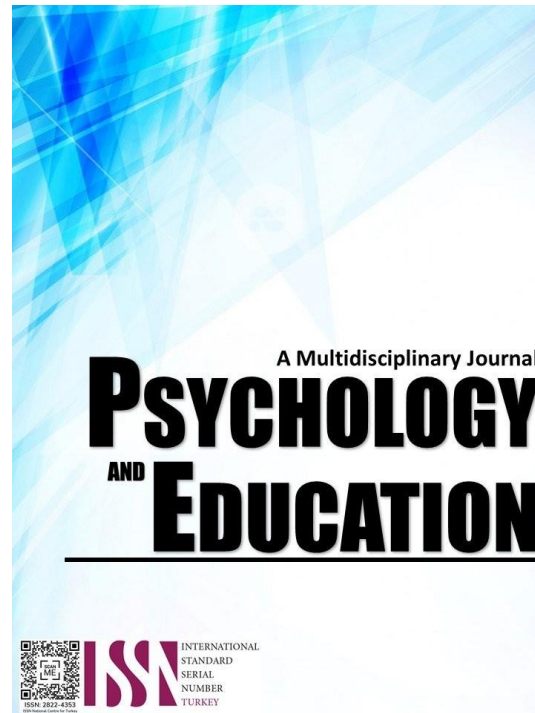


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Social Support as Mediator Between Coping Level and Perceived Loneliness Among Overseas Filipino Caregivers

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Abstract

This quantitative research study determines the relationship between coping level, social support as a mediator, and perceived loneliness among overseas Filipino caregivers. Conducted from November 2023 to June 2024, the study involved 163 employed overseas Filipino caregivers from various countries, recruited through social media platforms like Facebook and Messenger. Utilizing a correlational research design, the study explored how these variables impact the well-being of participants. The study found that overseas Filipino caregivers had moderate coping levels, high social support, and moderate perceived loneliness. It was also revealed that coping level and social support are positively correlated. On the other hand, coping level and social support are both negatively correlated with perceived loneliness. Additionally, social support significantly mediated the relationship between coping level and loneliness, making coping level's impact on perceived loneliness significant only with social support included. Based on the findings, the researchers recommend identifying and improving their coping levels to prevent declination, addressing perceived loneliness, and implementing accessible mental health programs for overseas Filipino caregivers. Future researchers are also suggested to examine various coping, and social support sources, cultural contexts of host countries, the impact of social support across different age groups and genders, and their family dynamics to better understand how these factors influence perceived loneliness among caregivers.

Keywords: *overseas filipino workers, social support, perceived loneliness, coping level*

Introduction

Migrants, particularly Overseas Filipino Workers (OFWs), are often vulnerable to loneliness due to various challenges such as separation from family, and social isolation (Delaruelle, 2023). Among OFWs, caregivers represent one of the largest groups, making up approximately 15.5% of the 1.96 million OFWs who migrated for employment between April and September 2022 (Survey on Overseas Filipinos, 2023).

A caregiver is someone who provides necessary care to someone who needs support and assistance (Monteiro, 2023). They manage the physical, emotional, spiritual, and practical needs of another person while also taking care of their own (Bach, 2022). In this study, caregivers are defined as someone who has obtained the required education and training to demonstrate their ability to provide care and experience (What Is a Certified Caregiver?, 2022).

These caregivers are especially prone to loneliness as they manage the emotional and physical demands of their patients while living away from their loved ones (Bristol et al., 2021). This might affect their work performance as it was found that increased emotional stress and mental health problems in caregivers result in lower quality of care that they provide for their patients (Bru-Luna et al., 2022). It was also revealed that long-term migrants, like many caregivers, often report higher levels of loneliness compared to those who stay for shorter periods. Thus, this study will concentrate on long-term overseas Filipino caregivers who are staying in a host country without their family members as it was found that migrants who moved alone were nearly twice as likely to feel lonely compared to those who migrated with their family members (Liu et al., 2022).

To cope with loneliness, caregivers employ a variety of coping strategies. These strategies play a significant role in determining their overall coping level, which refers to an individual's ability to effectively manage stress and navigate emotional challenges (Algorani & Gupta, 2023). It is reported that coping levels are greatly influenced by social support as those with greater social support tend to react better to emotional challenges (Wang et al., 2023). However, it is revealed that coping could also be maladaptive in nature as it might create further problems for an individual, especially for those who have excessive dependence on their social relationships (Maladaptive Coping: Understanding and Overcoming Harmful Strategies, 2023).

Social support refers to having friends and family to lean on during difficult times may provide you with a more optimistic outlook on life and a wider perspective (Cherry, 2023). Additionally, social support is negatively associated with loneliness, this suggests that having a strong social support system is associated with lower levels of loneliness (Hussin, 2021; Liu et al., 2022). However, a recent study revealed that caregivers with stronger social support exhibited a higher prevalence of depressive symptoms. There was also a notable positive association observed between support from friends and family and depression which suggests that family support could potentially escalate relational demands, leading to increased distress as their levels of perceived loneliness increase when their loved ones contact them (Su et al., 2023).

Perceived loneliness is a distressing feeling that arises when someone believes their social connections do not meet their desired

quantity or quality which can increase based on life's circumstances such as the death of a loved one or migrating to a different place (Hawkey, 2021). Migrants are more susceptible to loneliness due to discrimination, lack of belonging, and cultural conflicts, which can increase the risk of mental health issues like anxiety and depression (Delaruelle, 2023).

In line with this, the researchers aim to determine whether social support mediates the relationship between coping level and perceived loneliness of long-term overseas Filipino caregivers. This is because of the paradoxical role of social support on the coping level and perceived loneliness that they experience. Addressing these factors is crucial as it could be a potential key to alleviating anxiety and depression of caregivers which is important to promote their overall well-being and the quality of care that they provide for their patients.

Research Questions

The study aimed to determine whether social support will mediate the relationship between the coping level and perceived loneliness among selected overseas Filipino caregivers. This study answered the following questions:

1. What is the coping level among the selected overseas Filipino caregivers?
2. What is the level of social support among the selected overseas Filipino caregivers?
3. What is the level of perceived loneliness among the selected overseas Filipino caregivers?
4. Is there a significant relationship between the coping level and social support among the selected overseas Filipino caregivers?
5. Is there a significant relationship between the level of coping and perceived loneliness among the selected overseas Filipino caregivers?
6. Is there a significant relationship between the level of social support and perceived loneliness among the selected overseas Filipino caregivers?
7. Is there a significant mediating effect of social support on the relationship between coping level and perceived loneliness among the selected overseas Filipino caregivers?

Literature Review

Overseas Filipino Workers

The term "Overseas Filipino Workers (OFWs)" describes Filipino migrants who have left their homes to seek employment abroad in order to support their families and improve their living standards (Eugenio, 2023). Many people from the Philippines opt to work overseas because they find better job prospects and higher wages than locals. According to the study of (Atos et al., 2022), due to a lack of employment opportunities within the country, the Philippines' workforce, primarily drawn from the lower socioeconomic strata, decides to migrate abroad.

OFWs often face various challenges, such as adjusting to foreign cultures and dealing with homesickness. However, there is a lack of tangible actions and strategies in place to specifically address vulnerabilities like loneliness and social isolation among Overseas Filipino Workers (OFWs) (Pre-Employment Orientation Seminar, 2020). Presently, health and safety concerns that OFWs confront are covered in the POEA's Pre-Employment Orientation Seminar (PEOS). These risks are addressed in part by the OWWA's Pre-Departure Orientation Seminars (PDOS), notably the Community Development and Education Program (CDEP) for household service workers, which provides some stress management skills (Pre-Departure Education Program, 2019).

OFWs have a significant role in boosting the Philippine economy is undeniable, as their remittances play a vital role in sustaining the nation's economic progress (What Is the Meaning of OFW - Overseas Filipino Worker, 2022). OFWs as migrants are categorized based on their length of stay abroad, termed "long-term migrants" and "short-term migrants." A long-term migrant is defined as someone who resides in the host country for a minimum of 12 months, while a short-term migrant refers to an individual with a duration of stay between 3 months and less than 12 months (White, 2018).

Furthermore, statistics revealed that the majority of OFWs (76%) moved alone, with only a small percentage (10%) having family or relatives join them within a year. Although relatives were the most common companions, more than 5 percent mentioned close friends as their initial companions. Siblings were the primary relatives who joined migrants within a year of their arrival. When asked about the presence of relatives and/or friends in their initial destination country, a significant majority (62%) reported having none (2018 National Migration Survey, 2019). Therefore, this study will focus on OFWs who migrated to the host country without their immediate family, as including family members may limit the generalizability of the study, given that the majority of migrants do not live with their family in their host country (Hasan et al., 2021).

OFWs are considered migrants as they are Filipino contract workers who temporarily relocate to another country just for employment purposes (Asis, 2020). They differ from immigrants as they are individuals who decide to move to a different country and willingly go through legal processes, obtaining entry through visas like U visa or T visa. Their objective is to secure permission for permanent residency, granting them unrestricted employment opportunities in their new homeland (Gogol, 2020).

Approximately 303,800 overseas Filipino workers (OFWs) are engaged in service and sales occupations, including caregiving, which makes up 15.5 percent of the 1.96 million OFWs worldwide. The largest age group among these caregivers is 30 to 34 years old,

constituting 23.4 percent of all OFWs. Women represent the majority of the OFW population, accounting for 57.8 percent (1.13 million), with 14.4 percent working in sales and service occupations. On the other hand, 42.2 percent (828 thousand) are males, and 17.1 percent of them are employed in sales and services roles (Survey on Overseas Filipinos, 2023).

Caregiver

A caregiver is a person who looks after another person (Leeman, 2021). They are employed to deliver care to an individual in need. These caregivers offer a range of services, including medical and non-medical care, either at the care recipient's residence or in a designated facility. Caregivers are typically affiliated with an agency, and the care recipient engages the services of the agency to access care (Monteiro, 2023). This study will focus more specifically on caregivers as their mental well-being can also significantly affect the quality of care that they provide to their clients (Bru-Luna et al., 2022).

Typically, the roles of a caregiver involve facilitating autonomy, mobility, hygiene, feeding, elimination, and safety, among other functions for their patients. Additionally, they offer a supportive connection through functional social interaction. These professionals usually undergo training in social health, adhere to a formal agreement outlining their working hours, and receive compensation for their services (Bru-Luna et al., 2022).

The basic responsibilities of a caregiver include helping clients in taking prescribed medication, aiding in mobility both within and outside the home, assisting with personal care and hygiene, guiding through physical therapy exercises, planning and preparing meals, handling shopping tasks, engaging in light housekeeping as needed, being a positive and supportive companion, promptly reporting any unusual incidents, and responding swiftly and responsibly in emergency situations (The Duties and Responsibilities of a Caregiver, 2018).

A caregiver is different from domestic helpers as caregivers are experts in providing specialized care making them highly capable of managing individuals with complex care needs. They also add companionship and assistance in the day-to-day life of their client. On the other hand, domestic helpers are primarily skilled in household tasks like cooking and cleaning, making them more suited to meet the family's expectations in these domestic areas (Hui, 2023). Furthermore, caregivers only engage in light housekeeping which should be thought of as a task that a caregiver does to help provide better care to a client as it provides a comprehensive and supportive environment for the client. For instance, when caregivers prepare meals, they go beyond cleaning the kitchen, clearing the table, handling dishwashing, and organizing the kitchenware. Similarly, when assisting with bathing, caregivers ensure cleanliness by providing clean towels, and clothes, and maintaining a hygienic bathroom environment, including washing and organizing laundry (Collier, 2020). Ultimately, caregivers differ from domestic workers because their primary focus is on providing assistance to the care recipient. Assigning tasks beyond their designated scope, such as managing the entire household, could divert their attention from their main duties and potentially lead to dissatisfaction (Understanding the Difference between a Caregiver and a Maid, 2023).

Caregivers are also different from nurses. Caregivers do not provide direct medical care, they are typically working in their clients' homes to help with daily activities. In contrast, nurses carry out both daily tasks similar to caregivers and additional medical responsibilities, which they are qualified to do once they have obtained their license (Weston, 2023). Moreover, nurses commonly participate in interprofessional teams, collaborating with other healthcare professionals to deliver comprehensive care to patients (Anselmann & Disque, 2023). On the other hand, caregivers frequently work independently, taking on various roles that involve providing companionship and personalized care for their patients (Auman, 2023).

Filipino Caregivers

In the Philippines, one of the sought-after certifications for caregivers is the Caregiving NC II which is offered by TESDA. This course encompasses the skills and abilities required for providing care and assistance to infants/toddlers, supporting children's physical and developmental needs, fostering the well-rounded growth of children, assisting the elderly, supporting individuals with special needs, maintaining a safe environment, handling emergencies, and preparing foods (CAREGIVING NC II TESDA Course, n.d.).

Although there are no official educational prerequisites for becoming a caregiver, Filipinos who wish to work as a caregiver must attain Caregiving NC II Qualification which consists of competencies that a person must achieve to provide care to someone else (Medenilla, 2021). This is different from the Caregiving NC I as this qualification is designed to provide students with the knowledge, skills, and attitudes necessary to provide basic care and support to infants, toddlers, children, the elderly, and people with special needs (Training Regulations Caregiving NC II, 2020). On the other hand, the Caregiving NC II qualification is intended to enhance the competencies of caregivers following industry standards. It covers core competencies in different areas such as giving care to newborns, infants, toddlers, special children, the elderly, and the sick old. The course also covers topics such as maintaining a healthy and safe environment and responding to emergencies (Medenilla, 2021).

TESDA regulations recommend a total duration of 786 hours for the Caregiving NC II program, comprising 18 hours for Basic Competencies, 18 hours for Common Competencies, and 700 hours for Core Competencies. Graduates are encouraged to undergo the Assessment and Certification Exam for the National Certificate – Level II (NCII). The NC is a certification that verifies that the caregiver has achieved the competencies required to provide care and support to infants/toddlers, children, the elderly, and people with special needs, and maintain a healthy and safe environment. It's important to note that the National Certificate is valid for five years

and must be renewed (Ranara, 2023).

In Israel, 24,000 out of the 28,000 Filipinos employed there are caregivers while in Jordan, the highest number of Filipinos employed are in the service sector (Evangelista, 2018). It is also noteworthy that Filipinos are the second-highest foreign caregivers in Taiwan (Su et al., 2023). Moreover, there were 3,372 Filipino nurses and caregivers deployed to Japan from 2009 to 2023 (Cruz, 2023). In addition to this, OFWs in the UAE are transitioning from their current employment to pursue caregiving roles in countries such as Canada, Australia, New Zealand, and Germany, where there is a significant demand for their services (More OFWs Leaving Jobs to Become Caregivers, 2019).

Coping Among Overseas Filipino Caregivers

According to the article of (Morin & LCSW, 2023), people utilize coping to deal with challenging situations. A person's ability to perform at their best can be increased as a result of effective stress management. It was found that participating in meaningful and challenging activities during leisure time has been shown to diminish feelings of loneliness and elevate positive emotions in individuals (Wagner, 2022). In fact, various coping strategies such as cognition, mindfulness, and behavioral approaches are effective strategies for reducing loneliness (Tull, 2022). Therefore, in this study, the researchers focused on the cognitive, emotional, and behavioral approaches of coping levels and were integrated to emphasize the general coping patterns and levels in order to determine their relationship with the perceived loneliness of the overseas Filipino caregivers (Hamby, S., Banyard, V., Grych, J., 2015).

A cognitive coping strategy is a technique that enables an individual to alter their emotions by adjusting their thought processes (Slagle, 2020). These cognitive approaches are especially beneficial for individuals with certain mental health conditions such as anxiety and depression as it helps individuals feel better physically, make better decisions, and more (Tull, 2022). This includes restructuring/reframing, problem-solving, and grounding exercises. Cognitive restructuring, also known as cognitive reframing, is an approach designed to assist individuals in identifying, questioning, and altering or substituting their negative and irrational thoughts (Ackerman, 2018). Cognitive coping also includes problem-solving, wherein, it involves identifying and addressing the root cause of distress. For instance, when individuals feel overwhelmed by their to-do list, they may apply problem-solving to break it down into smaller, more manageable tasks (Coping Strategies for Depression: How to Handle Your Mental Health, 2022). Another inclusion of cognitive coping strategy is the grounding exercises. This is important in the management of anxiety or trauma symptoms as they serve to alleviate immediate distress and facilitate a sense of calmness and self-regulation (Arzt, 2022).

On the other hand, engaging in an emotional approach to coping entails actively expressing and processing emotions as a response to stressful situations (Hoyt et al., 2020). This is important for individuals to maintain emotional balance by avoiding the repression or avoidance of emotions. Instead, they should adopt a direct approach, exploring and expressing emotions with honesty (Des Marais, 2022). Emotional strategies consist of positive thinking, affirmations, and mindfulness. Positive thinking is about acknowledging personal triumphs instead of fixating on perceived shortcomings, and approaching errors with a sense of humor (Raypole, 2019). Affirmations, on the other hand, are about empowering oneself through positive self-dialogue rather than engaging in self-critical language. Mindfulness involves being present and aware of emotions. It means paying attention to thoughts, feelings, and body sensations without judgment (Cherry, 2021).

Furthermore, behavioral strategies encompass actions and behaviors that individuals use to effectively manage stress, anxiety, and negative emotions. Examples of behavioral coping levels include engaging in physical exercise, practicing relaxation techniques, seeking social support, implementing time management strategies, and adopting healthy lifestyle habits. These actions are designed to promote a positive and constructive response to stressors, contributing to overall emotional well-being (Coping Strategies for Depression: How to Handle Your Mental Health, 2022).

Coping Levels Among Overseas Filipino Caregivers

Caregivers' coping levels are influenced by multiple factors, including personal resilience, social support availability, and the presence of hope as a coping resource. Hope is a particularly significant element in enhancing the well-being and resilience of caregivers. It involves a future-oriented motivational process where caregivers maintain an expectation toward achieving desirable goals. This process encompasses identifying cognitive strategies, or pathways, and sustaining mental energy, or agency, towards these goals. The presence of hope equips caregivers to navigate challenges effectively, offering a buffer against stress and enhancing their overall resilience (Kazemi et al., 2021).

Caregivers frequently experience varying degrees of burden, from mild to moderate, which can significantly impact their coping strategies. The severity of this burden often dictates the type of coping strategies employed. For instance, caregivers facing higher levels of burden might turn to negative coping mechanisms such as escape-avoidance and distancing. In contrast, positive coping strategies, such as positive reappraisal and seeking social support, are linked to better outcomes, contributing to improved physical health and psychological well-being (Hellman et al., 2018).

Researchers typically categorize caregiver coping strategies into two broad groups: avoidant and approach-oriented. Avoidant strategies, including denial and self-blame, often result in increased distress and a sense of isolation. Conversely, approach-oriented strategies involve actively tackling problems, seeking social support, and finding meaning in the caregiving experience. These strategies

can significantly enhance the caregiver's quality of life, promoting better coping levels and overall well-being (Henderson, 2022).

The level of psychological distress experienced by caregivers can mediate the impact of caregiver burden on their quality of life. Factors such as depression and anxiety play crucial roles in this relationship, potentially exacerbating the negative effects of caregiver burden. However, perceived family resilience can moderate these associations, emphasizing the importance of a supportive family environment. A resilient family can provide emotional support, reduce feelings of isolation, and help caregivers adopt more effective coping strategies, thereby improving their quality of life despite the challenges they face. By leveraging hope, reducing psychological distress, and fostering a supportive family environment, caregivers can enhance their resilience and manage the stresses associated with their role more effectively (Cui et al., 2024).

Social Support Among Overseas Filipino Caregivers

The literature on social support and caregivers among Overseas Filipino Caregivers who had been involved in seeking emotional support, diversions, rumination, resignation acceptance, or accepting that the problem they are facing is an inherent part of their caregiving experience.

Social support can be essential for preserving health, fostering a sense of community, and succeeding in both education and the workforce. In particular, these kinds of social assistance can offer chances for community service and sustain the optimism and hope of migrants in the future (Lusk et al., 2021). However, a study indicates that they may continue to face challenges in building social relationships, regardless of how long migrants have been in the host country. Thus, it is important to understand the different situations that make it difficult for migrants to connect with others (Lee et al., 2020).

Social support can greatly influence coping levels as those with greater social support tend to react better to emotional challenges (Wang et al., 2023). Thus, it is reported to be positively related to the coping level which means that those who get more social support are likely to cope better with their feeling of loneliness. Additionally, it was found to be negatively associated with loneliness, which suggests that having a strong social support system is associated with lower levels of loneliness (Hussin, 2021). This is because social support provides individuals with a sense of belonging, companionship, and understanding, which can act as a buffer against feelings of stress and loneliness (Scott, 2023).

However, a recent study has found that foreign caregivers such as OFWs in caregiving occupations pose a higher risk of potential mental health challenges because of migration and work-related stress and those who had greater social support from their family and friends experienced higher levels of loneliness as most foreign caregivers work abroad to earn more and better their families' lives. Therefore, they often avoid sharing negative experiences to prevent worrying or burdening their families. It was also revealed that when they communicate with their families, there may be reminders of their responsibility as the family's breadwinner. This creates conflicting emotions for caregivers who want support without upsetting their loved ones, potentially worsening their emotional well-being. The fear of losing face, receiving criticism from friends, and becoming the subject of gossip within social circles could also contribute to the contradictory impact of social support on the manifestation of depressive symptoms of overseas caregivers (Su et al., 2023).

It was also found that excessive social support could lead to maladaptive coping as it creates codependency among individuals. Excessive dependence on social support, rather than fostering independence, strains relationships. It may leave friends or family feeling exploited and resentful and also hinders personal development. Apart from fostering codependency, this might also result in individuals being too critical of other people which can make it hard for them to make friends and build good relationships with others (Maladaptive Coping: Understanding and Overcoming Harmful Strategies, 2023).

Social support is one of the fundamental factors of mental health issues that gives strength to many people. The research says that poor social support has been linked to depression and loneliness (Cherry, 2023). Over the past three decades, several researchers have demonstrated the benefits of social support for psychological adjustment, health, and well-being. In recent decades, medical researchers have delved into the effects of social relationships on not only the public's mental health but also on their physical health and longevity. Whereas strong, positive social ties are associated with an increased likelihood of survival, a lack of these fundamental connections negatively influences health outcomes and increases mortality risk (Howick et al., 2019).

Nevertheless, despite these discoveries, little progress has been made in figuring out how social support functions and the precise mechanism that connects it to advantages. However in the study of (del-Pino-Casado et al., 2018), regarding caregivers of adult and older adult care-recipients, this study offers several conclusions: 1) perceived and received support are not redundant constructs; 2) the relationships between social support and subjective burden depend on whether the social support is measured as perceived or received; 3) the relationship between perceived social support and subjective burden has a larger effect size than that of received social support, with the relationship between received support and subjective burden being clinically irrelevant; 4) perceived social support may be a good predictor of subjective burden; 5) the perception of social support as adequate may be linked to assessing a situation as less stressful; 6) their findings generally support interventions to promote social support in burden, and specifically, to intervene on the promotion of perceived social support more than on the promotion of received social support when preventing or alleviating burden.

Perceived Loneliness

Perceived loneliness, as defined by the (APA Dictionary of Psychology, n.d.), is an emotional and cognitive distress and feeling of uneasiness caused by being or perceiving oneself to be alone or otherwise isolated. It also refers to a distressing feeling that arises when someone believes their social connections do not meet their desired quantity or quality which can increase based on life's circumstances such as the death of a loved one or migrating to a different place (Hawkley, 2021). Supportedly, it is described in social psychology as emotional distress that occurs when one's intrinsic demands for closeness and friendship are not addressed.

Researchers have distinguished loneliness from related concepts such as living alone and social isolation. Loneliness is the subject of many investigations in public health because of its significant prevalence and impact on health (Qiao et al., 2022). Existential or humanistic psychologists may regard loneliness as an unavoidable, unpleasant component of the human experience that, despite this, can contribute to enhanced self-awareness and regeneration.

In the field of cognitive psychology, loneliness is defined as an uncomfortable and disturbing emotion caused by a perceived disparity between an individual's desired and real social interactions. Loneliness, through its negative effects on sleep, immunological function, and health behaviors, can lead to long-term health difficulties such as an increased risk of cardiovascular disease and decreased lifespan (Holt-Lunstad et al., 2015). Thus concludes that the health-related effects of loneliness are damaging to human well-being and have significant societal economic implications (Kung et al., 2021; Mihalopoulos et al., 2019).

Moreover, according to the study on loneliness as being alone in social relations, it was revealed that the reasons for loneliness in the institution with the nature of the work, institutional and personal values, and working conditions are connected (Kayıkçı & Özyıldırım, 2019). In addition, it can be said that they felt lonely in their other subsystems because of the changes made in the regulation on guidance and supervision, and they experienced this feeling in their social life owing to the effect of their work. Taking up various hobbies and collaborating with friends were among their methods to cope with loneliness. Taking into consideration the effect of loneliness in the workplace, a physical working environment to the coping level of the worker in the group.

Perceived Loneliness Among Migrants

The people who migrate are frequently thought to be more prone to loneliness due to a variety of migrant-specific risk factors, such as language barrier, discrimination experiences, a lack of a strong sense of belonging in the destination country, and cultural conflicts which can increase the risk of having mental health issues such as anxiety and depression (Delaruelle, 2023).

Migrants are more likely to feel lonely than people who have always lived in the same place; however, social and economic factors play a greater role than race in determining whether someone feels lonely. Belonging to a new community can help reduce loneliness. Living with someone else is generally associated with less loneliness, especially if there is a partner in the household. Living alone is strongly associated with more feelings of loneliness, and living in a nursing home or residential care facility may be associated with even higher levels of loneliness than living in the community (Barjaková et al., 2023). Likewise, migrant caregivers are a particularly vulnerable population when it comes to loneliness as they are often separated from their families and friends, living in a new country with a different culture and language.

Additionally, the length of stay is also a factor of loneliness among migrants as there is a longstanding belief that loneliness predominantly affects recent migrants, recent studies show that even people who have moved to a foreign country for a long time can feel lonelier than those who just arrived. This means that the feeling of being alone is not limited to newcomers. Long-term migrants can also experience high levels of loneliness as it is reported that time in the destination country may not necessarily reduce loneliness (Stick et al., 2021). Furthermore, newcomers to a foreign country have a lower likelihood of attempting suicide or self-harm compared to people who have lived there for a long time and one of the self-harm risk factors is the lower socioeconomic status of the individual (Saunders et al., 2019).

The length of time spent overseas was also linked to the mental well-being of migrant workers. Research indicated that individuals who had resided in the country for five years or longer exhibited a higher prevalence of depressive symptoms compared to those who had a shorter duration of stay, less than five years (Hasan et al. 2021). These findings suggest that the duration of stay in the destination country does not necessarily reduce loneliness, which could be relevant to OFWs who have spent many years abroad. For instance, OFWs who have spent 10 years in the UK and have not gone back to the Philippines even for a short family visit are suffering from anxiety, homesickness, and loneliness (Martinez et al., 2020). Additionally, long-term OFWs are more likely to seek help from mental health professionals and consider this assistance as crucial. This could be linked to the increased feelings of loneliness they often experience while working overseas (Liem et al., 2022).

Perceived Loneliness Among Caregivers

Caregiver loneliness is a big concern because many caregivers feel unappreciated, isolated, or scared in their roles. Even though this loneliness is quite common, people are not talking about its impact as much as they should (Kara, 2021). Among the surveyed caregivers, (44%) expressed moderate loneliness, and (18%) reported experiencing severe loneliness. Factors linked to increased levels of loneliness included social isolation, the stress endured by caregivers, diminished overall well-being, and the quality of their relationship with the care recipient (Saul, 2020).

Family Caregiver Alliance also revealed that between 40-70 percent of caregivers develop clinical depressive symptoms, which are frequently brought on by feelings of isolation and loneliness associated with the caregiving experience. This makes it a particularly worrying issue because of its impact on their emotional and physical well-being (Bonin-Guillaume et al., 2022). It was also revealed that increased emotional stress and mental health problems in caregivers result in poorer performance and quality of care in their patients (Bru-Luna et al., 2022). Additionally, focusing on the difficulties tied to their jobs, specific roles, and responsibilities helps understand how loneliness may be linked to their nature of work and duties. This provides insights into how their professional roles contribute to feelings of loneliness and how addressing these specific challenges can improve their overall well-being (Huo & Kim, 2022).

Caregiving is one of the most important yet isolating jobs in the world. It requires immense patience and endurance which causes the caregivers to often prioritize the needs of others over their own. Therefore, the demands of caregiving put caregivers at high risk of feeling lonely and isolated as it obliges them to be emotionally and/or physically responsible for another human who cannot care for themselves without help (Tanner, 2023).

The biggest factor of loneliness among caregivers is their nature of work. Caregivers often work independently, especially in settings such as private homes. Unlike some professions where there's a strong sense of camaraderie among colleagues, caregivers may lack opportunities for peer support due to the nature of their work. Additionally, caregivers often form deep emotional bonds with those under their care, while this could be rewarding, it also exposes them to emotionally difficult situations such as witnessing their patient's health decline. Moreover, caregivers manage their own emotions while maintaining a professional demeanor, taking on the responsibility of providing empathetic care even in the toughest times. They also often have round-the-clock responsibilities, especially if caring for someone at home. These constant demands may limit opportunities for social interactions and time for self-care contributing to a sense of loneliness (Auman, 2023).

Being a caregiver can also be demanding and time-consuming, leaving them with limited personal time. Due to the necessity of being at home to attend to their patients, finding time for themselves amid the presence of other family members can be challenging. This situation puts them at a heightened risk of experiencing loneliness and isolation due to the demanding nature of their work, the loss of personal time, and reduced social connections, exposing them to various mental health issues (Calderon, 2021). Furthermore, it has been observed that as caregivers spend more years in their caregiving roles, there is a notable increase in emotional strain, burnout, and mental health issues (Bru-Luna et al., 2022).

Caregivers may face social isolation due to the nature of their responsibilities. Examining loneliness in caregivers across different caregiving contexts allows for a broad understanding of how perceived loneliness manifests and how it can be alleviated (Berg-Weger, 2021). Additionally, a caregiver who is caring for an elderly patient may have different stressors and coping levels than a caregiver who is caring for a child with a disability (Calderon, 2021). To make studies more reliable, it's important to include caregivers of different ages, genders, and backgrounds. This way, the results represent a wide range of caregivers. Recognizing these differences helps policymakers create fair and effective ways to support caregivers in various situations (Zygouri et al., 2021).

Synthesis

For a better understanding of the related literature mentioned above, the studies of (Stick et al., 2021) show that even people who have moved to a foreign country for a long time can feel lonelier than those who just arrived. This means that the feeling of being alone is not limited to newcomers. Long-term migrants can also experience high levels of loneliness, as it is reported that time in the destination country may not necessarily reduce loneliness. Moreover, loneliness did not appear to be alleviated by the length of stay.

However, according to a study by (Guo-Brennan & Guo-Brennan, 2019), it is stated that migrating life was associated with a higher chance of a good quality of life. Additionally, social support is a means of defense against loneliness (Chen et al., 2019). However, it is reported that migrants may still experience difficulties forming social relationships regardless of their length of stay in the host country (Lee et al., 2020). Still, having social support available to them can give them effective coping for a variety of stresses, including immigration-related ones (Cano et al., 2017). However maintaining social connections can be difficult in places with long, cold winters, sparse populations, and expensive or limited transportation (Johnson et al., 2019). Moreover, compared to those who have lived in one location their entire lives, migrants are more prone to experience loneliness; however, social and economic factors are more important in influencing loneliness than racial characteristics. Getting involved in a new community helps lessen loneliness. Living with someone else often reduces feelings of loneliness, particularly when a partner resides in the home. Living in a nursing home or residential care facility may be linked to even higher degrees of loneliness than living in the community, as living alone is significantly related to stronger emotions of loneliness (Barjaková et al., 2023).

Overseas Filipino Workers (OFWs) are Filipinos who leave their country to work abroad for better job opportunities and higher pay. They face challenges like adjusting to new cultures and feeling homesick and lonely. Loneliness is a feeling of being alone or isolated, causing emotional distress. It can harm physical and mental health. Migrant caregivers are especially vulnerable to loneliness, living far from home. In the workplace, loneliness can be a problem but strong, positive social ties are associated with an increased likelihood of survival, a lack of these fundamental connections negatively influences health outcomes and increases mortality risk (Velloze et al., 2022). According to (Delaruelle, 2023), people who migrated are frequently thought to be more prone to loneliness due to a variety of

migrant-specific risk factors, such as language barrier, discrimination experiences, a lack of a strong sense of belonging in the destination country, and cultural conflicts which can increase the risk of having mental health issues such as anxiety and depression. OFWs are more prone to depression because they must overcome various difficulties such as loneliness as they are living away from their families (Dass, 2020). However, the article Byager (2019) states that exposing yourself to new things helps the person to grow and learn new things, and feeling lonely is normal, but there are ways to make yourself feel better. Therefore, it is crucial to determine what can prevent such a high-risk population from feeling of loneliness. Furthermore, the Family Caregiver Alliance revealed that between 40-70 percent of caregivers develop clinical depressive symptoms, which are frequently brought on by feelings of isolation and loneliness associated with the caregiving experience. This makes it a particularly worrying issue because of its impact on their emotional and physical well-being. However, a recent study revealed that caregivers with stronger social support exhibited a higher prevalence of depressive symptoms. There was also a notable positive association observed between support from friends and family and depression which suggests that family support could potentially escalate relational demands, leading to increased distress (Su et al., 2023).

However, research has shown that excessive social support can lead to maladaptive coping by fostering co-dependency among individuals. This overreliance on social support can strain relationships, leaving friends or family feeling exploited and resentful, and hindering personal growth. Besides encouraging codependency, it can also cause individuals to become overly critical of others, making it difficult to form friendships and build strong relationships (Maladaptive Coping: Understanding and Overcoming Harmful Strategies, 2023). Additionally, studies have found that migrants with limited social support are more likely to experience loneliness. Interestingly, those with a larger social support network are also more prone to loneliness (Djundeva & Ellwardt, 2019).

Overseas Filipino Workers (OFWs), particularly caregivers, often face significant challenges such as stress and loneliness due to their separation from family and familiar environments. To manage these difficulties, they adopt various coping levels. Seeking social support also plays a crucial role in their well-being. Building a support network with fellow OFWs, local community members, or through online groups provides emotional support and reduces feelings of loneliness. By utilizing these social support systems, OFWs can better address the emotional challenges of working abroad and improve their overall resilience.

The study will shed light on the prevalence and severity of social support as a mediation between Perceived Loneliness and coping levels among caregivers and the coping level. However, there are limited studies regarding the loneliness of OFWs, and many of those that are available are out-of-date and need to be updated since more Filipinos are choosing to work abroad (Number of Deployed Overseas Filipino Workers (OFW) 2022, 2023). The study aimed to address these gaps in knowledge by determining the relationship between the level of loneliness and coping level with social support as the mediating factor. The findings of this study will have important implications for the development of interventions to support the emotional and mental well-being of Caregivers.

Methodology

Respondents

A total number of 163 Overseas Filipino Workers, specifically those who work as a professional caregiver in any country, participated in this study. Many caregivers feel lonely in their roles, which can affect their health and well-being. However, this issue is not discussed enough (Kara, 2021). Loneliness among caregivers is related to factors such as social isolation, stress, quality of life, and relationship with the person they care for (Saul, 2020). To be considered as formal or professional caregivers, the respondents provided an NC II certificate from the Technical Education and Skills Development Authority (TESDA) that ensured their efficiency, quality, and global competitiveness that met the expectations of the workplace based on the defined standards of competency.

Participants were also between 20 to 40 years of age, according to a research study conducted by Nguyen et al. (2020) which sought to determine the age-related differences in risk and protective factors for loneliness, found that age demonstrated a non-linear quadratic relationship with loneliness and levels were highest in the 20s, with a peak in the mid-40s which is consistent across other referenced studies, and lowest in the 60s. They found that more anxiety and weaker social self-efficacy were related to increased loneliness in all age decades except the 60s. Following the study by Htay et al. (2020), the researchers considered a cut-off point of five years of continuous residence in the host country, as the referenced study found that migrant workers who had lived in the host country for longer than five years exhibited more depressive symptoms than those who had a shorter duration of stay.

The participants were also required to not have any immediate family members staying with them which includes: a spouse, son or daughter, either parent, brother or sister, and guardian. This qualification is based on the general observation and analysis done in several research studies (Hasan et al., 2021; Mental Health and Forced Displacement, n.d., Mental Health: Migrant Health Guide, 2022), concluding that the study will be highly committed to avoiding the existence of heterogeneity among the sample of migrant workers, as different family structures, sizes, and dynamics may influence mental health outcomes differently. Considering immediate family as a factor may also limit the generalizability of the findings, as not all professional migrants have immediate family with them or in their country of origin, and some may have no family at all. Although, any respondents who are being visited by any of the immediate family listed can qualify, provided that they only stay for no more than fifty-nine days and wait for at least six months and at most twelve months before visiting again (Joseph, 2023). Lastly, this factor may introduce confounding variables that will make it difficult to isolate the effects of other factors, such as migration status, employment conditions, discrimination, and access to health

care.

In line with this, the participants were chosen based on the list of qualifications listed: a.) An overseas Filipino worker currently working as a professional caregiver b.) Attained skills assessment and competency certification (Caregiving NC II) from TESDA, c.) The age must be 20-40 years old, d.) Must have stayed continuously for 5 years in their chosen country, and e.) Must not have any immediate family members living with them in their host country.

The research was conducted with a sample size of no less than one hundred and sixty participants. This number was considered based on the universe square root of 160, which yields an approximate value of 0.8 that is commonly utilized in research as a threshold for determining the significance of effects. Consequently, it can be inferred that the research possesses sufficient precision to identify significant effects within the collected data, which ensures the reliability and validity of the findings.

Instrument

Coping Scale

The coping questionnaire, consisting of 22 items measured on a Likert scale, evaluates a range of coping levels. The items are a mix of original and adapted questions from established scales such as Holahan and Moos's (1987) coping level Scale and Spitzberg and Copach's (2008) framework for assessing coping in response to stalking. The questionnaire underwent meticulous development and validation processes, including a pilot study with 104 participants and a main study with over 2500 participants. The internal consistency of the questionnaire was found to be high, with a coefficient alpha of 0.88 in the pilot sample and 0.91 in the main sample. The items were designed to emphasize general coping levels rather than reactions to specific situations, and they were simplified to be accessible to a diverse community sample with varying levels of education and reading proficiency. A recent study by Priya (2020) utilized this Coping scale to measure the coping skills of undergraduate students from psychology and non-psychology backgrounds. The study, which included 200 participants evenly split between the two groups, found significant differences in coping skills when considering factors such as gender, birth order, and family structure. This suggests that the questionnaire is a useful tool for exploring the complex dynamics of coping levels in various populations.

Upon the pilot testing of the validated Coping Scale for this study, it yielded high-reliability results, with Cronbach's alpha at 0.85 and McDonald's omega at 0.88. Both coefficients indicate good internal consistency among the items. This suggests that participants' responses consistently measure the construct of coping level, making the Coping Scale a reliable instrument for assessing the coping level of overseas Filipino caregivers.

High Level of Coping - This means, those with scores between 3.25 and 4.00 are thought to have a strong degree of coping for dealing with their problems and feelings in life. They work extremely hard to make things happen. To overcome their emotional distress, they endeavor to create solutions, connections, and competencies. Individuals at this level exhibit exceptional resilience and adaptability.

Moderate Level of Coping - This means that the respondents' scores between 2.50 and 3.24 are thought to have a moderate level of coping for dealing with their problems and feelings in life in which they possess the capacity to overcome hardship and recover from difficult circumstances in the current situation and accept the outcome of their action. They maintain functionality, seek support when needed, and employ healthy coping. While they may experience stress, it doesn't significantly impair their daily life.

Low Level of Coping - This means that the respondents' scores between 1.75 and 2.49 are thought to have low coping abilities. They manage stressors reasonably well but may often struggle to manage problems effectively. They might seek support or use coping mechanisms, but it doesn't always prevent distress as they may feel overwhelmed and unsure of how to proceed at times.

Very Low Level of Coping - This means that the respondents' scores between 1.00 and 1.74 are thought to have a very low level of coping for dealing with their problems and feelings in life in which they struggle significantly to cope up or understand things and require so much time to work through issues. They might be feeling overwhelmed and lacking effective tools to manage problems. They might also avoid issues, feel paralyzed by stress, or rely on ineffective methods.

The Social Provisions Scale (SPS)

The study used the Social Provisions Scale (SPS), which is a tool that measures how much a person feels supported by others, based on the theory of social provisions by Weiss (1974), which (Cutrona & & Russell, 1987) expanded. In addition, the researcher chose this SPS by Daniel Russell & Carolyn Cutrona (1987) referenced in Chiu et al. (2016) to assess how someone believes about himself or social interactions as a source of numerous components of social assistance, encompassing opportunities for the somebody to provide assistance. SPS offers 24 items that are rated on a five-point Likert scale. The overall internal consistency of SPS was found to be strong, as evidenced by a total Cronbach's alpha of 0.92. (Punla, 2022). Moreover, the SPS has demonstrated criterion validity, meaning it correlates in expected ways with other measures (Orpana et al., 2019). For example, a recent study has utilized the SPS to examine the correlation between received social support and life satisfaction among older adults in Bohol, Philippines. The findings indicate that their level of life satisfaction is influenced by the social support they receive from others (Noquiao, 2021). Additionally, SPS has been employed to measure how perceived social support mitigates the effect of self-stigma on the help-seeking attitudes of Filipino college students. It was revealed that among the 309 respondents, those with higher levels of social support are more likely to exhibit positive

attitudes toward seeking help for mental health issues and are less likely to stigmatize themselves regarding such problems (Punla, 2022).

For the pilot testing phase of this study, which was conducted for the validation of the Social Support Scale, the results demonstrated a Cronbach's alpha of 0.88 and a McDonald's omega of 0.89. These high values indicate strong internal consistency among the items, effectively measuring the construct of social support. This reliability makes the Social Support Scale a dependable instrument for assessing levels of social support among overseas Filipino caregivers.

Extreme High Level of Social Support - Individuals with scores between 4.20 and 5.00 are considered to have a strong degree of social support. As a result, respondents receive constant excellent social support, feeling one is looked after, and accepted, that help is available from others, and perhaps most importantly that one is a part of a social network that offers strong support to everyone. This level of support contributes to better mental health and overall well-being.

High Level of Social Support - A participant's high level of social support is indicated by a score of

3.40 - 4.19. This suggests that they receive regular encouragement, empathy, and tangible help from others. They therefore feel that they have a large support network, are less alone, judged, and of a sufficient caliber when it comes to perceived social support.

Moderate Level of Social Support - Individuals with scores between 2.60 and 3.39 are considered to have a moderate degree of social support. This indicates that the respondents maintain a balance between social support and independence. They have a reasonable network of relationships but may not rely heavily on others. This level of social support can still positively impact mental health and coping abilities.

Low Level of Social Support - Individuals with scores between 1.80 and 2.59 are considered to have a low degree of support. respondents benefited from having a limited support network and receiving appropriate assistance from those who were close to them. This suggests that they may lack close friends or family members to turn to during challenging times.

Extremely Low Level of Social Support - A participant with a score between 1.00 and 1.79 shows an extremely low level of support. They have minimal or no reliable relationships. Consequently, individuals with extremely low social support face severe isolation.

UCLA Loneliness Scale (Version 3)

The researchers adopted the survey questionnaire UCLA Loneliness Scale originally developed by Russell (1978). However, the researchers employed the most recent version, the UCLA Loneliness Scale (Version 3) which includes corrections on item wording, to measure loneliness. They also validated the measurement using "self-labeling" indices that directly ask about loneliness. In addition, The UCLA loneliness scale (version 3) has been shown to be reliable, both in terms of internal consistency (Cronbach's alpha ranging from 0.89 to 0.94) and test-retest reliability over a one-year period ($r = 0.73$). Convergent validity was shown by significant correlations with other measures of loneliness. The UCLA loneliness scale (version 3) was used in five American studies (Coleman et al., 2005; Fogel et al., 2002; Jaremka et al., 2013; Mosher et al., 2012; Samarel et al., 2002). Four of these studies reported a Cronbach's alpha and it ranged between 0.89 and 0.93 (Coleman et al., 2005; Fogel et al., 2002; Mosher et al., 2012; Samarel et al., 2002). The said questionnaire consisted of 20-item rating scales that were answered by the respondents to measure the subjective experience of loneliness on a four-point Likert scale.

The validated instrument for this study UCLA Loneliness Scale (Version 3) achieved high reliability during pilot testing, with both Cronbach's alpha and McDonald's omega scoring 0.88. These scores indicate strong internal consistency, meaning the scale effectively measures loneliness. This reliability makes it a dependable tool for assessing loneliness, particularly among caregivers.

Extremely High Level of Loneliness - respondents who score ranging from 3.25 to 4.00 classify as having strong levels of loneliness which may feel isolation that can cause people to feel empty, alone, and unwanted. They may feel completely alone, even when surrounded by others. This extreme loneliness can significantly impact mental and physical health.

High Level of Loneliness - respondents who score ranging from 2.50 to 3.24 classify as having a high level of loneliness. Individuals with a high level of loneliness often feel isolated and crave meaningful connections. They may struggle to form close relationships or find it challenging to engage socially. While not as severe as extreme loneliness, it still affects well-being.

Moderate Level of Loneliness - respondents who score ranging from 1.75 to 2.49 classify as having a moderate level of loneliness. People at this level experience occasional feelings of loneliness. They may have some social connections but still feel a sense of emptiness or lack of fulfillment. It's essential to address these feelings to prevent them from worsening.

Low Level of Loneliness - respondents who score ranging from 1.00 to 1.74 classify as having low levels of loneliness and thus perform better and experience solitude and are known to be more relaxed and calmer which makes them feel like they've been accepted, and makes them feel happy, confident, and excited. Individuals with low loneliness levels generally have satisfying social relationships. They feel connected, valued, and supported by others. Occasional moments of solitude don't significantly impact their overall well-being.

Procedure

During the data collection process, the researchers adapted three (3) validated research instruments designed for various populations and used for the overseas Filipino Workers who work as caregivers in this study. The instruments underwent a comprehensive review by consulting professionals to ensure their reliability. To align with the objectives of the study, respondents were selected using the criterion sampling technique. To ensure that participants are qualified, the researchers included several items in the survey based on the criteria. These items include an open-ended question where participants state the name of the country where they are currently employed. Additionally, the items regarding their qualifying questions about age range, length of stay, TESDA NCII certification, and whether they are living with any immediate family members are answerable with yes or no. Participants whose answers did not meet the criteria were excluded from the statistical analysis. However, gathering these data will not be counted as a covariate as it will not undergo any statistical measurement and analysis, for the reason that it is only a requirement to ensure the representativeness of the research sample which will reflect the characteristics and variations of the population of interest. By having a representative sample, the researchers can increase the validity and generalizability of the research findings, and avoid the potential biases and errors that may arise from an unrepresentative or homogeneous sample. The researchers also ensured that all the respondents received well-written informed consent, free from pressure and manipulation.

All research instruments were utilized to find the level of coping, social support as the mediator, and perceived level of loneliness among overseas Filipino caregivers. Furthermore, after receiving the responses, the researchers used Pearson's r correlation coefficient to determine the relationship between multiple variables of interest followed by an in-depth analysis. This rigorous process aided in making the findings of the study comprehensible and easily understandable. Additionally, the researchers utilized mediation analysis to determine the potential mediating role of social support in the relationship between coping level and perceived loneliness.

Ethical Considerations

This study ensured the confidentiality and safety of all the respondents in the whole process of the data gathering procedure. The researchers granted and respected their requests, neither foreseen nor expected. The respondents were given a chance to refuse or withdraw their participation during the process without penalty. The researchers diligently gave credit to all the authors where they obtained related ideas and information to avoid plagiarism. Before conducting the actual data-gathering procedure, the respondents were asked to sign a written informed consent that includes the identity of the researchers and possible sponsors of the research (if applicable), the aims and methods of the study, expected duration of the participation, benefits that are reasonably to be expected from the research that will be beneficial to the respondents and the community involved, the foreseeable risks, discomforts, and inconveniences of the research for the respondents, any alternatives to participate that will be available to the respondents (if applicable), measures that will be taken to protect the confidentiality and privacy of the respondents and their data, the right of the respondents to refuse to participate or to withdraw from the study at any time without penalty or loss of benefits, provisions that will be made for the dissemination of the results of the study to the respondents and the communities involved, and the contact details of the researchers who will provide more information or respond to questions or complaints. In addition to it, the researchers thoroughly discussed the terms of informed consent through online communication. In exchange for their time and participation during the process, the subjects of the study were compensated with incentives through mobile wallet services (e.g. Gcash, PayMaya). The information obtained from them (e.g., demographic profile) was only used to determine their eligibility for the study and research purposes. Data collected were stored in a private Google Drive folder that can only be accessed by the research team, statistician, and authorized personnel of the Department of Social Sciences. The researchers will dispose of all the data after three (3) months, minimizing any future risks related to the confidentiality and safety of the respondents.

Results and Discussion

The study determined the coping level, levels of social support, and perceived loneliness among overseas Filipino caregivers. Descriptive statistics, including mean and standard deviation, were utilized to describe these variables comprehensively. To investigate the relationships among coping level, social support, and loneliness, Pearson's r correlation coefficient was employed. Furthermore, to explore the potential mediating role of social support in the relationship between coping and loneliness, a bootstrapped mediation analysis was conducted using Jamovi v.2.3.24.

Coping Level

Table 1. *Coping level among overseas Filipino caregivers*

	<i>Coping Level</i>	<i>Frequency</i>	<i>Percentage</i>
	High	39	23.93%
	Moderate	98	60.12%
	Low	26	15.95%
	Very Low	0	0.00%
	Total	163	100.00%
Mean		2.93	
Standard Deviation		0.43	
Verbal Interpretation		Moderate Coping Skills	

Legend: 3.25–4.00, High Coping Levels; 2.50–3.24, Moderate Coping Levels; 1.75–2.49, Low Coping Levels; 1.00–1.74, Very Low Coping Levels



Table 1 shows the level of coping level among selected overseas Filipino workers. The results revealed that the majority (60.12%) showed moderate coping level, (23.93%) had high coping level, and a small proportion (15.95%) showed low coping level. In general, the respondents of this study have moderate coping levels ($M = 2.93$, $SD = 0.43$) indicating that they can manage problems reasonably well. They typically approach problems with a balanced view and employ a variety of coping levels.

Social Support

Table 2 presents the level of social support among overseas Filipino caregivers. A large proportion of the selected Filipino caregivers (53.37%) showed a high level of perceived social support, (22.70%) had a moderate level of social support, (20.86%) showed an extremely high level, and a small proportion (3.07%) showed very low level. Generally, these respondents have a high level of social support ($M = 3.76$, $SD = 0.57$) indicating that they receive regular encouragement, empathy, and tangible help from others. In addition, they tend to feel that they have a large support network, are less alone, judged, and of a sufficient caliber when it comes to social support.

Table 2. Level of social support among overseas Filipino caregivers

	Social Support	Frequency	Percentage
	Extremely High	34	20.86%
	High	87	53.37%
	Moderate	37	22.70%
	Low	5	3.07%
	Extremely Low	0	0.00%
	Total	163	100.00%
Mean		3.76	
Standard Deviation		0.57	
Verbal Interpretation	High Social Support		

Legend: 4.50–5.00, Extremely High; 3.50–4.49, High; 2.50–3.49, Moderate; 1.50–2.49, Low; 1.00–1.49, Extremely Low

Perceived Loneliness

Table 3 shows the level of perceived loneliness among overseas Filipino caregivers with the majority (45.40%) having a moderate level of loneliness, (27.61%) having a low level of loneliness, and (26.99%) having a high level of loneliness. In general, the selected overseas Filipino caregivers have a moderate level of loneliness ($M = 2.12$, $SD = 0.49$). It suggests that people at this level have occasional feelings of loneliness. They may have some social connections but still feel a sense of emptiness or lack of fulfillment.

Table 3. Level of perceived loneliness among overseas Filipino caregivers

	Perceived Loneliness	Frequency	Percentage
	Extremely High	0	20.86%
	High	44	53.37%
	Moderate	74	22.70%
	Low	45	3.07%
	Total	163	100.00%
Mean		2.12	
Standard Deviation		0.49	
Verbal Interpretation	Moderate Perceived Loneliness		

Legend: 4.50–5.00, Extremely High; 3.50–4.49, High; 2.50–3.49, Moderate; 1.50–2.49, Low; 1.00–1.49, Extremely Low

Coping Level and Social Support

The significant positive correlation between coping level and social support ($r(161) = 0.38$, $p < .001$, (95%) CI [0.24, 0.51]) suggests that overseas Filipino caregivers perceive themselves as better equipped to cope with the challenges they face, they also tend to report higher levels of social support. This may imply that caregivers who have developed a high coping level are more likely to seek and receive support from their social networks.

Table 4. Relationship between coping level and social support among overseas Filipino caregivers

Paired Variables	Correlation Coefficient	P Value	Decision	Interpretation
Coping Level and Social Support	0.39***	< .001	Reject the Null Hypothesis	Significantly Related

Note: If $p < .05$, Reject the Null Hypothesis
 If $p > .05$, Fail to Reject the Null Hypothesis
 *** significant at .001 level

Coping Level and Perceived Loneliness

The significant negative correlation between the coping level and perceived loneliness ($r(161) = -0.31$, $p < .001$, (95%) CI [-0.44, -0.16]) indicates that higher levels of coping levels are associated with lower levels of perceived loneliness among overseas Filipino

caregivers. This finding suggests that caregivers who possess effective coping levels may experience fewer feelings of loneliness, possibly because they are better equipped to navigate the challenges of caregiving without feeling overwhelmed or isolated.

Table 5. Relationship between coping level and perceived loneliness among overseas Filipino caregivers

Paired Variables	Correlation Coefficient	P Value	Decision	Interpretation
Coping Level and Perceived Loneliness	-0.31***	< .001	Reject the Null Hypothesis	Significantly Related

Note: If $p < .05$, Reject the Null Hypothesis
If $p > .05$, Fail to Reject the Null Hypothesis
*** significant at .001 level

Social Support and Perceived Loneliness

Table 6 shows a significant negative correlation between social support and perceived loneliness ($r(161) = -0.72$, $p < .001$, (95%) CI [-0.78, -0.63]) underscores the significant role of social support in buffering against perceived loneliness among caregivers. This suggests that overseas Filipino caregivers who perceive higher levels of social support are less likely to experience feelings of loneliness.

Table 6. Relationship between social support and perceived loneliness among overseas Filipino caregivers

Paired Variables	Correlation Coefficient	P Value	Decision	Interpretation
Social Support and Perceived Loneliness	-0.72***	< .001	Reject the Null Hypothesis	Significantly Related

Note: If $p < .05$, Reject the Null Hypothesis
If $p > .05$, Fail to Reject the Null Hypothesis
*** significant at .001 level

Mediating Role of Social Support in the Relationship Between Coping Level and Perceived Loneliness

Table 7 shows how mediation analysis unraveled the complex dynamics among coping level, social support, and perceived loneliness among overseas Filipino caregivers. Notably, the total effect encompassing both direct and indirect pathways revealed a significant influence of coping level on perceived loneliness when considering the mediating role of social support. Specifically, the total effect of coping level on perceived loneliness emerged as statistically significant ($B = -0.35$, $z = -4.23$, $p < .001$), suggesting that the level of coping employed by caregivers has a meaningful effect on reducing their experiences of loneliness. In contrast, the direct effect of coping level on perceived loneliness ($B = -0.04$, $z = 0.569$, $p = 0.569$) was found to be non-significant. When the direct effect of coping level on perceived loneliness is not statistically significant despite the total effect being significant, it suggests that the immediate impact of coping level alone, without considering any potential mediating factors, does not significantly alter feelings of loneliness among caregivers.

Table 7. Summary of Mediation Analysis

Effect	Path	Estimate	Se	Z	Remarks
Total Effect (c + Coping a x b) Strategies → Perceived Loneliness		-0.30	0.08	-4.23***	Significant
Direct Effect (c) Coping Strategies → Perceived Loneliness		-0.04	0.08	0.569	Not Significant
Direct Effect (a) Coping Strategies → Social Support		0.50	0.11	4.41	Significant
Direct Effect (b) Social Support → Perceived Loneliness		-0.60	0.05	-11.26***	Significant
Indirect Effect Coping (a x b) Strategies → Social Support → Perceived Loneliness		-0.35	0.08	-3.86***	Significant
	Total	163		100.00%	

Note: SE – Standard Error; z – z statistic
*** significant at .001 level

The findings are discussed in the following paragraphs, providing understanding into the interplay of these factors and their implications for the well-being of overseas Filipino caregivers.

The findings on the coping level of Overseas Filipino Workers (OFWs) reveal diverse levels of stress management capacities, which are crucial for their well-being while working abroad. OFWs with moderate coping levels, comprising (60.12%) of the population, exhibit a balanced range of coping levels, likely employing problem-focused methods such as planning and seeking instrumental support, alongside emotion-focused techniques like acceptance and positive reframing (Chukwuemeka, 2023). These workers can manage daily stress effectively and avoid maladaptive behaviors, yet they may struggle with more severe stressors. Enhancing support systems, such as providing better access to counseling and stress management programs, could improve their coping abilities and resilience.

On the other hand, (23.93%) of OFWs demonstrate high coping levels, indicating a strong ability to manage stress effectively through comprehensive and effective coping levels. This suggests that these workers can handle a wide range of stressors more effectively than

their peers with moderate coping levels. Continued support and reinforcement of these coping levels can help maintain their high coping abilities, and sharing best practices from this group could benefit others.

However, (15.95%) of OFWs exhibit low coping levels, facing significant challenges in managing stress due to factors such as severe work conditions, lack of rest, and insufficient food (Turnbull et al., 2023). This group is at higher risk of resorting to maladaptive behaviors, which can deteriorate their mental health and overall well-being. Urgent interventions, including improving working conditions and providing better access to mental health resources, are needed to support these workers (Onieva-Zafra, 2020).

The broader social and emotional context further emphasizes the importance of support systems. The absence of OFWs can lead to emotional and psychological distress among their families, particularly their children in the Philippines, highlighting the need for support mechanisms that extend to their families (Hall et al., 2019). Overall, while most OFWs exhibit moderate coping levels and a significant proportion demonstrate high coping levels, the notable group with low coping levels underscores the need for comprehensive support systems. Enhancing access to social support and mental health resources is essential to improve the coping abilities of all OFWs, particularly those who are currently struggling.

The study's findings underscore the significant impact of social support on Filipino caregivers, with a majority reporting high levels of perceived support. This aligns with existing research highlighting the pivotal role of social support in mitigating caregiver stress, as emphasized by Killam (2023). The observation that a substantial portion of caregivers experience an exceptionally high level of support suggests the presence of robust social networks within the Filipino caregiving community.

One prominent social support system for Overseas Filipino Workers (OFWs) mentioned in the text is the #Kumusta Kabayan Hybrid program initiated by the Overseas Workers Welfare Administration (OWWA). This program serves as a platform for OFWs to connect with their families, fostering strong family ties and emotional comfort. The program's combination of live events and online participation ensures accessibility for OFWs regardless of their location, addressing the needs of even those in remote areas. Additionally, #Kumusta Kabayan Hybrid provides valuable information on various topics like health, legal rights, and employment opportunities, empowering OFWs with knowledge crucial for informed decision-making and awareness about issues affecting them.

Moreover, the existence of Filipino communities overseas, often referred to as Filipino Towns, further enhances social support for OFWs. These communities offer diverse services and activities tailored to OFWs' needs, including cultural events, language classes, legal assistance, and social gatherings (Pobre, 2020). Such communities serve as a home away from home, providing a sense of belonging and support for OFWs navigating life abroad.

The connection between social support and well-being is further highlighted by research indicating that caregivers with higher levels of social support and optimism also exhibit higher levels of value, satisfaction, and ability to care for others (Nemcikova et al., 2023). However, the study also reveals a small percentage of caregivers reporting low levels of social support, suggesting existing gaps in their support systems. These gaps may stem from individual circumstances such as the caregiver's relationship with the care recipient, as well as personal health and economic conditions. It's important to note that inadequate social support has been linked to mental health issues such as depression and loneliness (Cherry, 2023), underscoring the importance of addressing these gaps to promote the well-being of Filipino caregivers.

A significant proportion of overseas Filipino caregivers (45.40%) experience moderate loneliness indicating a frequent struggle with feeling isolated or unfulfilled despite some social connections. A recent study by Su et al. (2022) also employed UCLA Loneliness Version 3 to ascertain the frequency of depressive symptoms among foreign caregivers and its contributing factors. One hundred seventy-eight Indonesian foreign caregivers in Taiwan were selected through convenience and snowball sampling methods. Similarly, the mean score was found to be at a moderate level. This is consistent with what has been found in previous studies showing that migrants, including OFWs, are more likely to experience loneliness (Dass, 2020; Delaruelle, 2023). In addition, it supported a similar conclusion mentioned in the earlier part of this paper: loneliness does not always decrease as the length of stay increases in the host country (Hasan et al., 2021). It has been emphasized that loneliness is not just an issue for newcomers – even long-term migrants can experience it. This is significant because Filipino caregivers may spend years abroad, potentially intensifying feelings of loneliness (Stick et al., 2021).

Furthermore, it revealed the moderate level of loneliness felt by caregivers associated with the nature of their work (Saul, 2020). As discussed in previous chapters, several factors contribute to the increased vulnerability of caregivers to loneliness. First and foremost, most tasks are often performed alone. Unlike professions structured around collaboration, caregivers frequently work independently, prioritizing the needs of the care recipient over social interaction with colleagues (Auman, 2023). In addition to that, the demanding nature of caregiving leaves limited time for personal pursuits. The constant demands can limit planning for self-care activities or maintaining relationships with friends and family members (Calderon, 2021). Lastly, the emotional toll of witnessing the decline of the individual being cared for and managing their own emotional responses can be exhausting (Auman, 2023).

This loneliness is further discussed in a recent study by (Caino & Castillote, 2024), which determined three specific challenges that migrant healthcare workers had while working overseas: (1) overcoming culture shock, (2) language barrier and communication gaps, and (3) dealing with homesickness. Cultural differences can be a major source of stress. They may need to adapt to entirely new beliefs and practices, leading to disorientation and culture shock during the initial adjustment phase. The cultural differences and biases they

encounter can be distressing, requiring resilience and strong support networks to cope. Language barriers make things much more challenging. OFWs have to overcome problems with communication in order to connect and perform well, whether at work or in daily interactions. Despite the potential benefits of communication technologies, loneliness seems to be intensified by significant physical distance. Feelings of loneliness and emptiness may result from this as it is frequently paired with a lack of familiar social networks (Camendan et al., 2022). This feeling of isolation can be intensified by prejudice based on ethnicity or social status.

The study also revealed that 27 percent of overseas Filipino caregivers reported low levels of loneliness which suggests that a proportion of them feel relatively connected and fulfilled. This is consistent with the findings that caregivers who experience low levels of loneliness often report feeling more relaxed, calmer, and happier. They may also feel more accepted and confident, which can lead to improved performance in various areas of life (Wang, 2018). However, it is important to note that even the slightest feeling of being alone in their journey as a caregiver can have a significant impact on their overall well-being. Therefore, caregivers must find ways to maintain low levels of loneliness (Berg-Weger, 2021).

Furthermore, the study found that 26.99 percent of overseas Filipino caregivers have high levels of perceived loneliness which suggests that some of them often feel isolated and crave meaningful connections. A study reveals that high levels of perceived loneliness are attributed to several factors inherent in their caregiving roles such as the heavy responsibility of caring for another person, especially if they are homebound, which leads to isolation and overwhelming demand (Tanner, 2023). Additionally, caregivers often put the needs of their loved ones before their own which results in neglecting their own emotional well-being in the process (McFarland, 2020). Therefore, addressing these factors is crucial in supporting the well-being of caregivers who play such a vital role in the lives of those they care for.

Despite the widespread availability of modern communication technologies, individuals in caregiving roles often experience a substantial sense of physical distance from their families. This feeling of isolation is compounded by the cultural expectations of maintaining strong familial ties, which becomes challenging when living thousands of kilometers apart (Yeung & Bacani, 2020). Frequent communication with family members offers a sense of connection and normalcy, mitigating feelings of loneliness. One of the OFWs interviewed in a news article noted that weekly calls with her family provide the emotional strength needed to continue working abroad. Meanwhile, a strong sense of duty to support their families financially motivates caregivers to endure the hardships they face. Another OFW mentioned that the thought of providing a better future for her children keeps her motivated despite the challenges. On the other hand, an OFW stated that her family handles all the household matters, allowing her to focus on her caregiving duties as their families back home often manage household responsibilities and finances, reducing the stress and burden on the caregivers.

The results lead to a similar conclusion where the transactional theory of stress and coping was also used as a framework. It supports the current study by showing that having strong social support can improve coping levels effectively. People report feeling less stressed when they receive stronger support from their families (Acoba, 2024). This viewpoint supports the validity of the relationship between coping level and social support which reveals that access to social support can enhance an individual's coping level. Supportive relationships provide emotional comfort, practical assistance, and advice, which can help individuals develop a higher coping level (APA, 2022).

A recent study found more evidence of a significant positive correlation between coping level and social support which indicates that people tend to cope better with challenges when they have stronger social support, while weaker social support hinders coping (Green-Davis, 2021). This aligns with the notion of the transactional theory of stress and coping places a strong emphasis on how we assess situations prior to feeling stressed. It is possible to evaluate social support as a resource that contributes to rendering stressful situations seem more manageable (Płaszewska-Żywko et al., 2024).

Many overseas Filipino caregivers claim that having strong support from their family in the Philippines substantially improves their ability to cope with the challenges of caregiving in their host country. For example, caregivers have reported that having regular communication with family members reduces feelings of loneliness by offering comfort and a sense of closeness (Cheng & Vicera, 2022). This is consistent with the findings of Acoba et al. (2024), which demonstrated that caregivers who have close relationships with their families are better able to handle stress and create useful coping levels.

In line with previous studies, data analysis showed an inverse correlation between coping level and perceived loneliness which means that higher coping level decreases the level of perceived loneliness felt by overseas Filipino caregivers (Wagner, 2022); (Tull, 2022). This finding is consistent with earlier studies, which indicate that engaging in stimulating and meaningful leisure activities might reduce loneliness and increase good feelings. Furthermore, coping that reduces loneliness includes cognitive restructuring, mindfulness, and behavioral approaches. These cognitive coping skills can enhance physical well-being and decision-making, which makes them especially beneficial for people who struggle with anxiety or depression.

Another study conducted by Tsiakiri et al. (2023), which delves into the profound impact of coping level on the quality of life (QoL) and the psycho-emotional status of caregivers for stroke patients, found that coping level had a beneficial effect on the quality of life of both the caregivers and the stroke survivors. This suggests that these strategies equip caregivers with the necessary tools to manage the emotional and physical demands of their role, thereby reducing feelings of loneliness and enhancing their overall well-being. Furthermore, the improved quality of life (QoL) of stroke survivors indicates that higher coping levels employed by caregivers can also

positively influence the individuals they care for. This underscores the importance of promoting and fostering effective coping among caregivers, not only to improve overall well-being but to also specifically address loneliness. Similar to how social support can act as a resource for dealing with loneliness, effective coping can also serve as a valuable resource.

The significant negative correlation between social support and perceived loneliness among overseas

Filipino caregivers aligns with the study conducted by Zhang et al. (2021), which aimed to test the hypothesis that social support contributes to the alleviation of depression, through its effect on reducing loneliness, especially among family caregivers of persons with severe mental illness, found that 53.5 percent of family caregivers of persons with severe mental illness reported significant depressive symptoms. The study highlighted that social support may act as a protective factor by decreasing feelings of loneliness in this study. It underscores the importance of enhancing social support and considering it as a potential strategy to avoid the existence of feelings of loneliness and depression among vulnerable groups, especially caregivers. The well-being of caregivers is frequently jeopardized by the negative impacts of their responsibilities. It is crucial to identify resources and strategies that ensure the safeguarding of their health, while also allowing them to persist in providing high-quality long-term care to care-receivers. This is the aim of the study conducted by Tough et al. (2022), an observational study that explored the role of social relationships in the association between caregiver burden and caregiver health, which found that social support and relationship quality were found to alleviate negative effects of subjective caregiver burden on mental health. This means that having a strong social network and high-quality relationships can help lessen the negative effects of stress and burden that caregivers often experience. Loneliness was found to be a particularly important construct on the pathway from caregiver burden to health, suggesting that feelings of isolation or loneliness can significantly impact the health of caregivers and that addressing these feelings could be a key part of supporting caregiver well-being.

Conversely, the participants also showed that when their social support increases, the possibility of fostering perceived loneliness tends to decrease. The study by Hsuan et al. (2022), which explored the prevalence of depressive symptoms among foreign caregivers including overseas Filipino caregivers, found that caregivers who receive high social support tend to exhibit more depressive symptoms. The authors argued that in collectivistic cultures, family support may inadvertently increase relational demands, leading to heightened distress. They significantly found that Filipino domestic workers in Macau, who receive substantial social support from friends, were reported to experience greater depression levels. They found that they hesitate to share negative experiences, fearing that it might bring burden or worry to their social networks. This conflicting desire for moral support without causing distress can negatively affect caregivers' emotional state, which can possibly foster perceived loneliness as these individuals were found to often tend to distance themselves and hide their struggles. The fear of judgment, being gossiped about, and receiving criticism within their social circles may also contribute to this unexpected effect of social support on their psychological well-being.

The significant direct effect of coping level on social support ($B = 0.50, z = 4.41, p < .001$) suggests that caregivers who employ high coping levels are more likely to perceive greater levels of social support within their networks. This implies that coping level may facilitate the development or maintenance of supportive relationships, possibly through seeking assistance, sharing experiences, or actively engaging with their support networks. Similarly, the significant direct effect of social support on perceived loneliness ($B = -0.60, z = -11.26, p < .001$) indicates that higher levels of social support are associated with reduced feelings of loneliness among caregivers. This suggests that caregivers who receive stronger social support networks are less likely to experience loneliness, as they have access to emotional support, companionship, and assistance from their social circles.

On the other hand, it's noteworthy that the indirect effect, representing the pathway from coping level through social support to perceived loneliness, emerged as significant ($B = -0.30, z = -3.86, p < .001$). This implies that caregivers who effectively utilize coping are more likely to perceive greater social support within their networks, which in turn contributes to reduced feelings of loneliness. This suggests a full mediation effect, where the association between coping level and perceived loneliness is fully explained by the presence of social support.

Conclusions

Overseas Filipino caregivers, who provide essential care and support to individuals in foreign countries, face unique challenges related to their well-being. These caregivers navigate differences in cultural context, language barriers, and separation from their home country and families. This research study sheds light on critical aspects affecting their mental and emotional health.

The selected participants demonstrated a moderate level of coping ability, reflecting their capacity to manage the challenges associated with caregiving responsibilities. They possess effective strategies for managing stress and overcoming challenges, yet there remains room for improvement in their overall coping process. Caregiving is a demanding task that requires significant physical, emotional, and mental strength. Despite these demands, the participants were able to navigate their dilemmas, likely due to their coping and resilience skills. This ability underscores the critical importance of effective coping strategies in the field of caregiving.

Interestingly, caregivers who perceived themselves as better equipped to handle challenges tend to report higher levels of social support. Their high coping level likely empowers them to reach out to and receive assistance from their social circles. This support can significantly enhance their overall well-being by providing emotional comfort, practical help, and a sense of community. In essence, a caregiver's self-confidence in their ability to handle challenges can positively influence their social support system and overall well-

being. This underlines the importance of self-efficacy and effective coping in caregiving roles, as well as the role of social support in enhancing caregiver well-being.

Furthermore, the study showed a moderate level of loneliness among the participants, reflecting the emotional and social difficulties encountered while living and working abroad. This sense of loneliness, while not overwhelming, signifies the emotional burden they carry due to various factors such as prolonged separation from their families and unfamiliar environments. The caregivers' feelings of loneliness underscore the persistent emotional challenges they face. These findings highlight the importance of implementing targeted support systems and interventions designed to alleviate loneliness and enable them to thrive in their roles despite the inherent challenges.

The effectiveness of coping can be influenced by several factors, such as the caregiver's personality and the nature of their relationship with the person they are caring for. Therefore, the relationship between coping level and loneliness among caregivers is complex, underscoring the need for personalized support for caregivers, the creation of a supportive environment that recognizes the importance of their role and provides them with necessary resources to carry out their responsibilities effectively.

On the other hand, caregivers with positive coping levels experience fewer feelings of loneliness. This could be because they navigate caregiving challenges without feeling overwhelmed or isolated. Loneliness, in turn, significantly impacts caregiver health, emphasizing the need to address these feelings as part of supporting the overall well-being of the Filipino caregiving community.

The study also revealed that social support alleviates the feeling of loneliness. This support offers companionship, practical assistance, and emotional validation within their caregiving roles. However, despite showing strong social support, selected participants exhibited moderate loneliness. This suggests that while they have some social connections, occasional feelings of loneliness persist, possibly due to other factors such as the caregiving duties and family burdens.

As shown in the results, despite exhibiting moderate coping, selected participants were still reported to experience a moderate level of perceived loneliness. This indicates that the impact of coping level on feelings of loneliness among caregivers is multifaceted. Coping, which include various methods caregivers use to manage their challenges, can both alleviate and contribute to the feelings of loneliness. For instance, while seeking social support can foster a sense of community and reduce isolation, avoidance strategies might lead to increased loneliness.

Nonetheless, social support was shown to have played a significant mediating role between coping level and perceived loneliness. When considering social support, the impact of coping level on perceived loneliness becomes more pronounced. This highlights the importance of a comprehensive approach to caregiver support that includes both training in coping and enhancement of social support.

As the study highlights the vital roles of coping level and social support in alleviating loneliness among overseas Filipino caregivers (OFCs), the researchers offer several recommendations to enhance the well-being of overseas Filipino Caregivers. Since most caregivers exhibit moderate coping skills, indicating they manage challenges reasonably well but have room for improvement. Additionally, a significant number of caregivers experience moderate loneliness. To enhance coping skills, the researchers recommend encouraging healthy lifestyles and self-care practices while regularly exploring new coping strategies to prevent declines in coping levels, especially over extended caregiving durations. Addressing perceived loneliness by the employers and caregiving organizations is also crucial; facilitating access to counseling and mental health services through affiliations with mental health professionals can be beneficial. Establishing peer support groups will also allow caregivers to share experiences and advice, while ensuring adequate rest periods can help prevent burnout and promote mental health.

The researchers suggest implementing supportive policies that include developing mental health support programs accessible via social media and mobile applications. They also recommend expanding mental health awareness in Pre-Departure Orientation Seminars to cover coping techniques and how to access mental health resources. For future research, several areas warrant further exploration. Investigating various coping types—such as problem-focused, emotion-focused, and avoidance coping—and their impacts on perceived loneliness is essential. It is also important to differentiate between adaptive and maladaptive coping strategies and examine the distinct impacts of social support from family and friends in the Philippines versus that from the host country, including the role of the Filipino community abroad.

Additionally, understanding the types of loneliness experienced, whether social or emotional, will allow for more tailored interventions. Cultural context plays a significant role in shaping caregivers' experiences, so assessing how cultural factors in host countries influence social support and coping mechanisms is vital. Future studies should also broaden the age range of participants and analyze gender influences on coping levels, perceived loneliness, and social support dynamics. Finally, developing customized assessment tools to measure coping levels and social support specifically for OFWs, considering their unique challenges, can lead to more effective interventions. By addressing these recommendations and research gaps, support initiatives can be better tailored to enhance the well-being of overseas Filipino caregivers, ultimately reducing feelings of loneliness and improving their mental health.

References

Ackerman, C. E., MA. (2024, July 22). Cognitive restructuring techniques for reframing thoughts. PositivePsychology.com. <https://positivepsychology.com/cbt-cognitive-restructuring-cognitive-distortions/>



- Acoba, E. F. (2024). Social support and mental health: the mediating role of perceived stress. *Frontiers in Psychology*, 15. <https://doi.org/10.3389/fpsyg.2024.1330720>
- Akbar, Z., & Aisyawati, M. S. (2021). Coping strategy, social support, and psychological distress among university students in Jakarta, Indonesia during the COVID-19 pandemic. *Frontiers in Psychology*, 12. <https://doi.org/10.3389/fpsyg.2021.694122>
- Algorani, E. B., & Gupta, V. (2024, January 1). Coping mechanisms. PubMed. <https://pubmed.ncbi.nlm.nih.gov/32644457/>
- American Psychological Association. (2022). Manage stress: Strengthen your support network. https://www.apa.org/topics/stress/manage-social-support?fbclid=IwZXh0bgNhZW0CMTAAR0003x_2_9fxrB5LSiud5r9OF2dhOyDSd_YAcejvwPNSdPoqvrabjSN68_aem_FUHCpPTv1-9XN6MKZWtrwg
- Ang, P. (2019, April 2). OFW concerns? Call hotline 1348. Department of Labor and Employment. <https://www.dole.gov.ph/news/ofw-concerns-call-hotline-1348/>
- Anselmann, V., & Disque, H. (2022). Nurses' perspective on team learning in interprofessional teams. *Nursing Open*, 10(4), 2142–2149. <https://doi.org/10.1002/nop2.1461>
- APA Dictionary of Psychology. (2023, November 18). <https://dictionary.apa.org/>
- Arzt, N. (2023, December 18). Grounding techniques: 30 examples & how they help. ChoosingTherapy.com. <https://www.choosingtherapy.com/grounding-techniques/>
- Asis, M. M. B. (2020). Repatriating Filipino migrant workers in the time of the pandemic. <https://publications.iom.int/system/files/pdf/mrs-63.pdf>
- Atos, L. N. P., Cruz, E. M., Hong, S., Kim, S., & Soliven, M. J. (n.d.). More than heroes: The life and experiences of Overseas Filipino Workers. Animo Repository. https://animorepository.dlsu.edu.ph/conf_shsrescon/2022/paper_frs/4/
- Auman, M. (2023, June 28). The tireless work of home caregivers. HomeCentris Healthcare. <https://homecentris.com/the-tireless-work-of-home-caregivers/>
- Bach, C. (2022, October 13). Caregiving basics. OncoLink. University of Pennsylvania. <https://www.oncolink.org/support/caregivers/caregiving-basics>
- Barjaková, M., Garnero, A., & D'Hombres, B. (2023). Risk factors for loneliness: A literature review. *Social Science & Medicine*, 334, 116163. <https://doi.org/10.1016/j.socscimed.2023.116163>
- Berg-Weger, M. (n.d.). Impact of loneliness & social isolation on caregiver well-being. Retrieved November 30, 2023, from <https://www.slu.edu/medicine/family-medicine/center-counseling-family-therapy/social-isolation-and-loneliness.pdf>
- Bhandari, P. (2023, June 22). Mediator vs. moderator variables: Differences & examples. Scribbr. <https://www.scribbr.com/methodology/mediator-vs-moderator/>
- Birt, C. (2021, September 20). Caregiver: What does it mean? Who is a caregiver? Carewell. <https://www.carewell.com/resources/blog/caregiver/>
- Bonin-Guillaume, S., Arlotto, S., Blin, A., & Gentile, S. (2022). Family caregiver's loneliness and related health factors: What can be changed? *International Journal of Environmental Research and Public Health*, 19(12), 7050. <https://doi.org/10.3390/ijerph19127050>
- Bristol, A. A., Mata, A. C., Mickens, M., Dassel, K. B., Ellington, L., Scammon, D., Thompson, A., Towsley, G. L., Utz, R. L., & Terrill, A. L. (2021). "You feel very isolated": Effects of COVID-19 pandemic on caregiver social connections. *Gerontology and Geriatric Medicine*, 7, 233372142110601. <https://doi.org/10.1177/23337214211060166>
- Bru-Luna, L. M., Martí-Vilar, M., Merino-Soto, C., Salinas-Escudero, G., & Toledano-Toledano, F. (2022). Variables impacting the quality of care provided by professional caregivers for people with mental illness: A systematic review. *Healthcare*, 10(7), 1225. <https://doi.org/10.3390/healthcare10071225>
- Byager, L. (2019, January 31). Moving to a different city or country can be lonely. Here are some things that helped me cope. Mashable. <https://mashable.com/article/coping-with-loneliness-moving-relocating>
- Caino, R. C., & Castillote, G. A. N. (2024). International migration of Filipino healthcare professionals: Perspectives and experiences of former employees in a government hospital in the Philippines. *Journal of Health Sciences and Medical Development*. https://economics.nd.edu/assets/289077/theoharides_amherst_intl_migration_of_healthcare_pros.pdf
- Calderon, C. (2023, August 1). Caregiver issues: Challenges affecting caregivers and how to cope. Women's Health Blog. <https://womenshealthblog.org/caregiver-issues-challenges/>

- Camendan, D. Y. V., Pablo, A. M. M., Pamplona, C. D. D., Quilaton, R. S., Uy, M. G. L., & Malaco, A. C. (2022). Unveiling the journey of Overseas Filipino Workers: Interview analysis for education. *ASEAN Journal of Community Service and Education*. <https://ejournal.bumipublikasinusantara.id/index.php/ajcse/article/view/145>
- Cano, M. Á., Sánchez, M., Trepka, M. J., Dillon, F. R., Sheehan, D. M., Rojas, P., Kanamori, M. J., Huang, H., Auf, R., & De La Rosa, M. (2016). Immigration stress and alcohol use severity among recently immigrated Hispanic adults: Examining moderating effects of gender, immigration status, and social support. *Journal of Clinical Psychology*, 73(3), 294–307. <https://doi.org/10.1002/jclp.22330>
- Caregiving NC II TESDA Course. (2021, October 28). Tesda Courses. <https://tesdatrainingcourses.com/caregiving-nc-ii.html>
- Chen, L., Alston, M., & Guo, W. (2019). The influence of social support on loneliness and depression among older elderly people in China: Coping styles as mediators. *Journal of Community Psychology*, 47(5), 1235–1245. <https://doi.org/10.1002/jcop.22185>
- Cheng, Q., & Vicera, C. (2022). Online peer-support group's role in addressing Filipino domestic workers' social support needs: Content and social media metrics analysis. *International Journal of Environmental Research and Public Health*, 19(15), 9665. <https://doi.org/10.3390/ijerph19159665>
- Cherry, K. (2022, September 2). Benefits of mindfulness. *Verywell Mind*. <https://www.verywellmind.com/the-benefits-of-mindfulness-5205137>
- Cherry, K. (2023, March 3). How social support contributes to psychological health. *Verywell Mind*. <https://www.verywellmind.com/social-support-for-psychological-health-4119970>
- Chukwuemeka, U. M., Okonkwo, U. P., Njoku, C. J., Igwe, S. E., Oyewumi, T. J., & Ugwuanyi, D. C. (2023). Work-related stress, quality of life, and coping mechanism among lecturers in a Tertiary Educational Institution in Anambra State, Nigeria. *BMC Psychology*, 11(1). <https://doi.org/10.1186/s40359-023-01114-5>
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357. <https://doi.org/10.1037/0033-2909.98.2.310>
- Collier, M. (2020, October 16). What tasks are considered “Light housekeeping”? When do you need to hire a cleaning service? - Collier Home Care. *Collier Home Care*. <https://collierhomecare.com/blog/what-tasks-are-considered-light-housekeeping-when-do-you-need-to-hire-a-cleaning-service/>
- Criterion sampling. (n.d.). *Better Evaluation*. <https://www.betterevaluation.org/methods-approaches/methods/criterion-sampling>
- Cruz, I. (2023, February 18). Filipino caregivers may look to Japan as a nation of opportunities. *GMA News Online*. <https://www.gmanetwork.com/news/pinoyabroad/content/861220/filipino-caregivers-may-look-to-japan-as-nation-of-opportunities/story/?amp>
- Cui, P., Yang, M., Hu, H., Cheng, C., Chen, X., Shi, J., Li, S., Chen, C., & Zhang, H. (2024). The impact of caregiver burden on quality of life in family caregivers of patients with advanced cancer: a moderated mediation analysis of the role of psychological distress and family resilience. *BMC Public Health*, 24(1). <https://doi.org/10.1186/s12889-024-18321-3>
- Cutrona, C. E., & Russell, D. W. (1987). Social provisions scale [Dataset]. In *PsycTESTS Dataset*. <https://doi.org/10.1037/t06213-000>
- Dass, J. (2020, February 1). Depression among OFWs: ‘The struggle is real’. *RAPPLER*. <https://www.rappler.com/nation/250126-depression-among-ofws-struggle-real/>
- Deckx, L., Van Den Akker, M., Buntinx, F., & Van Driel, M. (2018). A systematic literature review on the association between loneliness and coping strategies. *Psychology Health & Medicine*, 23(8), 899–916. <https://doi.org/10.1080/13548506.2018.1446096>
- Del-Pino-Casado, R., Frías-Osuna, A., Palomino-Moral, P. A., Ruzafa-Martínez, M., & Ramos-Morcillo A. J. (2018b). Social support and subjective burden in caregivers of adults and older adults: A meta-analysis. *PLoS ONE*, 13(1), e0189874. <https://doi.org/10.1371/journal.pone.0189874>
- Delaruelle, K. (2023). Migration-related inequalities in loneliness across age groups: a cross-national comparative study in Europe. *European Journal of Ageing*, 20(1). <https://doi.org/10.1007/s10433-023-00782-x>
- Des Marais, S. (2022, June 6). 5 Emotion-Focused coping techniques and exercises. *Psych Central*. <https://psychcentral.com/health/emotion-focused-coping-examples>
- Djundeve, M., & Ellwardt, L. (2019). Social support networks and loneliness of Polish migrants in the Netherlands. *Journal of Ethnic and Migration Studies*, 46(7), 1281–1300. <https://doi.org/10.1080/1369183x.2019.1597691>
- Drageset, J. (2021). Social support. In *Springer eBooks* (pp. 137–144). https://doi.org/10.1007/978-3-030-63135-2_11
- Eugenio, L. J. (2023, August 11). Overseas Filipino workers: the Modern-Day heroes of the Philippines. *Harvard International Review*.

<https://hir.harvard.edu/overseas-filipino-workers-the-modern-day-heroes-of-the-philippines>

Evangelista, A. (2018, September 5). IN NUMBERS: OFWs in Israel and Jordan. RAPPLER. <https://www.rappler.com/newsbreak/iq/211213-number-overseas-filipino-workers-israel-jordan/>

Gogol, F. (2024, April 11). Migrants vs. Immigrants: What's the Difference? Stilt. <https://www.stilt.com/immigrants/migrants-vs-immigrants-whats-the-difference>

Green-Davis, V. (n.d.). Influence of Coping Strategies and Social Support on Anxiety and Depression during Emerging Adulthood - ProQuest. <https://www.proquest.com/openview/84cd925b9262b1638add27b84be56748/1?pq-origsite=gscholar&cbl=18750&diss=y>

Guo-Brennan, L., & Guo-Brennan, M. (2019). Building welcoming and inclusive schools for immigrant and refugee students: policy, framework and promising Praxis. In Emerald Publishing Limited eBooks (pp. 73–93). <https://doi.org/10.1108/978-1-78756-044-420191006>

Hajek, A., Kretzler, B., & König, H. (2021). Informal Caregiving, Loneliness and Social isolation: A Systematic review. *International Journal of Environmental Research and Public Health*, 18(22), 12101. <https://doi.org/10.3390/ijerph182212101>

Hamby, S., Grynch, J. H., & Banyard, V. (2015, June 1). Coping scale. ResearchGate. <https://10.13140/RG.2.1.3094.0001>

Hargrave, M. (2024, August 5). Standard Deviation Formula and Uses vs. Variance. Investopedia. <https://www.investopedia.com/terms/s/standarddeviation.asp>

Hasan, S. I., Yee, A., Rinaldi, A., Azham, A. A., Hairi, F. M., & Nordin, A. S. A. (2021). Prevalence of common mental health issues among migrant workers: A systematic review and meta-analysis. *PLoS ONE*, 16(12), e0260221. <https://doi.org/10.1371/journal.pone.0260221>

Hassan, M. (2023, August 15). Correlational Research - methods, types and examples. *Research Method*. <https://researchmethod.net/correlational-research/>

Hawkey, L. (2024, August 29). Loneliness | Causes, Effects & Coping Strategies. *Encyclopedia Britannica*. <https://www.britannica.com/science/Loneliness>

Hellman, C. M., Worley, J. A., & Munoz, R. T. (2017). Hope as a coping resource for caregiver resilience and well-being. In *Emerging Issues in Family and Individual Resilience* (pp. 81–98). https://doi.org/10.1007/978-3-319-64783-8_5

Henderson, E. (2022, November 21). Caregivers' coping strategies affect their level of distress and quality of life. *News-Medical*. <https://www.news-medical.net/news/20221120/Caregivers-coping-strategies-affects-their-level-of-distress-and-quality-of-life.aspx>

Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality. *Perspectives on Psychological Science*, 10(2), 227–237. <https://doi.org/10.1177/1745691614568352>

Howick, J., Kelly, P., & Kelly, M. (2019). Establishing a causal link between social relationships and health using the Bradford Hill Guidelines. *SSM - Population Health*, 8, 100402. <https://doi.org/10.1016/j.ssmph.2019.100402>

Hoyt, M. A., Wang, A. W., Boggero, I. A., Eisenlohr-Moul, T. A., Stanton, A. L., & Segerstrom, S. C. (2020). Emotional approach coping in older adults as predictor of physical and mental health. *Psychology and Aging*, 35(4), 591–603. <https://doi.org/10.1037/pag0000463>

Htay, M. N. N., Latt, S. S., Maung, K. S., Myint, W. W., & Moe, S. (2020). Mental Well-Being and its Associated Factors among Myanmar migrant workers in Penang, Malaysia. *Asia Pacific Journal of Public Health*, 32(6–7), 320–327. <https://doi.org/10.1177/1010539520940199>

Hui, T. J. (2024, March 11). How to hire the right domestic helper or caregiver for your elderly family member - Homage. *Homage*. <https://www.homage.sg/resources/domestic-helper-caregiver-elderly/>

Huo, M., & Kim, K. (2022). Lasting impact of relationships on caregiving difficulties, burden, and rewards. *Journal of Social and Personal Relationships*, 40(1), 288–310. <https://doi.org/10.1177/02654075221118095>

Hussin, N. S. H., Daud, N. a. I. A., Taibi, N. M., & Hussin, N. S. R. (2021). Loneliness, Coping Strategies and Perceived Social Support among Students of Public Universities in Malaysia during the Covid-19 MCO. *International Journal of Business and Society*, 22(3), 1402–1419. <https://doi.org/10.33736/ijbs.4311.2021>

Johnson, S., Bacsu, J., McIntosh, T., Jeffery, B., & Novik, N. (2019). Social isolation and loneliness among immigrant and refugee seniors in Canada: a scoping review. *International Journal of Migration Health and Social Care*, 15(3), 177–190. <https://doi.org/10.1108/ijmhsc-10-2018-0067>

Joseph. (2023, May 20). How long can you stay in the Philippines as a tourist? - Travel snippet. *Travel Snippet*.

<https://travelsnippet.com/asia/philippines/how-long-can-you-stay-in-the-philippines-as-a-tourist/>

Kara. (2021, June 30). Understanding the difficulties of caregiver loneliness - Kara Hartzell. Kara Hartzell. <https://hartzellcounseling.com/understanding-the-difficulties-of-caregiver-loneliness/>

Kayıkçı, K., & Özyıldırım, G. (2019). Loneliness of Supervisors: its causes and their coping ways. *Journal of Qualitative Research in Education*, 7(4), 1–25. <https://doi.org/10.14689/issn.2148-2624.17c.4s.9m>

Kazemi, A., Azimian, J., Mafi, M., Allen, K., & Motalebi, S. A. (2021). Caregiver burden and coping strategies in caregivers of older patients with stroke. *BMC Psychology*, 9(1). <https://doi.org/10.1186/s40359-021-00556-z>

Kock, N., & Hadaya, P. (2016). Minimum sample size estimation in PLS-SEM: The inverse square root and gamma-exponential methods. *Information Systems Journal*, 28(1), 227–261. <https://doi.org/10.1111/isj.12131>

Kung, C. S. J., Kunz, J. S., & Shields, M. A. (2021). Economic aspects of loneliness in Australia. *Australian Economic Review*, 54(1), 147–163. <https://doi.org/10.1111/1467-8462.12414>

Laguna, E. (2021, January). Caring for older persons. ResearchGate. https://www.researchgate.net/publication/348445607_Caring_for_Older_Persons

Lee, J., Hong, J., Zhou, Y., & Robles, G. (2019). The relationships between loneliness, social support, and resilience among Latinx immigrants in the United States. *Clinical Social Work Journal*, 48(1), 99–109. <https://doi.org/10.1007/s10615-019-00728-w>

Leeman, A. (2021, March 3). Definitions for caregiving Terms. <https://www.caregiving.com/posts/caregiving-definitions>

Li, G., Li, Y., Lam, A. I. F., Tang, W., Seedat, S., Barbui, C., Papola, D., Panter-Brick, C., Van Der Waerden, J., Bryant, R., Mittendorfer-Rutz, E., Gémes, K., Purba, F. D., Setyowibowo, H., Pinucci, I., Palantza, C., Acarturk, C., Kurt, G., Tarsitani, L., . . . Hall, B. J. (2023). Understanding the protective effect of social support on depression symptomatology from a longitudinal network perspective. *BMJ Mental Health*, 26(1), e300802. <https://doi.org/10.1136/bmjment-2023-300802>

Liem, A., Pakingan, K. A., Garabiles, M. R., Sit, H. F., Burchert, S., Lam, A. I. F., & Hall, B. J. (2022). Evaluating the implementation of a mental health app for overseas Filipino workers in Macao China: a Mixed-Methods Study of Stakeholders' perspectives. *Frontiers in Psychiatry*, 13. <https://doi.org/10.3389/fpsy.2022.836156>

Liu, G., Li, S., & Kong, F. (2022). Association between Sense of Belonging and Loneliness among the Migrant Elderly Following Children in Jinan, Shandong Province, China: The Moderating Effect of Migration Pattern. *International Journal of Environmental Research and Public Health*, 19(7), 4396. <https://doi.org/10.3390/ijerph19074396>

Long, N. X., Ngoc, N. B., Phung, T. T., Linh, D. T. D., Anh, T. N., Hung, N. V., Thang, N. T., Lan, N. T. M., Trang, V. T., Thuong, N. H., Van Hieu, N., & Van Minh, H. (2021). Coping strategies and social support among caregivers of patients with cancer: a cross-sectional study in Vietnam. *AIMS Public Health*, 8(1), 1–14. <https://doi.org/10.3934/publichealth.2021001>

Lusk, M., Terrazas, S., Caro, J., Chaparro, P., & Antúnez, D. P. (2019). Resilience, faith, and social supports among migrants and refugees from Central America and Mexico. *Journal of Spirituality in Mental Health*, 23(1), 1–22. <https://doi.org/10.1080/19349637.2019.1620668>

Maladaptive Coping: Understanding and Overcoming Harmful Strategies | SonderMind. (n.d.-b). <https://www.sondermind.com/resources/articles-and-content/maladaptive-coping/>

Martinez, A. B., Co, M., Lau, J., & Brown, J. S. L. (2020). Filipino help-seeking for mental health problems and associated barriers and facilitators: a systematic review. *Social Psychiatry and Psychiatric Epidemiology*, 55(11), 1397–1413.

McFarland, J. (2023, November 8). Prioritizing care for others, women often neglect their own health. www.goredforwomen.org. <https://www.goredforwomen.org/en/beyond-the-table/stories/women-often-neglect-their-own-health>

Mean median and mode - definition, formulas, examples. (2017, October 26). BYJUS. <https://byjus.com/maths/mean-median-mode/>

Medenilla, S. P. (2021, July 18). Caregiving remains most in demand training for OFWs | Samuel P. Medenilla. *BusinessMirror*. <https://businessmirror.com.ph/2021/07/19/caregiving-remains-most-in-demand-training-for-ofws>

Mental health: migrant health guide. (2022, September 28). GOV.UK. <https://www.gov.uk/guidance/mental-health-migrant-health-guide>

Mihalopoulos, C., Le, L. K., Chatterton, M. L., Bucholc, J., Holt-Lunstad, J., Lim, M. H., & Engel, L. (2019). The economic costs of loneliness: a review of cost-of-illness and economic evaluation studies. *Social Psychiatry and Psychiatric Epidemiology*, 55(7), 823–836. <https://doi.org/10.1007/s00127-019-01733-7>

Monteiro, I. (2024, March 15). How to write a caregiver Resume (With Template and Example). *Indeed Career Guide*.

<https://www.indeed.com/career-advice/resumes-cover-letters/caregiver-resume>

More OFWs leaving jobs to become caregivers. (2019, May 1). The Filipino Times. <https://filipinotimes.net/news/2019/05/01/ofws-leaving-jobs-become-caregivers>

Morin, A. & LCSW. (2023, November 3). Healthy coping skills for uncomfortable emotions. Verywell Mind. <https://www.verywellmind.com/forty-healthy-coping-skills-4586742>

Nemcikova, M., Katreniakova, Z., & Nagyova, I. (2023). Social support, positive caregiving experience, and caregiver burden in informal caregivers of older adults with dementia. *Frontiers in Public Health*, 11. <https://doi.org/10.3389/fpubh.2023.1104250>

Nguyen, T. T., Lee, E. E., Daly, R. E., Wu, T., Tang, Y., Tu, X., Van Patten, R., Jeste, D. V., & Palmer, B. W. (2020). Predictors of Loneliness by age decade. *The Journal of Clinical Psychiatry*, 81(6). <https://doi.org/10.4088/jcp.20m13378>

Noquiao, R. M. C. (2021). Life satisfaction among Filipino older adults living in the coastal area. *Deleted Journal*, 24(3), 157–164. <https://doi.org/10.7454/jki.v24i3.1619>

Number of deployed overseas Filipino workers (OFW) 2023 | Statista. (2024, March 27). Statista. <https://www.statista.com/statistics/1243681/philippines-deployed-overseas-workers/>

Onieva-Zafra, M. D., Fernández-Muñoz, J. J., Fernández-Martínez, E., García-Sánchez, F. J., Abreu-Sánchez, A., & Parra-Fernández, M. L. (2020). Anxiety, perceived stress and coping strategies in nursing students: a cross-sectional, correlational, descriptive study. *BMC Medical Education*, 20(1). <https://doi.org/10.1186/s12909-020-02294-z>

Orpana, H. M., Lang, J. J., & Yurkowski, K. (2019). Validation of a brief version of the Social Provisions Scale using Canadian national survey data. *Health Promotion and Chronic Disease Prevention in Canada*, 39(12), 323–332. <https://doi.org/10.24095/hpcdp.39.12.02>

Philippines Statistics Authority (PSA) and University of the Philippines Population Institute (UPPI). 2019. 2018 National Migration Survey. Quezon City, Philippines: PSA and UPPI.

Plaszewska-Żywko, L., Fajfer-Gryz, I., Cichoń, J., & Kózka, M. (2024). Burden, social support, and coping strategies in family caregivers of individuals receiving home mechanical ventilation: a cross-sectional study. *BMC Nursing*, 23(1). <https://doi.org/10.1186/s12912-024-02024-6>

Pobre, A. (2021, June 1). 9 Filipinotowns & little manilas around the world to visit if you miss the feeling of home when abroad. TheSmartLocal Philippines - Travel, Lifestyle, Culture & Language Guide. <https://thesmartlocal.ph/filipinotowns/>

Pontinen, H. M., & Swails, J. A. (2017). UCLA loneliness scale. In Springer eBooks (pp. 1–3). https://doi.org/10.1007/978-3-319-28099-8_95-1

Pre-Departure Education Program – Overseas Workers Welfare Administration. (n.d.). https://owwa.gov.ph/?page_id=4136

Pre-Employment Orientation Seminar. (2020). Department of Migrant Workers. <https://peos.dmw.gov.ph/>

Punla, N. F. D., Regalado, D. R. B., & Navarro, R. M. (2022). PERCEIVED SOCIAL SUPPORT AS MODERATOR BETWEEN SELF-STIGMA AND HELP-SEEKING ATTITUDES. | *Globus: An International Journal of Medical Science, Engineering & Technology* | EBSCOhost. [openurl.ebsco.com. https://doi.org/10.46360/globus.met.320221014](https://doi.org/10.46360/globus.met.320221014)

Qiao, L., Wang, G., Tang, Z., Zhou, S., Min, J., Yin, M., & Li, M. (2022). Association between loneliness and dementia risk: A systematic review and meta-analysis of cohort studies. *Frontiers in Human Neuroscience*, 16. <https://doi.org/10.3389/fnhum.2022.899814>

Quantitative Research design. (n.d.). <https://www.djsresearch.co.uk/glossary/item/Quantitative-Research-Design>

Ranara, K. (2023, November 6). GUIDE: TESDA Caregiver Course. WhatALife! <https://whatalife.ph/guide-tesda-caregiver-course/>

Raypole, C. (2020, April 22). 7 Emotion-Focused coping techniques for uncertain times. Healthline. <https://www.healthline.com/health/emotion-focused-coping>

Reinfeld, J. (2024, February 6). Coping Strategies for Depression: How to handle your mental health. Mantra Care. <https://mantracare.org/therapy/depression/coping-strategies-depression/>

Republic Act No. 7170 | GOVPH. (1992, January 7). Official Gazette of the Republic of the Philippines. <https://www.officialgazette.gov.ph/1992/01/07/republic-act-no-7170/>

Rijnhart, J. J. M., Lamp, S. J., Valente, M. J., MacKinnon, D. P., Twisk, J. W. R., & Heymans, M. W. (2021). Mediation analysis methods used in observational research: a scoping review and recommendations. *BMC Medical Research Methodology*, 21(1). <https://doi.org/10.1186/s12874-021-01426-3>

- Russell, D. W. (1996). UCLA Loneliness Scale (Version 3): Reliability, Validity, and factor structure. *Journal of Personality Assessment*, 66(1), 20–40. https://doi.org/10.1207/s15327752jpa6601_2
- Saul, H. (2020). Most people caring for relatives with dementia experience loneliness. In NIHR Evidence. https://doi.org/10.3310/alert_40575
- Saunders, N. R., Chiu, M., Lebenbaum, M., Chen, S., Kurdyak, P., Guttman, A., & Vigod, S. (2019). Suicide and Self-Harm in recent immigrants in Ontario, Canada: a Population-Based study. *The Canadian Journal of Psychiatry*, 64(11), 777–788. <https://doi.org/10.1177/0706743719856851>
- Scott, E. (2023, October 19). Why social support may be the best way to help reduce stress. Verywell Mind. <https://www.verywellmind.com/stress-and-social-support-research-3144460>
- Slagle, J. (2020, September 28). What is Cognitive Coping? And how can I do it? The Easy Therapy. <https://www.theeasytherapy.com/post/what-is-cognitive-coping>
- Srivastava, A., Arya, Y. K., Joshi, S., Singh, T., Kaur, H., Chauhan, H., & Das, A. (2021). Major stressors and coping strategies of internal migrant workers during the COVID-19 Pandemic: A Qualitative Exploration. *Frontiers in Psychology*, 12. <https://doi.org/10.3389/fpsyg.2021.648334>
- Stick, M., Hou, F., & Kaida, L. (2021, July 28). Self-reported loneliness among recent immigrants, long-term immigrants, and Canadian-born individuals. <https://www150.statcan.gc.ca/n1/pub/36-28-0001/2021007/article/00001-eng.htm>
- Su, H., Hu, S. H., Chi, M., Lin, Y., Wang, C., Nguyen, T. V., & Chuang, Y. (2022). Prevalence of depressive symptoms and associated factors among foreign caregivers: A cross-sectional study. *Nursing Open*, 10(3), 1693–1703. <https://doi.org/10.1002/nop2.1424>
- Survey on Overseas Filipinos | Philippine Statistics Authority | Republic of the Philippines. (2023, October 11). <https://psa.gov.ph/statistics/survey/labor-and-employment/survey-overseas-filipinos>
- Tanner, Z. (2023). Caregiver Loneliness: Why Self-Care is important, too. The Roots of Loneliness Project. <https://www.rootsofaloneliness.com/caregiver-loneliness>
- The duties and responsibilities of a caregiver. (2024, March 21). 24 Hour Home Care. <https://www.24hrcare.com/resource-center/the-duties-and-responsibilities-of-a-caregiver>
- Tough, H., Brinkhof, M. W. G., & Fekete, C. (2022). Untangling the role of social relationships in the association between caregiver burden and caregiver health: an observational study exploring three coping models of the stress process paradigm. *BMC Public Health*, 22(1). <https://doi.org/10.1186/s12889-022-14127-3>
- Training Regulations Caregiving NC II. (2020, June 9). TESDA. <https://www.tesda.gov.ph/Downloadables/TR%20Caregiving%20NC%20II.pdf>
- Tsiakiri, A., Vlotinou, P., Paschalidou, A., Konstantinidis, C., Christidi, F., Tsiptsios, D., Detsaridou, G., Petridou, A., Gkantziou, A., Karatzetzou, S., Tsamakis, K., Giannakou, E., Emmanouilidou, M., Vadikolias, K., & Aggelousis, N. (2023). A scoping review on Coping Strategies and Quality of Life of stroke caregivers: Often underestimated variables in stroke Recovery Process? *BioMed*, 3(3), 349–368. <https://doi.org/10.3390/biomed3030029>
- Tull, M., PhD. (2024, July 27). CBT coping skills and Strategies. Verywell Mind. <https://www.verywellmind.com/cognitive-behavioral-coping-strategies-2797612>
- Understanding the difference between a Caregiver and a Maid. (2023, March 30). Care Concierge. <https://mycareconcierge.com/blog/understanding-the-difference-between-a-caregiver-and-a-maid>
- Open. (2018, June 30). Difference between home country and host country. Pediaa.Com. <https://pediaa.com/difference-between-home-country-and-host-country/>
- Velloze, I. G., Jester, D. J., Jeste, D. V., & Mausbach, B. T. (2022). Interventions to reduce loneliness in caregivers: An integrative review of the literature. *Psychiatry Research*, 311, 114508. <https://doi.org/10.1016/j.psychres.2022.114508>
- Victor, C. R., Rippon, I., Quinn, C., Nelis, S. M., Martyr, A., Hart, N., Lamont, R., & Clare, L. (2020). The prevalence and predictors of loneliness in caregivers of people with dementia: findings from the IDEAL programme. *Aging & Mental Health*, 25(7), 1232–1238. <https://doi.org/10.1080/13607863.2020.1753014>
- Wagner, A. (2022, April 22). How to reduce loneliness: Meaningful activities can improve health, well-being. ScienceDaily. <https://www.sciencedaily.com/releases/2022/04/220406132430.htm>
- Wang, J., Chen, Y., Chen, H., Hua, L., Wang, J., Jin, Y., He, L., Chen, Y., & Yao, Y. (2023). The mediating role of coping strategies between depression and social support and the moderating effect of the parent–child relationship in college students returning to school:

During the period of the regular prevention and control of COVID-19. *Frontiers in Psychology*, 14. <https://doi.org/10.3389/fpsyg.2023.991033>

Wang, J., Mann, F., Lloyd-Evans, B., Ma, R., & Johnson, S. (2018). Associations between loneliness and perceived social support and outcomes of mental health problems: a systematic review. *BMC Psychiatry*, 18(1). <https://doi.org/10.1186/s12888-018-1736-5>

Weston, E., RN, Weston, E., RN, & Weston, E., RN. (2023, July 24). What is the Difference Between a Nurse and a Caregiver? NurseRegistry. NurseRegistry. <https://www.nurseregistry.com/blog/difference-between-a-nurse-and-a-caregiver/>

What Is a Certified Caregiver? (2022, June 25). Indeed. <https://www.indeed.com/career-advice/finding-a-job/what-is-certified-caregiver>

What is the Meaning of OFW - Overseas Filipino Worker | OWWA Member. (2023, October 9). OWWA Member. <https://owwamember.com/what-is-ofw/>

White, N. (2018, May 24). International migration statistics first time user guide - Office for National Statistics. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/methodologies/migrationstatisticsfirsttimeuserguideglossaryandlistofproducts>

World Health Organization: WHO. (2021, August 31). Mental health and forced displacement. <https://www.who.int/news-room/fact-sheets/detail/mental-health-and-forced-displacement>

Wuensch, K. (2022, January). Karl Wuensch's Statistics Lessons. East Carolina University, Department of Psychology. <https://core.ecu.edu/wuenschk/StatsLessons.htm>

Yang, C., Gao, H., Li, Y., Wang, E., Wang, N., & Wang, Q. (2022). Analyzing the role of family support, coping strategies and social support in improving the mental health of students: Evidence from post COVID-19. *Frontiers in Psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.1064898>

Yeung, J., & Bacani, X. C. (2020, November). When love is not enough: The Philippines' migrant workers, and the children left behind. CNN. <https://www.cnn.com/interactive/2020/11/asia/hong-kong-filipino-helpers-dst/>

Zhang, B., Lv, X., Qiao, M., & Liu, D. (2021). The full mediating role of loneliness on the relationship between social support and depression among rural family caregivers of persons with severe mental illness. *Frontiers in Public Health*, 9. <https://doi.org/10.3389/fpubh.2021.729147>

Zygouri, I., Cowdell, F., Ploumis, A., Gouva, M., & Mantzoukas, S. (2021). Gendered experiences of providing informal care for older people: a systematic review and thematic synthesis. *BMC Health Services Research*, 21(1). <https://doi.org/10.1186/s12913-021-06736>

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