Health promotional needs of stroke survivors of delhi and ncr region

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Abstract

Background:
Stroke is the world's third highest cause of death and a major cause of disability. The impact of stroke on an individual stroke sufferer are often left with a resultant disability. Physically disabled individuals, including those who have suffered a stroke, are highly susceptible to develop secondary health complications arising after a primary disability caused by stroke. In stroke patient's secondary complications not only include contractures, spasticity and pressure sores but also include psycho-social adjustment to depression, isolation and environmental issues such as architectural inaccessibility.
Health services should be orientated towards the prevention of secondary complications and the enhancement of the health status of stroke patients by encouraging a habitual lifestyle that involves health-promoting behaviors. A general health behavior curriculum should be provided as a service to all those living with physical disabilities.
The objective of this study was to find out what are the health-related behaviors of stroke patients in various hospitals and health centers in the National Capital Region and what factors influence the engagement of the stroke patients in these health-related behaviors.

Material and Methods:
The study was conducted in the National Capital Region of India (Delhi, Noida, Gurgaon). This region includes several districts, with each district consisted of many government as well as private hospitals and nursing homes the setting for the current study was National Capital Region of India.

The total 127 subjects were recruited from 43 physiotherapists who were identified from, nursing homes, hospitals and physiotherapy center across National Capital Region of India. We included the patients age group between 25 to 70 years with chronic stroke more than 1 to 2 years.
We developed the health-related questionnaire. We re-examined the questionnaire and outlined the major sections. The questionnaire comprised of the following seven sections.

Results & Conclusion:

The findings of this study indicate that most of the participants were indeed involved in poor health behaviors including sedentary lifestyles and substance usage such as alcohol and smoking.
Rehabilitation professionals need to recognize that although functional independence is an important goal resulting behaviors may be detrimental to the health and quality of life of patients who have suffered a stroke, if health promotion interventions are not implemented with urgency. It is of utmost importance to note that education, social support and identity adjustment among physically disabled individuals with stroke have a significant impact on the health-related behaviors that they choose to engage in. Rehabilitation professionals therefore need to foster positive attitudes among these stroke patients and motivate them as well as offer relevant information to their family and friends during the rehabilitation process. Considering the long period of time that individuals who have suffered a stroke spend with physiotherapists compared to other health professionals, there exists a responsibility and window of opportunity for the physiotherapist to initiate individualized health promotional strategies, early in the rehabilitation program.

Key wards: Stroke, Health Promotion, Disability, Rehabilitation

Background:

Stroke is the world's third highest cause of death and a major cause of disability. The impact of stroke on an individual is vast and stroke sufferers are often left with a resultant disability. Physically disabled individuals, including those who have suffered a stroke, are highly susceptible to secondary health complications which may arise after a primary disability. In stroke patient's secondary complications do not only include contractures, spasticity and pressure sores but may also include other impairment like which are often found in various neurological disability such as psycho-social adjustment to depression, isolation and environmental issues such as architectural inaccessibility[1-3] (According to the National Guideline on Stroke and Transient Ischemic Attack Management, depression and feelings of isolation should not be overlooked and should be attended to at outreach rehabilitation services such as the health centers, rehabilitation clinics, day program or home visits by members of the stroke team / home based care team. The occurrence and severity of secondary conditions can further limit a person's ability to perform essential life tasks and social roles[4]. In addition to being predisposed to secondary complications, stroke patients often also have predisposing illnesses that have been identified as modifiable risk factors for stroke. These illnesses include hypertension, diabetes mellitus, cardiac disease and hyperlipedemia[5]. Excessive alcohol use and smoking have also been identified as modifiable risk factors for stroke[6].
The modifiable risk factors and secondary complications can be further aggravated by the lifestyle the person engages in following a stroke. The choice of lifestyle an individual affected by a disability engages in, often has an impact on the individual's quality of life[7]. A habitual lifestyle that involves health-promoting behaviors such as proper medication usage, being physically active and good hygiene, certainly enhances an individual's health status. On the other hand, practicing health risk behaviors which include physical inactivity, poor hygiene and smoking, are potential dangers, which often result in poor health conditions and ultimately a poor quality of life [8-9].
Although health services should be orientated towards the prevention of secondary complications and the enhancement of the health status of stroke patients by encouraging a habitual lifestyle that involves health-promoting behaviors. A general health behavior curriculum should be provided as a service to all those living with physical disabilities.

Patients who have suffered a stroke form a large group of individuals with neurological deficit accessing the community health centers, hospital, physiotherapy and rehabilitation centers and nursing homes in National Capital Region. Services offered at these centers include primary health care services, which consist of preventative, promotive, curative and rehabilitative aspects. The rehabilitative services offered to the individuals with stroke, include mainly physiotherapy and occupational therapy. Individuals who have suffered a stroke require a rehabilitation program to function at the highest level possible, to maintain optimal health, and to adopt an altered lifestyle[10]. Therefore, by incorporating health promotion interventions into rehabilitation program, individuals could be more effectively empowered to take control over their own lives. Although health promotion has been recognized as a component that needs to be included in the provision of health services at these Health Centers, the emphasis is still on curative and rehabilitative aspects and less on the preventative and promotive aspects. The needs, including the health promotion needs of stroke patients are not known. The purpose of the present study is therefore to determine these needs to assist the shift of services from a curative to a promotive one. Addressing the health promotion needs of the stroke patients could form a vital part of the rehabilitation of these stroke patients. "In restructuring health promotion services for people with disabilities, rehabilitation professionals are challenged to assume the roles of collaborator, educator, researcher, and program provider".

This study attempts to identify factors that influence the health-related behaviors of people who have suffered a stroke. Most secondary complications are exacerbated by a poor choice of lifestyle[11]. Therefore, efforts in health promotion intervention should place an emphasis on participation in health-promoting behaviors such as participation in physical activity, while refraining from health-risk behaviors, like tobacco smoking and poor eating habits. Currently, the health care personnel labor force, mainly the rehabilitation sector, is overextended because of a small number of health care personnel, less recognition and independent responsibility is not placed, and the possible increase in physical disabilities because of stroke. The views of the participants in the study on issues to promote their wellness-enhancing behaviors could help to prevent the occurrence of additional secondary disabilities. This could certainly improve the quality of rehabilitation by decreasing morbidity rates, which may result in lower health care costs.

Aim and Objective:

The objective of this study was to find out what are the health-related behaviors of stroke patients in various hospitals and health centers in the National Capital Region and what factors influence the engagement by the stroke patients in these health-related behaviors.

Material and Methods:

The study was conducted in the National Capital Region of India (Delhi, Noida, Gurgaon). This region includes several districts, with each district consisted of many government as well as private hospitals and nursing homes the setting for the current study was National Capital Region of India.

The total 127 subjects were recruited from 43 physiotherapists who were identified from, nursing homes, hospitals and physiotherapy center across National Capital Region of India. We included the stroke patients age group between 25 to 70 years with chronic stroke more than 1 to 2 years. We did not differentiate the side of involvement thus with either side of the body affected were also recruited. Patients were excluded from the study if they had severe cognitive impairment, communicative deficits because of a stroke and those who were non-co-operative. A total of 88 patients were recruited from the Delhi, 7 from the Noida, and 32 from the Gurgaon, all the participants accessed their primary healthcare provider at health center either for medication, rehabilitation services or follow-up medical care.

We developed the health-related questionnaire. We again re-examined the the questionnaire and outlined the major sections. The questionnaire comprised of the following seven sections.

Once the draft was written the questionnaire was subjected to a peer view, by 3 senior physiotherapist and 2 general physician who were knowledgeable in the field of health promotion and stroke management. The peer review brought to the researcher's attention the need to include a separate section

on support, thus the section included to allow participants to express any views they had on the issue of support and what support they feel they need since having a stroke. It was suggested that a question relating to whether participants have access to transport, be added to the original questionnaire. If participants indicated that they did have access to transport, they had to indicate whether it was private transport or public transport. If participants did not have access to transport they had to indicate how they then get from point A to point B. Suggested options provided for this question were, walking, using a wheel-chair and forced to stay at home because of lack of transport. Another suggestion was that

The questions relating to the socio-demographic status of the patient, information relating to stroke such as how long ago they suffered the stroke, what side of the body is affected, were they admitted to hospital post stroke and the rehabilitative services the participants received. Disability related characteristics along with the socio-demographic, about the general health/lifestyle of the stroke patients, participants' knowledge about stroke. whether health care professionals educated them about what a stroke is, the causes of stroke, how to prevent a further stroke as well as the prevention of secondary complications, what support (physical and emotional) the stroke patients felt they needed post stroke, including who they felt should be providing the support, about physical activity, 'Do you participate in any kind of physical activity or exercise like walking, gym, exercising in a stroke group on a regular basis, patient's awareness of secondary complications in stroke. Each patient was interviewed by the physiotherapist. Physiotherapist instructed and give training on telephone how to administer the questionnaire.

A cross sectional survey was the design used for the quantitative aspect of the study. Surveys have been defined as 'systems for collecting information to describe, compare, and predict attitudes, opinions, values, knowledge and behavior.

The survey was carried out in 2017 at various Hospitals, health center, physiotherapy center in NCR. Completing most questionnaires in the comfort of the participants' homes, made them feel more at ease and allowed more time to be spent with each participant, thereby gaining maximum input from everyone. Numerous questionnaires were also completed at the various physiotherapy/occupational therapy departments at various health centers. All questionnaires in these cases were completed by the participants either before or after the treatment session so that not to interfere with the participants exercise regime.

Descriptive statistical analysis using Microsoft Excel was employed to obtain a profile of the study population. Means, standard deviations and percentages were calculated for descriptive purposes and the chi-square test was used to test for associations between various variables. Various relationships between the socio-demographic characteristics (age, gender, education, employment status and disability-related characteristics) were illustrated using frequency tables. Several health-related behaviors and factors that influence these behaviors were analyzed using chi-square tests, where the association between these various variables was determined.

A total of 103 participants completed the questionnaire for the study. A total of Four questionnaires were omitted from the study, as certain sections of the questionnaire were not completed. 99 questionnaires were therefore completed correctly and were eligible for data analysis. This yielded a response rate of 99.2%

Results:

Most of the participants (93.4%) were married.

Table 1 Illusrated the Marital status of participants

	n (%)
Marital Status	
Married	93
Divorced/separated	7
Single	3
Total	103