"THE KNOWLEDGE REGARDING CARE OF PATIENTS WITH STROKE AMONG RELATIVES FROM SELECTED HOSPITALS OF PUNE CITY IN VIEW TO DEVELOP INFORMATION BOOKLET''.

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ABSTRACT

Introduction: Paralysis or Stroke is a cerebro-vascular accident that that happens when the brain's blood supply is interrupted or due to a blockage in blood vessels and bleeding within the brain is called as stroke. **Aim of the study:** "The knowledge regarding care of patients with stroke among relatives from selected hospitals & to develop information booklet. **Material and method:** The study approach was a quantitative with non-experimental descriptive survey design. The sample selection technique was used non-probability purposive sampling technique. The sample size was 100 relatives of stroke patient aged between 18-60 years. Samples were selected from different hospitals of Pune city. The tool used for data collection was a self-structured questionnaire that contained demographic variables in section I, section II was related assessment of the knowledge regarding care of patients with stroke among relatives. The written informed consent was taken from the participants prior to the data collection, in order to establish reliability of the tool, the inter-rater method was used. **Result:** Majority i.e. 43% of samples were from 48-60 years of age, 52% of samples were female, 35% of samples were having primary education, 48% of samples were working in private sector and majority 60% of samples were from rural area. Majority 52% of samples had average knowledge regarding care of patient with stroke, 46% of samples had good knowledge regarding care of patient with stroke and 2% of samples had poor knowledge regarding care of patient with stroke. Significant association was not found between knowledge score with selected demographic variables. **Conclusion:** The study concluded that there is average knowledge regarding care of patient with stroke among their relatives.
KEY WORDS: Knowledge, stroke, relatives, information booklet.

INTRODUCTION

Paralysis or Stroke is a cerebro-vascular accident that that happens when the brain's blood supply is interrupted or due to a blockage in blood vessels and bleeding within the brain is called as stroke. As we see many patients in neurological wards, it is clear that Sudden weakness in the face, arm, or leg are signs of a stroke., as well as verbal aphasia, headaches, dizziness, and loss of coordination. High blood pressure, diabetes, obesity, smoking, and genetic factors account for more than 60% of people's increased risk of stroke. Stroke is the major cause of adult neurological impairment and the third most frequent cause of mortality in the developed world. According to WHO the stroke affects more than 15 million person every year at international level, there are 5 million death in every year causes by stroke. Stroke affects 1,85,000 persons in India, and as of the 9th of March 2023, one stroke patient will die

every 4 minutes. If we compare Pune to Maharashtra, where there are 10,000 stroke victims, there are 94,154 stroke patients and 229 stroke patient deaths in 2011.[2]

Between 1970-1979 and 2000-2008, the incidence of stroke increased by more than 100% in low- and middle-income nations, including India. An accurate evaluation of the stroke burden in India is difficult due to a lack of trustworthy reporting methods, variation in methodology, study population, and limited sample size in previous epidemiological research [3]

NEED OF THE STUDY

Stroke is the major cause of adult neurological impairment and the third most frequent cause of mortality in the developed world. The interval between the beginning of stroke symptoms and hospital arrival must be reduced in order to deliver prompt and efficient treatment in order to lessen the effects of stroke. Stroke treatment delays are brought on by a number of factors, but the primary one is a lack of public understanding of the symptoms and the significance of an urgent response.

The significance of raising public knowledge regarding stroke and the necessary emergency response. Public awareness and education campaigns should concentrate on individuals who are at risk for stroke; elderly people in general, those from ethnic minority groups. These populations typically have less information about stroke, even though stroke disproportionately affects these groups.

The significance of raising public knowledge regarding stroke and the necessary emergency response. Public awareness and education campaigns should concentrate on individuals who are at risk for stroke; elderly people in general, those from ethnic minority groups. These populations typically have less information about stroke, despite the fact that stroke disproportionately affects these groups. [5]

Stroke patients need ongoing care, therefore stroke family carers are unlikely to foresee when the home health care service would finish. Stroke is a chronic, incurable illness that frequently leaves its victims dependent on others for the rest of their lives. A family of a stroke patient may experience all kinds of negative effects, including unanticipated changes, mortality, physical, emotional, and social issues, worry about prognosis, and social problems. A family member who has been designated as the primary caregiver is especially subject to this duty, which also affects their income. Caregiving for stroke patients who are disabled or paralyzed demands the necessary specialist knowledge, abilities, patience, love, and understanding, which could lead to stress, worry, weariness, or other health issues in the caregivers.[4]

THE AIM OF THE STUDY

To assess the knowledge regarding care of patients with stroke among relatives from selected hospitals of Pune city in view to develop information booklet.

RESEARCH METHODOLOGY

The study approach was a quantitative with non-experimental descriptive survey design. The sample selection technique was used non-probability purposive sampling technique. The sample size was 100 relatives of stroke patient aged between 18-60 years. Samples were selected from different hospitals of Pune city. The tool used for data collection was a self-structured questionnaire that contained demographic variables in section I, section II was related assessment of the knowledge regarding care of patients with stroke among relatives.

The written informed consent was taken from the participants prior to the data collection, in order to establish reliability of the tool, the inter-rater method was used.

RESULT

Section: I

Table no – 1 Distribution of demographic data with age

N=100

Age in years	Frequency (N)	Percentage (%)
a. 18 – 27 years	3	3.00
b. 28 - 37 years	9	9.00
c. 38 - 47 years	21	21.00
d. 48 - 60 years	43	43.00
e. 60 years and above	24	24.00

Table no -1 shows that majority 43% of samples were from 48-60 years of age, 24% of samples were from 60 and above years of age, 21% of samples were from 38-47 years of age, 9% of samples were from 28-37 years of age and 3% of samples were from 18-27 years of age group.

Table no – 2 Distribution of demographic data with gender

N=100

Gender	Frequency (N)	Percentage (%)
Male	48	48.00
Female	52	52.00

Table no -2 Show that majority 52% of samples were female and 48% of samples were male.
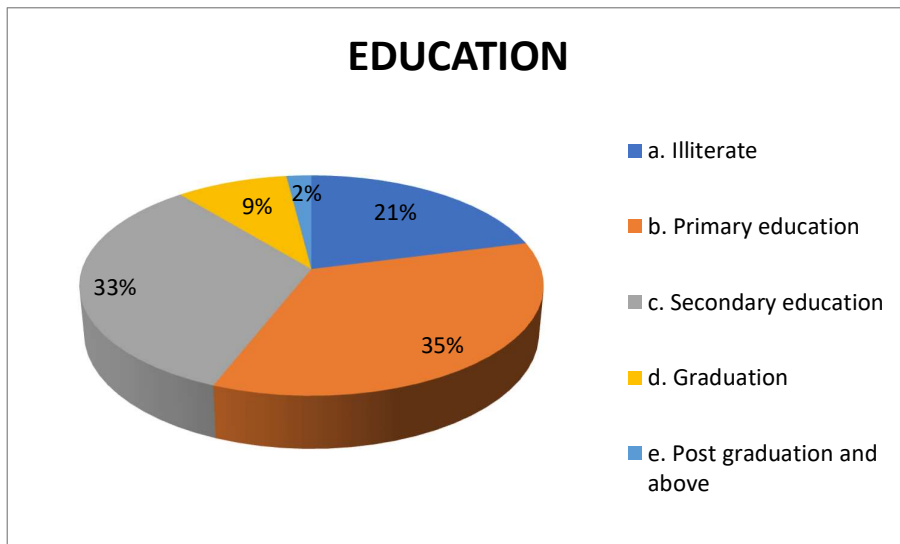
N=100

Figure no – 1 Pie diagram showing education wise distribution of samples

Figure no – 1 shows that, majority 35% of samples were having primary education, 33% of samples were having secondary education, 21% of samples were illiterate, 9% of samples were graduated and 2% of samples were having post-graduation and above.
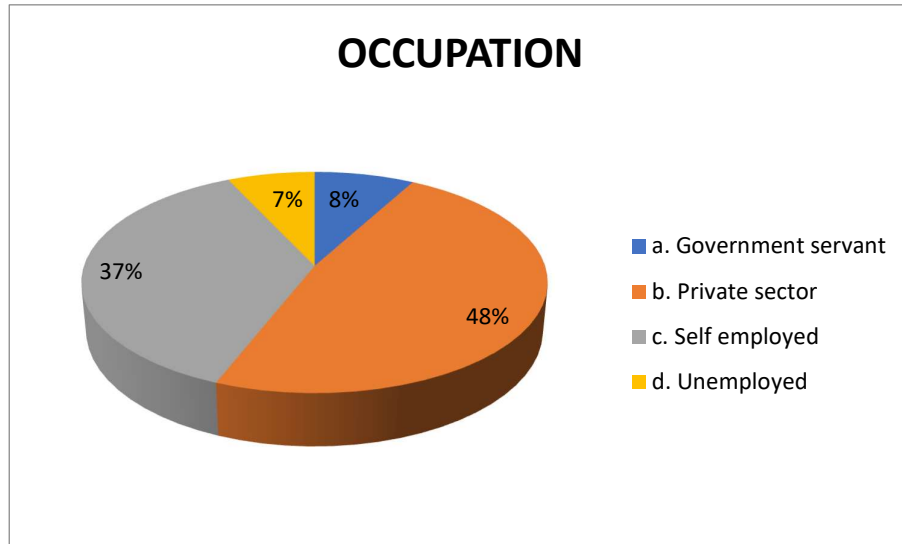
N=100

Figure no – 2 Pie diagram showing occupation wise distribution of samples

Figure no – 2 shows that, majority 48% of samples were working in private sector, 37% of samples were self-employed, 8% of samples were government servant and 7% of samples were unemployed.

Section – II
Findings of knowledge regarding care of patient with stroke among relatives
Table no – 3 Knowledge regarding care of patient with stroke among relatives

N=100

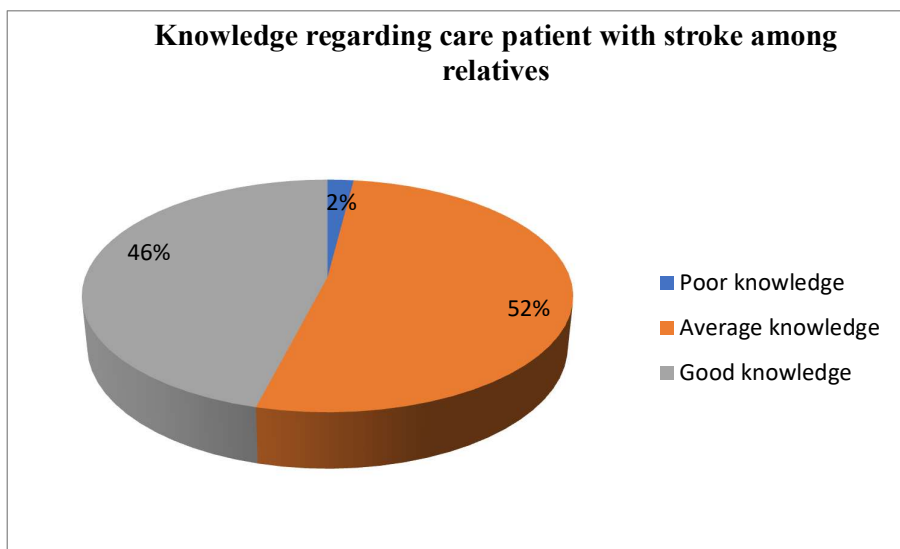| Level of knowledge	Frequency	Percentage	Mean	SD
Poor knowledge	2	2.00		
Average knowledge	52	52.00	14.11	2.1
Good knowledge	46	46.00		

Figure no – 3 The pie diagram showing percentage wise distribution of knowledge regarding care of patient with stroke

Table no – 3 & Figure no. 3 show that, majority 52% of samples had average knowledge regarding care of patient with stroke, 46% of samples had good knowledge regarding care of patient with stroke and 2% of samples had poor knowledge regarding care of patient with stroke.

DISCUSSION

The aim of the study was to assess the knowledge regarding care of patients with stroke among relatives from selected hospitals of Pune city in view to develop information booklet. The result showed that majority 52% of samples had average knowledge regarding care of patient with stroke, 46% of samples had good knowledge regarding care of patient with stroke and 2% of samples had poor knowledge regarding care of patient with stroke. A similar study was conducted which is supporting the study objective as to assess the knowledge, attitudes, and practices of 105 family members of stroke survivors (57 males and 48 females; mean age: 48.3 9.7 years; range: 18 to 60 years), and it found that caregivers in rural areas with lower education levels are less knowledgeable about potential stroke complications, making patients more susceptible to those sequelae. Stakeholders should prioritize educating and empowering stroke survivors' caregivers for these population.

A study is conducted in 2016 at Kolkata India, to explore and compare stroke-related KAP (knowledge, attitude, and practice) among participants from stroke-affected families and no stroke-affected families supporting the study objectives. They discovered that although people from both SAF and non-SAF groups are aware of stroke, they are less knowledgeable about the various symptoms and risk factors, demonstrating the need to improve current knowledge on symptoms for better diagnosis and of risk factors for better prevention. [11]

A similar study was conducted which is supporting the study objective to assess the knowledge, attitudes, and practices of 105 family members of stroke survivors (57 males and 48 females; mean age: 48.3 9.7 years; range: 18 to 60 years), and it found that Patients are more vulnerable to stroke sequelae in rural regions because carers have less education and are less aware of potential consequences. Stakeholders should prioritize educating and empowering stroke survivors' caregivers for this populations [12]

CONCLUSION

The study concluded that there is average knowledge regarding care of patient with stroke among their relatives.

Majority samples had average knowledge regarding care of patient with stroke, some samples had good knowledge regarding care of patient with stroke and remaining of samples had poor knowledge regarding care of patient with stroke. There was no association to have significant association with the knowledge score of care of patient with stroke among relatives with selected demographic variables; since p-value was more than 0.05 level of significance. Item analysis highlights that, majority of samples had given correct meaning of stroke, some samples answered correctly for symptoms of stroke whereas few said correct causes of stroke. The majority of samples who knows the diet of stroke patient, samples had given answer on which things are restricted for the stroke patient whereas the majority of samples most of them know the exercise of stroke patient, and few samples had knowledge about sleep duration of stroke patient. The majority of samples had knowledge on the personal hygiene of stroke patient, samples know about the oral care practice and samples know how to change position of stroke patient. Samples had knowledge on how to skin care of stroke patient, whereas and samples knows how to do communication with help of facial expressions with stroke patient, the majority of samples answered about the primary goal of stroke patient and samples knows about the alternative therapy stroke whereas the majority samples said that they had knowledge on the treatment of stroke patient.

Recommendation for Future Research:

- The study can be done in different hospitals.
- Study can be conducted on larger population.
- Information booklet on knowledge regarding care of stroke patient should be developed.
- An interventional study should be conducted to increase the knowledge of relatives of stroke patient.

Conflict of interest

The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper. Ethical Approval: Ethical approval is given by Intuitional research & recommendation committee, Bharati Vidyapeeth (Deemed to be University), College of Nursing, Pune

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