A STUDY TO ASSESS THE KNOWLEDGE AND PRACTICE OF CAREGIVERS ABOUT HOME CARE MANAGEMENT OF STROKE PATIENTS.

PROJECT REPORT

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Submitted in partial fulfillment for the requirements in Diploma in Neuro nursing from Sree Chitra Thirunal Institute Of Medical Science And Technology.

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CHAPTER-I

INTRODUCTION

Stroke is the third most common cause of death in the United States. Throughout the world, stroke is a frequent cause of death & disability. Brain is the most vital center of human body. The term brain attack has become more popular in describing stroke, as appreciation had grown of the timeline associated with the development of neurological deficits & the window of opportunity that exists for reversal of neurological deficits with new interventions. Since stroke can cause life long disability, rehabilitation must begin immediately. Rehabilitation is the process of managing the patient capabilities & resources to promote optimal functions related to physical, mental & social well being. In 1995 the Agency for Health care & policy Research (AHCPR) published clinical guidelines for post-stroke rehabilitation that set a national standard for management of stroke patients.

BACKGROUND OF THE STUDY

Stroke represents an enormous public health burden in the United States; it is the third leading cause of death, with 160000 deaths resulting from stroke reported annually. Every year approximately 730000 Americans have a new or recurrent stroke study reports revealing that stroke risk increases with age, women over 30 years of age who smoke & take high estrogen oral contraceptives have a stroke risk of 22 times higher than average.

Now a day’s brain attack is very common to all. It causes life long disability because of these reasons rehabilitation must begin immediately; to show the patient
physical improvement in his affected limbs self-care will be the most important means used to lift his depression & to set him going on the road to recovery. Recovery & finding a way back to normal living will be very much in his own hands & the purpose of this study is to show his family & friends & all those who come into contact with how best to help him to help himself. Rehabilitation offers means by which persons disabled after a stroke can be returned to patterns of daily living as close to normal as possible. The home environment & the family attitudes may require considerable revision to meet the patient’s individual needs.

The more severely involved patients will require a higher level of rehabilitation & in planning the programs for such patients; the attending physician may need the advice of a specialist thoroughly familiar with stroke rehabilitation.

Impaired communication capability is a frequent complication of stroke. Deprived of this capacity the patient may become bewildered, frustrated, & angry when interaction with others proves difficult. For these patients speech therapist attempts to stimulate maximal function, recognizing that normal language may not be regained ultimately but that heightened efficiency in processing input & in generating output can be achieved. In addition to his primary function, the speech therapist provides information, insight, & reassurance. The support provided by the speech therapist is an essential psychological ingredient & an important factor in treatment.
Home care management of a patient with stroke means

Physical rehabilitation, for e.g.: range of motion activities

Language rehabilitation, for e.g. speech therapy

Psychological rehabilitation, for e.g. Attaining emotional stability.

Vocational training

In the past decade management of stroke has undergone a fundamental transformation as a result of research & technological advances, including improved patho physiological models of stroke to understand changes of the biochemical & cellular levels; superior neuro-imaging using MRI, MRA, CT; the introduction of new pharmacological neuro protective agents. Improved emergency medical systems triage & the creation of dedicated stroke programs at institutions have scientifically enhanced rapid stroke interventions. In 1995 the agency for health care & policy research published (AHCPR) clinical guidelines for post stroke rehabilitation

NEED & SIGNIFICANCE OF THE STUDY

Stroke is a major disease, which results in lifelong disability. Disability can include vocational, physical, language and psychological means for e.g. unable to lie, sit and stand; unable to speak, unable to do even activities of daily living. These disabilities can be minimized through adopting proper rehabilitation measures. Most of the patients are not aware about the rehabilitation measures & importance of continuing after discharge from hospital. Hence the investigator felt the need to conduct a study on caregivers of the stroke patients, who are attending to the stroke
clinic at SCTIMST, so that it provide a basis for structuring health promotion activities.

Stroke can cause long-term morbidity and mortality rate. So careful attention to the home care management of a patient with stroke is very essential. In order to provide good care in home settings the caregiver should know different aspects of rehabilitation. For eg.caregiver should know about Ryles tube feeding, catheter care, prevention of decubitus ulcer, gait training etc.

Considering the above factors the investigator felt that there is a need to assess the knowledge and practice about the home care management of stroke patients, among caregivers who attended the stroke clinic of SCTIMST.

**STATEMENT OF THE PROBLEM**

A study to assess the knowledge & practice about home care of patients after stroke, among the caregivers attending stroke clinic of SCTIMST.

**DEFENITION OF TERMS**

**KNOWLEDGE:** In this study investigator means knowledge as their ability to understand and answer the questions properly regarding home care management of stroke patients.

**PRACTICE:** It refers to care given to meet the activities of daily living.

**STROKE:** It includes medically diagnosed by ischemic stroke, hemorrhagic stroke & transient ischemic attacks.
OBJECTIVES OF THE STUDY

1. Assessing the knowledge level regarding the home care practices of patients after stroke, among the caregivers attending the stroke clinic.

2. Assessing the home care practices of patients after stroke among the caregivers, attending the stroke clinic.

3. Identifying the difficulties expressed by the caregivers while giving homecare.

METHODOLOGY

In this study survey approach is used. Investigator conducts a direct interview with caregivers, of stroke survivors who attended the clinic. Interview was based on a structured questionnaire related to home care management and it lasts for 15-20 minutes. In this study total sample was 30 caregivers. The validity of the questionnaire was tested by the experts of SCTIMST. Duration of the study was from August to October.

LIMITATIONS

This study was limited to
• Patients attending the stroke clinic with their caregivers only
• The assessment of knowledge was limited to responses of the structured questionnaire.
• The assessment of practice was limited to the responses of the structured questionnaire.
• Caregivers who are co-operating with the investigator were only considered.
• Caregivers who are understanding Malayalam only is considered

SUMMARY

This chapter deals with introduction, background of the study, need & significance of the study, statement of the problem, definition of terms, objectives of the study, methodology, & limitations.

ORGANISATION OF THE STUDY

Chapter II, summary of related studies reviewed,
Chapter III, deals with methodology of this study,
Chapter IV, deals with analysis & interpretation of the findings
Chapter V, represents a summary of the study, conclusion, implication, limitation & recommendation

The report also includes a selected bibliography & appendices.
CHAPTER-II

REVIEW OF RELATED LITREATURE

Review of literature was an important aspect of any research project from beginning to end. It gives character insight into the problems and helps in selecting methodology, tool & analyzing data. With these in view, an intensive review of literature has been done. Related literature was reviewed in depth, so as to broaden the understanding of selected problem.

The review of literature relevant to the study was presented in the following sections.

a. Studies related to newer rehabilitation techniques

b. Studies related to educational needs of caregivers.

a. Studies related to newer rehabilitation techniques

Olle Iindvall (2004) conduct a study, related to cell therapy. Main objective of the study was to restore function in the diseased human brain by replacing dead neurons with new neurons through transplantation or stimulation of neurogenesis from endogenous stem precursor cells. Area of study was LUND STRATEGIC RESEARCH CENTER for stem cell biology & cell therapy, Sweden. Author studied about recovery & rehabilitation in stroke stem cells. Stem cells are immature cells with prolonged self-renewal capacity & depending on their origin, the ability to differentiate into multiple cell types or all cells of the body. Data’s for study purpose is collected by interviewing the stroke survivors attending the
hospital clinic. Sample consists of 200 populations. Recent progress shows that specific types of neurons &glial cells suitable for transplantation can be generated from stem cells in culture. Adult brain produces new neurons from its own stem cells in response to stroke. Although these findings raise hope for the development of stem cell therapies for brain repair after the stroke, many basic issues remain to be solved.

Thora.B.Haf stainsbottir (2004) says that Neuro Development Treatment (NDT) is most used rehabilitation approach in the treatment of patients with stroke. Aim of this study was to conduct an interventional check and measure the nurses competence in positioning stroke patients according to the NDT approach in Nether land. Sample consists of 144 nurses in 6 neurological wards who where observed while positioning stroke patients according to the NDT approach. For this study approximately a week before the study, the nurse manager was contacted by telephone to determine an exact and convenient collection of data. A few days before the measurements, information including the aims of the study and description of the study procedure was sent to each of the participating nurses. The observation took place in a quiet room where all materials to be used where available. Patient was also informed previously. 144 nurses were observed while performing the NDT positioning, handling, and movements of the stroke patients. The result of this study indicates that the nurses had sufficient knowledge and skills in handling and positioning stroke patients according to NDT approach.
Peter Hagell (1999) studied about the global views on International Perspective on Stroke rehabilitation. The main objective was to found various aspects of rehabilitation and give awareness to acute stroke patients. For this author selected a acute stroke rehabilitation in united states and give awareness to the patients attending the clinic, 100 persons are included age group from 30 to 60 years was considered. Peter give a teaching class regarding the introduction of new treatment such as Tissue Plasminogen Activator (TPA), acute neuro protective agents, treatment with glutamate receptor antagonists and attempts to restore neurological functions by intracerebral implantation of cultured cell line derived neurons into ischemic brain areas are both examples of future possible treatments for stroke. After that author gave a questionnaire regarding the class. Seventy-five percentage of the population are aware about various medical management, while looking through their filled questionnaires

F. Beryl Pikington (1999) a qualitative descriptive exploratory study was done to enhance understanding about quality of life after stroke from the patients on perspective loosely structured interviews aimed at eliciting descriptions of quality of life were scheduled during the acute care stay and at one and three months after stroke onset. A total 32 interviews were conducted with 13 participants including 9 men & 4 women aged 40 to 91 years. When interpreted in light of the human becoming theory the themes expand understanding of what it is like to live with a stroke & provide insights that may enhance the quality of care.
b. Studies related to educational needs of the caregivers

Bev O’Connell (2003) studied about the educational needs of the caregivers of the stroke survivors in acute and community settings. Because they are central to supporting survivors living in the community, attention must be given to the development of educational materials that address caregiver’s needs. Author interviewed to determine their perspective on support and educational needs at two different stages in the recovery of the stroke level of uncertainty of among the caregivers in the acute and community settings, limited information was provided to assist them in their role. A multifactorial approach would involve the development and implementation of specifically designed educational materials for caregivers, the use of a tool such as a patient-held record to assist in and improve the continuity and communications of care and provision of ongoing support from a stroke nurse practitioner who would follow stroke survivors from the acute setting to the community.

M.P.Branes (2003) reviewed the basic principle that underlie the subspecialty of neurological rehabilitation. The main objective was to demonstrate the process that can produce real benefit in terms of functional improvement, fewer unnecessary complications & better co-ordination of services of disabled person. Author conducted a study in Hunters Moor Regional Rehabilitation Center, Newcastle, United kingdom. Study includes 150 populations, which consist of age group 30 to 80 years who had undergone traumatic brain injury or stroke. The data collection includes interview directly & through telephone, also from medical records. It found that neurological rehabilitation provided by skilled groups help the disabled person
to cope up with new situation. Author concluded that neurological rehabilitation is a process of education and enablement that must involve the disabled person and their family. It is a process that should be conducted through a series of specific goals to enroot a long term strategic aim. In the past rehabilitation has been viewed some as vague and woolly process often with justification. Modern rehabilitation is a combination of a precise science while retaining the art of traditional medicine.

Tamily Bakas (2002) conducted a study on shortened hospital stays have contributed to the urgent need for caregivers to manage difficult and time consuming tasks required for the care of stroke survivors in the home setting. Main objectives of the study include to identify which tasks were perceived as the most time consuming and difficult, determine which of these tasks were most predictive of mood and other negative care givers outcomes and elevate the psychometric properties of the oberest care giving burden scale as a measure of tasks. Family caregivers of stroke survivors were recruited through a mailed questionnaire to 388 stroke survivors who were receiving care from two Midwest rehabilitation hospitals in United states sample size includes age group from 40 to 80 years. Data collection procedure is by mailing questionnaire to family member or friend who cares the patient. Implications for practice include referring caregivers to resources for tasks that fall outside of the scope of nursing, providing support, information or advice related to tasks perceived as time consuming or difficulty by care givers and encouraging family caregivers to seek care for their own physical, emotional, and social needs.
Robert W. Teasell (2004) says that earlier rehabilitation is started the better recovery; greater intensity of treatment translates into greater recovery and that improvement that can continue for some time after discharge from hospital or rehabilitation center. Neuro imaging evidence suggests that different parts of the brain may be involved at different times in recovery, and this pattern may vary according to the level of recovery. Ward et al undertook functional MRI studies in stroke patients while performing outcome related motor tasks during the early and latent phases of recovery. From data's of patients at St. Josephs Health Care, London Kings College Hospital LONDON. Author conducted observational study in 64 patients 5-stroke clinic. Based on this studies conducted that therapy based rehabilitation services for a stroke patients living at home within in one year of experiencing a stroke resulted in a significant improvement in the ability to manage activities of daily living and reduced the likelihood of deterioration in Activities of Daily Living (ADL).

Margaret Ackerman Pasquarello (1990) a uniform medical treatment is established acute stroke programme. The purpose of this study was to measure the impact of a nurse-managed acute stroke program and its outcomes. Aspects of the stroke program's included in daily nourishing assessment, patient teaching, two support groups of staff education, family discharge and telephone follow up. Variables examined were length of stay disposition, readmission and compliance factors. Author conducted study among 50 patients in St. Thomas School of Medicine, physical medicine and rehabilitation acute stroke units. Author
concluded that 45 percentages of the patients are showing good outcome after the acute stroke programme.

Linda J Boynton: De Sepulveda (1994) had an objective to make the stroke patient, effectively in coping with difficulty. The study was conducted in St. Luke hospital in United States. 75 persons were interviewed among their relatives. Although the interviews did not fit the data several path coefficients within the interview were statistically significant. Functional status was positively related to coping effectiveness. Persons with functional disability following stroke also had decreased social contact perceived less availability of social resources and increased threat to physical well being and had reduced coping effectiveness. Author studied about how the patient coping effectively with his difficulties. Author conducted that the buffering effect of social support was related to the level of disability of stroke persons.

SUMMARY

The review of literature on the above areas helped the investigator to gain deeper knowledge about rehabilitative measures of stroke, which in turn helped construction of tools. However the investigator could not locate such studies done in Indian settings.

The literature also helped in design of the study, development of tool, information about sample, data collection procedure and plan of analysis.
CHAPTER-III

METHODOLOGY

Introduction

Methodology was a way of systematically solving the problem. May be understood as a science of studying how research is doing scientifically (C.R.Kothari 1990). This chapter provides a brief description of different steps taken to conduct this study. It includes research approach, research design, setting, sample, and sampling technique, development of tool, description of tool, pilot study, data collection procedure and plan of analysis.

RESEARCH APPROACH

Survey approach was conducted in the study.

The main objectives are

1. To assess the knowledge about the home care management of patients among the caregivers

2. To assess the home care practices of stroke patients among the caregivers.

3. To identify the difficulties faced by the care givers while giving care

Moreover survey approach is suitable for educational fact finding in a relatively small sample.
RESEARCH DESIGN

It was concerned with overall framework for conducting the study. For fulfilling the objectives of the study; the following design was utilized for collection and analysis of data, as shown in table 1.
SCHEMATIC DESIGN OF THE STUDY

Attribute Variables | Study population and Sample | Tool | Criterion Measure
---|---|---|---
KNOWLEDGE | Total population 100 caregivers are attended during the study period in stroke clinic of SCTIMST | Interviewed with a structured questionnaire | Regular diet, Regular exercise, Regular medication, Regular follow-up
PRACTICE | Study Sample of 30 caregivers are considered

Table. 1

SETTING

The study was conducted in SCTIMST, tvm. The rationale for selecting SCTIMST for study was the investigator was most familiar with this institution. In addition to that, this stroke clinic is conducting in very few specialties all over India. In SCTIMST, stroke clinic is on all Fridays from 10 am to 12 noon. Here mainly follow up of stroke patients are conducting.

POPULATION

The population of this study includes, the caregivers attending the stroke clinic of SCTIMST. There are approximately 100 populations attended the stroke clinic during one-month duration.
SAMPLE & SAMPLING TECHNIQUES

A convenient sampling technique was used to select the samples of the study. Two-stage sampling was used for the present study. First stage consisted of 5 samples for pilot study. In the second stage 30 persons selected for the study for one-month duration. The total duration of the study period include from August 2005 to September 2005.

CRITERIA FOR SAMPLE COLLECTION

Inclusion criteria:

- Care givers who were willing to participate in the study
- Care givers who can understand and speak Malayalam

Exclusion criteria

- Patients attending the stroke clinic without there care givers

DEVELOPMENT OF TOOL

An extensive review and review of study of literature helped in preparing items of tool. The tools examined and content validity was tested by the experts of SCTIMST. A multiple-choice questionnaire of 30 questions was prepared based on the literature. After obtaining prior permission from the authorities and caregivers, direct interview was done.
The step was taken for development of tool are presented below

STEP 1

A structured questionnaire of 30 questions for assessing the knowledge and practice was made based on the literature reviewed and on experts opinion

STEP 2

The tool was pilot tested on a sample of 5 persons. The time taken for completion of the interview varied from 15 to 20 mts.

STEP 3

Pilot study gave information regarding the feasibility and effectiveness of the study. For each respondent scoring also done, then the remaining study was conducted with this tool.

DESCRIPTION OF TOOL

The tool used in the present study consisted of two parts

Part 1: It composed of demographic characteristics of stroke patients such as age, sex, occupation, month and year of the first stroke, length of hospital stay, demographic characteristics of caregivers such as name, age, relationship and educational status.
Part 2: It consist of 30 questions for assessing the knowledge and practice of about home care management among care givers. In this 15 questions each are for assessing the knowledge and practice respectively. Importance of regular diet, exercise, medications, followup, physiotherapy etc are checked through these questions. For these questions scoring also done by giving a credit of one for the best response and a weight of zero for other response or omissions. The possible range of knowledge score was 15 and the possible range of practice was 15.

PILOT STUDY

After obtaining prior permissions from the authorities. Study started on 26.8.05. The purpose of pilot study was to check about the feasibility of the tool. Direct interview was held with a structured questionnaire, after getting signed consent. With necessary modification, tool was pilot tested. Pilot study gave information regarding the feasibility and the effectiveness of the study. The pilot study participants were excluded from the main study. For each responds scoring also done, then continued with the tool.

DATA COLLECTION

The data were collected from stroke clinic of SCTIMST. Formal permission was obtained from the authorities. Period of data collection was 2-september to 30-september 2005.
The investigator was introduced to the care givers about the purpose of the study and the confidentiality of their responses were assured. The time taken for completion of the interview was 15 to 20 mts.

PLAN OF ANALYSIS

A plan for data analysis was developed by the investigator after the pilot study. The data obtained from knowledge and practice assessment would be analyzed by descriptive statistics. Percentages are used for describing the samples and bar diagrams would be utilized to represent the distribution of total scores and sub scores in the different content areas.

SUMMARY

This chapter presented the research approach used for the study, research design of the study, setting of the study, sample and sampling techniques, development of tool, pilot study, data collection procedure and plan of analysis.
CHAPTER-IV

ANALYSIS AND INTERPRETATION

This chapter analyses and interprets the data obtained from knowledge and practice of 30 caregivers of stroke patients in stroke clinic of SCTIMST.

The purpose of present study was to assess the knowledge of home care management of stroke survivors among the caregivers of patients attending the stroke clinic, to assess the activities practiced towards the home care management. The analyses of data are presented in 3 sections

1. Sample characteristics
2. (a) Data on caregivers knowledge and practice in all areas
   (b) Data on caregivers knowledge and practice in specific areas
3. Data on knowledge and practice according to selected demographic variables

DESCRIPTION OF SAMPLE CHARACTERISTICS

Sample of 30 caregivers are selected for the study. The demographic data includes were age, sex, education, occupation. Its distributions are shown in table 2 below.
### Distributions of Caregivers among demographic variables

<table>
<thead>
<tr>
<th>Demographic Data</th>
<th>Total Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-39 yrs</td>
<td>8</td>
<td>26.66%</td>
</tr>
<tr>
<td>40-49 yrs</td>
<td>17</td>
<td>56.66%</td>
</tr>
<tr>
<td>50-59 yrs</td>
<td>5</td>
<td>16.66%</td>
</tr>
<tr>
<td><strong>b. Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>22</td>
<td>73.33%</td>
</tr>
<tr>
<td>Female</td>
<td>8</td>
<td>26.66%</td>
</tr>
<tr>
<td><strong>c. Educational Qualification</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary &lt;7 std</td>
<td>5</td>
<td>16.66%</td>
</tr>
<tr>
<td>Secondary &lt;12</td>
<td>14</td>
<td>46.66%</td>
</tr>
<tr>
<td>Graduates &gt;12</td>
<td>11</td>
<td>36.66%</td>
</tr>
<tr>
<td><strong>d. Occupational Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working</td>
<td>8</td>
<td>26.66%</td>
</tr>
<tr>
<td>Not-working</td>
<td>18</td>
<td>60%</td>
</tr>
<tr>
<td>Retired</td>
<td>4</td>
<td>13.33%</td>
</tr>
</tbody>
</table>
Distributions of care givers among their age group

In this figure x axis represents age and in y axis its percentage. Most of the caregivers who attended the stroke clinic are 40-49 yrs.

Figure 1
Most of the caregivers attend the clinic are male caregivers. Only 25% of Female caregivers attended the stroke clinic during this study.
Most of the caregivers are having secondary education, majority are 10th std. They are more aware about the knowledge and practice comparing to other age groups in this study.
Distribution of caregivers among their occupational status

![Bar chart showing the percentage of caregivers in different occupational statuses: Working 26.66%, Notworking 60%, Retired 13.33%]

Figure 4
2. a. Data on caregivers’ knowledge and practice

This part of analysis shows the distribution of total sample of 30 caregivers about the home care management. The total knowledge score is 67% and of practice is 70% in this study.

Figure 5
Data on caregiver’s knowledge and practice in specific areas

Figure 6

RD : Regular Diet
RE : Regular Exercise
RM : Regular Medicines
RF : Regular Follow-up
SUMMARY

The chapter deals with analysis and interpretation of data collected from 30 caregivers. Bar diagrams, and pi diagrams are used for representing the data's from caregivers. Total knowledge 64% and practice 70% is obtained.
CHAPTER-V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter gives a brief account of the present study including conclusions drawn from the findings and possible application of the result. Recommendation for future research and suggestions for the present study improving the present study are also presented.

Summary

This study was undertaken to assess the knowledge and practices of home care management of stroke survivors among the caregivers who are attended the stroke clinic of SCTIMST. Objectives, need and significance, review of related literatures, helped the investigator for understanding methodology and developing the tool on home care management.

Figures and bar diagrams are used to represent the analyzed data’s of this study. Major findings of the study are

Knowledge scores of caregivers in this study are 64% & practice is 70%

IMPLICATIONS

Implications can be drawn from the findings of the study are instructional programs helps in the promotion of educational aspects of caregivers. Pamphlets on rehabilitation in co-operating figures and risk modification aids in equipping the caregiver.
LIMITATIONS

The investigator has developed the tool, as no standardized tool was found available.

CONCLUSION

Based on the findings of the study the conclusions were drawn as

1. The knowledge of caregivers about homecare management of stroke patients is 64%.

2. The activities practiced by the caregivers towards the homecare management of stroke patients are 70%.

RECOMMENDATIONS

The following recommendations are made as the basis of present study.

1. A similar study can be conducted in other healthcare institutions.

2. A study can be done to find out the effectiveness of planned health education in homecare management of stroke patients.

3. A study may be undertaken to find out the health related content on stroke in school and college curriculums.

4. A similar study can be replicated in the community settings.
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**THESIS**

APPENDICES
### TOOL

<table>
<thead>
<tr>
<th>Name of the Patient</th>
<th>:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital No</td>
<td>:</td>
</tr>
<tr>
<td>Age</td>
<td>:</td>
</tr>
<tr>
<td>Female/Male</td>
<td>:</td>
</tr>
<tr>
<td>Educational Qualifications</td>
<td>:</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>:</td>
</tr>
<tr>
<td>Occupational Qualification</td>
<td>:</td>
</tr>
<tr>
<td>Year &amp; Date of First stroke</td>
<td>:</td>
</tr>
<tr>
<td>Duration of hospital stay</td>
<td>:</td>
</tr>
<tr>
<td>Name of the caregiver</td>
<td>:</td>
</tr>
<tr>
<td>Age</td>
<td>:</td>
</tr>
<tr>
<td>Female/Male</td>
<td>:</td>
</tr>
<tr>
<td>Relation of caregiver with the patient</td>
<td>:</td>
</tr>
<tr>
<td>Commonly facing difficulties while giving care</td>
<td>:</td>
</tr>
<tr>
<td>DM/HTN/Cholesterol/Smoking/Cardiac disorders/palpitation</td>
<td>:</td>
</tr>
</tbody>
</table>

1. What is the reason for weakness in stroke patients
   
   a. Cell destruction in a part of the brain
   
   b. Blood supply to the part of the brain is cut off
   
   c. O2 deprivation to a part of the brain
   
   d. $a + b + c$
2. What happened to the muscles while doing physiotherapy
   
   a. Muscles get constricted
   b. Muscles prevented from constriction
   c. Unknown

3. Time period for starting rehabilitation after brain attack is
   
   a. 24 to 48 hrs
   b. 72 to 100 hrs
   c. 12 to 24 hrs
   d. Unknown

4. Use of salt in your daily intake
   
   a. Large amount
   b. Less amount
   c. Don’t care

5. Large amount of cholesterol can cause arteriosclerosis, thereby increasing the risk of stroke
   
   a. Yes
   b. No
   c. Don’t know

6. Which of the following are having low cholesterol
   
   a. Egg york
   b. Meat
   c. Fish

7. Which of the following are having high cholesterol
   
   a. Chicken
   b. Egg york
c. Pasteurized milk

8. Which of the following is ideal for cooking
   a. Dalda
   b. Coconut oil
   c. Gingely oil

9. Do your patient check Sr. cholesterol level periodically
   a. Yes
   b. No

10. The chance of stroke in patients doing regular exercise is
    a. increasing
    b. decreasing
    c. unknown

11. Do your patient take regular exercise at home
    a. Yes
    b. No

12. Do your patient is having any type of diet control
    a. Yes
    b. No

13. Window period of stroke is
    a. 1 hrs
    b. 2 hrs
    c. 3 hrs
    d. 4 hrs

14. Applying heat on the paralysed part for pain relief is
    a. Good, increases blood supply to that part & decreases pain
    b. Not good, it causes burns
c. Unknown

15. Whether the patient can feel your touch, hot & cold etc
   a. Yes
   b. No

16. Is your patient is having Ryles Tube Feeding, then which of the following is correct
   a. Aspirate the stomach contents before feeding
   b. Pinching the tube helps in preventing air entry
   c. Ryles Tube Feeding should be done 2 hourly.
   d. a + b + c

17. Speech of the patient after stroke
   a. Normal
   b. Comprehensive sounds
   c. Some noises only
   d. Aphasia

18. Role of speech therapy in patients with speech problem
   a. Chance of improvement
   b. No chance of improvement

19. Do your patient had any mental stress
   a. Yes
   b. No

20. Is your patient is having CBD, then which of the following is correct
   a. Cleaning the part thoroughly after passing motion
   b. Keep the bag at lower level
   c. Keep the bag always closed
21. Do you know how to treat constipation
   a. Increase fluid intake & roughage containing diet
   b. Mild exercise
   c. a + b + c

22. How long the patients get sleep normally
   a. 2 hrs
   b. 4 hrs
   c. 6 hrs
   d. 8 hrs

23. Do you know about the reasons for bedsore
   a. Lack of change in position during every 2 hrs
   b. Lack of attention to the back
   c. Malnourished
   d. a + b + c

24. Good diet for patients having difficulty in swallowing
   a. Semisolid
   b. Clear liquids
   c. Kanji

25. Patients having speech problems are able to correct it by doing speech therapy
   a. True
   b. False

26. Signs of urinary tract infection
   a. Fever
   b. Chills & vomiting
   c. Loose stools
d. $a + b + c$

27. Are the patient able to do activities of daily living
   a. Yes
   b. No

28. Are he happy with his new situation
   a. Yes
   b. No

29. Is there need of follow-up for the patient
   a. Yes
   b. No

30. Do you come for all follow-ups regularly
   a. Yes
   b. No
മനോഹരം

മനോഹരമായ തലയാണ്‌ മനോഹരമായി മനോഹരമായതിനാല്‌ തലയുടെ നിരന്തര മനോഹരത്തിനാല്‌ മനോഹരമായതിനാല്‌ മനോഹരമായ മനോഹരമായ മനോഹരമായതിനാല്‌ മനോഹരമായ മനോഹരമായതിനാല്‌ മനോഹരമായ മനോഹരമായതിനാല്‌ മനോഹരമായ മനോഹരമായതിനാല്‌ മനോഹരമായ മനോഹരമായതിനാല്‌ മനോഹരമായ മനോഹരമായതിനാല്‌ മനോഹരമായ മനോഹരമായതിനാല്‌ മനോഹരമായ മനോഹരമായതിനാല്‌ മനോഹരമായതിനാല്‌ മനോഹരമായതിനാല്‌ മനോഹരമായതിനാല്‌ മനോഹരമായതിനാല്‌ മനോഹരമായതിനാല്‌ മനോഹരമായ മനോഹരമായതിനാല്‌ മനോഹരമായ മനോഹരമായതിനാല്‌ മനോഹരമായതിനാല്‌ മനോഹരമായതിനാല്‌ മനോഹരമായതിനാല്‌ മനോഹരമായതിനാല്‌ മനോഹരമായതിനാല്‌ മനോഹരമായതിനാല്‌ മനോഹരമായതിനാല്‌ മനോഹരമായതിനാല്‌ മനോഹരമായതിനാല്‌ മനോഹരമായതിനാല്‌ മനോഹരമായതിനാല്‌ മനോഹരമായതിനാല്‌ മനോഹരമായതിനാല്‌ 

നിരീക്ഷക:  മനോഹരമായ നിരീക്ഷക്

നാമം
1. സാധാരണയായി കോശാംശങ്ങൾക്ക് അംഗേയ്യാകാണുന്നതാണ്
   a. റോബ്സൺ എന്നർക്കമിട്ട്‌ കോശാംശങ്ങൾ അംഗേയ്യാകാണുന്നതാണ്
   b. റോബ്സൺ എന്നർക്കമിട്ട്‌ കോശാംശങ്ങൾ അംഗേയ്യാകാണുന്നതാണ്
   c. റോബ്സൺ എന്നർക്കമിട്ട്‌ കോശാംശങ്ങൾ അംഗേയ്യാകാണുന്നതാണ്
   d. മധുരമുഖത്ത്

2. സ്വകാര്യാതിരാകാണനാൽ, കോശാംശങ്ങൾ അംഗേയ്യാകാണുന്നതാണ്
   a. ഡെഡോൺ എന്നും
   b. ഡെഡോൺ എന്നും
   c. ഡെഡോൺ എന്നും

3. സ്വകാര്യാതിരാകാണനാൽ, ആയുധം കൊണ്ട്
   a. 24 ജൂൺ ല 48 അക്കടയത്ത് ബ. 72 ജൂൺ 100 അക്കടയത്ത്
   c. 12 ജൂൺ 24 അക്കടയത്ത്

4. സ്വകാര്യാതിരാകാണനാൽ, ആയുധത്തെ നോക്കുന്നതാണ്
   a. അശ്ലീലം b. കൊണ്ട് c. ഡെഡോൺ d. വിത്ത്

5. സ്വകാര്യാതിരാകാണനാൽ, ആയുധത്തെ നോക്കുന്നതാണ്
   a. കൊണ്ട് b. കൊണ്ട് c. കൊണ്ട്

6. കോശാംശങ്ങൾ അംഗേയ്യാകുന്ന ആയുധമികളായുള്ള അത്യന്തം അംഗേയ്യാകുന്ന ആയുധങ്ങളെ അതിക്രമം നൽകുന്നത്
   a. ടൂളെ b. ടൂൾ

7. കോശാംശങ്ങളെ അംഗേയ്യാകുന്ന ആയുധങ്ങളെ
   a. ടൂൾ b. ടൂൾ c. ടൂൾ d. ടൂൾ

8. കോശാംശങ്ങളെ അംഗേയ്യാകുന്ന ആയുധങ്ങളെ
   a. ടൂൾ b. ടൂൾ c. ടൂൾ d. ടൂൾ

9. കോശാംശങ്ങളെ അംഗേയ്യാകുന്ന ആയുധങ്ങളെ
   a. ടൂൾ b. ടൂൾ

10. കോശാംശങ്ങളെ അംഗേയ്യാകുന്ന ആയുധങ്ങളെ
    a. ടൂൾ b. ടൂൾ c. ടൂൾ

11. സ്വകാര്യാതിരാകാണനാൽ, ആയുധം നോക്കുന്നതാണ്
    a. ടൂൾ b. ടൂൾ

12. സ്വകാര്യാതിരാകാണനാൽ, ആയുധം നോക്കുന്നതാണ്
    a. ടൂൾ b. ടൂൾ

13. സ്വകാര്യാതിരാകാണനാൽ, ആയുധം നോക്കുന്നതാണ്
    a. 1 അക്കടയത്ത് b. 2 അക്കടയത്ത് c. 3 അക്കടയത്ത് d. 4 അക്കടയത്ത്

14. സ്വകാര്യാതിരാകാണനാൽ, ആയുധം നോക്കുന്നതാണ്
    a. ടൂൾ b. ടൂൾ c. ടൂൾ d. ടൂൾ

15. സ്വകാര്യാതിരാകാണനാൽ, ആയുധം നോക്കുന്നതാണ്
    a. ടൂൾ b. ടൂൾ c. ടൂൾ d. ടൂൾ
പ്രകാരം നിങ്ങൾക്ക് എല്ലാവരും കഡെറ്റിക്ക് വിവരിക്കുന്നതു നിരീക്ഷിക്കുകയും ക്രമമായി പരിഹാരങ്ങൾ തയ്യാറാക്കുകയും ചെയ്യുന്നു. ഇതില്‍ വളരെയധികം കാണ്ഡങ്ങളും പേരുകളും പറയുന്നു. മൂന്നു വിവരം ക്രമമായി കാണിക്കുന്നു. ക്രമത്തെ നിയമം പ്രകടിപ്പിക്കുന്നു. ക്രമാനുസരിച്ച് നിരീക്ഷിക്കുന്നത് കാണാൻ സാധനമാണ്. കാണാതെ സമൂഹത്തിന്റെ മുന്നുകളും പേരുകളും പറയുന്നു. ഇതില്‍ വളരെയധികം കാണ്ഡങ്ങളും പേരുകളും പറയുന്നു. മൂന്നു വിവരം നിയാരുമായി കാണിക്കുന്നു. ക്രമത്തെ സമൂഹത്തിന്റെ മുന്നുകളും പേരുകളും പറയുന്നു. ഇതില്‍ വളരെയധികം കാണ്ഡങ്ങളും പേരുകളും പറയുന്നു. മൂന്നു വിവരം നിയാരുമായി കാണിക്കുന്നു.
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