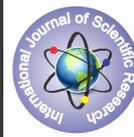


Quality of life of Stroke survivors



Psychology

KEYWORDS: Stroke. Quality of Life. Gender. Implications.

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ABSTRACT

Quality of life generally gets compromised in stroke survivors due to associated impairments and complications. In this context the present research studies the quality of life in males and females stroke survivors on physical health, psychological, social relationships, environment domains and their perception of health through WHOQBREF scale. Independent t sample test was computed to examine significant difference in overall perception of quality of life, perception of health, and quality of life on all domains across gender. 60 samples were selected randomly from various hospitals in Delhi area. The results indicated significant relationship between the variables. Females were observed as low scorers on each scale. Results are discussed in light of research and implications of research are suggested.

INTRODUCTION

Stroke is the leading cause of disability and the third leading cause of death worldwide. Stroke can be a devastating and physically debilitating disease as it significantly interferes with the activities of daily living and, thus, the quality of life (Giles and Rothwel, 2008; Dayapoglu & Tan, 2010). Quality of life is a complex concept comprising physical, emotional and social well-being. World Health Organization (WHO) identifies health-related quality of life as individuals' perception of their position in life according to their purpose, expectations, standards and worries within the context of the culture and value system in which they live. There is limited data on the quality of life in the early post-stroke phase and the changes in it over time. Social support and stroke-related depression significantly adversely affect the quality of life after stroke (Gupta et al., 2008; Kong and Yang, 2006). Stroke-associated disability has been found to affect the health status of the individual with stroke over a period of time (Grenthe & Sunnerhagen, 2007).

Compromised physical function, fatigue and pain due to various complications associated with stroke with lots of direct and indirect deficits like sensory, motor, visual, speech, language, perceptual, cognitive, affective, and, psychological. A person who suffers stroke also has minimal social contacts and they do not have good social life as well. Treatment of stroke of course is expensive so it causes monetary burden on people of low and middle socioeconomic class. They cannot go to work so does not have occupational well being and satisfaction. The subjective aspects of work should be worked upon for rehabilitation of younger stroke patients. Due to all physical disabilities and loss of social contacts stroke usually leads to depression and anxiety (Almborg et al., 2010), associated with lower HRQOL. Ability to perform personal activities and social activities, interests, young age, education and short hospital stay were related to higher HRQOL. Patient's perceived participation in discharge planning was positively and negatively associated with HRQOL. Co morbidities present in stroke also leads to poor quality of life after stroke specifically in the area of memory and thinking, and poorer communication (Nichols-Larsen et al., 2005). Research proposed that males tend to have better quality of life than females (Bushnell et al., 2014). The female gender is a known risk factor for anxiety and depressive disorder due to inability to perform activities of daily living (Gargana & Reeves, 2007), hence lower poorer quality of life particularly 3 months post discharge (Gray et al., 2007) that persisted even after correction of known prognostic factors such as age and stroke severity (Kuroda et al., 2006).

Objectives of the study:

To assess the quality of life domains among male and female survivors with stroke.

Hypothesis:

There is significant relationship of quality of life domains and

survivors with stroke.

Method:

Procedure: This study implemented survey method the self reported questionnaire was used to collect the data for assessing quality of life along with the personal data sheet. The selected stroke patients of (N=60) were given the standardized questionnaire under personal supervision. The sample consists of men and women with right hemiplegics with 1 year of stroke from various hospitals in Delhi. Convenient sample technique was been employed. The sample was classified in terms of age, education, type of family, occupation, marital status as socio demographic factors.

Inclusion and exclusion criteria: Those male and female who were between 35yrs to 55yrs above, right hemiplegics with history of 1 year of stroke and are enrolled in rehabilitation program 2 weeks after stroke whereas below 35, and more than a year of stroke and rehabilitation come under exclusion criteria.

Tool: WHOQBREF is a 26 item self administered short form generic questionnaire. The response option ranges from 1 to 5 where 1 denotes very dissatisfied and 5 denote very satisfied. It has 4 domains which assesses quality of life and its facets (sub domains) as follows physical health including activities of daily living, dependence on medicinal substances and medical aids, energy and fatigue, mobility, pain and discomfort, sleep and rest and work capacity. Psychological domains includes bodily image and appearance, negative feelings, positive feelings, self-esteem, spirituality / religion / personal beliefs and thinking, learning, memory and concentration. Social relationships include personal relationships, social support and sexual activity. Environment include financial resources, freedom, physical safety and security, health and social care: accessibility and quality, home environment, opportunities for acquiring new information and skills, participation in and opportunities for recreation / leisure activities, physical environment (pollution / noise / traffic/climate), transport.

Results:

The results are presented below in a tabular manner.

Table 1: Mean, SD and t scores of Male and Female Stroke survivors (N=60)

Domain	Sex	Mean	Std. Deviation	T score
Physical health	F	47.90	11.373	5.289*
	M	63.83	11.957	
Psychological	F	50.17	13.754	4.792*
	M	66.93	13.344	
Social Relationship	F	49.57	17.260	3.719*
	M	65.03	14.868	

Environment	F	54.47	12.190	4.729*
	M	69.03	11.666	
Perception of QOL	F	5.60	2.253	3.572*
	M	8.53	3.893	
Perception of Health	F	7.73	3.140	3.579*
	M	10.67	3.209	

*0.05 level of significance

It is observed from the table 1 that there is significant relationship between perception of quality of life and perception of health between males and female. There was a significant difference in quality of life in physical, psychological, social and environmental domain between males and females. The mean value of perception of quality of life, health, physical, psychological, social, environmental domains in females are overall less than males. On the basis of mean square it is also clear that physical domain is the most affected domain in male and female stroke survivors.

Discussion:

Psychological variables play a role in quality of life and its domain. There is strong inverse association with depression, anxiety between physical function, emotional function, social and environmental functions (Pound et al., 2012). Even the global health status, functional status, symptom status and psychological factors were related to the quality of life. The most affected domain according to the mean squares is the physical one that has significant relationship with pain which is directly related to the less quality of life, since pain impacts the patient's daily activities due to the traumatic symptoms (Couvreur, 2001). Research in the past have found that women had worse quality of life than men up to 12 months considering important socio demographic variables like stroke severity and disability due to functional impairments present that limited their domestic activities (Gall et al., 2012; Reeves et al., 2008; O' Sullivan & Schmitz, 2001; Lai et al., 2002; Cuccurullo, 2004). Anxiety and depression was significant predictor of quality of life. It affects the physical, social and emotional disturbances which influence quality of life (Rapley, 2003; Poynter et al, 2009; Haley et al., 2011).

Conclusion:

The risk factors associated with stroke emphasized on variables such as physical function deficit, presence of depression or its symptoms, being of female gender, and advanced age could negatively influence the quality of life. It was found that women with stroke had lower knowledge on handling the mental health domain regardless of age, severity of stroke, and presence of other co morbidities. Therefore, stroke management is the need of an hour achieved through improved knowledge, changed attitude (Das & Das, 2013), good social support and quality family assistance to be maintained so that the burden of stroke in India can be reduced.

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