Nous Unbound, Fostering Equity: Exploring the Lived Experiences of Physical Therapists in Rehabilitating Stroke Patients with Comorbid Mental Health Conditions

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Abstract

Stroke rehabilitation is not only a physical recovery, but also mental health comorbidities that influence participation, motivation and overall rehabilitation outcomes. This study investigated the lived experiences of physical therapists in LORMA Medical Center in catering the physical and psychosocial needs of stroke patients through qualitative phenomenological approach. Data was collected through in-depth interviews using semi-structured and open-ended questions and thematically analysed to elicit recurrent insights and patterns from participants' experiences. Physical therapists face emotional and professional challenges balancing motor rehabilitation with patients' psychological struggles, especially in resource-limited and emotionally demanding clinical environments, findings showed. Resilience and commitment to holistic care by therapists despite these difficulties included empathy, patient and family education, emotional support and psychosocial awareness in the rehabilitation practice. The study further highlighted the significance of trauma-informed care, interdisciplinary collaboration, and institutional support in enhancing rehabilitation outcomes for both patients and healthcare professionals. These findings suggested an equity-focused rehabilitation framework, recognising the link between recovery of physical and mental health, and providing practical implications for curriculum development, enhancement of clinical practice, policy revision, and future research in rehabilitation and mental health integration.

Keywords: *Equity-Focused Care; Lived Experiences; Mental Health Comorbidities; Physical Therapists; Stroke Rehabilitation*

1. Introduction

Stroke remains one of the leading causes of mortality and long-term disability worldwide, affecting millions of individuals and placing a significant burden on healthcare systems and communities. According to World Health Organization reports and recent studies, the incidence of stroke continues to rise globally due to population growth, aging, and lifestyle-related risk factors. Survivors often experience a combination of physical, cognitive, emotional, and psychosocial impairments that significantly reduce their quality of life and ability to perform daily activities independently. Beyond motor dysfunction and physical limitations, stroke survivors commonly encounter anxiety, depression, emotional instability, fatigue, and social isolation, all of which may negatively affect rehabilitation adherence and overall recovery outcomes. These challenges highlight the necessity of adopting a more holistic and integrated approach to rehabilitation that addresses not only physical recovery but also psychological and emotional well-being.

Physical therapy plays a vital role in stroke rehabilitation through interventions aimed at improving mobility, strength, balance, coordination, and functional independence. Therapeutic exercises, gait training, motor relearning, and mobility programs are designed to maximize recovery and prevent long-term complications. However, the rehabilitation process extends beyond physical restoration alone. Physical therapists frequently interact with patients who exhibit mental health challenges, including lack of motivation, emotional distress, cognitive deficits, and trauma-related responses, which may interfere with treatment participation and rehabilitation outcomes. Consequently, physical therapists are increasingly expected to incorporate psychosocial awareness, patient-centered communication, and emotional support into their clinical practice while working collaboratively within multidisciplinary healthcare teams.

Despite the recognized importance of integrating mental health considerations into rehabilitation, many physical therapists report limited confidence and insufficient preparation in managing patients with psychosocial and mental health concerns. Existing literature emphasizes that inadequate mental health education, lack of institutional support, and the stigma surrounding mental illness continue to create barriers to effective rehabilitation care. These issues are further intensified in developing countries such as the Philippines, where access to mental health services remains limited and rehabilitation resources are often insufficient. In the Philippine setting, stroke remains one of the leading causes of death and disability, while mental health concerns continue to rise despite the implementation of the Philippine Mental Health Act. Although allied health professionals such as physical therapists have the potential to contribute significantly to psychosocial rehabilitation, research exploring their perspectives and experiences in managing patients with mental health challenges remains scarce, particularly in Region 1.

Furthermore, the growing recognition of the biopsychosocial model in healthcare underscores the importance of understanding the interconnectedness of physical and mental health in rehabilitation. International and local studies have demonstrated that

compassionate care, motivational interviewing, patient education, trauma-informed practice, and coordinated multidisciplinary interventions contribute positively to rehabilitation outcomes and psychological resilience among stroke survivors. Nevertheless, challenges such as stigma, inadequate training, lack of specialized services, and communication gaps between healthcare providers continue to hinder the delivery of equitable and comprehensive care.

A review of available Philippine literature reveals a significant gap in studies focusing on the experiences and perspectives of physical therapists in rehabilitating patients with mental health challenges, especially those arising from stroke and other disabling conditions. Most existing studies primarily concentrate on physical rehabilitation outcomes, musculoskeletal management, or telerehabilitation services, leaving psychosocial rehabilitation largely underexplored. Hence, this study seeks to explore the perspectives of physical therapists in rehabilitating patients with mental health challenges, particularly within the context of Region 1. By examining their experiences, challenges, coping strategies, and insights, the study aims to contribute to the growing body of knowledge on holistic rehabilitation practices and support the development of more inclusive, patient-centered, and psychologically informed physical therapy services.

2. Objectives

The research aimed to explore the lived experiences of the physical therapists in rehabilitating stroke patients with manifestations of mental health challenges.

3. Materials and Methods

The researchers used the qualitative research design for this study, specifically the descriptive phenomenological approach, to explore and describe the lived experiences of physical therapists rehabilitating stroke patients with comorbid mental health challenges.

The study was conducted at LORMA Medical Center, located in San Fernando City, La Union, accredited by the Department of Health and affiliated with medical and paramedical schools. The locale provided a diverse clinical environment conducive to ethical and relevant research. Participants were selected through purposive sampling, focusing on registered physical therapists most capable of providing meaningful accounts.

Out of nine therapists employed at the center, five were included, as data saturation was reached. Inclusion criteria required that participants be licensed physical therapists aged 23 to 55, have at least one year of clinical experience, have managed at least five stroke patients with mental health challenges, and be willing and enthusiastic to share personal experiences. These criteria ensured professional competence, direct engagement with the phenomenon, and reflective capacity, thereby enhancing the validity of the study.

Data were collected through semi-structured in-depth interviews, guided by open-ended questions and thematic prompts. Each participant was interviewed across three sessions, scheduled at their convenience to minimize disruption to clinical duties. The sessions allowed for rapport building, clarification of responses, and validation of

recorded accounts. Interviews lasted approximately 20 minutes and were audio-recorded with consent. The interview guide was validated by three physical therapy professionals for relevance and clarity, and its Tagalog translation was reviewed by a language expert to ensure cultural and linguistic appropriateness. Consistency checks were employed by administering the same set of questions across participants, with convergence of responses serving as indicators of validity.

The data collection process followed six phases: securing institutional approvals, ethics clearance from the LORMA Colleges Research Ethics Committee, formal requests to the study site, informed consent from participants, conduct of interviews, and systematic organization and secure storage of data. Confidentiality and anonymity were strictly observed, with participants identified only by codes. Data were stored in password-protected files and scheduled for deletion within 3 years.

The respondents were informed and reminded through an informed consent form containing the objectives and importance of the study. They were assured that the information they provided would remain anonymous and confidential, that participation was entirely voluntary, and that they were free to withdraw at any time without affecting their future services or relationship with the researchers. No one outside the research team had access to the documents, and nothing was attributed to respondents by name. The information gathered was shared with them for validity before transcribing, and they were informed once the research was disseminated. Data were stored securely for 3 years after the completion of the study and then deleted from the database.

To ensure trustworthiness, the study adhered to the criteria of credibility, transferability, dependability, and confirmability. Credibility was achieved through member checking, triangulation, and rapport building. Transferability was strengthened by providing thick descriptions of the rehabilitation setting and its sociocultural context. Dependability was maintained through a clear audit trail of recordings, transcripts, and coding decisions, while confirmability was safeguarded through reflexive journaling and independent audits to minimize researcher bias.

The Data Analysis was guided by Colaizzi's seven-step phenomenological method, integrating a deductive approach guided by existing conceptual frameworks. The process involved repeated readings of transcripts to gain immersion, identification of significant statements, formulation of meanings while bracketing assumptions, clustering of themes to capture recurring patterns, writing an in-depth description of the phenomenon, reducing the account to its essential structure, and finally returning the findings to participants for verification. This process ensured that the final themes and structures faithfully represented the therapists' lived experiences, providing a comprehensive and authentic account of their professional realities.

4. Results

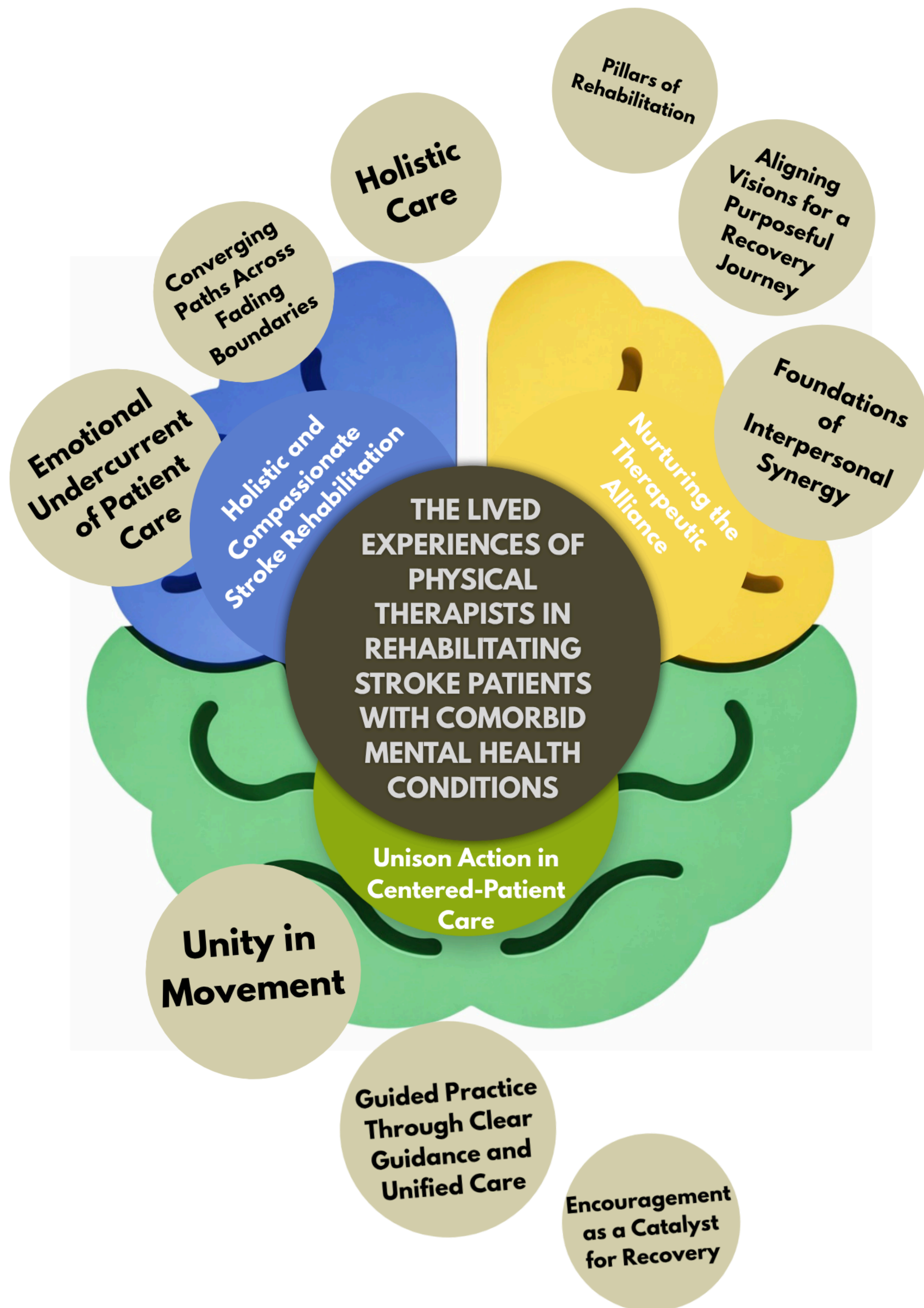

Figure 1: The REHAB-Link Model

Upon analysis, the researchers were able to form 3 major themes along with their subsequent subthemes after comparing the responses of the participants. (1) Holistic and Compassionate Stroke Rehabilitation with subthemes: (a) Holistic Patient Care, (b) Converging Paths Across Fading Boundaries, (c) The Emotional Undercurrent of Patient Care; (2) Nurturing the Therapeutic Alliance with subthemes: (a) Foundations of Interpersonal Synergy, (b) Aligning Visions for a Purposeful Recovery Journey, (c) Pillars of Rehabilitation; (3) Unison Action in Centered-Patient Care with subthemes: (a) Unity in Movement, (b) Guided Practice through Clear Guidance and Unified Care, (c) Encouragement as a Catalyst for Recovery.

The results and discussions derived from the interviews conducted with five physical therapists at LORMA Medical Center are mainly based on their narratives that provided valuable insights into the realities of rehabilitating stroke patients with comorbid mental health conditions, revealing both the challenges and adaptive strategies that shape their practice. The qualitative approach employed here emphasizes the voices of the participants, allowing their lived experiences to guide the interpretation of results.

Table 1: Holistic and Compassionate Stroke Rehabilitation

Major Theme	Sub Themes	Participant Code	Responses
HOLIISTIC AND COMPASSIONATE STROKE REHABILITATION	Holistic Patient Care	PA	➢ As PTs, we ask: can we help manage the patient's depression? All the time in PT, we use a holistic approach. ➢ We put ourselves in their situation. We encourage them by focusing on what they can still do.
		PB	➢ Therefore, it becomes an added challenge not only to help them achieve their physical rehabilitation goals but also to restore and strengthen their mental outlook.
		PC	➢ I just welcome them here *(in the clinic)* like a family member. So I share stories with them *(communicate and get to know each other)* with treatment, of course, and then joke around to make them calm or to make them at ease with my patients and to let them feel that they are welcome here *(in rehab)*.
	Converging Paths Across Fading Boundaries	PA	➢ meaning we do not only treat the physical problem. ➢ We also address their mental health.
		PB	➢ As physical therapists, we are not only addressing their physical

		disabilities or limitations caused by their condition, but we also need to empower them mentally.
	PE	➢ He will ask, "Will I be okay?" but you as a PT, you can't directly say it, because you should refer him to the doctor, whatever the doctor says. We don't have the power because we are under them. You can't overstep that boundary. ➢ Mentally, there are patients who just stare blankly. You don't know where to draw the line between being hopeful and not being negative.
The Emotional Undercurrent of Patient Care	PA	➢ that is why it is also challenging for me to cope with them because it's sad to see them sad or depressed
	PB	➢ Therefore, it becomes an added challenge not only to help them achieve their physical rehabilitation goals but also to restore and strengthen their mental outlook.
	PE	➢ the reality that it's sad on your end, of course, there's the guilt and sadness, ➢ as a starting PT, there's that guilt. ➢ the weight of the patient is on you. ➢ As a person, I'm not sad, but as their PT, you will feel sad.

Source: *Data collected from the study (Nous Unbound, Fostering Equity: Exploring the Lived Experiences of Physical Therapists in Rehabilitating Stroke Patients with Comorbid Mental Health Conditions).*

Table 1 shows that physical therapists viewed the rehabilitation of stroke patients with comorbid mental health issues as a comprehensive, intensive, and caring experience. Beyond physical recovery, they emphasized the emotional and psychological dimensions of patient care, describing how encouragement, reassurance, and a sense of security were essential in helping patients manage sadness, hopelessness, and uncertainty.

In Holistic Care, therapists described rehabilitation as patient-centered, integrating both physical and psychological needs. They highlighted that improving a patient's mental outlook was considered just as important as achieving physical recovery goals. Empathy, therapeutic communication, and compassionate interaction were identified as essential elements in fostering both functional and emotional recovery.

Converging Paths Across Fading Boundaries revealed the complexities of navigating professional boundaries within multidisciplinary teams. Therapists

acknowledged that their role often extended beyond traditional physical therapy duties, as they were expected to support patients emotionally while respecting medical hierarchies. This balancing act underscored the need for interprofessional collaboration and trauma-informed practice to ensure patient-centered care without compromising professional responsibilities.

Emotional Undercurrent of Patient Care highlighted the hidden burden therapists carried throughout the rehabilitation process. They reported experiencing sadness, emotional fatigue, and compassion strain due to prolonged exposure to patients with mental health challenges. Despite these difficulties, therapists remained committed to maintaining a supportive atmosphere, demonstrating resilience and empathy as integral components of their practice.

Table 2: Nurturing the Therapeutic Alliance

Major Theme	Sub Themes	Participant Code	Responses
NURTURING THE THERAPEUTIC ALLIANCE	Foundations of Interpersonal Synergy	PB	➢ It is equally important to develop strong communication and interpersonal skills ➢ You must know how to communicate effectively and build rapport with different types of patients ➢ very important to have good interpersonal skills and to choose your words carefully ➢ the outcomes of rehabilitation are clearly communicated
		PC	➢ show them to the patient as if they are part of your family ➢ like showing them that you are concerned about them and that you want to help them
		PE	➢ Mindset. Just set your mindset that when you enter, this patient should see me like this (happy/good mood, not irritated, not sad, ready to listen, ready to talk, ready to share). ➢ As much as possible, I want to handle the patient myself because my presence is needed there to understand the patient. ➢ Engage with them, focus on your patients, talk to them

Aligning Visions for a Purposeful Recovery Journey	PB	➢ Goals must be clearly understood by the patient to help prevent disappointment after therapy ➢ By encouraging them and clearly explaining the expected outcomes after rehabilitation
	PC	➢ we have strategies, and we do so not only for pediatrics (patients) but also for geriatrics patients; we play for them ➢ so we have toys here (in rehab), for example, an active range of motion ➢ it is better if we make them do sports (the treatment), for example, shooting the ball in the ring, like that, to be able to incorporate the active ROM exercises and strengthening
	PD	➢ usually the strategy there is to align the patient's goal with the therapist's goal
Pillars of Rehabilitation	PA	➢ as PTs, we also help build that resilience
	PB	➢ we can help boost their morale and motivate them to continue with physical therapy
	PD	➢ if the patient's goal is really to go back to normal, and for the therapist, our goal is something achievable ➢ So what we should do is simplify the goal

Source: *Data collected from the study (Nous Unbound, Fostering Equity: Exploring the Lived Experiences of Physical Therapists in Rehabilitating Stroke Patients with Comorbid Mental Health Conditions).*

In Table 2, physical therapists demonstrated that across all participants and was consistently reflected in their adaptive strategies. Therapists emphasized rapport and communication as essential in sustaining patient connection, while aligning goals was highlighted as a way to balance patient aspirations with achievable outcomes. Dedication and persistence were evident in their willingness to adapt techniques, maintain positivity, and continue supporting patients despite challenges.

Foundations of Interpersonal Synergy underscored the human dimension of rehabilitation, where recovery thrives not only on structured programs but on the

relational bond between therapist and patient. Empathy, attentiveness, and effective communication were identified as key elements in creating a climate of trust and resilience. This synergy transformed rehabilitation into a shared journey, ensuring that recovery was not only physical but also meaningful and collaborative.

Aligning Visions for a Purposeful Recovery Journey revealed the importance of harmonizing patient aspirations with therapeutic guidance. Therapists recognized that stroke survivors often entered rehabilitation with hopes of regaining their former lives, and the process required reframing these ambitions into attainable milestones. Aligning visions safeguarded patient dignity, reinforced motivation, and prevented discouragement, thereby making recovery purposeful and sustainable.

Pillars of Rehabilitation highlighted the therapists' resilience, clinical competence, and persistence as stabilizing forces in the recovery process. Their commitment was expressed through simplifying complex tasks, maintaining patient morale, and adapting strategies to resource limitations. Persistence was portrayed as the quiet strength that carried patients forward, reassuring them that progress was possible and that they were supported throughout the journey.

Table 3: Unison Action in Patient- Centered Care

Major Theme	Sub Themes	Participant Code	Responses
UNISON ACTION CENTERED-PATIENT CARE	Unity in Movement	PA	➢ You should have collaboration with the patient's family at home
		PC	➢ In a hospital family education and involvement reinforcement and motivation collaboration setting, it has different departments, ➢ so because stroke is your topic, of course it will first come from the neuro department, and then sometimes their (the patient's) doctor in neuro refers to the PT
		PD	➢ In stroke treatment, it really should be a team, so not just them physical therapists. ➢ We should have occupational therapy, speech therapy, and a psychologist included.
	Guided Practice Through Clear Guidance and Unified Care	PA	➢ The family should be taught what to do for them patient. ➢ Patient education/caregiver,education, important.
		PB	

		➢ That is why it is essential to encourage the patient's family to take an active role in the rehabilitation process. ➢ Involving the family helps improve consistency and outcomes of treatment.
	PD	➢ What we do there is family education because they are the ones with the patient.
Encouragement as a Catalyst for Recovery	PB	➢ Patients should be gradually reintroduced and exposed to their previous community ➢ so they can reconnect,regain confidence, and learn to appreciate their environment again.
	PC	➢ It is important for you (PT) to motivate the patient to let her (patient) do the exercises and educate her on why she needs PT.
	PD	➢ We also educate them on how to strengthen the patient's mindset or motivate the patient

Source: *Data collected from the study (Nous Unbound, Fostering Equity: Exploring the Lived Experiences of Physical Therapists in Rehabilitating Stroke Patients with Comorbid Mental Health Conditions).*

Table 3 illustrates that family support and the involvement of multidisciplinary teams were regarded as crucial elements in the rehabilitation of stroke patients with comorbid mental health conditions. Practitioners emphasized that collaborative efforts among family members, rehabilitation professionals, and other healthcare providers created a more holistic and patient-centered process. Coordinated care, consistent communication, and shared decision-making allowed the team to address physical, cognitive, emotional, and social needs more effectively. Motivation and reinforcement from both family and healthcare professionals were identified as important factors in encouraging patient participation, improving adherence to therapy, and maintaining hope and confidence throughout recovery.

Unity in Movement highlighted the relevance of interprofessional teamwork. Participants described how collaboration among family members, physical therapists, physicians, nurses, and other providers resulted in organized and relational rehabilitation. Overlapping aims, open communication, and mutual support were seen as essential to delivering holistic care. Evidence from recent studies reinforced that patient engagement

and functional recovery are enhanced when families and communities are actively involved alongside professional teams.

Guided Practice Through Clear Guidance and Unified Care emphasized the importance of structured instruction and family education. Clear communication from healthcare professionals, combined with active family involvement, helped patients better understand therapeutic activities and recovery goals. This guidance improved adherence, built confidence, and ensured continuity of care both in clinical settings and at home. Literature supported that caregiver training and family-based programs reduce stress, improve consistency, and strengthen long-term recovery outcomes.

Encouragement as a Catalyst for Recovery underscored the role of motivation, reinforcement, and emotional support in enabling patient recovery. Encouragement from family members and healthcare professionals was described as a powerful motivator that helped patients remain engaged despite physical limitations and psychological challenges. Positive reinforcement and reassurance were linked to improved participation, resilience, and quality of life.

Findings demonstrate that successful stroke rehabilitation extends beyond clinical interventions and requires a cooperative, supportive, and patient-centered approach. Multidisciplinary teamwork, family involvement, clear guidance, education, and continuous encouragement were all identified as essential to meeting the physical and mental health needs of patients. These collaborative efforts enhanced motivation, increased engagement, improved adherence, and fostered a more inclusive and compassionate environment for recovery. From these insights, the study developed an equity-focused rehabilitation framework that advances equity by addressing the intersection of physical recovery, psychological barriers, and therapist well-being. This framework highlights the necessity of trauma-informed practice, institutional support, and interprofessional collaboration, providing practical applications for curriculum development, clinical guidelines, and policy refinement.

5. Conclusion & Recommendations

The following conclusions were derived from the results of the data gathered: (1) Stroke recovery is not just physical; it is deeply connected to a patient's mental state, making traditional exercise alone insufficient when the emotional needs of both the patients and their primary caregivers are ignored. This often leads to a rehabilitation standstill, where psychological barriers such as apathy remain unidentified and untreated. (2) Physical therapists experience a dual burden of caring for mental health conditions that are as demanding as caring for physical impairments, leading to professional weariness and emotional exhaustion. This heavy workload often leads to burnout and can eventually affect the quality of therapeutic care if there is no structured support system in place within the institution. (3) The current lack of formal systems to refer patients or hold joint meetings creates a significant gap in teamwork between physical therapists and mental health specialists. The separation of physical and mental health care hinders a unified approach to care, slowing down the patient’s recovery and limiting the potential for inclusive and sustainable practices.

Recommendation

1. The PT & Rehab Clinic of LORMA Medical Center are recommended to institutionalize the use of standardized mental health assessment tools to ensure that psychological barriers are identified, giving a structured direction for holistic stroke rehabilitation.
2. The physical therapists of LORMA Medical Center are encouraged to participate in professional workshops and seminars that emphasize the integration of mental health screening within their routine physical therapy evaluation, aiming to fill the systemic training gaps and to evolve from movement specialists to psychosocial advocates.
3. The PT & Rehab Clinic of LORMA Medical Center is encouraged to establish a formal interdepartmental referral mechanism and to foster a multidisciplinary approach through joint case conferences to bridge institutional gaps and to make sure that physical and mental health are addressed simultaneously.

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7. Appendices

Appendix A.

Letter of Approval from LC-REC

LC-REC Form #024
APPROVAL LETTER

REC Reference #: 2026-101

February 13, 2026

To: **Darlene Loraine Almojuela, Trishia Reden Catungal, Mary Rose Claro, Venus Costales and Jhude Mer Cortez**
LORMA Colleges, College of Physical Therapy

Subject: Approval of the Research Study – "NOUS UNBOUND, FOSTERING EQUITY: EXPLORING THE LIVED EXPERIENCES OF PHYSICAL THERAPISTS IN REHABILITATING STROKE PATIENTS WITH COMORBID MENTAL HEALTH CONCERNS" – by the Research Ethics Committee (REC).

Dear Researcher/s,

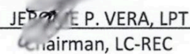
The Research Ethics Committee (REC) has reviewed your application to conduct the above-mentioned research study in the LORMA Medical Center, San Fernando City, La Union with you as the Principal Investigators within a duration of February 13, 2026 to February 13, 2027.

The Following documents have been reviewed and approved:

1. Endorsement of the Research Coordinator
2. Title and Statement of the Problem/Objective
3. Literature Review
4. Methods and Procedures
5. Population and Locale
6. Exclusion/Inclusion Criteria
7. Data Analysis
8. Ethical Considerations

The institutional REC expects to be informed about the progress of the study, any revision in the protocol before implementation and participants'/respondents' information/informed consent. Likewise, you are required to provide the Board a copy of the final report.

Yours Sincerely,



JE[illegible] E P. VERA, LPT
[illegible]airman, LC-REC