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Perception of ischemic stroke survivor's and physiotherapists about self-care management following a stroke after completing rehabilitation

Submitted by:

Maiesha Samiha

Bachelor of Science of Physiotherapy

DU Roll No: 1533

DU Registration No: 6237

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Bangladesh Health Professions Institute (BHPI)

Department of Physiotherapy

CRP, Savar, Dhaka-1343

Bangladesh

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We the undersigned certify that we have carefully read and recommended to the **Faculty of Medicine, University of Dhaka**, for acceptance of this thesis entitled:

Perception of ischemic stroke survivor's and physiotherapists about self-care management following a stroke after completing rehabilitation

Submitted by **Maiesha Samiha**, for the partial fulfillment of the requirements for the degree of Bachelor of Science in Physiotherapy (B.Sc. in PT).

Farjana Sharmin

Farjana Sharmin

Lecturer

Consultant & OPD In-Charge, musculoskeletal unit

Department of Physiotherapy

BHPI, CRP.

S. Hossain

Prof. Dr. Mohammad Sohrab Hossain, PhD

Professor of Physiotherapy, BHPI

Executive Director, CRP, Savar, Dhaka.

Mohammad Habibur Rahman

Assistant Professor of Physiotherapy

School of Science and Technology

Bangladesh Open University, Gazipur-1750.

Prof. Md. Obaidul Haque

Vice Principal

BHPI, CRP, Savar, Dhaka

Dr Shazal Kumar Das

Assistant Professor & H...

Department of Physioth...

BHPI, CRP, Savar, Dhak...

Approved Date: 11/08/25

Declaration

I declare that the work presented here is my own. All sources used here have been cited appropriately. Any mistakes or inaccuracies are my own. I also declare that for any publication, presentation or dissemination of information of the study, I would be bound to take written consent from Department of Physiotherapy of Bangladesh Health Professions Institute (BHPI).

Name: Maiesha Samiha **Date:** 11/08/25

Maiesha Samiha
Bachelor of Science in Physiotherapy (B. Sc. PT)
DU Roll No: 1533
Registration no.: 6237
Session: 2019-2020
BHPI, CRP, Savar, Dhaka-1343
Bangladesh

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Acronyms

ADL: Activities of Daily Living

BHPI: Bangladesh Health Professions Institute

CRP: Centre for the Rehabilitation of the Paralysed

IRB: Institutional Review Board

WHO: World Health Organization

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ABSTRACT

Background: Stroke is a neurological incident whose effects are long-term. It is the second largest causes of death and one major cause of adult disability in the world with an incidence of about 17 million people in a year. It is important to know the perception and experience of ischemic stroke survivors and physiotherapists towards self-care management in the provision of comprehensive care after a stroke. **Aim:** To explore the understanding of self-care management by ischemic stroke survivors and physiotherapists after they complete the stroke rehabilitation process. **Methodology:** Qualitative research approach was adopted whereby 10 survivors of ischemic stroke, and 10 physiotherapists were purposively collected in the Neurology and Stroke Rehabilitation Unit at CRP. Thematic analysis was used to analyze the results collected in semi-structured and in-depth interviews. **Result:** After analysis the six main themes were identified. Patients were likely to apply self-care to simple functional activities whereas physiotherapists perceived self-care as a multidimensional undertaking. The two groups saw the significance of rehabilitation to enhance self-care. General barriers were the physical and emotional limitations, the lack of awareness, and the environmental barriers. Facilitative factors like family support, personal motivation and professional guidance were pointed out. The structured education, frequent communication, involvement of a caregiver, and the further support of a community was also stressed out by the participants. **Conclusion:** The study finds that holistic, patient-centered, which involves emotional, social, and educational aspects, has to be one of the elements of the improvement of self-care management following stroke and aid in long-term recovery.

Keywords: *Stroke survivals, physiotherapists, self-care management, rehabilitation, qualitative study.*

CHAPTER-i Introduction

1.1 Background

Stroke is a neurological condition that occurs suddenly with life-long effects. Studies have shown that, stroke has become the second most common cause of not only death but also a leading cause of physical disability that affects around 17 million people worldwide each year (Bejot, 2016). Its increasing incidence and prevalence have become a matter of concern as stroke has an impact on both stroke survivor's quality of life and on health-care system (Steven, et al., 2017). Another study has stated that, globally, each year the incidence of stroke is approximately 16 million and around 62 million people who survived stroke are living with its consequences (Mukherjee and Patel, 2011). These life-long consequences may include physical disabilities, cognitive impairment and emotional challenges that may affect their daily life.

Stroke is a major cause of disability and loss of quality-of-life years world-wide (Mukherjee and Patil, 2011). There are mainly two types of strokes. Among them Ischemic strokes are the most common, accounting for up to 80% of strokes, and occur when there is an occlusion of a blood vessel, impairing the flow of blood to the brain. According to the World Health Organization (WHO), 15 million people suffer from stroke worldwide each year, among them 5 million die and another 5 million are left permanently disabled. The 2010 Global Burden of Disease Study suggested that stroke is the second leading cause of death globally and the third leading cause of premature death and disability as measured in Disability Adjusted Life Years (DALY).

Global Burden of Disease Study stated that, in 2016 the numbers of stroke survivors were about 80 million worldwide, besides that each year there were 13.7 million new stroke survivors. According to Global Stroke Fact Sheet 2022, across the globe, approximately 3.3 million people die from ischemic stroke annually. Stroke affects physical abilities that leads to complex adult disability (Langhorne and Legg, 2003; Appelros, et al., 2003) and about 50% of stroke survivors experience impairments that affect their activities of daily living and other social, occupational and leisure activities (Sveen, et al., 1999).

All these post stroke long term consequences such as physical disabilities, cognitive impairments, emotional challenges, depression, reduced social participation. (McKevitt, et al., 2011; Wolfe, et al., 2011; Sumathipala, et al., 2012; Ayerbe, et al.,

2013). In order to reduce the post stroke complications, various strategies are made. Among them selfcare management programs have been quite effective and have positive impact on quality of life, with appropriate use of health resources. (De Silva, 2011).

Self-care management plays an important role in addressing the long-term consequences of stroke. Although self-care management cannot be defined with a single definition, it confines a range of strategies which empower stroke survivors to manage their health effectively and efficiently, with the help and support of family and health professionals. In stroke rehabilitation, self-care management is increasingly recognized as an essential element for improving patient outcomes.

Self-care management aims to empower people with long-term conditions to take control of their treatment. Self-care management has been advocated as a means of supporting individual's coping and continued progress following stroke (Jones, 2006; Jones and Riazi, 2011). Self-care management programs are strategies that are based on self-efficacy to highlight and utilize personal resources and support learning. Self-care management interventions after stroke have been found effective to reduce physical disability, depression and improve self-efficacy, quality of life and social participation.

The role of physiotherapist in self-care management after stroke is inevitable. Physiotherapists work closely with people who survived stroke, to improve and maintain their independence in daily activities and integrate their social participation. Physiotherapists set the treatment goal, execute their treatment plan with a view to achieving the optimum independence of the patient and motivating the patient to perform their work by themselves.

Over the past few years, researchers have used qualitative study design to explore stroke survivors' and physiotherapist's view of self-management after stroke. (Sadler, et al., 2017). The experiences of patients who survive stroke are quite dependent on their socio-cultural context, surrounding environments (family, community etc.). Therefore, it is essential to explore the perception of self-care management among stroke survivors and physiotherapists in different cultural domains to identify their needs and to provide accurate treatment strategies.

Therefore, the study will be intended to find out the perception of both ischemic stroke survivors and physiotherapists about self-management after following a stroke after completing rehabilitation.

1.2 Justification

Stroke is a devastating neurological condition that has sudden onset with life-long consequences. Due to stroke, brain cells got damaged. The damage is not confined within the brain, it affects the whole-body functions (Gross motor, fine motor, sensory, cognitive, speech, vision etc.) as brain controls the human body. These changes within the human body lead to physical disabilities, cognitive impairments, speech problems etc. due to stroke that have negative impact on stroke patients. Stroke is the second leading cause of death and the third leading cause of disability worldwide. Though the burden of stroke worldwide seems to have declined in the past three decades, much of this effect reflects decreases in high-income countries (HICs).

On the contrary, the burden of stroke has grown rapidly in low-income and middle-income countries (LMICs), where epidemiological, socio-economic and demographic shifts have increased the incidence of stroke and other non-communicable diseases. (Feigin, V. L. et al.2021: pp 795–820). As a result, stroke has become a very well-known condition to every expect of people of Bangladesh. The nationwide survey yielded a crude prevalence of stroke 11.39 per thousand population in Bangladesh where more than three fourth had an ischemic stroke. (Mondal, M.B.A., Hasan, A.H., Khan, N. and Mohammad, Q.D., 2022).

Ischemic stroke has become a major public health concern and a leading cause of long-term disability. Although advanced acute care and rehabilitation programs have significantly increased the survival rate and enhanced functional outcomes, many ischemic stroke survivors faced persistent challenges in resuming independent self-care after discharge from well-structured rehabilitation programs. Self-care management is a strategy, encompassing a range of activities and strategies that empower ischemic stroke survivors to manage and maintain their health effectively, usually with the support of family and healthcare professionals.

To make self-care management effective participation of both physiotherapists and ischemic stroke survivors equal is quite important and their perception about self-care management plays a vital role in making the treatment outcome more effective. To get back to their normal day to day people who survived from ischemic stroke undergo various kinds of therapeutic interventions and rehabilitation programs. To make the outcome fruitful physiotherapists also taught them about self-care management that helps them to improve their daily living activities following a stroke.

Exploring the insight of physiotherapists regarding self-care management may have a direct influence on the treatment procedure like how they should engage with patients, the strategies they employ, ultimately, providing treatment with an appropriate approach that boosts up the patient's confidence and ability to manage their recovery effectively. As well as, understanding ischemic stroke survivors' perspective about self-care management helps to identify the gap in between the treatment process, determine the possible approaches that are suitable for each patient and discover new information that makes the self-care management more effective. In a word, the perception of both physiotherapists and ischemic stroke survivors plays a crucial role in making self-care management more effective and beneficial.

For all these reasons, mentioned earlier, this research aims to find out the perception of ischemic stroke survivor's and physiotherapist's about self-care management following a stroke after completing rehabilitation. Moreover, there is no research about perception on self-care management. Though this study, the perception of both ischemic stroke patients and therapists were explored according to the Bangladeshi culture and customs. By acknowledging and understanding their point of view about self-care management, we can create more effective and accurate treatment strategies that enhance treatment outcome.

1.3. Research question

What is the perception of ischemic stroke survivor's and physiotherapist's about self-care management following a stroke after completing rehabilitation?

1.4. Objectives

1.4.1 General objectives:

To understand the perception of ischemic stroke survivor's and physiotherapis'ts about the concept of self-care management following a stroke after completing rehabilitation.

1.4.2 Specific objectives:

- To determine the socio-demographic information of patients who suffered from ischemic stroke and physiotherapists who deal with stroke patients (physiotherapists of neurology department and stroke rehabilitation unit).
- To understand the opinion of stroke ischemic survivor's regarding self-care management and explore their thoughts about self-care management after stroke.
- To find out the thoughts of physiotherapists regarding self-management and their opinions about self-care management after stroke.
- To find out the challenges faced by the patients and physiotherapists.
- To identify the factors that make self-care management easier for both patients and therapists.
- To seek recommendations from both patients and therapists in order to make the self-care management program more effective.

1.5 Operational definition

Perception: Perception refers to the way of understanding or interpreting something based on one's own experiences, beliefs, feelings, and senses.

Ischemic stroke survivors: Ischemic stroke survivors refer to the individuals who have experienced an ischemic stroke and lived through it.

Physiotherapists: Physiotherapists are healthcare professionals who help people to recover from injuries, illnesses, or disabilities through therapeutic interventions.

Self-care management: Self-care management refers to the proactive engagement of individuals in managing their health conditions that encompasses a range of activities aimed at improving well-being, enhancing self-awareness, and fostering independence in health management.

CHAPTER-ii Literature review

Stroke is one of the leading causes of chronic disability in adults around the world (Sangari et al., 2020). It is a neurological disorder in which a thrombus blocks or ruptures blood vessels in the brain, causing hemiplegic paralysis (Kuriakose et al., 2020). On a global scale, ischemic stroke, which accounts for approximately 87% of all stroke cases, results from the occlusion of cerebral arteries, leading to brain tissue damage due to reduced blood supply. It occurs when a thrombus or embolus obstructs cerebral blood flow, leading to a lack of oxygen and nutrients in affected areas of the brain (Norris et al., 2014). Risk factors include hypertension, diabetes, smoking, hyperlipidemia, atrial fibrillation, and sedentary lifestyle.

According to Global Stroke Fact Sheet 2022, across the globe, approximately 3.3 million people die from ischemic stroke annually. Ischemic stroke can result in hemiparesis, speech disturbances, cognitive deficits, and emotional instability, making rehabilitation a critical component of recovery. A significant percentage (80%) of ischemic stroke survivors experience difficulties with ADLs, indicating a high level of dependency, with 76% reporting difficulties in mobility, which can lead to increased risk of falls and vision, hearing impairments are prevalent, affecting 60% and 66% of patients, respectively (Poomalai et al., 2023).

Stroke has an impact on an individual's ability to carry out activities of daily living, participate in life roles, and this places a burden on health and social care (Rajsic et al., 2019). The sudden changes in a person's life after that can cause a variety of psychological and behavioral effects such as anxiety, despair, depression and other mood disorders (Kobylanska et al., 2018). One of the major and common complications experienced by patients is reduced mobility, which leads to inability to perform daily activities, job loss and social isolation (Szczepanska-Gieracha et al., 2020). In response, self-care management has become an increasingly important aspect of helping people manage with their long-term conditions (Department of health, 2001; Naylor et al., 2015).

Self-care management has been advocated as a means of supporting individual's coping and continued progress following stroke (Jones and Riazi, 2011; Jones, 2006). Self-care management has been defined as an individual's ability, in conjunction with family, community, and the appropriate healthcare professionals to manage the symptoms,

treatment, psychological, cultural, and spiritual consequences and inherent lifestyle changes required for living with a chronic disease (Wilkinson and Whitehead, 2009). It involves consideration of medical management such as taking medications, role management such as involving maintenance of life, and emotional management like dealing with emotional sequelae such as fear, frustration etc. (Corbin and Strauss, 1988; Lorig and Holman, 2003).

Much of the evidence surrounding self-care management for long term conditions is based on the Stanford University model, which focuses upon the management by individuals of their treatment, symptoms, lifestyle, physical and psychological consequences of living with a long-term condition (Lorig and Holman, 2003; Lorig et al., 2001). Self-care management in stroke rehabilitation involves empowering survivors to actively participate in their recovery through goal setting, problem solving, and personalized action plans (Fugazzaro et al., 2021).

In stroke rehabilitation, it is a dynamic, collaborative process where stroke survivors and caregivers utilize various strategies, including lifestyle changes, social support, communication, knowledge acquisition, and goal setting, to effectively manage their recovery and improve overall health outcomes (Rahman et al., 2022). Self-care management involves strategies that empower patients to take an active role in their recovery, including telerehabilitation, physical exercise, and personalized interventions, aimed at improving their quality of life and neurological function post-stroke (Muhith & Supu, 2024). In addition, it involves patients actively participating in their recovery by enhancing their self-care abilities, improving knowledge and beliefs about their condition, and adopting behaviors that promote better health outcomes and subjective well-being during the rehabilitation phase (Xing & Wei, 2021).

Self-care management in stroke rehabilitation involves empowering survivors to actively participate in their recovery through techniques like observational learning. This approach aims to improve functional outcomes and reduce caregiver burden by enhancing understanding and skills related to rehabilitation techniques (Jones et al., 2015). These strategies not only focused on empowering survivors to manage their health, prevent further strokes, and facilitate rehabilitation but also includes goal setting, action planning, and support from healthcare providers, enhancing self-efficacy and engagement in healthy behaviors (Kidd, 2018).

Self-care management strategies in stroke rehabilitation include patient education, information provision, goal setting, problem-solving, action planning, self-monitoring,

and social support, which are integrated with rehabilitation therapy to enhance mobility outcomes and improve functional abilities for stroke survivors (Sahely et al., 2022). Self-care management strategies in stroke rehabilitation, including self-care maintenance, monitoring, and management. These strategies involve adopting healthy behaviors, such as diet and exercise, to improve outcomes and support recovery in stroke patients (Riegel et al., 2017).

These strategies include education on practice effects, goal setting, identifying barriers, problem-solving, performance feedback, tailored instruction, and ongoing support. These strategies enhance self-efficacy, motivation, and adherence to exercise and skills practice during and after formal therapy (Dobkin, 2016). Individualized approaches with structured information, professional support, problem-solving, and active participant engagement in decision-making and care planning, all aimed at improving functional abilities and participation outcomes (Warner et al., 2015).

Self-care management strategies in stroke rehabilitation include using a self-managed exercise manual, integrating information and communication technologies (ICTs), and applying theories like self-efficacy and self-regulated learning to empower stroke survivors in their ongoing physical functional recovery (Law, 2016). Self-management in stroke care involves patients engaging in self-care and rehabilitation, with physiotherapists advising on exercises. Negative attitudes and beliefs can hinder this process, making it essential for healthcare professionals to support and motivate patients (Joice, 2012).

Stroke empowerment education as a self-care management strategy for post-stroke patients, enhancing their ability to manage health behaviors and prevent recurrent strokes through education and empowerment, ultimately improving their overall recovery and quality of life (Prasetyowati & Firmanda, 2025). Self-care management programs, like Bridges, enhance patients' confidence, skills, and knowledge in managing their recovery post-stroke. These strategies are informed by self-efficacy principles, aiming to support sustainable rehabilitation through tailored interventions in various contexts (Tailoring and Evaluating an Intervention to Support Self-Management after Stroke: A Study Protocol for a Multi-Case Comparison Study with Mixed Methods. (Preprint), 2022).

According to patients, self-care management strategies in stroke rehabilitation include maintaining a sense of control, utilizing healthcare resources effectively, fostering social integration, and seeking support, all of which contribute to improved health

outcomes and overall well-being (Telehealth Interventions to Support Self-Care of Stroke Survivors: An Integrative Review (Preprint), 2022). As self-care management strategies for stroke rehabilitation, focusing on improving self-efficacy in managing health, participation in daily activities, and problem-solving skills. Patients learn to navigate environmental supports and barriers to enhance their engagement in home, community, and work activities (Wolf et al., 2016).

According to patients, these strategies include active coping, planning, self-control, acceptance, and positive thinking. As a result, these enhance self-care agency by improving illness cognition and fostering a proactive approach to managing their health and recovery (Suhardingsih et al., 2012). Morris et al. (2015) stated that stroke survivors perceive self-care management as crucial for recovery and participation in valued activities. Through self-care management strategies, patients are encouraged to set realistic, achievable goals, which fosters a sense of accomplishment and enhances self-efficacy (Fugazzaro et al., 2021).

Sahely et al. (2022) also found that stroke survivors valued self-care management interventions as beneficial additions to their therapy, perceiving improvements in mobility. However, stroke survivors often struggle with understanding stroke and recovery, impacting self-care management (Norris et al., 2014). Stroke survivors viewed self-management as "looking after yourself" and valued therapists' support, while physiotherapists saw it as an active rehabilitation process. Survivors often did not recognize self-management as part of care, emphasizing interpersonal relationships over self-management strategies (Sadler et al., 2017).

Patients' understanding and engagement with self-care management are shaped by multiple factors including individual capacity, support systems, and the broader healthcare environment. In a qualitative study by Boger et al. (2015), stroke survivors were initially unfamiliar with the term "self-management," but upon reflection, described various adaptive behaviors that reflected self-care principles. Patients understand self-care management after a stroke during rehabilitation through health education, exercise interventions, and psychological support, which enhance their self-confidence and establish effective self-management behaviors, ultimately improving their quality of life and subjective well-being (Sun et al., 2022).

Moreover, stroke survivors understand self-care management through various strategies, including lifestyle changes, social support, communication, and goal setting. Their experiences are complex and influenced by factors such as age, gender, disability,

and education, highlighting the multifaceted nature of self-management in rehabilitation (Rahman et al., 2022). Understanding self-care management involves recognizing the importance of regaining bodily functions to perform daily activities, ultimately improving their quality of life (Rahayu Sa'pang et al., 2022). Support from family, healthcare professionals, peers, environment, and technology make patients to understand the importance of self-care management after stroke during rehabilitation (Bečvářová & Gurková, 2024).

Prasetyowati & Firmanda (2024) stated that stroke empowerment education significantly improves self-care among post-stroke patients, enhancing their understanding and management of self-care behaviors during rehabilitation, ultimately aiding in the prevention of recurrent strokes. Physiotherapists provide comprehensive education about stroke and its implications, helping patients understand their condition and the importance of self-care management (Susilo et al., 2023). They utilize interactive sessions and educational materials to equip patients with knowledge and skills necessary for daily living and stroke prevention. Self-care management programs for stroke survivors can be effectively delivered by trained professionals, including physiotherapists, enhancing quality of life and self-efficacy (Lindsay et al, 2010; Winstein, 2016; Stroke Foundation, 2017).

Physiotherapists enhance self-care management for stroke patients by providing tailored education on physical exercises, such as balance training and muscle strengthening, which empower patients and their families with knowledge and skills essential for effective rehabilitation and improved quality of life (Susilo et al., 2023). Sadler et al. (2017) noted, physiotherapists help patients understand self-care management after stroke by fostering collaborative relationships, providing tailored information, teaching technical skills, and encouraging active participation in rehabilitation, thereby promoting personal responsibility and addressing individual needs throughout the recovery process.

Physiotherapists educate stroke patients on self-care management by assessing abilities, providing early mobilization techniques, and offering guidelines for therapy dosage, ultimately enhancing patients' competence and quality of life during the critical rehabilitation phase (Mehrholz & Carr, 2012). Physiotherapists guide stroke patients through self-care management by educating them on the recovery process, promoting exercise intensity, preventing falls, and encouraging health maintenance. They also provide home exercise programs and support in performing daily activities to enhance

independence (Kashif & Shahid, 2023). They facilitate self-care management by fostering active patient participation, building high-quality relationships to establish trust, and viewing patients as individuals, which is essential for effective rehabilitation and understanding of self-care management post-stroke (Killingback et al., 2021).

Physiotherapists perceive self-management after stroke as a process where survivors actively engage in their rehabilitation and health management, emphasizing personal responsibility and compliance with professional advice, particularly in community settings that foster collaborative relationships and person-centered care (Sadler et al., 2017).

Physiotherapists provide self-care management following a stroke by focusing on improving independence through tailored rehabilitation programs that address the specific needs of the patient. This includes training in mobility, coordination, and balance, while also utilizing assistive devices to enhance safety and functionality. Continuous assessment and adjustment of therapy methods ensure effective recovery and support for the patient's long-term independence (Hu, 2022).

Physiotherapists may facilitate self-care management by educating patients on physical activity strategies, setting achievable goals, and providing ongoing support to encourage adherence to physical activity after discharge from rehabilitation. This approach aims to empower patients in their recovery journey (Caetano et al., 2021).

Physiotherapists facilitate self-care management post-stroke by employing empowerment-based interventions, enhancing patients' self-efficacy, and fostering supportive relationships. They guide patients in understanding their health needs and encourage active participation in healthcare decisions during rehabilitation, promoting effective self-management strategies (Sit et al., 2018).

Jones et al. (2017) mentioned that physiotherapists support stroke survivors by fostering a collaborative relationship, validating their ideas, and encouraging self-discovery. They utilize a self-management approach, sharing knowledge and strategies, which empowers patients to take responsibility for their rehabilitation and enhances their confidence in self-care. Innovative self-care management interventions, such as structured sessions led by physiotherapists, have shown promise in enhancing recovery and quality of life for stroke survivors (Pallesen et al., 2018). They educate patients on daily living activities, promote adaptive strategies, and support readiness for community reintegration post-discharge (Yuniarti et al., 2020).

Physiotherapists play a crucial role in stroke education, empowering patients with

knowledge and skills for effective self-management. They provide tailored strategies for daily living, enhancing physical and cognitive functions, which significantly contribute to patients' independence and overall prognosis post-stroke (Susilo et al., 2023). Physiotherapists supported stroke survivors in building knowledge and confidence, emphasizing shared responsibility and encouraging self-management strategies during rehabilitation (Jones et al., 2017).

In a recent study, Vadas et al. (2021) mentioned that physiotherapists should tailor self-practice programs to individual stroke survivors' life circumstances, preferences, and needs, enhancing adherence to recovery-oriented self-care management post-stroke, especially in light of reduced therapy availability after discharge.

Physiotherapists also emphasize the importance of regaining independence in self-care management post-stroke. They utilize clinical reasoning strategies, considering patient presentation and response to therapy, to tailor rehabilitation approaches that enhance functional mobility and overall quality of life for stroke survivors (Kanase, 2020). Moreover, physiotherapists view self-management as empowering stroke survivors by recognizing them as experts of their own condition. They emphasize the importance of language and rapport, facilitating mutual power dynamics to enhance patients' responsibility for their health and rehabilitation outcomes (Fletcher et al., 2019).

In a study, Xing & Wei (2021) stated that self-management interventions significantly improve self-care abilities and subjective well-being in stroke patients during rehabilitation, suggesting the importance of such knowledge for healthcare providers. Physiotherapists play a crucial role in training stroke patients for self-care management, focusing on improving activities of daily living (ADLs) through tailored exercises, strength training, and coordination practice, ultimately enhancing functional independence and quality of life post-stroke (Barman & Mahapatra, 2013).

Moreover, Maček et al. (2020) mentioned that the importance of education and social activation for stroke patients and their families aids physiotherapists in promoting self-care management. This approach encourages patient involvement in their rehabilitation, enhancing recovery and functional independence post-stroke. Effective self-management support requires a partnership approach, where both parties contribute to setting realistic and meaningful goals.

The therapeutic alliance is critical in this process. Killingback et al. (2021) and Boger et al. (2015) both highlighted the importance of trust, empathy, and mutual respect in promoting self-care management. The equal participation of both ischemic stroke

survivors and physiotherapists has an impact on self-care management that is an essential component of stroke rehabilitation.

CHAPTER: iii Methodology

3.1 Study design

The researcher decided to use a qualitative research design to study how ischemic stroke survivors and physiotherapists think about self-care after completing rehabilitation. Qualitative research explores and interprets thoughts, beliefs, attitudes and behaviors, making it easier to understand individuals in their normal, daily environment. Using this approach is especially useful when looking into how people experience and think about health issues. This method allows researchers to hear and document in detail how individuals experience and manage their daily lives which can be missed by other types of research.

Data from qualitative research designs reflects what people think and feel based on their experiences. During this process, a semi-structured questionnaire is included, and face to face interviews were done by asking participants open-ended questions. Participants could speak openly, and the researcher could explore new topics thoroughly within this style. To get specific insights, interviews were conducted to explore social and demographic facts, self-care understanding, problems, encouragement and possible procedures to enhance self-care management after a stroke. Perception, belief, thoughts and attitudes cannot be measured numerically. As a result, this study used qualitative research design to give both survivors and physiotherapists the opportunity to describe what helps or hinders them during self-care management after stroke recovery.

3.2 Study site

The researcher collected data from the neurological department and Stroke Rehabilitation Unit of Physiotherapy at Centre for the Rehabilitation of the Paralyzed (CRP), Savar, Dhaka-1343 and at Centre for the Rehabilitation of the Paralyzed (CRP), Mirpur, Dhaka-1206.

3.3 Study duration

The duration of this study is from 1st June 2024 to 31st May 2025.

3.4 Study Population

Ischemic stroke patients who attended the Centre for the Rehabilitation of the Paralyzed

(CRP), Savar, Dhaka-1343 and at Centre for the Rehabilitation of the Paralyzed (CRP), Mirpur, Dhaka-1206.

Physiotherapists who have experience of working in Neurological and Stroke Rehabilitation Unit at Centre for the Rehabilitation of the Paralyzed (CRP), Savar, Dhaka-1343 and at Centre for the Rehabilitation of the Paralyzed (CRP), Mirpur, Dhaka-1206.

3.5 Selection Criteria

3.5.1 Inclusion criteria:

For ischemic stroke survivors:

- Patients who had completed their rehabilitations and got discharged home (i.e.2-6 months post stroke). (Sadler E, et al., 2017)
- Patients who suffered from ischemic stroke. (Sharmin F, et al., 2025)
- The age of the participants ranges from 35-70 years. (Sharmin F, et al., 2025)
- Both male and female. (Boger E.J., et al., 2014)
- Voluntary participation. (Urimubenshi G, et al., 2015)
- Easy to communicate. (Sadler E, et al., 2017)

For Physiotherapists:

- Physiotherapists of Neurological and Stroke and Rehabilitation Unit. (Sadler E, et al., 2017)
- Willing to co-operate. (Urimubenshi G, et al., 2015)
- Physiotherapist who has 5-10 years of working experience. (Sadler E, et al., 2017)

3.5.2 Exclusion criteria:

For ischemic stroke survivors:

- Patient who was medically unstable, had severe communication and cognitive impairment. (Sadler E, et al., 2017)
- Age >70 years. (Sharmin F, et al., 2025)

- Patients who suffer from other major diseases after stroke (for example- head injury). (Urimubenshi G, et al., 2015)
- Non-cooperative patients and lack of interest in participation in research activities. (Boger E.J., et al., 2014)

3.6 Sample size

Twenty participants took part in this study: ten ischemic stroke survivors and ten physiotherapists.

3.7 Sampling Technique

The researcher used purposive sampling to select samples from the population. Participants were recruited in this study using purposive sampling to ensure they had direct and relevant experience with managing self-care after stroke rehabilitation. The study involved two groups: individuals who had finished their rehabilitation after an ischemic stroke and physiotherapists from neurology or stroke rehabilitation units. By using this approach, participants in the study were able to share detailed and significant experiences, views and difficulties with post-stroke self-care management.

3.8 Procedure for data collection

Verbal and written consent will be taken from the patients. Information will be obtained through face-to-face interviews that allow participants to share their experiences and enable complete discussion of the important topics in the study. A questionnaire will be used where the interview questions are designed based on the study's goals to allow participants to express their views, as well as their suggestions. Both the locations and times for the interviews were chosen to ensure that participants felt relaxed and at ease. Consent from participants will be taken to record the sessions and notes to ensure the details and actions are not included in the audio data.

3.9 Data collection tools

The researcher used a mobile phone recorder to capture the conversations during the interview. Pen, papers and notebooks were used to write down the observations.

Consent of the participants was taken by filling out an information sheet and a consent form. An open-ended questionnaire was used as the tool for the interview.

3.10 Data analysis procedure

The researcher used a thematic analysis process to go through the collected data. The researcher first transcript the data from the recorder then studied the transcribed conversations and field notes in order to spot similar themes and views among the participants. The opening phase was called open coding, where the researchers studied the data and added codes to each group as recognized. After that, the codes were arranged into major themes that illustrated the main aspects of both participants. While carrying out the research, an ongoing comparison was made, improving the themes and making certain they matched the participants' experiences. The remaining themes were checked and approved as matching the study goals and research questions, helping to explain in-depth of the study.

3.11 Ethical consideration:

- Researcher will follow the Institution Review Board (IRB) guideline of BHPI
- Researcher will follow the WHO guideline
- Researcher will follow the Bangladesh Medical Research Council (BMRC) guideline
- Strictly maintain the confidentiality
- Informed consent will be taken
- All participants will be informed about the aim and objectives of the study prior to participation.
- Participant's rights and privileges will be sure.
- No harmful act will be taken, and the participant can withdraw themselves at any time.

3.12 Informed Consent:

All participants were told clearly about their responsibilities by the researcher and asked to provide a written declaration of being informed before they took part. Every participant signed a consent form before conducting the study. Participants were informed that they were free to withdraw from the study whenever they wanted and they voluntarily participated. All the participants received assurance that their private details would be confidential and not revealed in reports or publications resulting from the study. Participant information was assigned coding that does not link anyone to their answers. According to the researcher, participants may not receive any immediate help, but the study's results may benefit stroke survivors as medical care improves in the future. The participants were also guaranteed that their participation would not endanger them in any way.

CHAPTER: iv Result

The researcher systematically organized the collected data into relevant categories, applied coding techniques, and identified key themes. The aim of the study was to explore the understanding, challenges, facilitators, and recommendations of ischemic stroke survivors and physiotherapists related to self-care management. Participants shared their experiences based on their individual viewpoints and understanding of the subject. To interpret the responses, coding was applied, allowing the researcher to uncover recurring patterns and develop themes aligned with the study's objectives. The results are presented in relation to the research questions, with each theme reflecting the lived experiences and opinions of the participants. The presentation of themes is based directly on the responses provided by both stroke survivors and physiotherapists. Positive responses were specifically noted, and marks were recorded only in cases where participants expressed supportive or favorable views toward a particular aspect of self-care management. Socio-demographic, clinical, and lifestyle related information at a glance:

4.1.1 Socio-demographic information of the patients:

Table-1: Socio-demographic information of the patients

Socio-demographic content	Number of participants (n)
Age	
35-40	3
41-45	2
46-50	0
51-55	1
56-60	0
61-65	1
66-70	3
Gender	
Male	9
Female	1
Marital status	
Married	9
Widow	1

Educational qualification	
Primary	2
Secondary	3
Higher secondary	1
Graduate	3
Master's and above	1
Religion	
Islam	9
Hinduism	1
Residential Area	
Rural	5
Semi-urban	1
Urban	4
Occupation (Before stroke)	
Job holder	5
Businessman	3
Teacher	1
Housewife	1
Family Type	
Joint	8
Nuclear	2
Earning member of family	
Own	7
Brother	1
Son	1
Daughter	1

A total of 20 participants were included in this study. Among them 10 are patients and 10 are physiotherapists. Here, the socio-demographic profile of patients would be discussed. In the age distribution, it had been seen that the majority of participants are within ranges of the 35–40 and 66–70 with equal participation, each group comprising three participants. Fewer participants were seen within the 41–45, 51–55, and 61–65

age ranges respectively 2, 1 and 1 in number, while no participants were recorded in the 46–50 and 56–60 age ranges. In case of gender, among 10 participants the sample was predominantly male with a number of 9, and only one (1) female participant had been shown.

In terms of marital status, most participants with a number of 9 were married, and one participant was a widow. Speaking of educational qualification, 2 participants completed their primary education, 3 completed secondary education, which being the most common, 1 participant had attained higher secondary education, 3 participants had completed a graduate degree, and 1 held a master's degree among the 10 participants.

Regarding religion, the majority of participants followed Islam, and they are 9 in total, and 1 participant followed Hinduism. Most of the participants in this study were residents of rural areas.

Regarding the distribution of residential areas out of 10 participants, 5 of them were resident of rural areas, 4 of them resident of urban and 1 of them was resident of semi-urban geographical areas. Before experiencing a stroke, participants were engaged in a variety of occupations. Out of the 10 patient participants most of them were Job holders respectively 5 participants and 3 participants were businessmen made up the majority, while 1 participant each was a teacher and a housewife.

In terms of family structure, the majority of participants belonged to joint families with the number of 8, while 2 were from nuclear families. Regarding financial responsibility, seven participants were the primary earning members of their families before the stroke. The remaining three participants respectively reported that their brother, son, and daughter as the earning member of the household.

4.2 Co-morbid condition information of patients:

Table-2: Co-morbid condition information of the patients

Co-morbid condition content	Number of participants (n)
Affected side	
Right	5
Left	5
Duration of stroke	
5-10 months	5
11-15 months	4
16-20 months	1
Number of strokes	
First stroke	10
Other condition	
High blood pressure	2
High blood pressure & Diabetes mellitus	3
High blood pressure, Diabetes mellitus &CKD	1
None	4
Numbers of using aids	
No aid	6
Cane	3
Walker	1

The clinical characteristics of the ischemic stroke survivors who participated in the study reveal a balanced distribution in terms of the side of the body affected by the stroke. Five participants experienced right-sided hemiplegia, while the remaining five were affected on the left side.

When considering the duration since stroke onset, most participants were within their first year of recovery. Five participants had their stroke between 5 to 10 months ago, four were between 11- 15months post-stroke, and one participant was between 16 -20 months into recovery. Notably, all ten participants experienced their first stroke, with

no reports of recurrent strokes in the group.

Regarding co-morbid conditions, a portion of participants reported ongoing health issues. Two participants had high blood pressure alone, while three had high blood pressure along with diabetes mellitus. One individual had multiple conditions, including high blood pressure, diabetes mellitus, and chronic kidney disease (CKD). On the contrary, four participants reported no additional health conditions.

In terms of mobility, the majority of participants 6 out of 10 were reported not using any assistive devices. Of those who did, three used a cane, and one participant used a walker, reflecting varying degrees of physical independence and support needs.

4.3 Lifestyle information of patients:

Table-3: Lifestyle information of the patients

Lifestyle information content	Number of participants (n)
Other habits (Before stroke)	
Smoking	5
None	5
Smoking after stroke	
Stopped	3
Continued	2
Physical exercise (before stroke)	
Walking	3
Vigorous activities	1
None	6

The lifestyle patterns of the stroke survivors before and after the stroke reveal significant variation in health-related behaviors. Prior to experiencing a stroke, half of the participants (n = 5) reported a history of smoking, while the other five participants stated they had no such habits.

Among those who smoked before the stroke, lifestyle changes were evident after their health event. 3 individuals successfully quit smoking, indicating a positive shift in behavior following the stroke, whereas 2 participants continued to smoke even after the stroke, highlighting the need for more focused health counseling and support in

smoking cessation.

In terms of physical activity before the stroke, only a few participants engaged in regular exercise. 3 individuals reported that they practiced walking, and just 1 person participated in vigorous physical activities. The remaining six participants acknowledged they did not engage in any form of regular exercise before the stroke, which may have implications for both stroke risk and recovery outcomes.

4.1.2 Socio-demographic information of physiotherapists:

Table-4: Socio-demographic information of physiotherapists

Socio-demographic content	Number of participants (n)
Age	
30-35	6
36-40	2
41-45	2
Gender	
Male	9
Female	1
Marital status	
Married	10
Educational qualification	
Graduate	1
Master's and above	9
Religion	
Islam	8
Hinduism	1
Christianity	1
Residential Area	
Semi-urban	6
Urban	4
Occupation	
Physiotherapist	10
Working Experience	
5-10 years	6

11-15 years	1
16-20 years	3

Among the total 20 participants of this study, 10 participants were physiotherapists who participated in the study. In terms of age distribution, the majority with a number of 6 out of 10 were between 30–35 years old, followed by 2 participants who were between the age ranges of 36–40 years and 2 were between 41–45 years age ranges, indicating that most participants were in the early to mid-stages of their professional careers.

Out of the 10 total samples,9 were male physiotherapists and 1was female.

Regarding marital status, all of the 10 physiotherapist participants were reported to be married.

Speaking of educational qualifications, the majority of participants, 9 out of 10, had attained a master's degree or higher, while 1 participant held a Graduate degree. This indicates a high level of academic qualification among the participants.

In terms of religious belief, 8 participants identified as Muslim, with 1 participant each identified as Hindu and Christian, respectively.

The residential distribution showed that 6 physiotherapists lived in semi-urban areas, while 4 were from urban settings. None of the participants resided in rural areas.

All participants were practicing physiotherapists, with varying levels of professional experience. The majority with the number of 6 out of 10, had 5–10 years of working experience, three had 16–20 years, and one participant had 11–15 years of experience. This range suggests a well-balanced representation of early-career and seasoned professionals in the sample.

4.4 Summary of theme that were developed from data analysis:

4.4.1 Understanding the concept of self-care management by the patients and physiotherapists

Table-5: Understanding of self-care management by the patients

Coding	Pt1	Pt2	Pt3	Pt4	Pt5	Pt6	Pt7	Pt8	Pt9	Pt10	Total
Personal independence	✓	✓		✓	✓		✓		✓	✓	7
Taking care of yourself	✓	✓		✓	✓		✓		✓	✓	7
Maintenance of hygiene and cleanliness							✓				1
Household chores									✓		1
Have no clue			✓			✓		✓			3

Table-6: Understanding of self-care management by physiotherapists

Coding	T1	T2	T3	T4	T5	T6	T7	T8	T9	T10	Total
Activities performed by oneself for health maintenance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Prevention of complications	✓		✓	✓	✓	✓	✓			✓	7
Maintenance of hygiene and cleanliness	✓		✓				✓				3
Physical, mental and emotional well-being				✓	✓	✓	✓	✓	✓	✓	7
Independence &		✓	✓	✓	✓	✓	✓	✓			7

autonomy											
Promote recovery				✓	✓	✓		✓		✓	5

According to the transcription of the data, the understanding of self-care management among the majority of patients is personal independence and taking care of yourself, 7 out of 10 patients agreed on this matter. But one patient thought maintaining hygiene and cleanliness is self-care management while other one thought performing household chores is selfcare management. Unfortunately, 3 of the patients had no idea about self-care management. On the other hand, physiotherapists had a clear vision about self-care management, all of them agreed on that self-care activities are performed by oneself for maintenance of health. 7 out of 10 physiotherapists emphasized the prevention of complications, physical, mental and emotional well-being and independence and autonomy. Among 10 physiotherapists, 5 out of them also stated that self-care activities promote recovery. 3 physiotherapists also focused on maintenance of hygiene and cleanliness that plays a crucial part in restoring and maintaining health. (Table-5 & 6)

4.4.2 Exploring post-stroke idea about self-care management by the patients and physiotherapists

Table-7: Exploring the idea of self-care management after stroke by the patients

Coding	Pt1	Pt2	Pt3	Pt4	Pt5	Pt6	Pt7	Pt8	Pt9	Pt10	Total
Physical dependency	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Struggling to perform activity	✓	✓	✓	✓	✓	✓	✓	✓	✓		9
Need for relearning	✓	✓		✓	✓		✓	✓	✓	✓	8

According to the transcript, 10 out of 10 patient participants agreed on physical dependency is a major issue they faced after stroke. 9 out them also expressed their struggle to perform any activities and 8 out of 10 patients needed for relearning their activities due to the consequences of stroke. (Table-7)

Table-8: Exploring the idea of self-care management after stroke by physiotherapists

Coding	T1	T2	T3	T4	T5	T6	T7	T8	T9	T10	Total
Physical limitation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Cognitive impairments	✓	✓	✓	✓			✓			✓	7
Dependency	✓		✓		✓	✓	✓			✓	6
Emotional distress			✓				✓		✓		3
Environmental barrier	✓		✓				✓	✓	✓	✓	6

Physiotherapists also mentioned that performing self-care management after stroke is very difficult. All of them pointed out physical limitation as a major factor faced by most of the patients. Among 10 physiotherapists, 7 of them agreed on cognitive impairments while 6 of them highlighted the dependency trait of the patient that arose after stroke. 3 physiotherapists identified emotional distress common in post- stroke phase and 6 out of 10 physiotherapists emphasized of environmental barrier that makes

self-care management after stroke difficult. (Table- 8)

4.4.3 Role of rehabilitation in self-care management

Table-9: Role of rehabilitation in self-care management after stroke according to the patients

Coding	Pt1	Pt2	Pt3	Pt4	Pt5	Pt6	Pt7	Pt8	Pt9	Pt10	Total
Relearning tasks	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Motivation from therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓		9
Glorify the significance of therapy	✓	✓		✓	✓		✓	✓	✓	✓	8

Table-10: Role of rehabilitation in self-care management after stroke according to the physiotherapists

Coding	T1	T2	T3	T4	T5	T6	T7	T8	T9	T10	Total
Positioning and postural stability	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Task training	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Progressive exercise programs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Therapists and patients' partnership	✓						✓	✓			3
Patient and career education	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Home advice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Home Environment modification	✓		✓				✓	✓	✓	✓	6

Each and every one of them drew out the importance of rehabilitation and agreed on

relearning tasks that helped them to perform self-care management after rehabilitation. Most of them, around 9 out of 10, expressed their gratitude towards therapists and mentioned that therapy sessions were motivational for them. 8 out of 10 also pointed out the significance of therapy. In this regard, all the therapists shared the same vision in their rehabilitation programs, focusing on positioning and postural stability, task training, progressive exercise programs, patient and career education and home advice to ensure the optimum functioning of the patients and make them able to perform self-care management. Apparently, 3 out of 10 physiotherapists focused on the therapists and patients' relationship that enhance the outcomes of treatment and 6 out of 10 pointed out the importance of home environment modification that contributes to self-care management. (Table- 9&10)

4.4.4 Challenges in self-care management

Table-11: Challenges faced by patients

Coding	**Pt 1**	**Pt 2**	**Pt 3**	**Pt 4**	**Pt 5**	**Pt 6**	**Pt 7**	**Pt 8**	**Pt 9**	**Pt10**	**Total**
Physical limitation	✓	✓		✓			✓		✓	✓	5
Emotional distress		✓		✓			✓		✓		4
Environmental barrier	✓	✓					✓		✓	✓	5

Table-12: Challenges faced by physiotherapists

Coding	**T1**	**T2**	**T3**	**T4**	**T5**	**T6**	**T7**	**T8**	**T9**	**T10**	**Total**
Patients' unwillingness	✓		✓	✓	✓	✓	✓	✓	✓		8
Disease burden	✓	✓	✓				✓	✓	✓		6
Cognitive impairments	✓	✓	✓	✓			✓	✓	✓	✓	8
Lack of family support or over support	✓		✓		✓	✓	✓	✓			6
Lack of awareness		✓	✓	✓		✓				✓	5

Financial constraints	✓		✓			✓					3
Emotional or psychological barrier	✓			✓				✓		✓	4
Environmental barrier	✓		✓		✓	✓		✓			6

Around 5 out of 10 patients expressed their physical limitation as a challenge they faced. 4 of them shared their emotional distress after the stroke made things challenging and 5 of them pointed out environmental barrier as challenge to them. On the contrary, most of the physiotherapists 8 out of 10 mentioned cognitive impairment and patients' unwillingness as a big challenge. While 6 of them identified disease burden, lack of family support or over support and environmental barrier as challenging factors. Lack of awareness was pointed out by 5 physiotherapists, 4 physiotherapists recognized emotional or psychological barriers as challenges while 3 others highlighted financial constraint as challenge that physiotherapists had to face. (Table-11 &12)

4.4.5 Enabling factors of self-care management

Table-13: Factors that make self-care management easier for patients

Coding	Pt1	Pt2	Pt3	Pt4	Pt5	Pt6	Pt7	Pt8	Pt9	Pt10	Total
Willpower	✓	✓	✓	✓	✓		✓		✓	✓	8
Family support		✓	✓	✓	✓	✓	✓	✓			7
Immense faith towards the creator	✓					✓		✓			3

Table-14: Factors that make self-care management easier for physiotherapists

Coding	T1	T2	T3	T4	T5	T6	T7	T8	T9	T10	Total
Patients' willingness	✓	✓	✓	✓	✓	✓	✓		✓	✓	9
Patients' motivation level		✓	✓	✓			✓	✓	✓	✓	7
Family support	✓		✓	✓		✓	✓	✓	✓	✓	8

Carrer education								✓			1
Financial stability	✓						✓				2
Therapists and patients understanding level							✓			✓	2

According to transcript, 8 out of 10 patients identified willpower as a factor that made self-care management easier. 7 patients mentioned family support as their enabling factor and 3 of the patients mentioned their immense faith in their almighty creator helps them to stay motivated that acts as a factor. Regarding physiotherapists, the majority, 9 out of 10 identified patients' willingness to receive treatment is a factor that made self-care management easier. 8 out of 10 mentioned family support as an enabling factor, 7 physiotherapists highlighted patients' motivation level, financial stability, therapists and patients understanding level emphasized by 2 physiotherapists and 1 physiotherapist focused on career education as enabling factor. (Table-13& 14)

4.4.6 Perspectives on improving self-care management

Table-15: Patients recommendation for patients

Coding	Pt1	Pt2	Pt3	Pt4	Pt5	Pt6	Pt7	Pt8	Pt9	Pt10	Total
Stay motivated	✓			✓			✓				3
Patients' determinatio n							✓				1

Table-16: Physiotherapists recommendation for improving self-care management

Coding	T1	T2	T3	T4	T5	T6	T7	T8	T9	T10	Total
Social awareness	✓		✓		✓	✓	✓		✓		6
Technology integration				✓				✓			2
Patient and Carrer education		✓	✓		✓		✓	✓	✓	✓	7

Involvement of self-care management in group therapy			✓				✓				2
Multidisciplinary approach		✓									1
Individualized and holistic approach				✓				✓			2

It's pretty hard to get recommendations from patients, most of the patients expressed that they had no recommendations while 3 patients recommended to stay motivated throughout the rehabilitation journey and 1 patient recommended that patients have to be determined for getting better result. As for recommendation, the majority, 7 out of 10 recommended patient and career education, 6 out of ten recommended social awareness. Technology integration, involvement of self-care management programs in conventional group therapy and individualized and holistic approaches were recommended by 2 physiotherapists and 1 physiotherapist recommended multidisciplinary approach to make self-care management effective. (Table-15 &16)

CHAPTER: v Discussion

The analysis and discussion are all about identifying published papers and determining the relevance with the collected data. In this chapter the result of the study will be discussed in relation to the research questions and objectives of the study. This discussion interprets and synthesizes the prime findings from the study, drawing on the perspectives of both ischemic stroke survivors and physiotherapists focusing on understanding the self-care management, challenges and enable factors of self-care management and seeking suggestions to make self-care management strategies more effective.

Many participants expressed self-care management as personal independence. According to them self-care management is the ability to carry out daily activities and tasks without any assistance.

"Self-care management is a good thing, and I believe it is very good to perform your work by yourself". (Patient 1)

"Self-care management means doing your own work by yourself." (Patient 5)

While some of them emphasized taking care of themselves as self-care management.

"By self-care management I mean taking care of yourself". (Patient 2)

"What I mean by self-care management is taking care of yourself and doing your own things". (Patient 4)

However, understanding varied widely, while some patients clearly identified self-care as maintaining hygiene or doing household chores.

"By Self-care management, I think it means cleanliness. Stay clean, taking shower regularly, washing your body properly is self-care management." (Patient 7)

"Self-care management refers to household chores to me". (Patien 9)

On the other hand, some stroke survivors had no clue about self-care management and what does this term refers to.

"Sorry, I don't know what it is." (Patient 8)

The understanding and meaning of self-care management among ischemic stroke survivors varied from one another and often limited as everything became new to them after stroke.

According to Norris et al. (2014) stroke survivors often struggle with understanding stroke and recovery, impacting self-care management. Patients understand self-care

management after a stroke during rehabilitation through health education, exercise interventions, and psychological support, which enhance their self-confidence and establish effective self-management behaviors, ultimately improving their quality of life and subjective well-being (Sun et al., 2022)

In contrast, physiotherapists demonstrated a comprehensive understanding, describing self-care as a multidimensional approach involving physical, mental, and emotional well-being, and emphasizing its role in health maintenance and recovery. This difference highlights a potential gap in patient education that could be bridged through more structured therapeutic communication. Physiotherapists provided broad and structured definitions of self-care management, viewing it as an integration of physical, emotional, and mental actions aimed at maintaining well-being.

According to physiotherapists self-care management strategy is not a strategy that focuses only on physical health, it's a comprehensive strategy that focuses on every spectrum of health that defines a person as healthy well-being including mental health, emotional statuses, personal hygiene and social well-being.

"*Self-care management can be any kind of work done by oneself in order to maintain or improve one's physical health condition." (Physiotherapist 1)*

"Self-care management refers to the actions and strategies as an individual employs to maintain his health, well-being and independence". (Physiotherapist 4)

"It's about physical, mental understanding, and emotional well-being... all that a person does to fulfill their personal needs in day-to-day life." (Physiotherapist 7)

Some of them also emphasized self-care strategy as preventive activity for secondary complications and leading a healthy life.

"According to me, self-care management can be defined as the work that is performed by an individual by himself to maintain the hygiene and prevent other secondary complications." (Physiotherapists 3)

"By self-care management, we mean our daily diet, daily activities, getting enough sleep, in a word, all sorts of activities performed by us in order to lead a healthy life." (Physiotherapists 5)

Stroke survivors viewed self-care management as "looking after yourself" and valued therapists' support, while physiotherapists saw it as an active rehabilitation process. Survivors often did not recognize self-management as part of care, emphasizing interpersonal relationships over self-management strategies (Sadler et al., 2017). These gaps highlight the need for more structured education for patients on the concept and

practice of self-care management.

Post-stroke, all patients acknowledged increased dependency, particularly in physical tasks. Most also expressed difficulty relearning activities and adjusting to their limitations. Emotional distress and loss of confidence are further complicated recovery for many patients. This consistency between both perspectives reinforces the complex, multifactorial impact of stroke on daily function and the importance of early, holistic intervention. Stroke led to increased dependence and emotional strain for patients. Ischemic stroke survivors found the transition challenging:

"After stroke, everything becomes difficult. During that time, self-care management also felt difficult to perform." (Patient 5)

"Even though I can't do my own things now, I want to be able to go back to my previous state and do my things." (Patient 1)

"I think self-care management after stroke is little difficult because at first I couldn't do anything by myself and had to be dependent on my wife, but now I can do everything slowly." (Patient 2)

Physiotherapists corroborated these findings, frequently citing physical limitations, cognitive impairments, and environmental barriers as primary challenges. Physiotherapists also confirmed these difficulties:

"Self-care management after stroke is not very practical... most of the time it is very difficult." (Physiotherapist 2)

"A stroke patient may face some limitations in order to perform his self-care management." (physiotherapist 1)

"Patients suffer damage in every aspect—physically, mentally, emotionally—so they cannot manage their work by themselves." (Physiotherapist 7)

Understanding self-care management involves recognizing the importance of regaining bodily functions to perform daily activities, ultimately improving their quality of life (Rahayu Sa'pang et al., 2022). Support from family, healthcare professionals, peers, environment, and technology make patients to understand the importance of self-care management after stroke during rehabilitation (Bečvářová & Gurková, 2024)

The rehabilitation process was universally recognized by both groups as crucial in facilitating self-care. Patients expressed gratitude for the therapy sessions that enabled them to relearn lost skills.

"Physiotherapists helped me to relearn everything through therapy and different treatments." (Patient 8)

“Through therapies physiotherapists helped me to learn and perform various activities.” (Patient 3)

“They gave me therapy, taught me how to walk again, and gave me good advice.” (Patient 4)

Morris et al. (2015) stated that stroke survivors perceive self-care management as crucial for recovery and participation in valued activities. Through self-care management strategies, patients are encouraged to set realistic, achievable goals, which fosters a sense of accomplishment and enhances self-efficacy (Fugazzaro et al., 2021). Sahely et al. (2022) also found that stroke survivors valued self-care management interventions as beneficial additions to their therapy, perceiving improvements in mobility.

All physiotherapists emphasized goal-oriented interventions such as postural stability, task training, and home modification. Importantly, patient and caregiver education, along with individualized treatment plans, were key strategies used to improve patient outcomes. This mutual recognition underscores the value of comprehensive rehabilitation in empowering stroke survivors toward independence. Physiotherapists emphasized their structured methods:

“We assess movement, focus on postural stability, and provide functional goals—from sitting to standing, reaching, and achieving optimum functional state.” (Physiotherapist 1)

“*We adjust therapy based on the patient's stage—acute or chronic—and use techniques like Bobath principles.” (Physiotherapist 2)*

Physiotherapists provide self-care management following a stroke by focusing on improving independence through tailored rehabilitation programs that address the specific needs of the patient. This includes training in mobility, coordination, and balance, while also utilizing assistive devices to enhance safety and functionality. Continuous assessment and adjustment of therapy methods ensure effective recovery and support for the patient's long-term independence (Hu, 2022). Physiotherapists may facilitate self-care management by educating patients on physical activity strategies, setting achievable goals, and providing ongoing support to encourage adherence to physical activity after discharge from rehabilitation. This approach aims to empower patients in their recovery journey (Caetano et al., 2021).

Both stroke survivors and physiotherapists reported multiple challenges. From the patient’s perspective, physical limitations and environmental obstacles were

predominant. A smaller subset also noted emotional struggles, such as frustration and anxiety. Stroke survivors identified limitations in memory, mobility, and emotional stability:

"I used to forget all the advice the physiotherapist had given me." (Patient 8)

"As my right side is affected... there is always an uneasiness in my mind." (Patient 7)

While some of the stroke survivors reported to not facing any kind of challenges.

"No, I don't have faced any challenges." (Patient 3)

Some showed utmost courage by not seeing anything as a challenge even performing tasks had difficult for them.

"Actually, I don't see anything as a challenge. I always try even after stroke, I can't do many things, but I keep trying like before." (Patient 1)

In a study Huo et al. (2024) stated that stroke survivors face substantial challenges in self-care management due to diverse disabilities, unique health needs, and the complexity of their condition.

Physiotherapists identified a broader range of issues including patient unwillingness, cognitive deficits, lack of family support, financial constraints, and inconsistent awareness of the importance of self-care. These findings suggest the need for more personalized, flexible strategies that adapt to the unique circumstances of each patient and their support system. Physiotherapists pointed out environmental and systemic barriers:

"Home environment modifications cannot be done easily in our country... people are not welcoming to change." (Physiotherapist 1)

"Patients don't understand the importance of quality movement and may develop bad neuroplasticity." (Physiotherapist 2)

Many physiotherapists encounter significant barriers due to inadequate infrastructure and financial constraints, particularly in underdeveloped regions (Thakur et al., 2023). Thakur et al. (2023) also stated that emotional and mental health issues, such as amotivation and family dynamics, can impede the self-care efforts of stroke survivors (Thakur et al., 2023).

A common theme across participants was the importance of willpower, family support, and motivation. Patients who demonstrated positive mindset and strong social support were more successful in managing self-care. Motivation, family support, and spiritual beliefs emerged as vital enablers:

"My unwavering faith and willpower motivate me to do all kinds of things." (Patient

1)

"Whenever I see my wife doing my work... it inspires me to do my work by myself." (Patient 7)

Physiotherapists echoed these enablers, emphasizing patient willingness, family involvement, and financial stability as critical to successful rehabilitation outcomes. The therapeutic relationship itself was also noted as a key factor, with several physiotherapists highlighting the importance of mutual understanding and patient engagement. Physiotherapists added:

"Patients' willingness, family support, and financial stability make self-care easier." (Physiotherapist 1)

"Active participation of the patient, career education, all these can be helpful factors." (Physiotherapist 8)

In a study it is mentioned that education level, health education, food intake, exercise and rehabilitation training, sleep, and psychological intervention are the main factors enabling self-management behavior in stroke patients during the recovery stage, significantly impacting their rehabilitation outcomes and quality of life. (Sun et al., 2022)

While many patients had no specific suggestions for the treatment strategy rather than personal factors.

"No, I don't have any recommendations. I'm totally satisfied with the services." (patient 2)

While a few of them highlighted the need for motivation and determination. As most of the patients lacked structured recommendations, they emphasized personal motivation:

"Patients need to be more motivated." (Patient 1)

"They need to be more determined... they can do anything." (Patient 7)

In contrast, physiotherapists offered detailed recommendations including increased patient and caregiver education, social awareness programs, and the integration of technology and group therapy into rehabilitation.

Some also emphasized the need for a multidisciplinary and individualized approach to better support the diverse needs of stroke survivors. These insights point toward a more structured, holistic model of care that includes community engagement and continued follow-up post-rehabilitation.

Physiotherapists suggested broader strategies:

“We need to create awareness and educate families early... not just focus on medical treatment.” (Physiotherapist 1)

“Use mobile apps for tracking progress and reminders to improve self-care.” (Physiotherapist 8)

Nooreddini et al. (2024) mentioned in a study that engaging family caregivers in self-care initiatives enhances their resilience and quality of life, which in turn benefits the patient. The study suggests that implementing a self-care management program at public health centers significantly improves self-efficacy, self-esteem, knowledge of stroke, and family support among stroke patients, making self-care management more effective in their recovery process. (Chang, 2013). In another study it is stated that the iSMART intervention, a coach-guided, technology-supported program, significantly improved self-management self-efficacy in stroke patients. (Li et al., 2023)

Limitations

All the data was collected from the participants by using purposive sampling in this qualitative study. As this is the researcher's first study, interviewing skills may influence the depth of the obtained information. However, the researcher put maximum effort into collecting the information and understanding the depth of the information. This research faced several limitations as samples were selected from two rehabilitation centers of one organization, it required to collect samples from different places and organizations throughout Bangladesh to make it generalized. This study is conducted in the cultural specificity to Bangladeshi rehabilitation settings, limited geographical focus may be a limitation of the study. Besides, the data gathered from responses came directly from each individual and may have affected their consistency. Conducting thorough research is time consuming and given a short period of time may create limitations. Moreover, there is limited qualitative research within Bangladeshi context regarding self-care management after stroke. Apart from these shortcomings, the study provides important qualitative information about challenges and requirements about self-care management in stroke rehabilitation.

CHAPTER: vi Conclusion and recommendation

Stroke is one of the leading causes of chronic disability in adults around the world. This neurological condition occurs suddenly with life-long effects. Its increasing incidence and prevalence have become a matter of concern as stroke has an impact on both stroke survivor's quality of life and on health-care systems. These life-long consequences may include physical disabilities, cognitive impairment and emotional challenges that may affect their daily life. In the reduction of the post stroke complications, among various strategies, self-care management programs have been quite effective and have positive impact on quality of life, with appropriate use of health resources.

This study explores the perceptions of ischemic stroke survivors' and physiotherapists' about self-care management following the completion of rehabilitation. The outcomes showed that even though both parties agree on the need for self-care, the two groups see it differently in detail. While physiotherapists consider self-care a complete and long-term process including mind, body and feelings, stroke survivors tend to see it as only completing everyday tasks. It revealed that both groups recognize the importance of self-care but their perspectives differ in scope and depth.

Physiotherapists view self-care as a holistic and strategic process involving physical, emotional, and cognitive dimensions, whereas stroke survivors often associate it with basic, task-specific functions. The results showed that there is a big difference in how physiotherapists and patients view and manage self-care. To physiotherapists, self-care links physical, emotional and psychological care, but many stroke survivors believe it involves mainly routine tasks. Rehabilitation is widely seen as an important way to help regain independence, though patients must handle challenges in different areas like strength, thinking and feelings. It was found that effective self-care depends on motivation, family backing and professional guidance. Also, the lack of proper support, the absence of awareness and environmental issues were found to be big problems. Some of the suggestions to support better self-care were more learning, quicker support and using technology.

To conclude, this study emphasizes that patients and physiotherapists should work together in maintaining self-care management after a stroke. By working together, patients and physiotherapists understand each other, making sure caregivers are involved and designing rehabilitation programs that meet each person's culture

contribute to better results in self-care management and higher long-term independence after a stroke.

Recommendations

Several suggestions have been extracted from the results of this study. It is recommended to perform further research in various stroke rehabilitation centers throughout the Bangladesh on stroke patients, haemorrhagic and ischemic, for a longer period of time in qualitative approach in order to find out their point of view about self-care management. Additionally, research on self-care management after stroke between Male and female group is also recommended to distinguish the perception on the basis of gender. It is also recommended to perform research in RCT design for seeking the effectiveness of self-care management in stroke rehabilitation. It is recommended to collect samples from different places and organizations in Bangladesh in order to make it generalized. According to the results of this study, it can be suggested that stroke rehabilitation programs should be aimed at enhancing patient education, engaging additional caregivers in the treatment process, and offering motivation and emotional support. Constant communication with a patient and physiotherapists is also crucial, as well as the use of technologies accessible to the patients so that the routine might be guided. A multidisciplinary approach and community-based follow-up should also be advocated so as to make sure that holistic care is given to stroke survivors even after they have been released. These measures will contribute to ensuring that self-care becomes more attainable and sustainable as an element of the recovery process.

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Appendix

Appendix 1

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)

Ref: Date:

CRP-BHPI/IRB/12/2024/1017 15/12/2024

To
Maiesha Samiha
4th Year B.Sc. in Physiotherapy
Session: 2019-2020, Student ID: 112190519
BHPI, CRP, Savar, Dhaka-1343, Bangladesh.

Subject: Approval of the thesis proposal ''Perception of ischemic stroke survivor's and physiotherapists about self-care management following a stroke after completing rehabilitation" by the ethics committee.

Dear Maiesha Samiha,
Congratulations.
The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned dissertation, with you, as the principal investigator and Farjana Sharmin, Lecturer of BHPI, Consultant & OPD In-charge Department of Physiotherapy, CRP, Savar, Dhaka-1343, Bangladesh, as thesis supervisor. The following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Research Proposal
2	Questionnaire (English version)
3	Information sheet & consent form.

The purpose of the study is to understand the point of view of ischemic stroke survivor's and physiotherapists regarding the self-management concept following a stroke. The study involves the use of a self-structured questionnaire that may take 60 to 90 minutes to fill in the questionnaire. There is no likelihood of any harm to the participants and participation in the study may benefit the participants or other stakeholders. The members of the Ethics Committee have approved the study to be conducted in the present form at the meeting held at **9 AM on 15 July 2024 at BHPI (44th IRB Meeting).**

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol, and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working in accordance with the Nuremberg Code 1947, the World Medical Association Declaration of Helsinki, 1964 - 2013, and other applicable regulations.

Best regards,

Muhammad Millat Hossain,
Associate Professor & Course Co-ordinator, MRS
Member Secretary, Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ। ফোন: +৮৮ ০২ ২২৪৪৪৫৪৬৪-৫, +৮৮ ০২ ২২৪৪৪১৪০৪, মোবাইল: +৮৮ ০১৭৩০ ০৫৯৬৪৭
CRP-Chapain, Savar, Dhaka-1343, Bangladesh. Tel: +88 02 224445464-5, +88 02 224441404, Mobile: +88 01730059647
E-mail : principal-bhpi@crp-bangladesh.org, Web: bhpi.edu.bd

Appendix 2

Date: 19/01/25

Head

Department of Physiotherapy

Centre for the Rehabilitation of the Paralysed (CRP)

Chapain, Savar, Dhaka-1343

Through: Head, Department of Physiotherapy, BHPI.

Subject: Prayer for seeking permission to collect data for conducting research project.

Sir,

With due to respect and humble submission to state that I am Maiesha Samiha, a student of 4th year B.Sc. in physiotherapy at Bangladesh Health Professions Institute (BHPI). The Ethical committee has approved my research project entitled: **"Perception of ischemic stroke survivor's and physiotherapists about self-care management following a stroke after completing rehabilitation"** under the supervision of Farjana Sharmin, Lecturer of BHPI, Consultant and OPD In-charge, Department of Physiotherapy, CRP, Savar, Dhaka-1343. I want to collect data for my research project from the Department of Physiotherapy at CRP. So, I need permission for data collection from the Neurology Unit of Physiotherapy Department at CRP-Savar, Dhaka-1343 and CRP-Mirpur, Dhaka-1206. I would like to assure that anything of the study will not be harmful for the participants and the Department itself.

I, therefore pray and hope that you would be kind enough to grant my application and give me permission for data collection and oblige thereby.

Forwarded and Recommended for your kind approval.

Sd/-
23.01.2025
Dr. Shazal Kumar Das, PhD
Assistant Professor and Head
Department of Physiotherapy
BHPI, CRP, Savar, Dhaka-1343.

Yours faithfully,

Maiesha Samiha
Maiesha Samiha,

4th Year B.Sc. in Physiotherapy

Class Roll: 10; Session: 2019-20

Bangladesh Health Professions Institute (BHPI)

(An academic Institution of CRP)

CRP-Chapain, Savar, Dhaka-1343.

Approved
23/1/25
Prof. Dr. Mohammad Anwar Hossain, PhD
Professor Physiotherapy Department BHPI
Senior Consultant & Head
Physiotherapy Department
CRP, Savar, Dhaka-1343

Recommended
Farjana Sharmin
Consultant, Physiotherapy & OPD Incharge
Physiotherapy Department
CRP, Savar, Dhaka-1343

Appendix 3

সম্মতি পত্র

(অনুগ্রহ করে অংশগ্রহণকারীদের এটি পড়ুন)

শুভেচ্ছা!

আমার নাম মায়িশা সামিহা, আমি এই অধ্যয়নটি পরিচালনা করছি যা আমার বি এস সি ফিজিওথেরাপি প্রোগ্রামের একটি অংশ, এবং আমার থিসিসের শিরোনাম হল,"ইসকেমিক স্ট্রোক সারভাইভারসদের এবং ফিজিওথেরাপিস্টদের স্ব-যত্ন ব্যবস্থাপনা সম্পর্কে ধারণা" যা ঢাকা বিশ্ববিদ্যালয়ের মেডিসিন অনুষদের অধীনে বাংলাদেশ হেলথ প্রফেশন ইনস্টিটিউটে পরিচালিত হবে। আমার অধ্যয়নের পরিপূর্ণতার জন্য, স্যারেব্রো ভাস্কুলার এটাক রোগে অন্তর্ভুক্ত ব্যক্তিদের সামাজিক, আর্থিক, আচরণগত এবং জীবনধারা সম্পর্কে কিছু তথ্য এবং নিউরোলজি বিভাগের স্বাস্থ্য-সেবা পেশাদারদের কাছ থেকে কিছু এই রোগের চিকিৎসা ব্যবস্থা সম্পর্কিত তথ্য জানতে চাই। সুতরাং, আমি আপনাকে এই বিষয়ে কিছু প্রশ্ন জিজ্ঞাসা করতে চাই, এবং এটি প্রায় 30-60 মিনিট সময় নেবে। আমি আপনাকে নিশ্চিত করছি যে এটি আপনার জন্য কোনো ক্ষতিকর বা অপ্রীতিকর অভিজ্ঞতা তৈরি করবে না। আপনি যে তথ্য প্রদান করবেন তা গোপনীয় হিসাবে বিবেচিত হবে এবং কোনো প্রতিবেদন বা প্রকাশের ক্ষেত্রে এই তথ্যের উৎস বেনামী রাখা হবে। আমি আপনাকে জানাতে চাই যে এই অধ্যয়নে আপনার অংশগ্রহণ স্বেচ্ছায় বিবেচিত হবে এবং কোন ধরনের আর্থিক লেনদেন হবে না।

"এই অধ্যয়নের একটি অংশ হিসাবে বা অংশগ্রহণকারীদের অধিকারের দ্বারা আপনি যে কোনও সময় এই গবেষণা থেকে নিজেকে প্রত্যাহার করতে পারেন বা যদি আপনি কোনও প্রশ্ন এড়িয়ে যেতে চান যার উত্তর আপনি দিতে চান না। আপনি এগিয়ে যেতে পারেন। যদি আপনার কাছে থাকে এই গবেষণার বিষয়ে প্রশ্ন, অনুগ্রহ করে নির্দ্বিধায় জিজ্ঞাসা করুন গবেষক মায়িশা সামিহা বা আমার তত্বাবধায়ক ফারজানা শারমিন, কনসালটেন্ট, বিএইচপিআই, সিআরপি-এর বহির্বিভাগের ইনচার্জ ও লেকচার, সাভার-1343

আমি ইন্টারভিউ শুরু করব?

হ্যাঁ	না

অংশগ্রহণকারীদের স্বাক্ষর.....

তারিখ.....

ইন্টারভিউয়ারদের স্বাক্ষর .....

তারিখ .....

অংশগ্রহণকারীর তথ্য (স্ট্রোক থেকে বেঁচে যাওয়া)

রোগীর আইডি	
ইন্টারভিউর তারিখ	
অংশগ্রহণকারীর নাম	
ঠিকানা	
ফোন নাম্বার	
ইশ্কেমিক স্ট্রোক	1. হ্যাঁ 2. না
ভর্তির তারিখ	
অব্যাহতির তারিখ	

পর্ব-১: আর্থ-জনতাত্ত্বিক তথ্য (অংশগ্রহণকারীদের জন্য)

প্রশ্ন	প্রতিক্রিয়ার বিভাগ	উত্তর
বয়স	(বছরে)	
লিঙ্গ	১. পুরুষ ২. নারী	
বৈবাহিক অবস্থা	১. বিবাহিত ২. অবিবাহিত ৩. পৃথক ৪. তালাকপ্রাপ্ত ৫. বিধবা	
শিক্ষাগত যোগ্যতা	১. মৌখিক শিক্ষা ২. প্রাথমিক ৩. মাধ্যমিক ৪. উচ্চ মাধ্যমিক ৫. স্নাতক ৬. স্নাতকোত্তর	
ধর্ম	১. ইসলাম ২. হিন্দুধর্ম ৩. খ্রিস্টান ধর্ম ৪.বৌদ্ধধর্ম ৫.অন্যান্য	
আবাসিক এলাকা	১. গ্রামীণ ২. আধা-শহুরে ৩. শহর	
পেশা		
পরিবারের ধরণ	১.একক ২. যৌথ	

পরিবারের সদস্য সংখ্যা	…….	
উপারজনক্ষম সদস্য সংখ্যা	……..	
আনুমানিক পারিবারিক আয়		
আনুমানিক চিকিৎসা খরচ		

পর্ব-২: সহ – রগজনিত অবস্থা

প্রশ্ন	প্রতিক্রিয়ার বিভাগ	উত্তর
আক্রান্ত পাশ	১.ডান ২.বাম	
স্ট্রোকের সময়কাল	কত দিন/ মাস /বছর আগে স্ট্রোক করেছেন?	…….
স্ট্রোকের সংখ্যা	১.প্রথম স্ট্রোক ২.দ্বিতিয় স্ট্রোক ৩.ত্রিতিয় স্ট্রোক	
আপনার কি কখনও নিম্নলিখিত কোন অবস্থার নির্ণয় করা হয়েছে ? (একের অধিক উত্তর ও গ্রহণযোগ্য)	১. হৃৎরোগ ২. ডায়াবিটিস ৩. উচ্চরক্তচাপ ৪. শ্বাস কষ্ট ৫. খিঁচুনি ৬. উচ্চথাইরয়েড ৭. অন্যান্য(…….)	
চলন সহায়ক সংখ্যা	১. একটিও নয়	

	২. ক্যান ৩. ওয়াকার ৪. অন্যান্য	

পর্ব-৩: জীবন ব্যবস্থা

প্রশ্ন	প্রতিক্রিয়ার বিভাগ	উত্তর
আপনি কি কখনও স্মোক করেছেন?		
কোন ধরনের স্মোক সেবন করতেন?		
আপনি কি স্ট্রোকের পরও স্মোক করেছেন?		
কখন স্মোক করা বন্ধ করেছেন?		
আপনি কি কখনও মদ্যপান করেছেন?		
আপনি কি কখনও শারীরিক ব্যয়াম করতেন?		
কতক্ষণ ব্যয়াম করতেন?		

পর্ব-৪ ঃ এই অংশটুকু সাজানো হয়েছে স্ট্রোকের পরে স্ব-ব্যবস্থাপনা সম্পর্কে স্ট্রোক (ইস্কেমিক স্ট্রোক) রোগীদের অভিব্যক্তি জানার জন্য

ওপেন এন্ডেড প্রশ্ন

১। স্ব-ব্যবস্থাপনা সম্পর্কে আপনি কি মনে করেন? আপনার কথায় তা বর্ণনা করুন।

২। স্ট্রোকের পরে স্ব-ব্যবস্থাপনা সম্পর্কে আপনার চিন্তাভাবনা কী?

৩।কীভাবে ফিজিওথেরাপিস্ট আপনাকে আপনার পুনর্বাসন প্রক্রিয়া চলাকালীন সময়ে কাজ শিখতে এবং সম্পাদন করতে সহায়তা করেছিল?

৪। আপনি কীভাবে নিজে নিজে ক্রিয়াকলাপ সম্পাদন করতে শিখলেন? কোন সহায়ক বিষয়গুলো আপনাকে তা করতে অনুপ্রাণিত করেছিল?

৫। শেখার সময় আপনি কি কোনও চ্যালেঞ্জের মুখোমুখি হয়েছেন? এবং সেগুলি কী কী?

৬। আপনি কি বাড়িতে নিজেই আপনার স্ব-যত্নের ক্রিয়াকলাপ সম্পাদন করতে সক্ষম?

৭। আপনি কি বাড়িতে আপনার স্ব-পরিচালনা চালিয়ে যেতে কোনও অসুবিধার মুখোমুখি হয়েছেন?

৮। ঘরের পরিবেশে স্ব-পরিচালনাকে আরও কার্যকর করার জন্য আপনার কি কোনও সুপারিশ আছে? থাকলে সেটা কি?

Consent Form

(Please read it out to the participants)

Greetings!

My name is Maiesha Samiha, I am conducting this study which is part of my B.Sc. in physiotherapy program, and my thesis title is “Perception of ischemic stroke survivor's and physiotherapists about self-care management following a stroke after completing rehabilitation” at Bangladesh Health Profession Institute, under the Faculty of Medicine, University of Dhaka. For the fulfilment of my study, I would like to know some information about social, financial, behavioral, and lifestyle among the CVA suffering people and some condition related questions from the health-care professionals of the Neurology Department. So, I need to ask you some questions in this regard, and this will take approximately 30-60 minutes. I am ensuring you that this will not create any harmful or unpleasant experience for you. The information you will provide will be treated as confidential and in the event of any report or publication, the source of this information will be kept anonymous. I would like to inform you that your participation in this study will be considered voluntary and there will not be any kind of financial dealings.

"As a part of this study or by the rights of the participants you can withdraw yourself at any time from this study or if you want to skip any question that you don't want to give answer. You can proceed. If you have any questions on this study, please feel free to ask researcher Maiesha Samiha or my supervisor Farjana Sharmin, Consultant, Out-patient In-charge & Lecture of BHPI, CRP, Savar-1343

May I start the interview?

YES	NO

Signature of Participants…….
Date…….
Signature of Interviewers……
Date…….

Title: Perception of ischemic stroke survivor's and physiotherapists about self-care management following a stroke after completing rehabilitation.

Participant's information (For patients)

Patient ID	
Date of interview	
Name of the participant	
Address	
Phone number	
Ischemic stroke	1. Yes 2. No
Date of admission	
Date of discharge	

Part-1: Socio-demographic information (For participants)

Questions	Categories of response	
Age	(In years)	
Sex	1.Male 2.Female	
Marital Status	1. Married 2. Unmarried 3. Separated 4. Divorced 5. Widow	
Education	1. Formal education 2. Primary 3. Secondary 4. Higher Secondary 5. Graduate 6. Master's and above	
Religion	1. Islam 2. Hinduism 3. Christianity 4. Buddhism 5. Others	
Residential area	1. Rural 2. Semi-urban 3. Urban	
Occupation		
Family type	1.Joint 2.Nuclear	
Numbers of family members	…….	
Numbers of earning members	…….	

The average family income		
The average expenditure for treatment		

Part-2: Co-morbid condition Data

Questions	Questions Categories of response	Answer
Affected side	1.Right 2.Left	
Duration of stroke	How many days/months/years ago did you have stroke?	…….
Number of strokes	1.First stroke 2.Second stroke 3.Third stroke	
Have you ever been diagnosed with any of the following conditions? (more than one answer possiblr)	1. Heart disease 2. Diabetes mellitus 3. High blood pressure 4. Asthma 5. Epilepsy 6. Hypothyroidism 7. Others (…….)	
Numbers of using aids	1. No aid 2. Cane 3. Walker 4. Others	

Part-3: Lifestyle

Questions	Questions Categories of response	Answer
Did you ever smoke in your life?		
What type of smoker are you?		
Did you smoke after stroke?		
When did you stop smoking?		
Have you ever consumed alcohol?		
Did you perform physical exercise?		
Duration of exercises		

Part-4: This part is designed to know about the perception of stroke (ischemic stroke) patients about self-management after stroke

Open ended questions

1. What do you think about self-care management? Describe it in your words.
2. What are your thoughts about self-care management after a stroke?
3. How did physiotherapists help you to learn and perform things during your rehabilitation process?
4. How did you learn to perform activities by yourself? What were the helpful factors that motivate you to do so?
5. Have you faced any challenges while learning? And what are they?
1. Are you able to perform your self-care activities by yourself at home?
2. Have you faced any difficulties continuing your self-management at home?
3. Do you have any recommendations to make self-management more effective in-home settings?

সম্মতি পত্র

(অনুগ্রহ করে অংশগ্রহণকারীদের এটি পড়ুন)

শুভেচ্ছা!

আমার নাম মায়িশা সামিহা, আমি এই অধ্যয়নটি পরিচালনা করছি যা আমার বি এস সি ফিজিওথেরাপি প্রোগ্রামের একটি অংশ, এবং আমার থিসিসের শিরোনাম হল,"ইসকেমিক স্ট্রোক সারভাইভারসদের এবং ফিজিওথেরাপিস্টদের স্ব-যত্ন ব্যবস্থাপনা সম্পর্কে ধারণা" যা ঢাকা বিশ্ববিদ্যালয়ের মেডিসিন অনুষদের অধীনে বাংলাদেশ হেলথ প্রফেশন ইনস্টিটিউটে পরিচালিত হবে। আমার অধ্যয়নের পরিপূর্ণতার জন্য, স্যারেব্রো ভাস্কুলার এটাক রোগে অন্তর্ভুক্ত ব্যক্তিদের সামাজিক, আর্থিক, আচরণগত এবং জীবনধারা সম্পর্কে কিছু তথ্য এবং নিউরোলজি বিভাগের স্বাস্থ্য-সেবা পেশাদারদের কাছ থেকে কিছু এই রোগের চিকিৎসা ব্যবস্থা সম্পর্কিত তথ্য জানতে চাই। সুতরাং, আমি আপনাকে এই বিষয়ে কিছু প্রশ্ন জিজ্ঞাসা করতে চাই, এবং এটি প্রায় 30-60 মিনিট সময় নেবে। আমি আপনাকে নিশ্চিত করছি যে এটি আপনার জন্য কোনো ক্ষতিকর বা অপ্রীতিকর অভিজ্ঞতা তৈরি করবে না। আপনি যে তথ্য প্রদান করবেন তা গোপনীয় হিসাবে বিবেচিত হবে এবং কোনো প্রতিবেদন বা প্রকাশের ক্ষেত্রে এই তথ্যের উৎস বেনামী রাখা হবে। আমি আপনাকে জানাতে চাই যে এই অধ্যয়নে আপনার অংশগ্রহণ স্বেচ্ছায় বিবেচিত হবে এবং কোন ধরনের আর্থিক লেনদেন হবে না।

"এই অধ্যয়নের একটি অংশ হিসাবে বা অংশগ্রহণকারীদের অধিকারের দ্বারা আপনি যে কোনও সময় এই গবেষণা থেকে নিজেকে প্রত্যাহার করতে পারেন বা যদি আপনি কোনও প্রশ্ন এড়িয়ে যেতে চান যার উত্তর আপনি দিতে চান না। আপনি এগিয়ে যেতে পারেন। যদি আপনার কাছে থাকে এই গবেষণার বিষয়ে প্রশ্ন, অনুগ্রহ করে নির্দ্বিধায় জিজ্ঞাসা করুন গবেষক মায়িশা সামিহা বা আমার তত্বাবধায়ক ফারজানা শারমিন, কনসালটেন্ট, বিএইচপিআই, সিআরপি-এর বহির্বিভাগের ইনচার্জ ও লেকচার, সাভার-1343

আমি ইন্টারভিউ শুরু করব?

হ্যাঁ	না

অংশগ্রহণকারীদের স্বাক্ষর.....

তারিখ.....

ইন্টারভিউয়ারদের স্বাক্ষর .....

তারিখ .....

অংশগ্রহণকারীর তথ্য (ফিজিওথেরাপিস্ট)

ইন্টারভিউর তারিখ	
অংশগ্রহণকারীর নাম	
ঠিকানা	
ফোন নাম্বার	
কর্মস্থল	

পর্ব-১: আর্থ-জনতাত্ত্বিক তথ্য (অংশগ্রহণকারীদের জন্য)

প্রশ্ন	প্রতিক্রিয়ার বিভাগ	
বয়স	(বছরে)	
লিঙ্গ	১.পুরুষ ২.নারী	
বৈবাহিক অবস্থা	১.বিবাহিত ২. অবিবাহিত ৩.পৃথক ৪. তালাকপ্রাপ্ত ৫.বিধবা	
শিক্ষাগত যোগ্যতা	১. মৌখিক শিক্ষা ২. প্রাথমিকমাধ্যমিক ৩. উচ্চ মাধ্যমিক ৪. স্নাতক ৫. স্নাতকোত্তর	
ধর্ম	১. ইসলাম ২.হিন্দুধর্ম ৩.খ্রিস্টান ধর্ম ৪. বৌদ্ধধর্ম ৫. অন্যান্য	
আবাসিক এলাকা	১. গ্রামীণ ২.আধা-শহুরে ৩. শহর	
পেশা		
অভিজ্ঞতা		

পর্ব-৩ঃ এই অংশটুকু সাজানো হয়েছে স্ট্রোকের পরে স্ব-ব্যবস্থাপনা সম্পর্কে ফিজিওথেরাপিস্টের মতামত জানার জন্য

ওপেন এন্ডেড প্রশ্নস্নাতক

১। স্ব-ব্যবস্থাপনা শব্দটি আপনি কীভাবে ব্যাখ্যা করবেন?

২। স্ট্রোকের পরে স্ব-ব্যবস্থাপনা সম্পর্কে আপনার মতামত কী?

৩। আপনি কিভাবে একজন রোগীকে তাঁর পুনর্বাসনের সময় তাঁর যাবতীয় কাজ শিখতে এবং করতে সহায়তা করেন?

৪। রোগীরা কি স্টোকের পরে স্বেচ্ছায় স্ব-ব্যবস্থাপনা গ্রহণ করতে পছন্দ করেন? এ ব্যাপারে আপনার মতামত কী?

৫। একজন ফিজিওথেরাপিস্ট হিসেবে স্ট্রোকের পর একজন রোগীকে আপনি কী ধরনের স্ব-ব্যবস্থাপনা সুবিধা দেবেন?

৬। রোগীদের স্ব-পরিচালনার সহায়তা প্রদানের সময় আপনি কী ধরণের চ্যালেঞ্জের মুখোমুখি হয়েছিলেন?

৭। কোন কোন কাজগুলো আপনার ক্ষেত্রে স্ব- যত্ন ব্যবস্থাপনা প্রদানে সহায়ক হিসেবে কাজ করেছে?

৮। আপনি কি মনে করেন স্ব-পরিচালনা কার্যকারিতা বৃদ্ধি করার জন্য কোনও পরিবর্তন করা উচিত? আপনি যদি তা মনে করেন তবে আপনি কী সুপারিশ করতে চান?

Consent Form

(Please read it out to the participants)

Greetings!

My name is Maiesha Samiha, I am conducting this study which is part of my B.Sc. in physiotherapy program, and my thesis title is “Perception of ischemic stroke survivor's and physiotherapists about self-care management following a stroke after completing rehabilitation” at Bangladesh Health Profession Institute, under the Faculty of Medicine, University of Dhaka. For the fulfilment of my study, I would like to know some information about social, financial, behavioral, and lifestyle among the CVA suffering people and some condition related questions from the health-care professionals of the Neurology Department. So, I need to ask you some questions in this regard, and this will take approximately 30-60 minutes. I am ensuring you that this will not create any harmful or unpleasant experience for you. The information you will provide will be treated as confidential and in the event of any report or publication, the source of this information will be kept anonymous. I would like to inform you that your participation in this study will be considered voluntary and there will not be any kind of financial dealings.

"As a part of this study or by the rights of the participants you can withdraw yourself at any time from this study or if you want to skip any question that you don't want to give answer. You can proceed. If you have any questions on this study, please feel free to ask researcher Maiesha Samiha or my supervisor Farjana Sharmin, Consultant, Out-patient In-charge & Lecture of BHPI, CRP, Savar-1343

May I start the interview?

YES	NO

Signature of Participants…….

Date…….

Signature of Interviewers……

Date…….

Title: Perception of ischemic stroke survivor's and physiotherapists about self-care management following a stroke after completing rehabilitation.

Participant's information (Physiotherapist)

Date of interview	
Name of the participant	
Address	
Phone number	
Workplace	

Part-1: Socio-demographic information (For participants)

Questions	Categories of response	
Age	(In years)	
Sex	3. Male 4. Female	
Marital Status	6. Married 7. Unmarried 8. Separated 9. Divorced 10. Widow	
Education	7. Formal education 8. Primary 9. Secondary 10. Higher Secondary 11. Graduate 12. Master's and above	
Religion	6. Islam 7. Hinduism 8. Christianity 9. Buddhism 10. Others	
Residential area	4. Rural 5. Semi-urban 6. Urban	
Occupation		
Work experience (For therapist)		

Part-2: This part is designed to know about the perception of physiotherapist about self-management after stroke

Open ended questions

1. How do you describe the term self-care management?
2. What is your opinion regarding self-care management after stroke?
3. How did you help patients to learn and perform things during your rehabilitation process?
4. Do patients prefer to receive self-care management willingly? What is your opinion in this regard?
5. What kind of self-management facilities would you provide for a patient after stroke as a physiotherapist?
6. What kind of challenges did you face while providing self-care management support to the patients?
7. What are the factors that make providing self-care management easy for you?
8. Do you think there should be made any changes to make the self-care management program effective? If you do, what would you like to recommend?