

## Stroke patients' caregivers' burden

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**Abstract:**

Stroke, also known as a cerebrovascular accident, is the second-most prevalent cause of death and adult disability worldwide. It is also known as brain dysfunction brought on by a change in cerebral blood flow. Stroke patients' caregivers provide personal care such as bathing and dressing. coordinate health care needs including medications and doctor and rehab appointments. manage finances and insurance coverage. help the survivor maintain and increase their ability to function. **Method:** An exploratory study design has been utilized in this study. 100 sample were considered using the purposive sampling method. Information regarding caregiver's burden was obtained using a BSFC questionnaire. data were obtained in person among stroke patients' caregivers at JSS Hospital Mysore. **Results:** Appropriate descriptive and inferential statistics were done, and the results indicate that caregivers have developed a risk of burden which needs to be assessed further and rectified.

**Keywords:** Stroke, Caregivers, Burden.

## INTRODUCTION

The term caregiver burden refers to the responsibility or load that caregivers bear as a result of caring for a relative. It is characterized as both a subjective and objective burden. The physical assistance provided by caregivers is referred to as an objective burden. Subjective burden refers to the psychological, social, and emotional impact that objective burden has on caregivers (Rigby et al., 2009). Caring for a stroke patient brings a lot of physical and mental stress on the caregiver as well as the family (Pan & Jones 2017). A stroke is an unexpected event, and stroke patients require long-term home support to recover from stroke-related disabilities and multiple complications (De Wit et al., 2017). Family members are often thrown into the role of caregiver without notifying (Lutz, B. J et al.,2017; Lutz, B. J et al., 2011). In this case, family members became the primary caregivers, and they experience high levels of stress and anxiety (Rohde, et al., 2019; Vijaykumar et al., 2018). Caring for stroke patients has an impact on their emotional state, physical health, social life, and financial status (Inanl et al.,2020). Sensory and motor disabilities are major stroke complications that cause various levels of dependence in patients (Ashghali Farahani et al.,2021). Caregivers of patients with neurological disorders are particularly likely to suffer from depression, isolation, burden, and poor quality of life (Verama,et al., 2011).

Anxiety and depression are common in stroke caregivers and are closely related to care responsibilities. In this regard, caregivers should be given proper home care guidance, psychological help, and social support in order to reduce their mental and physical burden (Hu, P et al. 2018). The main caregivers of stroke patients have the same or higher rate of mental illness as the stroke patients (Wu, H. 2012; & Dankner et al.,2016). Caregiver burden is associated with negative outcomes for both caregivers and patients, including decreased

general health and quality of life and an increased risk of morbidity in patients (Efi, et al., 2017). In the primary caregivers of stroke patients, the rate of depression was 40.2% and anxiety symptoms seem to be 21.4% (Loh, A. Z et al., 2017). According to studies, caregivers' mental states have a negative impact on their social function, economy, body health, and quality of life, and are also linked to the psychological state and prognosis of stroke patients (Gbiri., et al 2015; Joo, H., & Liang, D. 2017; Hickey et al., 2015). Caregiver burden increased significantly after discharge in stroke patients, supporting home care providers can help to reduce or prevent the intensification of caregivers (Ashghali Farahani et al., 2021). Caregivers of stroke patients face a high level of caregiver burden because they must provide care for long periods of time (Gertrude et al., 2019; Gholamzadeh et al., 2015). Caregiver burden increased significantly after the discharge of stroke patients' caregivers needs appropriate interventions and Supporting home care providers can help to reduce or prevent the intensification of the caregiver burden (Ashghali et al., 2021). Stroke has a significant psychosocial impact on family members and other unpaid caregivers (Draper et al., 1992). Caregivers, in general, have a poorer quality of life (McCullaghet al., 2005). Many caregivers suffer from health problems as a result of caring for stroke survivors, Stroke caregivers have higher levels of depression during both the acute and chronic stroke phases (Han & Haley 1999).

## **Methods and Materials**

An exploratory research design was used to carry out this study. Considering the nature of the population purposive sampling served as a method of sampling. The sample of 100 caregivers of stroke patients in the dept of Neurology, JSS hospital Mysore, aged between 25 to 80 years. Those participants who were disabled or had cognitive impairment were excluded.

**Burden Scale for Family Caregivers (BSFC)-** BSFC is a questionnaire consisting of 28 items that assess the overall perceived burden resulting from in-home care.

### Procedure

Each participant who participated in the study had undergone an informed consent process and those who consented were recruited for the study those who are disabled or had cognitive impairment were excluded. Data were collected from JSS Hospital. The data was collected manually by the researcher. Although there were 30 minutes time limits set for the completion of the questionnaire. The data were analyzed by Descriptive statistics along with frequencies.

### Results:

**Table 1: Showing the frequency of the level of BSFC**

BSFC		
	Frequency	Percent
None at risk	63	63.0
Increased risk	36	36.0
Very high risk	1	1.0

The above table describes the burden scale for family caregivers among the research samples indicating that 37 percent of the current research population has a burden of taking care of stroke patients in the family.

**Table 1: Showing the Descriptive of the scale score BSFC**

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
BSFC	100	23.00	56.00	40.12	8.23

The above table describes the descriptive, burden scale for family caregivers among the research samples indicating that the mean value is 40.12, SD is 8.23, the minimum is 23 and the maximum is 56 with a range of 33 which indicates that the samples have individual differences.

### **Discussion:**

The current study indicates that 37 percent of the current research population has a burden of taking care of stroke patients in the family. Really focusing on the patient with stroke presents expanded weight to the parental figures which appears as an expanded pace of changed physical and mental results among them. Parental figures embraced changed kinds of survival techniques to defeat trouble and keep harmony between various circles of life.

Stroke is a significant reason for mental weight in survivors. Both the stroke survivors and their guardians revealed huge close-to-home worries including tension, disquiet, and wretchedness. As a rule, seriously incapacitated stroke survivors had impeded personal satisfaction, connected to significant mental weight. Albeit past examinations showed that downturn and tension in guardians impact the physical and close-to-home recuperation in stroke patients in numerous nations, little is had some significant awareness of the predominance and elements related to the weight of despondency and nervousness among stroke survivors and parental figures' dyads in Kinshasa city, situated in Fair Republic of Congo (DRC). Hindrances to effective dealing with seriously handicapped overcomers of stroke incorporate the mental weights of parental figures, the financial status, and the degree of reliance of stroke patients and their guardians. Despite the fact that proof showed that the mental weight of parental figures is connected to higher dreariness among stroke survivors, its under-conclusion and misjudgement are bound to influence the prosperity of stroke patients and guardians' dyads. Until now, there is an absence of distributed information on the

mental weight among stroke patients and parental figure dyads in Kinshasa; notwithstanding the high pace of stroke revealed by past studies. This study is expected to survey the weight of wretchedness and nervousness and covariates as well as its relationship with utilitarian handicap levels among stroke survivors and guardians' dyads (Kitoko et al., 2022).

The Coronavirus pandemic has changed the whole arrangement of stroke executives. While family guardians for the most part confronted the additional weight through various encounters, they likewise experienced a few positive effects from the pandemic. The incorporated medical services framework, particularly in the time of digitalization, is a significant component to lay out the cooperative commitment of numerous partners to repay the trouble and support the medical care of stroke survivors during the pandemic (Haji Mukhti et al., 2022). Most of the guardians needed to really focus on their family members however experienced trouble simultaneously. Older patients, patients with a lower Barthel File at release, and diabetes are at a higher gamble of requiring care from a family guardian (Jíru-Hillmann et al., 2022).

### **Conclusions:**

Stroke is a significant reason for death and handicap in Indonesia. Stroke requires top caliber, quick, and exact management to forestall and keep away from incapacity and demise. Stroke can be forestalled by sufficiently controlling the gambling factors and empowering sound ways of life. Endeavors are required to sort out well-being advancement programs at the community level. More and a superior conveyance of nervous system specialists also, neuro-interventionalists are required. All emergency clinics ought to have a CT examination machine and stroke units. Telemedicine for stroke patients is an exceptionally encouraging undertaking for incorporating intense stroke into the executive's framework. Family caregivers among the research samples indicate that 37 percent of the current research

population has a burden of taking care of stroke patients in the family. Even caregivers' mental health and burden status has to be concentrated along with the patients.

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