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# **RESEARCH ARTICLE**

### **QUALITY OF LIFE OF CAREGIVERS OF STROKE PATIENTS BY QUESTIONNAIRE METHOD**

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ABSTRACT

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Key words:

Quality of life (QoL), Care givers, Stroke patients Aim: The study was aimed to assess the quality of life (QoL) of caregivers of stroke patients and to identify the factors associated with their QoL.

**Methods and materials**: By using a cross-sectional descriptive design, 84 care givers of stroke patients were recruited as per inclusion criteria.Socio-demographic and clinical data sheet was used to collect the data. The quality of life of the caregivers was assessed by WHO QoL-BREF scale.

**Results:** The study results revealed that better quality of life was found in the psychological and environmental domains. There was a significant association between caregivers' type of family and quality of life in social and environmental domains.

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# **INTRODUCTION**

Stroke is a debilitating illness which requires long term care. The co-morbidities and lifestyle changes associated with stroke can put substantial burden on survivors of stroke and their caregivers which ultimately affect both of their health related quality of life (VisserMeily et al., 2005). Stroke is a major public health concern globally. It makes an important contribution to morbidity, mortality and disability in developed as well as developing countries. After cardio vascular diseases and cancer, stroke is the third leading cause for death worldwide. According to stroke fact sheet India (2012), 5.7 million deaths occurred from stroke in 2005 and this would rise to 6.5 million by 2015 (Dalal and Bhatkacharjee, 2007). Stroke can occur at any age. 15-30% of stroke survivors will have permanent disability which will require long term care. It needs both physical and emotional efforts from the caregiver for caring a person with stroke. Godwin et al. (2013) assessed the quality of life of stroke survivors and their spousal caregivers. The study results revealed that both stroke survivors and caregivers experienced negative stroke-related health outcomes for many years after the initial stroke.

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Another study conducted by McCullagh *et al.* (2005) suggested that advancing age is a factor which contribute mainly to poor quality of life among the caregiversof stroke patients.

## **MATERIALS AND METHODS**

This cross sectional study was conducted at stroke clinic of JIPMER (Jawaharlal Institute of Post Graduate Medical Education and Research) hospital, Puducherry. As per inclusion criteria, 84 caregivers of stroke patients were selected as samples by using purposive sampling method. Data were collected through socio-demographic and clinical profile. WHO Quality of Life - BREF scale (1997) was used to assess the quality of life under four domains which includephysical, psychological, social relationships and environment.

## RESULTS

The comparison of various domains of WHO QoL BREF showed that the quality of life of caregivers was better in the psychological domain  $(56.93\pm15.3)$  which implies that caregivers were satisfied with their life and less often they experienced negative feelings such as blue mood, despair, anxiety. The second one was the environmental domain  $(49.58\pm14.2)$  which implies that caregivers were satisfied with their physical environment, financial status and access to health services. Further, the results of one way analysis of variance showed that there was a significant association between caregivers' family type and various domains of quality of life such as environmental domain which was significant at p < 0.01 level and with social domain which was significant at p < 0.05 level. It was also found that the quality of life regarding social relationships were significantly better in the joint family than the nuclear family (p < 0.05).

 Table 1. Distribution of subjects based on demographic variables

 (N=84)

Variables	Category	Frequency	Percent	
Gender	Male	35	41.7	
	Female	49	58.3	
Education	Illiterate	16	19.0	
	Primary level(1-5)	21	25.0	
	Secondary (6-10)	28	33.3	
	Others(11 and above)	19	22.6	
Employment status	Skilled	19	22.6	
	Unskilled	34	40.5	
	Unemployed	31	36.9	
Marital status	Married	69	82.1	
	Never married	14	16.7	
	Single(widow)	1	1.2	
Relationship	Spouse	43	51.2	
	Children	28	33.3	
	Parent	2	2.4	
	Other	11	13.1	
Family type	Nuclear family	53	63.1	
	Joint family	19	22.6	
	Extended family	12	14.3	
Medical illness in caregiver	Yes	18	21.4	
	No	66	78.6	

 Table 2. Comparison of mean scores of various domains of WHO

 QoL- BREF (N=84)

Domains of WHO QoL-BREF	Mean	SD
Physical domain	46.23	10.9
Psychological domain	56.93	15.3
Social domain	44.90	26.5
Environmental domain	49.58	14.2

Table 3. Association between caregivers' type of family and various domains of WHO QoL – BREF (N= 84)

	Type of family							
Domain	Nuclear N=53			Joint N=19		Extended N=12		р
	М	SD	М	SD	М	SD		
Physical domain	44.86	3.12	48.15	10.68	49.16	10.16	1.148	0.322 (NS)
Psychologic al domain	56.75	16.97	57.47	18.98	56.83	21.15	0.015	0.985 (NS)
Social domain	38.66	9.63	55.73	27.06	55.3	23.74	4.314	0.017*
Environmen tal domain	47.86	0.00	47.10	13.69	61.08	13.06	5.026	0.009**

NS;Not significant \*\* significant (p<0.01)\* significant (p<0.05)

Further analysis revealed that the quality of life regarding environment was significantly better in the extended family than either in nuclear or joint family (p < 0.01). The study results also demonstrated that no significant association was found with the variables like age, gender, marital status, employment, and the history of medical illness of the caregiver with the quality of life of caregivers of stroke patients.

#### Conclusion

This study on quality of life of caregivers of stroke patients by using WHO QoL - BREF scale found that quality of life was better in psychological and environmental domains. There was a significant association between caregivers' type of family and quality of life in social and environmental domain.

#### Conflict of interest: Nil

#### Source of funding

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