

The Nature and Impact of Caregivers' Psychological Support to Persons Living with Stroke

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Abstract: The purpose of the study was to explore the nature and impact of psychological support provided by caregivers on the survival of persons living with stroke in Iringa Municipality in Tanzania. The study employed a qualitative approach and adopted a case study research design. Data were obtained from a sample of 60 participants who were stroke survivors, caregivers and health workers. Data were collected were interviews and documentary review. Data were analysed through the use of thematic content analysis method. The findings revealed that the psychological support has been mostly provided by specialists such as counsellors, medical doctors and physiotherapists. The study findings revealed that caregivers are not able to provide such services because of lack of knowledge and training. The findings also revealed that most of caregivers lack knowledge of routine monitoring and screening for stroke survivors, depression, anxiety, eating issues, and appropriateness levels of social and family support, as well as contextual factors that have been hindering the implementation of care. Moreover, study the findings revealed that the psychological support among stroke survivors exhibited positive outcome as majority of them were observed to improve the quality of their life. The study concluded that caregivers appear to be the most promise for supporting the physical and behavioural health results to persons living with. The study recommends that the psychosocial care should be integrated to all clinics and hospitals to optimize health outcomes and health-related quality of life.

Keywords: stroke, caregivers, psychological support.

1. INTRODUCTION

Stroke is the second-leading cause of death among adults and a major cause of disability in the world (Feigin *et al.*, 2017). It often implies severe consequences for patients who continue to require assistance, which is mostly provided by informal caregivers, usually spouses or other family members (Pindus, 2018). Informal caregivers represent an invaluable resource for stroke patients, playing a key role both during and after the rehabilitation process (Visser-Meilyet *et al.*, 2006). Caregivers are required to bear many responsibilities, sometimes changing their roles, which can be extremely difficult (Camak, 2015).

Literature highlights that caregivers' burden can be further distinguished in two main areas that caregivers usually face (Rigby *et al.*, 2009). On one hand, the so-called objective area comprises practical, financial, and physical-health difficulties; on the other hand, caregivers cope with subsequent issues in the psychological and social area, such as depression, anxiety, poor well-being, and relational troubles (Camak, 2015; Rossi Ferrario *et al.*, 2019). These interconnected areas constitute the broader construct of caregiver burden (Gbiriet *et al.*, 2015).

Among the important area, providing the necessary care requires caregivers to balance the patients' needs and their own personal and professional life (McLennon *et al.*, 2014). Caregivers may reduce their time at work or may be forced to completely leave their job, with evident consequences regarding social involvement and financial condition (Bauer & Sousa-Poza, 2015). Furthermore, patients' medical and physical treatments require expensive therapies and drugs that exacerbate economic difficulties (Rajanet *et al.*, 2016). Concerning the social area, the caregiver's role in the family may be

modified as well as the relationship with the stroke survivor, particularly for the spouse (Revenson et al., 2016; López-Espuela et al., 2018).

Care giving among individuals with diverse health related problems is of paramount concern today. Majority of people suffer from severe mental illness, cardiovascular pathologies and cancer (Sales, 2003). On one hand, some family care giving strains are common across several illnesses; high illness severity is associated with greater objective and subjective strains independently from the specific pathology (e.g., stroke, cancer, heart disease, Alzheimer, mental illness). Moreover, caregivers face greater difficulties when the patient's behaviour changes for affective and cognitive impairments, otherwise, they cope better with patients' physical impairments that seem to be more easily manageable (Biegelet al., 1991).

On the other hand, some issues are pathology specific: feelings of shame and stigma are burdens specific of caregivers of patients with mental illness (Muralidharan et al., 2016); cancer caregivers face high uncertainty and anxiety levels and, those of brain cancer, face the most difficult emotional suffering (Sales et al., 1992; Kent et al., 2016). Caregivers of patients with intellectual disability and Alzheimer are required to provide more physical care (Chiao et al., 2015; Werner and Shulman, 2015), and children's caregivers show the highest worries about the patient's future (Brannan et al., 1997; Pinquart, 2018).

Finally, stroke caregivers must cope with variable levels of cognitive deficits and/or physical disability that imply considerable objective and subjective burden (Camak, 2015). Stroke caregivers are older than brain injury caregivers, thus they face specific challenges in rehabilitation and for their own health (Sinnakaruppan and Williams, 2002). Moreover, compared to caregivers of neurological patients, stroke caregivers are at a greater risk of developing worst physical and emotional health, indeed they reported higher levels of anxiety and depression (Chow et al., 2006). Despite this evidence, too little attention is still given to caregivers who may be hidden or silent patients themselves (Sambasivamet al., 2019). Moreover, caring for caregivers' psychological health could contribute to achieving better rehabilitation outcomes for patients (Teasellet al., 2000). In a study from Zimbabwe, revealed that first strokes occurred in black Zimbabweans who had been living in Harare for six months or more who were identified through several methods including daily review of patients with stroke in medical wards in the four hospitals serving the population along with checking of emergency department records and a monthly inspection of the post-mortem register for any patients in whom stroke was found at autopsy (Morris et al., 2019).

In Tanzania, stroke occurs at a much younger age with later presentation associated with devastating outcomes. Hospital-based studies have reported early mortality ranging from 30% up to 60% (Matuja, 2022). This figure is alarming as approximately 50% of the Tanzanian population comprises individuals between 15 to 54 years who are the nation's task force (Matuja, 2022). There is an urgent need for promoting research to identify the possible aetiologies and drivers of hypertension among young Tanzanians. Of note, ischemic stroke sub-type occurs at a higher proportion than haemorrhagic stroke in Tanzania. A recent study conducted at a large academic hospital reported 11.3% of all medical admissions being ischemic strokes, of which 39.2% had presumed large vessel occlusion with a one-year mortality of 80% (Matuja, 2020).

Matuja (2022) state that, stroke is preventable in Tanzania, but it requires a holistic approach involving key stakeholders necessary for diverting the available resources channelled for infectious diseases to NCDs at various stages of stroke prevention. For primary prevention, we need to strongly advocate for early detection, treatment and control of modifiable risk factors and promote health education to the public. In terms of secondary prevention, a call for advocating endovascular therapies necessary for reducing morbidity and mortality from stroke is much needed. The stakes are high for patients in Tanzania and all struggling through a debilitating ailment. Therapeutic options have proven to be effective in improving acute stroke outcomes in HICs, such as morbidity and mortality from stroke. However, several barriers need to be overcome before establishing these interventions, including lack of community awareness regarding stroke symptoms and signs, the delayed presentations of patients, shortage of specialized stroke units, high costs of medical procedures, and scarce human resources necessary for the management of acute stroke.

Currently, there is only one private centre offering intravenous thrombolysis for treating acute ischemic stroke in Tanzania. Furthermore, standard guidelines for managing stroke patients are lacking in most hospitals in Tanzania since stroke is given less priority by funding agencies, and there are very few centres that offer rehabilitation services to stroke patients. Researchers from South Africa estimated the incidence of first-ever and recurrent stroke from figures relating to hospital admission of patients with stroke and found a crude incidence of stroke of 101 per 100 000 in a population aged 20 years and over (92 of 116 had CT scans) (Tribelhorn 2021). Both these studies showed a marked rise of incidence with age (Gaugler, 2019). Age-specific stroke incidence is higher in younger age groups in the sub-Saharan African studies than in

the UK Oxford Vascular Study but lower than figures for black people from the Northern Manhattan Stroke Study (Young et al., 2017).

The overall prevalence of impairment and disability relating to stroke in the Hai study population for those aged 15 years and over was 127 per 100,000 and for those aged 55 years and over was 566 per 100,000. These figures are lower than those from developed countries, perhaps because fertility from stroke is higher in sub-Saharan Africa than in developed countries. Caregiving for persons who have had a stroke differs from caregiving related to other chronic conditions, such as Alzheimer's disease or cancer (Glasdam, Timm&Vittrup, 2018). In other chronic conditions, caregiving may start and increase gradually, which may allow for adaptation to caregiving. However, in the case of stroke, caregiving begins suddenly. In addition, the duration of hospital stays for persons who have had a stroke has significantly decreased in the last few years (Hall, Levant, &DeFrances, 2018; Morris et al., 2019), which consequently increases the burden for caregivers who begin to take care of their loved ones very soon after the stroke event (Connell, Baker & Prosser, 2018).

Descriptions of the experience of stroke caregivers have focused on specific experiences and populations and have considered varied time intervals from the initiation of caregiving. Studies of specific experiences have investigated the caregivers experience of the patients transition from hospital to home (Plank, Mazzoni&Cavada, 2017) and the experience of caregivers during the acute phase of the stroke (Ellis-Hill *et al.*, 2019; Friberg&Segesten, 2020). Studies focused on specific populations of stroke caregivers have been conducted on female caregivers (Saban& Hogan, 2018) and older caregivers (Gosman-Hedstrom&Dahlin-Ivanoff, 2019).

Studies considering different time intervals from caregiving initiation have broadly investigated the experience of caregivers within two years from the initiation of caregiving without a precise timeframe (Brereton & Nolan, 2018; Dowswell *et al.*, 2018; Kerr & Smith, 2019; Cecil et al., 2020). It is important to note, however, that stroke recovery has a long trajectory and several quantitative studies such as Gaugler (2010) and Tai and Lou (2018) have shown that stroke caregivers need change over time. For example, Cameron and Signac (2019) identified stages in stroke caregiver needs during the stroke trajectory, (event/diagnosis, stabilization, preparation, implementation, and adaptation) and even a study by (Gallagher-Thompson et al., 2019). Understanding better stroke caregiver experience would improve knowledge on the stroke trajectory from the caregiver's perspective, which is needed to tailor interventions for caregivers.

Studies with patients have shown that a comprehensive description of the initial experience of the stroke trajectory can be obtained three months after patient's discharge (Rachpukdee, *et al.*, 2019; Someone *et al.*, 2020). In fact, soon after the stroke, patients are mainly focused on physical recovery and do not consider other aspects of their lives, such as relationships with family or the impact of the stroke on their daily lives. Someone *et al.*, (2014) and Rachpukde, *et al.*(2019) found that at three months after discharge, patients have started to see how the stroke will impact their lives, and it is possible to describe an initial experience of the stroke. A major event, such as stroke, can make the survivors lives very stressful. According to the transactional theory of stress, psychological stress is a particular relationship between the individual and the environment, which is assessed by them as they go beyond their coping resources, threatening their well-being. This evaluation is a process that defines why and to what extent certain relationship between the individual and the environment that surrounds him/her is stressful. In this relationship, it is not the quality of the event that will rank it as a stressor, but the way it is perceived and interpreted by the individual (Hunyor& Henderson, 2017).

Studies have shown that stress experienced by stroke survivors after hospital discharge is directly related to their functional independence and the presence of depressive symptoms. Stroke survivors with lower functional independence and greater depressive symptoms have a higher level of stress back home after hospital discharge. Psychological stress can be detrimental to the lives of stroke survivors. Despite the great impact that psychological stress can cause in the lives of stroke of people, the scientific production on the perceived stress and its predictors remains scarce (Schulz, 2018). Most publications which make the connection between stress and stroke refers to the physiological stress (e.g., oxidative stress in cells) or the adaptation and the family burden facing disabilities of their family member survivor of stroke, with a few exceptions. With little knowledge on the experience of caregivers in handling people living with stroke, it was the intention of this study to explore the nature and impact of caregiver psychological support to person living with stroke in Iringa Municipality in Tanzania.

1.1 The Purpose of the Study

The purpose of this study was to explore the nature and impact of caregiver's psychological support to people living with stroke in Iringa Municipality in Tanzania.

2. METHODS AND MATERIALS

The study was conducted in Iringa Referral Regional Hospital (IRRH) in Iringa Municipality in Tanzania. Iringa Municipality is one of the fast growing municipalities in Tanzania with features of modernity. The municipality hosts a number of universities, colleges and institutions of higher education enrolling local and international students. The hospital provides referral services for patients referred from the Iringa Regional Hospital, District Designated Hospitals (DDHs) and health centres. The hospital has a specialised clinic for non-communicable diseases including specialised care for persons living with stroke. Data obtained from the hospital show that the number of cardiovascular cases has been increasing significantly in the recent past. Therefore, the researcher was able to capture a representative sample of the study respondents.

The study employed qualitative approach to systematically explore the nature and impact of Psychological Support of Caregivers on the Quality of Life of Stroke Survivors. A qualitative research approach helps to structure the collection, analysis and interpretation of data (Best & Khan, 1998). This approach was selected for collecting, analysing and interpreting data because it enabled the researcher to have greater flexibility and helped obtain a deeper understanding of respondents' views and ideas on the subject matter (Mertens, 1998). However, Creswell (2003) argues that biases inherent in one approach can neutralize the biases of the other approach. Therefore, to overcome this problem, some of the techniques of the quantitative approach were also employed.

Case study research design is good for contemporary events when the relevant behaviour cannot be manipulated (Creswell, 2003). This study employed case study design since the method remains a controversial approach to data collection; since researcher aimed to cover in-depth explanations of contribution of psychological support of caregivers on the quality of life of stroke survivors. Furthermore, this design enabled the researcher to closely examine the data within a specific context. In most cases, a case study method applied since the researcher selected a small geographical area and a very limited number of individuals as the subjects of the study.

A sample of 60 informants was involved, since it was not possible to deal with the whole targeted population. This number was convenient and adequate for this qualitative study. Furthermore, this number helped the researcher to gain in-depth insights into the problem being studied rather than generalizing the results (Ben-Shlomo *et al.* 2013). This study involved stroke survivors, doctors, nurses and caregivers. A researcher used two data collection tools to collect raw data namely unstructured interviews and documentary review. The advantage of using multiple research tools is to triangulate data from diverse protocols (Black, 2010). Data were analysed using content analysis techniques where data were organized and summarized into different themes based on conceptual description of ideas, views which were expressed by the interviewees. These themes were developed in the framework of the study objectives to give detailed information. Finally, the results were presented in the form of word text narration (Hsieh & Shannon, 2005).

3. FINDINGS AND DISCUSSIONS

The first objective examined the life situation among persons living with stroke. The data were collected from the caregivers and person living with stroke and the findings revealed that the life situation among persons living with stroke is based on challenges which increase the painfulness to the patients. The person living with stroke does not have ability to do their economic activities, which makes them to be dependant every day and all the time. The findings are presented hereunder:

Isolation from members of the family and the society at large

The study findings revealed that person living with stroke face the challenge of being neglected by the community since most of them neglect life situation of the patients. This means that most of the persons living with stroke experience hopeless and lose hope to live, even if they are getting psychological support from different sources such as specialists, family, caregivers, friends and media.

According to one of the caregivers

“...According to my understanding most of the person living with stroke are feeling hopeless living with such kind of situation. Most of them are tired of using medicine and being prohibited on eating some foods (less/non-sugar foods and less/non-salt foods/less fatty foods). This is because community neglected them even in their discussions (C.1).

Another informant had the following to substantiate:

...My family members are exhausted from taking care of me. Sometimes they are busy with their routine responsibilities ignoring my demands. This makes me feel isolated (SU2)...

Similarly, another informant vocalised:

...The society must assist us in case we need support. Otherwise, mode of life I live at is very difficult. This is since that my ability to earn income has deteriorated dramatically which is attributed to my health status (SU3)

On the other hand one doctor said:

[...] Currently our region has many stroke victims. This is triggered by our life style. The society has to make sure that all patients under their custody are given maximum support so as to extend their life spans (MD1).

From the voices above it is apparent that some stroke victims are isolated by members of the society

Access to healthcare services

The study findings revealed that accessibility of health care among persons living with stroke is appealing since support offered from hospitals and clinics is significant enough to support them escape from anxiety or fear of hypoglycaemia.

One of the person living with stroke said that:

[...] Through various sources of health related information from specialist doctors and internet, I have learned and understood on how to live with this situation and take care about my status. Also I receive full support from my family to make sure that I live as others... (SU.1).

In the same vein another person living with stroke said that:

[...] Having positive attitudes towards my condition makes me live a happily life, which make me feel that I have a chance to live as normal person do and health status improves as days go... (SU.2).

Another informant had the following to say;

“ I convey my sincere appreciation to the government of United Republic of Tanzania. As it have maximally improved health facilities throughout the country. Thus, we enjoy health services that broaden our life span (SU.5).

Similarly, another informant had the following to acknowledge;

....Our life is influenced by how connectedness we are with the society. Health related service plays significant role in promoting our interpersonal relationship (SU.6).

From the quotations above, it is obvious that accessibility to health related services among persons living with stroke is of paramount concern to all of us. Similarly, the finding shows that the ability of caregivers to offer health support among person living with stroke reduces fear and stress among victims. This makes the stroke survivors to get health related education and advice timely from specialists, media and the other clinical service providers by being escorted by caregivers. Healthy education plays significant role among stroke survivors. Hence, stroke survivors become happy.

Lack of access to social services

Study findings unveiled that the situation among person living with stroke in Iringa Municipality is not good in terms of social services. This is due to the fact that person living with stroke meet some of socio-cultural perspectives in particular men. It was further reported that stroke survivor's social poor social services like health services and counselling affects their situation since every time needs to be checked and counselled.

The caregivers' officers revealed that:

“ On my side sometimes social services are not good since they are not offered accordingly (C1).

This can also be evidenced in the following lines;

... Social services are a broad concept. However, these services have to be offered equally to all members of the society regardless of their economy, health status among other (SU2).

Similarly, another informant had the following to acknowledge;

“ We need social services whose accessibility is broad. This will ensure that all of the members of the society secure them without hurdles

Significantly, it is emphasized that social services has to be promoted among the society and community at large.

Lack of psychological support/wellbeing

Psychological support helps stroke victims to have self-care and reduce burden to family members. Specialists advice and counselling is very helpful to the persons living with stroke, thus, they can take care of themselves than depending to others support. In case of caregivers psychological support to persons living with stroke is not well provided since they are not well informed about psychological control.

In responding to this part one caregiver said that:

“Even if we offer help to the person living with stroke, they still keep blaming that they are tired of living with the present situation. This is because we don't have enough knowledge in psychology (C6).

Another informant had the following to express

“ The society we are living with is not empathetic. Thus, nobody is ready to provide us with a word of hope. This makes us uncomfortable.

Regarding the above quotation, most of the caregivers are not able to provide psychological support to the persons living with stroke. This occur due to the fact that majority of them lack knowledge of counselling and information about clinical psychology.

Nature of Psychological Support Provided by Caregivers on the Survival of persons living with stroke

The study findings revealed that persons living with stroke always are given psychotherapy support from caregivers and specialists such as control on stroke-related distress and depression but psychotherapy support from caregivers is not strong since they do not have enough knowledge and skills on how to deal with patients in the matter of psychotherapy. Therefore, caregivers sometimes seem to be active in dealing with the problem related to persons with stroke.

The study results obtained from persons living with stroke on the timely availability of psychological support whenever needed revealed that, consultation and evaluation of mental health concern, management of psychotropic medication and counselling are provided by the psychiatrists. However, no caregivers since they do not have ability to recognize the psychological issues which they need. This increases the problem of persons living with stroke to surge into a worse stage finally death because they do not get enough support from caregivers within the family.

One of the caregivers concurred to this reality through the following lines;

[...] Though, we learn every day on how to live with stroke victims and sometimes they talk openly about what they need and sometimes I understand stress facing them and take measure to assist them. This makes me to deal effectively with support needed in psychotherapy perspective... (C2)

One of the doctors said that:

[...] We receive some few reports on how people with stroke receive care from the caregivers at their home. However, some persons living with stroke come directly to get psychotherapy service at the hospital. Also, when a patient came to hospital are accompanied by caregivers so at the point of face to face interview psychotherapy training is provided to them... (MD3).

According to the above explanations, it indicates that most of the persons living with stroke always attend clinic centres for assistance. Sometimes caregivers fail to give them required psychotherapy support due to lack of knowledge and skills on how assist them. On the other hand, study findings revealed that patients become desperate and hopeless such that they

become overwhelmed with thoughts. They tend to dare thinking of death than being custody of their own life. So, many people with stroke are despaired.

Physiotherapy

The study findings unveil that physiotherapy is very important to persons living with stroke, most of people affected with stroke are intrinsically motivated to involve in physical exercise with support from caregivers, because they need to change their life behaviour to cope with their situation. Hence many of the persons living with stroke are able to take care of themselves in terms of physiotherapy.

Interview with the caregiver stated that:

“ The important thing to do in order to serve our fellows living with stroke is physical education, because this will help them and people who they are living with to support the patients in different strategies in physiotherapy parts (C.3),

Moreover, another caregiver revealed that:

...There are some advantages of educating person living with stroke such as making exercise and living with confidence regarding their situation, improving their health status, taking self-care and having hope of living longer than before(C.5).

On the other hand one medical doctor had the following to share

“ ...Medication is not the only solution to persons living with stroke. One of the practical solutions with evident positive results is ability to involve in physical exercises. Victims who get used to this are likely to get well within short period of time... (MD2)

From the foregoing quotations it is apparent that physical exercise has to be part and parcel of their life among stroke victims

Regular check-ups of health status

The results obtained from persons living with stroke revealed about regular check-ups among victims of stroke to be a key for their improvement. Medical care is always available for them and caregivers always take part in making sure that these survivors attend for check-up regularly. One of the doctors revealed that:

[...] I always advise persons living with stroke never to hesitate in checking their health status and consider medical care. When I talk to persons living with always I insist them accept the situation. Also, I always recommend that they have to attend to clinic accordingly... (MD3).

Another informant had the following declare;

....Regular check-up among stroke victims is a conduit towards establishing permanent solution for the problem (C.4).

From the foregoing lines it is worth of pursuit to say that that health care and psychological support to stroke victims are complementally to each other.

Psycho-education

The results show that according to the psycho-education, most of persons affected with stroke have to be client in obtaining psycho-education, because they need to change their living behaviour to cope with their situation. Hence many of the affected people are able to take care of themselves due to psycho-education provided to them. Interview with one of the caregivers revealed that;

“ Something important to do in order to serve our fellows with stroke is psycho-education, because this helps them to recover and uncovering of a buried hope (C.6).

Another caregiver said that:

“ There are some advantages of providing psycho-education to people living stroke regarding their situation, improving their health status, taking self-care and having hope of living longer than before (C.7).

The above testimony justifies that psycho education among stroke victims has to be put into consideration always.

Job resumption

The findings revealed that most of the persons living with stroke think that they are able to perform their activities as they used to be before. Sometimes they request to be included in family activities which despite fact that their ability to perform those activities is low. Most of them intend to do so in order to make sure that they are part of the society in making production. This suggests that psychological support given to them build confidence that make them fill strong and energetic as they used to be. Consider the experience of one respondent;

...currently, I feel fine. Thus, aim in position to implement light activities that can enable me to raise my income (SU8).

On the other hand another stroke survivor claimed;

[...] Most of the family members exclude us from involving on various activities. They perceive that we are in a state that cannot enable us to perform anything. On my side I have improved to the extent that I can do a certain type of activities as they can do...(SU5).

Similarly, another informant vocalized;

These people if are cared effectively and get psychological treatment effectively with time they improve and become productive in the society. Something important to note is, the society has to be tolerant in supporting them as their problem may take considerable period of time before recovering (MD3).

It is encouraging that majorly of informants and hence the society at large agrees that there is a need for persons living with stroke to be given hope as there is a possibility for recovering hundred percent

Reduce Anxiety and Depression

The psychological support enable the victims get relief from anxiety and depression. Thus, the study findings affirmed that psychological support plays significant role to patients with stroke. Therefore, people living with stroke have to accept the situation this will help them to reduce the possibility of becoming victims of anxiety and depression. On the other hand it was recognized that persons living with stroke is a group that is marginalized among members of the family and the society at large. When the gap is not reduced between family members and victims their situation becomes worse. Contrary to that it was evidenced that caregivers who are very close to the victims and skilled in provision of psychological support promotes the possibility of these people getting timely healing. But, more importantly their depression and anxiety become totally reduced.

One informant openly said that:

“ persons living with stroke daily lives have been affected because of feeling anxiety and depression. A persons living with stroke always feels loneliness in this life watching other people/friends being good. They have a lot of stress thinking about the current a\situation they have (N1).

In the same vein another informant had the following to acknowledge

[...] When depression is not intervened it is likely to cause more negative consequences among the victims. Family members and the society at large have to strive to prevent depression among stroke victims... (SU7)

Voices above justifies that depression and anxiety are among the consequences of stroke. Psychological supports have to take note of it.

Reduce the risk for stroke recurrence

The study findings indicate that psychological support to persons living with stroke helps self-management among the victims hence develop strategies to solve their problems, including self-selected behavioural goal setting. Persons living with stroke tend to take responsibilities for their lifestyle in eating behaviour and therapy activities. This helps the patient to prolong their life span.

One of the specialists said that:

[...] I experienced persons living with stroke taking self-management according to their situation including; eating behaviours and self-hope of being alive as other people do. Few of the persons living with stroke are not able to manage themselves they need help from their relatives... (SP5).

Another informant lamented;

“ ... Risk behaviours among stroke victims include lack of exercise, poor eating behaviour among others. To reduce the risk for the problem to recur observation on these aspects including others related to them is of paramount concern... (MD2).

From the quotation above it can be concluded that if precautionary measures are not put into practice resurgence of stroke is more likely to occur.

Enhanced self-efficacy and self confidence

The findings revealed that psychological support helps to strengthen self-efficacy and self-confidence in self-management decisions and abilities. Most of the persons living with stroke have hope of living like other people who do not have stroke. This is more achieved if the service of psychological support is well advocated among stroke victims. Presence of advanced health facilities complemented with psychological support from caregivers has potential influence on the wellbeing of stroke survivors. Consider the experience from one informant.

One of the specialists said that:

...One thing we have to do to deal with stroke survivors is giving them psychological education and confidences as the way of giving them hope to continue struggling for life (SP.3).

Another specialist acknowledged that:

...when persons living with stroke are educated and becoming aware the response becomes very positive like attending clinic, self-management following the Counselling service provided. Hence psychological support is very helpful to stroke survivors... (SP.1).

With this regard, most of the person living with stroke is feeling better due to the psychological support they receive from doctors and caregivers. Their confidence level increase and helps them to live with their situation. But there are other persons living with stroke who are not willing to receive the psychological support that can help them live happy life as results always their talks are subject to the loose of hope. Furthermore, the results prove that according to the psychological cure, most of stroke survivors are weakened, because they need to change their life style to cope with their situation. Hence many of the affected persons living with stroke are able to take care of themselves.

4. DISCUSSION OF FINDINGS

The current study aimed at exploring the nature and impact of caregivers psychological support to people living with stroke. It focused on the quality of life of stroke survivors, the nature of psychological support provided by caregivers on the survival of stroke patients and the impact of psychological support on the survival of persons living with stroke. This section intends to discuss the findings in line to literatures related to the topic.

The results of the present study revealed that most of the persons living with stroke have positive attitudes on the nature of psychological support regarding their health adjustment. Quality of life and hopefully living standard they have depends much on the psychological support which focuses on their health adjustment provided by specialists. Also, caregivers even if they do not have psychological knowledge and skills still they are found to provide positive support to the stroke survivors through social support or giving hope of living and escorting the patients for clinical and counselling service. Poor quality of life among stroke survivors due to poor social support could also be linked to the inability to maintain or re-establish social ties (Astromet *et al.*, 2019). Marital status among victims is said its effect on quality of life. Individuals who are unmarried are found to have negative influence on quality of life (Kauhanen *et al.*, 2020). One can only assume that the presence of a spouse can mean better social support although this is not always guaranteed. It is however important to note that family support on its own is not enough, societal support is also important if stroke survivors are to have an acceptable level of quality of life (Angeleriet *et al.*, 2017).

According to Ramos-Lima *et al.*, (2018), the high prevalence of stroke in the population to date is a major economic and social burden. The physical, social and psychological consequences arising from this condition among survivors have some type of disability. Stroke has a direct impact on health systems, resulting in high costs, and is considered a global public health problem due to serious disabilities, functional limitations and compromised quality of life. Persons living with stroke face a new challenge, like living with disabilities. Patients with physical and/or mental consequence require specific

rehabilitation to achieve their functional recovery. Moreover, family, community and social reintegration, as well as maintenance of recovery level are of paramount importance for achieving good (Ramos-Lima *et al.*, 2018).

Moreover, this study indicate that the environment for the service of psychological support provided by caregivers is not good since they do not have psychological knowledge and skills on how to take care of stroke survivors. This is due to lack of specialists who can provide training to caregivers in order to maintain the directive provided based on the person condition. Specialists 'advice persons living with stroke to be active in attending clinic service regularly with their caregivers to check-up of their health status Precautions against any unusual situation and use of medicine without directives from physicians. This helps the caregivers to maintain their role of taking care of persons living with stroke in a recommended way. This study is supported by the argument which states that health education is essential when treating stroke patients (Flaherty *et al.*, 2019). Education from caregivers is important, patients 'needs to be educated on the entire concept of stroke, especially on the possible effect of stroke from uncontrolled blood pressure (Al Lemogoun *et al.*, 2019) Kalra *et al.* (2018) and Patel *et al.* (2019) showed that training of caregiver for people with stroke benefits both patient and caregiver him/her self and the community at large through positive effects on the quality of life. The needs of the stroke survivor are often multiple and include help for physical exercise, nursing activities, communication, psychological and emotional support, and social reintegration into society for which a caregiver is very important. Kohet *al.* (2022) revealed that the subjective burden, quality of care relationship and expressive social support significantly associated with caregivers' depressive symptoms. Caregivers communication skills also plays substantial role in reducing caregivers depressive symptoms. The relatively high prevalence is depression among stroke victims is associated to caregivers with poor communication skills and the use of abusive language to patients. For instance, depression of caregivers is associated with increased odds of 6-month mortality of stroke survivors. Similarly, caregivers with depressive symptoms are more likely to increase the risk of patients' depressive symptoms and institutionalization. Dewey *et al.*, (2002) revealed that stroke experts acknowledge that informal caregivers play an important role in the care of stroke survivors and the psychological strain or burden associated with providing such care is well recognized. Informal care for stroke survivors represents a significant hidden cost to society. Because our community is rapidly aging, this informal care burden may increase significantly in the future.

On the final argument this study shows that, the impact of psychological support for stroke survivors seem to be very potential and genuine. This comes up on due to psychological education which spread to the stroke survivors on how to take care of themselves. Psychological support seem to be helpful to stroke survivors because it helps the them to have self-management responsibilities such as diet and exercise, regular therapy, injection, self-monitoring, self-adjustment of the treatment and regular clinic visit. These results are the outcomes of psychological education and counselling strategies that deals with social training which teaches the stroke survivors to cope with their present situation. Stroke survivors have to be informed about the causes of the problem, effects and how to deal with the situation. Psychological and counselling education have been seen to be helpful for stroke survivors to have confidence with their situation, to improve their health status, taking self-care and having hope of life longer. Moreover, specialists revealed that psychological service and counselling is useful for stroke survivors because helps to shape their mind toward the hope for their survival. This means through psychology and counselling of stroke survivors are very active in attending to the hospital or clinic, loving themselves with reference to the problem they have, improving their health status and being good ambassadors to others in all issues regarding stroke situation. The impacts of psychological support to the stroke survivors has positive effects which helps them to cope with the present situation, having proper use of medicine and proper clinic attendance. In supporting this finding Wang *et al.* (2019) said that stroke causes a wide range of physical dysfunctions, resulting in impairments in activities of daily living, the ability to complete self-maintenance activities necessary for individuals to be able to live independently. Persons living with stroke personal level activities on daily basis are a key factor for stroke rehabilitation, but that factor is also related to psychological distress. Over the past several years, positive psychology has been raising public mental health concerns and receiving an increasing attention in the prevention and treatment of depression and anxiety also, improvement of quality of life. Both external (social support) and internal factors (hope, resilience and self-efficacy) have been frequently studied in patients with chronic conditions, and have been shown to be helpful in modifying the impact of psychological distress on an individual. In addition, factors were also pointed to have essential influence on improving patients to cope with stress. Carlson, Waller and Mitchell (2012) revealed that psychological distress was frequently associated with poor quality of life. Our results suggested that early interventions among stroke patients social support, hope, resilience and self-efficacy traits would alleviate the patients distress symptoms, and would possibly improve

their quality of life. Thus, positive psychology intervention would be a potential target for practical intervention in stroke survivors. In addition to the practical implications, this study has also evaluated the prevalence of psychological distress among stroke patients, which would be helpful for early identification of the psychological disorders that could be reduced through further interventions. Early distress screening for patients may also improve clinician-patient communication to enhance health outcomes.

5. CONCLUSIONS AND RECOMMENDATIONS

Study findings has revealed that most of the persons living with stroke experience poor life status due to the fact that majority of caregivers lack knowledge of routine monitoring and screening for persons living with stroke depression, anxiety, eating behaviour, and appropriate levels of social and family support, as well as contextual factors hinder implementation of care. Also study findings have revealed that nature of psychological support offered by caregivers lack adequate quality to term it as psychological treatment. This is attributed to lack of knowledge and skills on the area among caregivers. Berating in mind that psychology of counselling is a professional area. Despite weakness of caregivers on the area of psychological skills, yet their presence impacts positively on the survivor of stroke victims. Therefore, they have to continue with their duties to save lives of our beloved once.

It then recommended that Ministry of Health and social welfare has to integrated psychosocial services with clinics and hospitals where, stroke survivors attend. This will enable the victims to enjoy the service without hurdles. Caregivers should bear in mind that the treatment of stroke survivors requires changes in health behaviour and intensive self-management of treatment. Hence their role has to stimulate the interaction of these two components. Finally, the government has to offer trainings among stroke survivors caregivers on the best way to help the victims and members of the family as well as the society at large has to make sure that in case there is a member of the society or family having stroke problem all of them take charge of sympathizing him/her so that can feel part and parcel of the society.

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