

Original Research Article

Assessment of Life Satisfaction among Cerebrovascular Accident Patients

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ABSTRACT

Life satisfaction is the way persons evaluate their lives and how they feel about their directions and options for the future. It is a measure of well-being and may be assessed in terms of mood, satisfaction with relations with others and with achieved goals, self-concepts, and self-perceived ability to cope with daily life. A global measure of life satisfaction has become increasingly important as an adjunctive outcome of health care interventions for individuals with disabilities, such as those caused by a stroke. The aim of this study was to assess the Life Satisfaction of the Cerebrovascular accident patients.

Methods: A Descriptive research approach was used for the present study. The study comprised of 50 Cerebrovascular accident patients admitted in selected hospital. LiSAT – 9 a standardized research tool was used for data collection. Non probability convenience sampling technique was used. Formal permission was obtained from concerned authority from selected Hospital for data collection. Demographic characteristic were assessed. Descriptive and inferential statistical methods were used for analysis.

Results: The results showed that most of the Cerebrovascular accident patients were reduces the life satisfaction. Life Satisfaction with life as a whole, leisure situation and family life were most affected in patients. Cerebrovascular accident patients were satisfied for an area was life as a whole 32.66%, vocational situation 47.33%, financial situation 45.66%, leisure time 31.66%, contacts with friends 58.33%, relationship with partner 37%, family life 32.66% and ability in self-care 48.33%. There was not significant association found with selected demographic variable of Cerebrovascular accident patients except age and gender.

Conclusion: The study result shows that Life satisfaction was negatively affected in different life areas. This study suggests Cerebrovascular accident patients need long term care and support. So there is need for the education of patient as well as their caregivers on care of Cerebrovascular accident patients.

Keywords: Life Satisfaction, Cerebrovascular accident patients.

INTRODUCTION

Stroke is the second leading cause of death worldwide after coronary heart disease, accounting for 10% of all deaths. [1]

Stroke is a suddenly occurring condition in which the blood supply to a part of the brain is interrupted. It could soon be the most common cause of death worldwide. [2]

Stroke is an interruption of blood circulation to the brain causing a neurologic deficit reflecting the area of the brain affected. [3]

Stroke is a leading cause of chronic disability in adults and may leave its survivors with a variety of neurological deficits which may affect communication, vision, cognition, ambulation, perception,

bowel and bladder control, and other activities of daily living. [4]

Stroke is one of the leading causes of death and disability in India. The estimated adjusted prevalence rate of stroke range, 84-262/100,000 in rural and 334-424/100,000 in urban areas. The incidence rate is 119-145/100,000 based on the recent population based studies. [5]

Global Stroke Morbidity and Mortality [6]

- 400-800 strokes per 100,000 (Banarjee 2005)
- 5.7 million deaths (Sridharan 2006)
- 15 million new acute strokes every year (Shah + Mathur 2006)
- 28,500,000 DALYs (disability adjusted life-year) (WHO 2004)

Stroke Morbidity and Mortality in India [6]

- Prevalence 55.6 per 100,000 all ages (Dalal 2007)
- 0.63 million deaths (WHO 2005)
- 1.44-1.64 million cases of new acute strokes every year (WHO 2005, Murthy 2007)
- 6,398,000 DALYs (WHO 2009)
- 12% of strokes occur in the population aged <40 years (Shah + Mathur 2006)

By 2015, India will report 1.6 million cases of stroke annually, at least one-third of whom will be disabled. Stroke is a major cause for loss of life, limbs and speech in India, with the Indian Council of Medical Research estimating that in 2004, there were 9.3 lakh cases of stroke and 6.4 lakh deaths due to stroke in India, most of the people being less than 45 years old. WHO estimates suggest that by 2050, 80% stroke cases in the world would occur in low and middle income countries mainly India and China. [7]

A study from India reported prevalence rates of 630 per 100,000 and 420 per 100,000 in Bombay based on a door to door survey of 14,000 subjects. [8]

Stroke is one of the leading causes of death and disability in India. The estimated adjusted prevalence rate of stroke range, 84-262/100,000 in rural and 334-424/100,000 in urban areas. The incidence

rate is 119-145/100,000 based on the recent population based studies. Stroke rehabilitation is not well developed in India due to lack of personnel. [5]

"In Pune alone, approximately 10,000 patients suffer from stroke each year. Traditionally, stroke is considered to be a disease of the elderly but now-a-days, witnessing stroke cases in the younger population as well. Stroke is the second leading cause of death after cancer in our country," [9]

Life satisfaction is the way persons evaluate their lives and how they feel about their directions and options for the future. It is a measure of well-being and may be assessed in terms of mood, satisfaction with relations with others and with achieved goals, self-concepts, and self-perceived ability to cope with daily life. It is having a favorable attitude of one's life as a whole rather than an assessment of current feelings. Life satisfaction has been measured in relation to economic standing, amount of education, experiences, and residence, as well as many other topics. [10]

Little is known about the life satisfaction of the person with stroke combined with their caregiver, i.e. the dyad, despite the fact that life satisfaction is an important rehabilitation outcome. [11]

A global measure of life satisfaction has become increasingly important as an adjunctive outcome of health care interventions for individuals with disabilities, such as those caused by a stroke. Furthermore, life satisfaction of the stroke survivor may also impact the caregiving spouse. [12]

A study conducted on to examined the coping strategies and life satisfaction of 73 elderly couples at 6-12 months after a cerebrovascular accident. Instruments included the Life Satisfaction Index A, the Ways of Coping Scale, and the Gulick Activity of Daily Living Scale. A series of mixed model analyses of variance were performed. A single significant main effect was obtained for the variable, Seeking Social Support. Stroke survivors were less

likely to use Seeking Social Support coping strategies than were their spouses. Correlations indicated that survivors manifested more positive affect when (a) they did not use Accepting Responsibility coping strategies; (b) they did not use Escape-Avoidance coping strategies; (c) their spouse did not use Escape-Avoidance; and (d) their spouses used fewer Planful Problem Solving coping strategies. Survivors were more likely to express satisfaction with past actions to the extent that (a) the survivor's spouse did not use Confrontive Coping strategies and (b) the survivor's spouse did not indicate using Planful Problem Solving coping strategies. The spouse's affect was positive to the extent that he or she did not use Escape-Avoidance coping strategies. More positive affect in stroke survivors was noted when their functional skills allowed them to do more independent activities of daily living. These relationships remained constant regardless of the functional skill of the survivor. [13]

Different aspects of the quality of life before and after stroke were registered for 62 communicable, representative long-term survivors, who reported the global and domain specific life satisfaction that they experienced. The main finding is that, after the stroke, at least one aspect of the quality of life had decreased for 61% of them; this concerned global, sexual and leisure satisfaction mainly. Moreover, persisting motor impairment and ADL-disability had a negative effect on several aspects of life satisfaction. As nearly 30% of the non-impaired and the non-disabled interviewees reported decreased global life satisfaction, these changes indicate that they do not cope psychosocially with the stroke as such nor with its sequelae. In contrast, the levels of life satisfaction were similar for the 60-61 and 79-81 year-old interviewees, clinically healthy respondents, indicating stability in the quality of life that they experienced from late middle age into senectitude. For the patients, social integration estimated normatively did not covariate significantly

with post-stroke satisfaction derived from social relationships. [14]

A study conducted on to evaluate the relation between basic/social functional disabilities and life satisfaction in long-term survivors after a first stroke. Sixty three consecutive outpatients who had received comprehensive inpatient rehabilitation after their first stroke participated in this cross-sectional study. The profile, basic activities of daily living, life style and life satisfaction of these outpatients were evaluated based on their interview. More than half of the subjects had a decrease in life satisfaction. There was mostly weak positive correlation between functional/social disabilities and the life satisfaction, and both age and sex were not predictors of their QOL. Therefore, functional disabilities had a weak impact on QOL in the long-term survivors after the first stroke. [15]

A study conducted on to assess life satisfaction among stroke patients. Two years after stroke onset, a great proportion of cerebrovascular disease patients suffered from impaired sensory function (44.7%), motor function (35.1%) and memory function (31.9%). Life satisfaction was better among women and worse among unemployed socioeconomically active patients. Among survivors, life satisfaction was worse in those suffering from feeling, sleep, emotion, cognition and pain issues, but did not correlate with caregivers' quality of life. Among family caregivers, life satisfaction was worse in those with patients suffering from issues of feeling and emotion. It was associated with all caregivers' Whoqol-bref domains (physical health, psychological health, environment, and social relationships). The life satisfaction measure, Newsqol, and Whoqol appeared to be good appropriate tools. Our findings may be useful for policy makers about family and medical-social issues of stroke home-based rehabilitation over time. [16]

A study conducted on to compare life satisfaction within couples one year after a partner's stroke, A total of 56 couples

were consecutively included. The respondents estimated life satisfaction using the Life Satisfaction Checklist 9-item version. Patients were physically mildly disabled by their stroke. The most common symptom was mental fatigability. Patients were, in general, less satisfied than spouses. The couples were less satisfied than norms. Satisfaction with life as a whole, leisure and sex life were most affected for both patients and spouses. Relationship with partner was the only domain in which patients were more satisfied than their spouses and almost equally satisfied compared with norms. Life satisfaction was negatively affected in different life domains. [17]

The life satisfaction scale and the Newsqol stroke instrument, which identify areas of quality of life affected by stroke, are reliable patient-centred markers of intervention outcome. They can be used within the framework of medical follow-up (such as telephone assistance, clinical practice and prevention). Depending on the stroke survivor's and the family caregiver's habitual lifestyle and material circumstances, enhancement of a caregiver's quality of life can help maintain the patient's life satisfaction, particularly in a rural setting. [18]

A global measure of life satisfaction has become increasingly important as an adjunctive outcome of healthcare interventions for people with disabilities, including those caused by stroke. Life satisfaction of stroke survivors may affect care giving spouses, as well. The purpose of this study was to identify, among many physical and psychosocial variables, specific variables that were associated with life satisfaction at 12 months after discharge from inpatient rehabilitation, and variables that were predictive of life satisfaction 1 year later (at 24 months). Between 12 and 24 months, life satisfaction decreased for stroke survivors, while it increased for care giving spouses. The relationship between the couple (mutuality) was the only variable that was a significant predictor of life

satisfaction for both stroke survivors and their spouses. [19]

Objective of the study:

1. To assess the life satisfaction among Cerebrovascular accident patients.
2. To associate the findings with selected demographic variables.

METHODOLOGY

A. Research Design: Quantitative Research Design

B. Research Approach: Descriptive Approach

C. Sample: Cerebrovascular Accident patients

D. Sample Size: 50

E. Sampling Technique: Non Probability Convenient sampling.

F. Data collection tool: Lisat9 a standardized tool was used for data collection.

G. Criteria for Sample selection:

a. Inclusion criteria:

Cerebrovascular accident patients who are...

- diagnosed with CVA for the first time
- diagnosed to have left or right sided hemiplegia.
- within one week of occurrence
- able to comprehend the tool used for study
- age between 40 to 75 years.
- not diagnosed to have any functional disability prior to CVA attack.
- willing to participate

b. Exclusion criteria:

Cerebrovascular accident patients who are

- Critically ill

The investigators introduce him and obtain consent from Cerebrovascular accident patients admitted in selected hospitals and who are willing to participate. Purpose and important of research study explain before collection of data. The Cerebrovascular accident patient assessed for life satisfaction.

RESULTS

Analysis and interpretation is based on the objectives of the study. The analysis was done with the help of inferential and descriptive statistics. Frequency and percentage wise distribution of demographic variables of CVA patients such as age, gender and so on

The table 1 shows that 40% of sample belongs to 61 – 70 years of age and 36% belongs to 51 – 60 years of age. 86% samples were male. Most 52% of samples were illiterate. 34% samples were unemployed and 32% of samples were farmers. 64% of sample belongs to 5000 – 10000 income group and most 60% of sample was having left affected side.

The below table 2 depicts that the mean score of life satisfaction among CVA patients is 22.18. The mean percentage score is 41.07. This indicates that most of the Cerebrovascular accident patients were decreased life satisfaction.

Table 1: Percentage wise distribution of CVA patients according to their demographic characteristics n=50

SN	Demographic Variables	No. of Patients	Percentage
1. Age(Years)			
	41-50	6	12
	51-60	18	36
	61-70	20	40
	71-80	6	12
2. Gender			
	Male	43	86
	Female	7	14
3. Education			
	Illiterate	26	52
	Primary	9	18
	Secondary	11	22
	Higher Secondary	4	8
	Graduation	00	00
	Post Graduation	00	00
4. Occupation			
	Unemployed	17	34
	Daily Ages/ Farmer	16	32
	Private Service	13	26
	Business	4	08
5. Monthly Income			
	< 5000	2	04
	5000 – 10000	32	64
	10001 – 15000	11	22
	> 15000	5	10
6. Affected Side			
	Left	30	60
	Right	20	40

Table 2: Assess the Life satisfaction of CVA patients. n=50

Category	Minimum score	Maximum score	Mean	Standard deviation	Mean percentage
Life Satisfaction	17.00	29.00	22.18	2.99	41.07

Table 3: Assess the Life Satisfaction among CVA patients. n=50

SN	Stroke Severity	Mean	SD	Mean Percentage
1	Life as a whole is	1.96	0.72	32.67
2	My vocational situation is	2.84	1.47	47.33
3	My financial situation is	2.74	1.35	45.67
4	My leisure situation is	1.90	1.11	31.67
5	My contact with friends and acquaintances are	3.50	1.52	58.33
6	My sexual life is	2.16	0.76	36.00
7	My ability to manage my self-care is	2.90	1.31	48.33
8	My family life is	1.96	1.08	32.67
9	My partner relationship is	2.22	0.78	37.00

The above table 3 depicts that the Cerebrovascular accident patients were satisfied for an area was life as a whole 32.66%, vocational situation 47.33%, financial situation 45.66%, leisure time 31.66%, contacts with friends 58.33%, ability in self-care 48.33%, family life 32.66% and relationship with partner 37%.

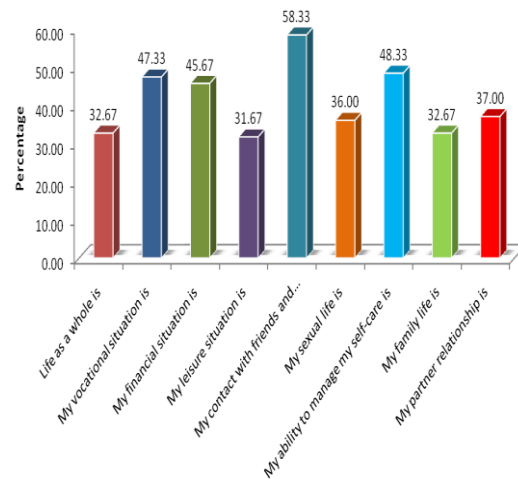


Figure1: Life Satisfaction among CVA patients

DISCUSSION

A patient with Cerebrovascular Accident having decreased life satisfaction. In present study the mean score of life satisfaction among CVA patients is 22.18. The mean percentage score is 41.07.

The life satisfaction of the person with stroke combined with their caregiver, i.e. the dyad, despite the fact that life satisfaction is an important rehabilitation outcome. The aim of this study was to describe the dyads combined life satisfaction and to understand this in relationship to the perceived impact of stroke in everyday life and caregiver burden. The findings suggest that those dyads with a discordant life satisfaction could be vulnerable because of the caregivers' reported caregiver burden. These findings support the importance of a dyadic perspective and add to the understanding of the reciprocal influences between the caregiver and patients. [20]

Hence there is a need for support over a long time period that focuses on the social, occupational and leisure situation of family members as well as that of patients.

CONCLUSION

The study aims that to assess the Life satisfaction among CVA patients. The study comprises 50 Cerebrovascular accident patients. Non probability convenient sampling technique was used for present study. LiSat9 a standardized research tool was used for data collection. The results show that the Cerebrovascular accident patients were satisfied for an area was life as a whole 32.66%, vocational situation 47.33%, financial situation 45.66%, leisure time 31.66%, contacts with friends 58.33%, ability in self-care 48.33%, family life 32.66% and relationship with partner 37%. There is not significant association between Life satisfaction among Cerebrovascular accident patient and demographic variables except age and gender. There is need for the education of patient as well as their caregivers on care of Cerebrovascular accident patients.

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