimized in the journal version. Because the narratives involved potentially traumatic healthcare experiences, the final submission should include the confirmed institutional ethics-review or approval reference number when available.

RESULTS AND DISCUSSION

Psychological and Emotional Impacts of Healthcare Adversities

The first objective examined the psychological and emotional impacts of healthcare adversities. Two major themes emerged: psychological distress and psychosocial burden. These themes show that healthcare adversities affected participants' mood, sense of safety, self-perception, relationships, and psychological functioning.

Table 2. *Psychological and Emotional Impacts of Healthcare Adversities*

Major theme	Subtheme	Synthesis of findings
Psychological distress	Anticipatory anxiety	Participants feared death, complications, non-recovery, and future medical uncertainty. Catastrophic thinking and hypervigilance reflected disrupted assumptions about bodily safety.
Psychological distress	Psychological breakdown	Accumulated stress led to emotional exhaustion, hopelessness, sleep disturbance, and feelings of being overwhelmed.
Psychological distress	Emotional vulnerability	Participants became highly sensitive to criticism, judgment, and interpersonal stress during and after healthcare adversity.
Psychological distress	Shattered sense of self	Healthcare adversity disrupted identity, perceived control, independence, and previous roles.
Psychosocial burden	Financial and systemic distress	Medical expenses, prolonged treatment, limited resources, and healthcare-access concerns intensified emotional suffering.

Psychosocial burden	Disrupted relationships	Illness and medical stress affected family dynamics, communication, emotional stability, and interpersonal roles.
Psychosocial burden	Loss of trust and safety in healthcare	Participants experienced fear, uncertainty, and diminished trust related to future medical care and hospital environments.

The findings demonstrate that healthcare adversity was not experienced as a purely physical event. Participants' narratives reflected fear, grief, shame, uncertainty, social judgment, health anxiety, and insecurity. These experiences are consistent with trauma-related frameworks because the adversity challenged assumptions about safety, predictability, bodily control, and personal identity.

Adaptive Coping Strategies

The second objective identified coping mechanisms used after healthcare adversities. Participants used adaptive strategies that helped them regain emotional stability, reconnect with others, and reconstruct meaning. These strategies included social support, spirituality, meaning-making, and active health coping.

Table 3. *Adaptive Coping Strategies Used by Healthcare Adversity Survivors*

Adaptive coping strategy	Description	Contribution to recovery
Social support	Seeking emotional reassurance, care, advice, and presence from family, friends, partners, trusted nurses, and community members	Reduced isolation, provided safety, and strengthened resilience
Spirituality	Prayer, faith-based reflection, church attendance, and belief in divine guidance	Sustained hope, acceptance, and emotional endurance
Meaning-making	Reframing adversity as a source of growth, survival, lesson, discipline, or renewed life direction	Helped participants integrate the experience into a broader recovery narrative
Active health coping	Seeking treatment, following health advice, modifying behavior, monitoring symptoms, and taking responsibility for recovery	Supported self-advocacy, recovery participation, and health behavior change

Social support was central in the narratives. Participants described the presence of family members, partners, friends, and supportive healthcare workers as stabilizing. Spirituality also emerged strongly, especially because faith and prayer helped participants endure uncertainty. Meaning-making helped survivors reinterpret suffering, while active health coping helped them participate more intentionally in recovery.

Maladaptive Coping Strategies

Although participants used adaptive strategies, maladaptive coping patterns also appeared during periods of intense distress. Suppression, withdrawal, and negative thinking were used when participants felt overwhelmed, unsafe, or emotionally exhausted.

Table 4. *Maladaptive Coping Strategies Identified in the Narratives*

Maladaptive coping strategy	Description	Observed implication
Suppression	Attempting to push away painful emotions, memories, and fears	Offered temporary protection but left distress unresolved
Withdrawal	Social isolation, disengagement, sleep disturbance, and emotional distancing	Reduced access to support and intensified loneliness
Negative thinking	Rumination, self-blame, catastrophic thoughts, and repeated questioning of the experience	Maintained distress and heightened psychological suffering

These maladaptive responses should not be understood as personal weakness. Rather, they reflected survivors' attempts to manage overwhelming emotional pain. However, when these strategies persisted, they prolonged distress and delayed help-seeking. This finding supports the need for psychoeducation that teaches survivors to recognize when protective coping becomes harmful.

Need for Trauma-Informed and Culturally Responsive Support

The third objective focused on the development of a community-based psychoeducation management plan. The findings showed that survivors needed safe emotional spaces, early mental health intervention, family and community support, adaptive coping skills, help-seeking encouragement, and culturally meaningful recovery resources.

Table 5. *Intervention Needs Derived from the Findings*

Intervention needs	Basis from findings	Proposed response
Trauma-informed psychosocial support	Participants experienced anxiety, fear, identity disruption, and emotional vulnerability	Provide psychoeducation on healthcare-related trauma, safety, emotional validation, and recovery stages
Early mental health intervention	Participants described prolonged distress and unresolved emotional reactions	Integrate screening, referral, and early support after major medical events
Family and community-based support	Family, friends, and trusted others were central coping resources	Conduct family-inclusive group sessions and community support circles
Adaptive coping and help-seeking	Survivors used both adaptive and maladaptive coping strategies	Teach coping skills, self-care, communication, and pathways to professional help
Filipino cultural integration	Spirituality, family connectedness, and communal resilience shaped recovery	Integrate values such as pamilya, bayanihan, spirituality, and shared support

Proposed Community-Based Psychoeducation Management Plan

The proposed management plan translates the themes into practical activities that may be used by community mental health workers, local health personnel, school or university guidance offices, faith-based groups, barangay health workers, and partner organizations. The plan is preventive, supportive, and referral-oriented; it is not a substitute for professional psychological or psychiatric care when symptoms are severe.

Table 6. *Community-Based Psychoeducation Management Plan*

Program component	Objectives	Core activities	Expected outcomes
Healthcare adversity and emotional recovery orientation	Help survivors understand common emotional responses after distressing medical experiences	Short psychoeducation sessions on stress, trauma reactions, health anxiety, and recovery timelines	Survivors normalize reactions and recognize signs requiring support
Adaptive coping skills workshop	Strengthen healthy coping and reduce maladaptive coping patterns	Guided reflection, breathing exercises, journaling, cognitive reframing, problem-solving, and self-care planning	Improved emotional regulation and coping flexibility
Family and peer support circle	Mobilize relational support in culturally appropriate ways	Small-group discussions with family members or trusted peers; communication and validation activities	Stronger family support, reduced isolation, and improved help-seeking
Spirituality and meaning-making session	Support culturally meaningful recovery without imposing belief systems	Optional faith-sensitive reflection, meaning-making activities, and values-based recovery planning	Greater hope, acceptance, and personal meaning after adversity
Health literacy and self-advocacy module	Empower survivors to participate actively in care and recovery	Sessions on asking medical questions, preparing for checkups, tracking symptoms, and understanding referral options	Improved self-advocacy and confidence in healthcare encounters
Referral and monitoring pathway	Connect survivors with appropriate services when distress persists	Referral directory, screening checklist, follow-up calls, and coordination with mental health professionals	Timely professional support and continuity of care

The plan should be implemented with sensitivity to confidentiality, survivor readiness, and the severity of distress. Participants who show severe anxiety, depressive symptoms, self-harm risk, traumatic stress symptoms, or functional impairment should be referred to qualified mental health professionals.

CONCLUSION

This study showed that healthcare adversities among Filipino adults created emotional, psychological, relational, and systemic burdens that extended beyond physical illness and medical treatment. Participants experienced anticipatory anxiety, emotional exhaustion, emotional vulnerability, shattered self-perception, financial stress, disrupted relationships, and reduced feelings of trust and safety in healthcare settings. These findings demonstrate that healthcare adversity can become a significant psychological experience requiring attention after physical recovery.

The participants used both adaptive and maladaptive coping mechanisms. Adaptive coping included social support, spirituality, meaning-making, and active health coping, which helped participants regulate emotions, sustain hope, reconstruct meaning, and participate in recovery. Maladaptive coping included suppression, withdrawal, and negative thinking, which temporarily protected participants from emotional pain but could intensify unresolved distress when prolonged. Coping was therefore dynamic, context-dependent, and strongly shaped by family, culture, faith, social support, and healthcare conditions.

The study concludes that survivors of healthcare adversities need trauma-informed, culturally responsive, family-centered, and community-based psychosocial support. The proposed psychoeducation management plan provides a structured approach for promoting adaptive coping, strengthening resilience, encouraging early help-seeking, and integrating Filipino cultural values into recovery support.

Recommendation

Community health offices, barangay health workers, schools, universities, faith-based groups, and local organizations may adopt the proposed community-based psychoeducation management plan to support individuals who have experienced healthcare adversities. Psychoeducation should include awareness of healthcare-related trauma, coping skills, self-care practices, family communication, help-seeking pathways, and referral options. Healthcare institutions should consider integrating psychosocial check-ins or referral systems after serious illness, childbirth complications, prolonged hospitalization, or invasive procedures. Families and communities should be encouraged to provide nonjudgmental support, emotional validation, and practical assistance during recovery. Future researchers may examine larger and more diverse participant groups, include the perspectives of healthcare workers and family members, and evaluate the effectiveness of the proposed psychoeducation plan through pilot implementation.

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