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A Qualitative Study: Quality of Life in Patient with Post Stroke Attack By Suhartini Ismail

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BASIC AND APPLIED NURSING RESEARCH JOURNAL 2020, Vol. 1, No. 1, 7 – 11 <http://dx.doi.org/10.11594/banrj.01.01.02> Research Article [A Qualitative Study: Quality of Life in Patient with Post Stroke Attack](#) Ni Luh Putu Thrisna Dewi 1 *, Suhartini Ismail 2 1 Medical Surgical Nursing, STIKes Wira Medika, Denpasar 80239, Indonesia 2 Emergency and Critical Care Division, Diponegoro University, Semarang 50111, Indonesia Article history: ABSTRACT Submission December 2019 Revised March 2020 Introduction: Post-stroke attacks cause many disease complaints physically, Accepted March 2020 [psychologically, and emotionally](#). It decreases [the ability of the patient to do the activity in daily life \(ADL\)](#) and quality of life post-stroke attack. The aim *Corresponding author: of study was to evaluate the patient's health-related to quality of life post- E-mail: dewi_bonita@gmail.com stroke attack. Method: a qualitative study was used in this study. Data was obtained by an in-depth interview. Result: there were four main issues, [i.e. \(1\) Hampered in doing daily activities, \(2\) Changes the meaning of life due to physical limitations, \(3\) Psychological response due to limitation of social relations, \(4\) Patient with stroke require a health care professional](#). Patients with post-stroke attack suffered physical disorders and physiology. It revealed that it had an impact on their social relationships. Conclusion: The patients with post-stroke attacks were limited in doing daily activities independently. The patient needs professional service to manage their life quality. Keywords: Stroke patient, quality of life, health service Introduction There is 15 million stroke patients worldwide in 2015, according to The World Health Organization (WHO). It is the second- largest cause of death after Ischemic Heart Disease [1]. Stroke is the most common cause of death in an urban area with 28.5% of mortality. The physical, psychological, and emotional consequences affect their ability to perform daily life activities [2]. Stroke has a direct impact on health systems, including the disruption of movement, communication, thinking, memory, and emotion. It decreases the quality of life (QoL) [3]. Therefore, the QoL of stroke patients is critical to determine their survival. Recently, some studies show that the quality of life decreases after stroke [4]. It also associated with their disability to do daily activity [5]. Quality of life contributes to various aspects of stroke patients. It affects physical well-being, psychological well-being, social welfare, economic disparities, and daily activities. On the other hand, it triggers a slow healing process of rehabilitation after stroke [6]. Quality of Life can be described as a conceptual measurement tool, including welfare, quality of survival as well as the ability a person to do activities during chronic conditions [7]. A qualitative study is urgently needed to determine the quality of life in

patients after stroke. In a present study, we evaluated the perception of a patient after stroke against the quality of life. Material and Methods This study was performed according to a qualitative study of Husserlian Phenomenology. A total of 5 patients from Bangli General Hospital participated in this study. The inclusion criteria were as follows: 1) awareness, 2) ischemic patients with moderate stroke, 3) willing to be respondents research. 4) stroke patients in an acute phase (48 hours), 5) patients able to communicate verbally. Data was obtained by an in-depth interview. Questions asked to participants include: 1. What is the purpose and current hope after stroke? 2. How about the quality of life after stroke? Data analysis Data was analyzed based on conversation content between nurses and patients. Then, data was proceeded by determining the meaning of the unit i.e. finding relationships between words, sentences or paragraphs to obtain the theme [8]. Results and Discussion Results A total of five females participated in this study. There were two patients who have a history of hypertension and three patients without a history of hypertension or complications. The ages of the participants ranged from 50-65 years. There were 4 issues in this study. These issues were demonstrated the interconnectedness and the quality of life in a patient after a stroke. These issues were as follows: Hampered in doing daily activities The activity is conducted independently by participants such as standing, walking, dressing, communicates with others become very limited, and hampered after stroke. Physical limitations are the most commonly perceived impacts after stroke. The following expression: "Now I cannot go to the market due to my right foot is pain. At first, all of the body parts on the right hard to move. Now, legs have been pain, so all activities become limited (P1). Limited activity after illness affects various aspects of the participant's life. Before the stroke, all participants do many activities independently, but now it depends on others. Changes the meaning of life due to physical limitations Physical disorders or impaired memory impact all participants to do something. Participants in this case also suffered psychological problems. Sometimes participants are blaming themselves, feeling useless because it is always a hassle other people and not be noticed again. The following statement: "I feel sad about my current condition because my son-in-law became arduous by me. Now, it is hard to walk by myself. Everything depends on my kids, sometimes I feel ashamed. "I feel it often troublesome for my son-in-law. I used to be able to work independently, but after a stroke impacts my life. I should be assisted in performing the activities (P3). Participants feel a lack of attention from their family. Family members do not fulfill all requests from participants. Therefore, the participants feel a lack of attention. Besides, life after stroke has decreased due to all limitations. Participants cannot work as well as before. Now, all activities depend on their families. Psychological response due to limitations of social relations Loss of body functions or weakness resulting from stroke led to the emergence of emotional responses on participants. The participants feel shame and choose to stay at home. Statement of participants as follows: "I used to be active in the community due to any activity in the temple. I keep in touch with my friends. But now I cannot be like it, because it is seldom to meet with them. Currently, I feel easy to get angry. I am often angry with my husband, due to slow action, where I definitely can work faster. After suffering a stroke, I often feel weak. Therefore, it is more difficult to move my body or go from house. I am embarrassed and afraid to leave the house but my condition has declined until now (P2). Participants feel anger towards the environment, so they annoyed quickly. On the other hand, participants perceived limitation, in conducting social relations with many people. Stroke patients require professional health care Patients with stroke need more health quality service. Although the nurse gave a fast

response when patients need. But the information provided by the nurse was sometimes limited. All participants hope to have friendly service, sufficient information, and a good environment. "They said I have to be compliant by health workers to control. Therefore, I didn't relapse again and should be treated. However, I need a detailed explanation, including dietary restrictions of my illness. Whether it can be cured or not. Perhaps the nurses were busy, so they provided less information about the development of my current condition. Why I did not allow going home when I felt better. (P5). All participants revealed that they don't know anything. So, they need to understand their health education. Participants feel service provided by nurses already well, but it is not enough to provide information related to the healthy development of participants. Discussion Perception of the [quality of life in a patient with post-stroke](#) identified at the second theme that is suffering in its limitations. Post-stroke expectations about the quality of life identified at the fourth theme namely stroke patients require professional health services result in the healing process. Hampered in doing daily activities Paralysis/disability is a common symptom of stroke patient. This situation affects the condition of the face, arms, and legs, even an entire side of the body. Therefore, patients have difficulty to do daily activities, such as walking or holding an object [9]. Also, the most frequent clinical manifestations are headaches, ataxia (muscular movement coordination faded) that occurs with or without weakness, loss of sensory abilities due to blockage of small blood vessels that supply the lateral thalamus, pons or region lentiform in the brain [10]. Another impact is the disruption of cognitive and perceptual. This risk is the main obstacle after a stroke, and unstable conditions led to the declining QoL [11]. The disorder causes a change in stroke patient's life. All participants have difficulty due to the physical limitations in their daily activity, particularly when they are walking. Some participants often feel limp and tingling due to limited activities. The previous research shows that 50% of stroke patients suffer long-term disability. Post-stroke problems affect the quality of life, such as decreased activity and lifestyle changes. The movement and functional activities of post-stroke become limited and cause hemiparesis or hemiplegia. Besides, stroke affects functional activity, such as the ability to grab, grip, balance, stand, and walk [12]. [Changes the meaning of life due to physical](#) limitations Patients with post-stroke cause the change of life due to disability i.e. damage to the motoric system, cognitive, perceptual, and knowledge. Perceptual and cognitive disorders are the major obstacle after a stroke. This condition led to declining quality of life [13]. In a present study, some participants stated changes in the meaning of life after a stroke. Participants can't do their activities independently. They need others to help them. Besides, they feel under-appreciated because of their limitations and feel less cared from their family members. The participants expression indicated that participants feel a psychological problem on themselves. All participants feel inability and limitations when dealing with others. After suffering a stroke affects the patients perception to interpret their life. The previous research also suggesting that physical limitations affect the patient's emotional and impact on the quality of life in stroke patients. The psychological patient also affect towards the way to interpret their life [14]. [Psychological response due to loss and limitations of social relations](#) A variety of psychological responses in a patient after stroke shown with emotion. Emotional problems such as anxiety, depression, even frustration often appear in a stroke patient. They become impulsive, sensitive, angry, crying, and sad. These conditions occur in patient with non-fluent aphasia and a right-brain injury. Also, the disability cause depression [15]. Some participants said that easy to temper after stroke. The patient's anger appear because they can't do many thing as well. They become dependent on others [16]. Some participants feel lazy to come out from home. It is normal in a patients with post-stroke due to their physical limitation and many psychological

aspects [17]. Support from the family is important for patients. They are afraid to make trouble for their family members. It is a stressor of psychological problems for patients [4]. Stroke patients require professional health care. In a present study, we reveal that patients with post-stroke require medical services. They should be informed about their condition and lifestyle. Some participants expect information for their life due to the quality of life change after stroke. The Ministry of health, including nurses must assist the fulfillment of physical, psychological, social, and environment during the treatment [18]. Now, health services only concern with the patient's physical needs than the psychological, social, and environment [6]. The previous research shows that the explanation in medication must be performed during treatment as well. It will support the healing process. On the other hand, detail information ensures patients to understand the current condition to prevent recurrent stroke [19]. The health care professional understands that the patient has difficulty in managing their illness. Therefore, patients need a discussion about their issues [20]. Recommendations The patient could not be denied that emotional response from family and surrounding people. Patients need professional services to improve their quality of life. Conclusion Patients with post-stroke only did limited daily activities independently. They felt rely on others. Acknowledgment We sincerely thanks to all patients, nurses, doctors, patients' families, and Stikes Wira Medika who kindly help to complete this paper. References 1. Gupte MD, Kulkarni PR (2002) A study of antifungal antibiotic production by *Streptomyces chattanoogensis* MTCC 3423 using full factorial design. *Letters in Applied Microbiology* 35 (1): 22 – 26. 2. Newman DJ, Cragg MG (2007) Natural products as sources of new drugs over the last 25 years. *Journal of Natural Products* 70 (3): 461 – 477. doi: 10.1021/np068054v. 3. Oyewole OO, Ogunlana MO, Gbiri CAO, Oritogun KS (2017) Prevalence and impact of disability and sexual dysfunction on health-related quality of life of Nigerian stroke survivors. *Disability and Rehabilitation* 39(20): 2081–2086. <https://doi.org/10.1080/09638288.2016.1219395> 4. Haghighi HA, Pazuki ES, Hosseini AS, Rassafiani M (2013) Depression, activities of daily living and quality of life in patients with stroke. *Journal of the Neurological Sciences* 328 (1–2): 87–91. <https://doi.org/10.1016/j.jns.2013.02.027> 5. Lackland DT, Roccella EJ, Deutsch AF, Fornage M, George M. G, et al. (2014) Factors influencing the decline in stroke mortality a statement from the American heart association/American stroke association. *Stroke* 45 (1): 315–353. <https://doi.org/10.1161/01.str.0000437068.30550.cf> 6. Laurent K, Sèze M. De, Delleci C, Koleček M, Dehail P, Orgogozo J, Mazaux J (2017) Assessment of quality of life in stroke patients with hemiplegia Discussion – Conclusion, *Ann Phys Rehabil Med*. 54 (6): 376–390. doi: 10.1016/j.rehab.2011.06.002. 7. Gunaydin R, Karatepe a AG, Taciser Kaya OU (2010) Determinants of quality of life (QoL) in elderly stroke patients: A short-term follow-up study. Doi:10.1016/j.Archger.2010.06.004.Elsevier Ireland. 8. Lerdal A, Gay CL (2017) Acute-Phase Fatigue Predicts Limitations with Activities of Daily Living 18 Months after First-Ever Stroke. *Journal of Stroke and Cerebrovascular Diseases* 26 (3): 523–531. <https://doi.org/10.1016/j.jstrokecerebrovasdis.2016.11.130> 9. Lubkin , Ilene, M, Larsen DP (2013) Chronic illness: Impact and intervention. 8th Ed. USA, Jones & Bartlett Learning, LLC. 10. Elo S, Kyngäs H (2008) The qualitative content analysis process. *Journal of Advanced Nursing* 62 (1): 107–115. <https://doi.org/10.1111/j.1365-2648.2007.04569.x> 11. Hayes M (2010) Influence of age and health behaviors on stroke risk: lessons from longitudinal studies. *Journal of the American Geriatrics Society* 58 (52): 1–9. DOI: 10.1111/j.1532-5415.2010.02915.X. 12. Chen C-M, Tsai C-C, Chung C-Y, Chen C-L, Wu KP, Chen H-C (2015) Potential predictors for health-related quality of life in stroke patients undergoing inpatient rehabilitation. *Health and Quality of Life Outcomes* 13 (1): 118. <https://doi.org/10.1186/s12955-015-0314-5> 13. Lawrence M, Kerr S, Watson HE, Jackson JBM (2009) A survey of stroke nurses' knowledge of

secondary prevention lifestyle issues. *British Journal of Neuroscience Nursing* 5 (11):518-523. 14. Mead G, Wijck FV (2013) Exercise and fitness training after stroke: a handbook for evidence-based practice. Churchill Livingstone Elsevier. 15. Brown T, Mapleston J, Nairn A, Molloy A (2013) Relationship of Cognitive and Perceptual Abilities to Functional Independence in Adults Who Have Had a Stroke. *Occup Ther Int.* 20 (1): 11-22. <https://doi.org/10.1002/Oti.1334>. 16. Kim JS (2016) Post-stroke Mood and Emotional Disturbances : Pharmacological Therapy Based on Mechanisms. *Journal of Stroke* 18 (3): 244–255. <https://doi.org/10.5853/jos.2016.01144> 17. Mulyatsih E, Ahmad A (2008) Petunjuk perawatan pasien pasca stroke di rumah. Jakarta, Balai Penerbit FKUI. 18. Wibowo TA (2017) The Effects Of Slow Stroke Back Massage On Decreasing Depression In Post Ischemic Stroke Patients, 1 (2): 155–162. 19. Fernie BA, Kollmann J, Brown RG (2015) Cognitive behavioural interventions for depression in chronic neurological conditions : A systematic review. *Journal of Psychosomatic Research* 78 (5): 411–419. <https://doi.org/10.1016/j.jpsychores.2015.02.012> 20. Youssef W, Morsy M, Elfeky HA, Ahmed RA (2013) Cerebrovascular stroke recurrence among critically ill patients at a Selected University Hospital in Egypt. *Journal of Biology, Agriculture and Healthcare* 3 (13): 22–33. NLPT Dewi, S Ismail, 2020 / Quality of Life Perception of Patient with Post Stroke Attack: A Qualitativr Study NLPT Dewi, S Ismail, 2020 / Quality of Life Perception of Patient with Post Stroke Attack: A Qualitativr Study NLPT Dewi, S Ismail, 2020 / Quality of Life Perception of Patient with Post Stroke Attack: A Qualitativr Study NLPT Dewi, S Ismail, 2020 / Quality of Life Perception of Patient with Post Stroke Attack: A Qualitativr Study BANRJ | Basic and Applied Nursing Research Journal 8 Volume 1 | Number 1 | June | 2020 BANRJ | Basic and Applied Nursing Research Journal 9 Volume 1 | Number 1 | June | 2020 BANRJ | Basic and Applied Nursing Research Journal 10 Volume 1 | Number 1 | June | 2020 BANRJ | Basic and Applied Nursing Research Journal 11 Volume 1 | Number 1 | June | 2020