eISSN: 2589-7799 2022June; 5 (1s): 21-26

An Investigation to Determine How Effective an Intensive Nursing and Rehabilitation Programme for Patients

Ms. Sasmita Donald Kinny¹, Dr. Balwinder Kaur², Mr. Netrapal Singh³, Muna Subba⁴

¹Assistant Professor, School of Nursing, Usha Martin University, Ranchi-Jharkhand

²Professor, Department of Nursing, Himalayan University, Itanagar-Arunachal Pradesh

³Assistant Professor, Institute of Nursing & Paramedical Sciences, Mangalayatan University, Aligarh, Uttar Pradesh

⁴Assistant Professor, Collage of Nursing, Sikkim Professional University, Gangtok, Sikkim

Received: 18-June-2022 Revised: 20-September-2022 Accepted: 28-September-2022

Abstract:

The purpose of the study was to determine the impact that aIntensive nursing and rehabilitation programme for patients had on the overall one's standard of living of post-acute stroke patients who were treated at a selection of multi-specialty hospitals between the months of 2016 October and 2017 June.

The study's main goal was to identify the factors, such as coping abilities, top motor control, and everyday activities, that improved following participation in a Comprehensive Nursing Rehabilitation programme (Dr. J. Rukumani et al. 2014). Meenakshi Multispecialty Hospital served as the location for the study's control group, while KSDC Hospital was the site of the primary research (Experimental group).

The samples were chosen by employing a method known as purposive sampling within the population of people who satisfied the sampling criteria. The experimental group received aintensive nursing and rehabilitation programme for patients consisting of routine treatment for thirty minutes, five days per week, for a total of two weeks. The control group, on the other hand, did not receive any intervention. Data were collected using a scale that was specific to stroke survivors' one's standard of living. The information that was gathered is subjected to both descriptive and inferential statistical methods of analysis, and the results are interpreted with reference to the goals of the study.

Keywords: Comprehensive Nursing Rehabilitation programme, stroke survivors' one's standard of living, post-acute stroke patients

Introduction:

Background

Stroke, also known as a cerebrovascular accident (CVA), is a problem that affects people all over the world. In India, stroke is the third most common cause of death due to illness. In India, there are almost 130 incidences of stroke for every 10,000 persons every year. Around the world, it is responsible for nearly 5 million deaths each year. Only 0.25% of the total population is affected by stroke. Every year, 15 million people all over the world suffer from a stroke, and of those, 5 million are permanently disabled as a result.

eISSN: 2589-7799 2022June; 5 (1s): 21-26

One of the most common and debilitating conditions is called a stroke. Stroke-related disability significantly

impairs one's ability to carry out normal day-to-day activities and, as a result, one's overall one's standard of

living. A persistent obstacle for the government and healthcare professionals, improving one's standard of living

of stroke patients is one of their top priorities. Both the incidence rate of strokes and the associated medical

expenses have skyrocketed in India in recent years. There is a lack of information regarding the one's standard

of livingin both the general stroke recovery program and the early post-stroke period.

LR

In order to help the reader better comprehend the backdrop of this research study, this chapter aims to provide

an outline of India's demographic profile and its health features. In recent decades, as a result of changes in

lifestyle and advancements in healthcare, acute communicable diseases have given way to non-communicable

diseases as the primary cause of death (Zamanzadeh, et al. 2021). For instance, the leading causes of death in

recent years have been cerebrovascular illness, heart disease, and diabetes mellitus. In 2000, stroke was the third

most common cause of death and disability.

Objective

1. To determine the level of one's standard of living experienced by patients who had a post-acute stroke after

participating in either the experimental or control group for the Intensive nursing and rehabilitation programme

for patients(CNRP).

2. To evaluate the effectiveness of the patients' intensive healthcare and recovery program on the one's standard

of living of patients who have experienced a post-acute stroke and to compare the results of the experimental

group with those of the control group.

3. To determine whether or not there is comparison of the post-test scores of one's standard of living and the

demographic variables of post-acute stroke patients who were assigned to either the experimental or the control

group.

Hypothesis

H0. There is no significant change in the level of one's standard of living experienced by patients who had a

post-acute stroke after participating in either the experimental or control group for the Intensive nursing and

rehabilitation programme for patients(CNRP).

H1. Tere is significant change in the level of one's standard of living experienced by patients who had a post-

acute stroke after participating in either the experimental or control group for the Intensive nursing and

rehabilitation programme for patients(CNRP).

H0. There is no significant change in the efficacy of the Intensive nursing and rehabilitation programme for

patients(CNRP) on the one's standard of living of patients who have experienced a post-acute stroke and to

compare the results of the experimental group with those of the control group.

H2. There is significant change in the efficacy of the Intensive nursing and rehabilitation programme for

patients(CNRP) on the one's standard of living of patients who have experienced a post-acute stroke and to

compare the results of the experimental group with those of the control group.

22

https://jrtdd.com

eISSN: 2589-7799 2022June; 5 (1s): 21-26

H0. There is no significant change in a comparison of the post-test scores of one's standard of living and the

demographic variables of post-acute stroke patients who were assigned to either the experimental or the control

group.

H3. There is significant change in a comparison of the post-test scores of one's standard of living and the

demographic variables of post-acute stroke patients who were assigned to either the experimental or the control

group.

Material and method:

Study design

The overall plan for addressing a research question, which may include specifics for improving the reliability of

the study, is referred to as the research design. 123 In this particular research project, a quantitative, design for a

quasi developed a semi post test with a control group was utilised as the research methodology. It entails putting

into action aintensive nursing and rehabilitation programme for patients on Patients with recent acute strokes in

the test group, followed by an evaluation of both groups' ability to cope, motor function, ADL complaints, and

one's standard of living after a post-test.

Data collection

Between the months of October 2016 and June 2017, data collection for the primary study was carried out.

The permission needed to proceed was acquired from the hospital's top official.. Patients diagnosed toPatients

with recent acute strokes met the requirements to be included in the study were chosen. After providing

participants with an explanation of the study's purpose and obtaining their written consent, medical case records

were reviewed to determine whether or not participants were eligible to take part in the research. The

investigator worked to develop a rapport with the people under investigation in order to win their trust and

obtain their cooperation.

Data analysis

The goals that were outlined in the study served as the basis for the planning of the data analysis, which was

carried out making use of both inferential and descriptive statistical methods. The preceding was the strategy

that was going to be used for the data analysis.

The process of combining the data and organising the information included in the resource sheet.

In order to conduct an analysis of the demographic and clinical characteristics of the subjects, you should first

compile a table that includes detailed data about the frequency of incidence and the percentage of each subject.

In order to establish the degree to which the two groups may be categorised as similar to one another, the chi-

square will be carried out.

The determination of the percentage and frequency for the demographic characteristics

A calculation of the periodicity as well as the proportion of surviving, motor functioning, conformity, and one's

level of living is performed.

Performing calculations to determine the average and standard deviation of the values that were received for

dealing, conformity, and motor function respectively.

23

https://jrtdd.com

eISSN: 2589-7799 2022June; 5 (1s): 21-26

In order to conduct a comparison of a posttest results for coping, motor control, and compliance, the

independent - samples t test was utilised.

In order to study the nature of the connection that exists among buffering, motor control, and compliance, the

Pearson correlation test was utilised.

In order to determine whether or not there was a correlation between the demographic clinical characteristics,

motor function compliance, and one's standard of living variables, the chi-square test was carried out.

Result

One hundred post-acute stroke patients in total were recruited for participation in this study. For the purpose of

describing the characteristics of the data, descriptive statistics were utilised. These statistics included the

variables' percentage and frequency distribution. A normality of the information was examined to compute

parametric tests, and the results of those tests were used. The results of an independent t test were analysed to

determine whether or not CNRP is effective in improvement of one's standard of living. The purpose of the

Pearson correlation was to determine the degree of relationship between the variables. The Chi square test was

carried out in order to conduct statistical analysis on the question of whether or not there was a connection

between the demographic variables of the control group and those of the experimental group.

Discussion:

This study was carried out to determine whether or not a Comprehensive Nursing Rehabilitation Program is

effective in improvement of one's standard of living of post-acute stroke patients. In Thanjavur, the Meenakshi

hospital and the KSDC hospital both participated in the research for this study. One hundred post-acute stroke

patients were gathered for the research; of those, fifty were assigned to the control group, and the remaining

fifty were assigned to the experimental group. The research questions were used to guide the analysis of the data

that was gathered.

Conclusion:

According to the findings of the study, the Intensive nursing and rehabilitation programme for patientswas a

useful intervention tool in improvement of one's standard of living of stroke patients.

As a result, the researchers concluded that aintensive nursing and rehabilitation programme for patients should

be utilised by To improve the quality of life for stroke victims, public health nursing, nurse educators, nursing

managers, nursing investigators, as well as other healthcare professionals will work together.

References:

1) World Health Organization (WHO). Stroke, Cerebrovascular Accident.

2) TorgierBruunWyller. Prevalence of stroke and stroke related disability. [Internet]

29 (4) 866. a vilable from ttp://stroke.a hajournals.org.

3) K.P.S. Nair, A.B. TalyStroke Rehabilitation: Traditional and Modern Approaches Neurology India, Vol.

50, (Suppl. 1), Dec, 2002, pp. S85-S93

4) Feign V et al. neuroepidemiology 2015;161-176.

24

https://jrtdd.com

eISSN: 2589-7799 2022June; 5 (1s): 21-26

- 5) Prabhakaran D1, Jeemon P2, 2016 Cardiovascular Diseases in India: Current Epidemiology and Future Directions, Journal of circulation AHA. 2016 Apr 19;133(16):1605-20.
- 6) Kameshwar Prasad, DeeptiVibha and MeenakshiCerebrovascular disease in South Asia A burning problemJRSM Cardiovascular Disease 2012 1:Published by sage publications
- 7) PM Dalal, MadhumitaBhattacharjee. Stroke Epidemic in India: Hypertension-Stroke Control Programmeis Urgently Needed. JAPI. Vol 55. October 2007.
- 8) Marc Fisher MD, Bo Norrving. 1st Global Conference on Healthy. Lifestyles and Non communicable diseases Control. Moscow, April 28-29, 2011.
- 9) American heart association heart disease and stroke statistics 2014 update. Internet Stroke Centre: Guidelines and Consensus Statements.
- 10) World Health Organisation. The Atlas of Heart Disease and Stroke. Geneva, Switzerland. Accessed 3rd May 2012
- 11) Dalal P et al. Population-bases stroke survey in Mumbai, India: Incidence and Neuroepidemiology 2008; 31: 254-61.
- 12) Murthy J. Thrombolysis for stroke in India: Miles to go...Neurology India 2007; 55 (1) 3-5
- 13) Jeffrey S. Low-income countries bear biggest burden of stroke. Medscape Medical News. Feb 25,2009
- 14) Gupta R, Joshi P, Mohan V, Reddy S, Yusuf S. Epidemiology and causation of coronary heart disease andstroke in India. Journal of Heart 2008; 94: 16-26
- 15) JeyarajDuraiPandian, PaulinSudhan Stroke Epidemiology and Stroke Care Services in India Journal of STROKE 2013;15(3):128-134. Published online 2013 September 30
- 16) Shah B, Mathur P. Workshop Report on Stroke Surveillance in India. Division of Non communicableDiseases, Indian Council of Medical Research, New Delhi 2006
- 17) Ezzati M, Lopez A, Rodgers A et al. Comparative quantification of health risks. Global and regionalburden of disease attributable to major risk factors. Geneva: WHO 2004
- 18) Pandey S.2012 Challenges in neurological practice in developing countries Indian Journal of Public Health. 2012 Jul-Sep;56(3):227-30
- 19) Singhal BS, Khadilkar SV.2014 Neurology in the developing world.HandbookofClininiccalNeurolology. 2014; 121:1773-82. doi: 10.1016/2014; 121:1773-82
- 20) Indian Council for Medical Research. Stroke. In: Assessment of the burden of noncommunicablediseases: Final project report. New Delhi: Indian Council of Medical Research; 2004. p. 18-22
- 21) Mathers CD, Lopez AD, Murray CJL. The burden of disease and mortality by condition: data, methods, and results for 2001. Global Burden of Disease and Risk Factors. Washington (DC): World Bank; 2006. Chapter 3.
- 22) Steinwachs DM, Collins-Nakai RL, Cohn LH, Garson A Jr, Wolk MJ.J The future of cardiology: utilization24and costs of care. Am CollCardiol. 2000 Apr; 35(5 Suppl B):91B-98B.
- 23) World Health Organization (WHO). Stroke, CerebrovascularAccident.
- 24) Demaerschalk,BM HW wang, cost burden of ischemic stroke; a systematic literature review 2010;16(7);525-33.

eISSN: 2589-7799 2022June; 5 (1s): 21-26

25) Jamison, P. W., & Orchanian, D. P. (2007). Cerebrovascular accident. In B. J. Atchison & D. K. Dirette (Eds.), Condtions in Occupational Therapy (3rd ed., pp. 167-194). Philadelphia: Lippincott Williams & Wilkins.

- 26) Post stroke rehabilitation [internet], National Institute of Neurologic disorder or stroke, 2011 july,
- 27) GazihanAlankus, Amanda Lazar, Matt May, Catlin Kelleher, Therapy and rehabilitation, [internet], 10th April 2010, Atlanta
- 28) Rukumani, J., Mano, P. P., Ponrani, P., & Nirmala, N. (2014). A study to assess the level of attitude towards euthanasia among health personnel. *Journal of Health and Allied Sciences NU*, 4(04), 018-023.
- 29) Zamanzadeh, V., Valizadeh, L., Khajehgoodari, M., &Bagheriyeh, F. (2021). Nurses' experiences during the COVID-19 pandemic in Iran: a qualitative study. *BMC nursing*, 20(1), 1-9.