

Perspectives of Family Caregivers on the Need for an Intermediate Care Model for Older Stroke Survivors in Nigeria: A Qualitative Study

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The research is part of a doctoral study conducted on intermediate care model in Nigeria.

- How does an intermediate care model affect the quality of life of older people after a stroke?

- About 75% of strokes occur in people aged 65 years and over. This figure is expected to rise in line with aging populations (Yousufuddin & Young, 2019).
- Stroke is a lifelong chronic disease leading to disability and dependence. Physical, cognitive, and emotional consequences can be managed through rehabilitative care from acute setting to post-acute phase (Wissel et al., 2013).

- Stroke impact on society and the workplace with caregivers often leaving their jobs to provide care for a family member (Litzelman et al., 2015).
- Intermediate care is important for functional independence in stroke survivors leading to lower hospital re-admissions or emergency department visits (Peng et al., 2017; Oquendo et al., 2024).

- In Nigeria, there is no integrated care model for post-acute stroke management in the community.
- A high social and economic burden associated with stroke survival means a comprehensive post-acute care model is vital for addressing the individual needs of stroke survivors, caregivers, and communities (Wissel et al., 2013).

OBJECTIVE

- This study aimed to explore family caregivers' perceptions on the need for an intermediate care model in Nigeria for older people after a stroke.

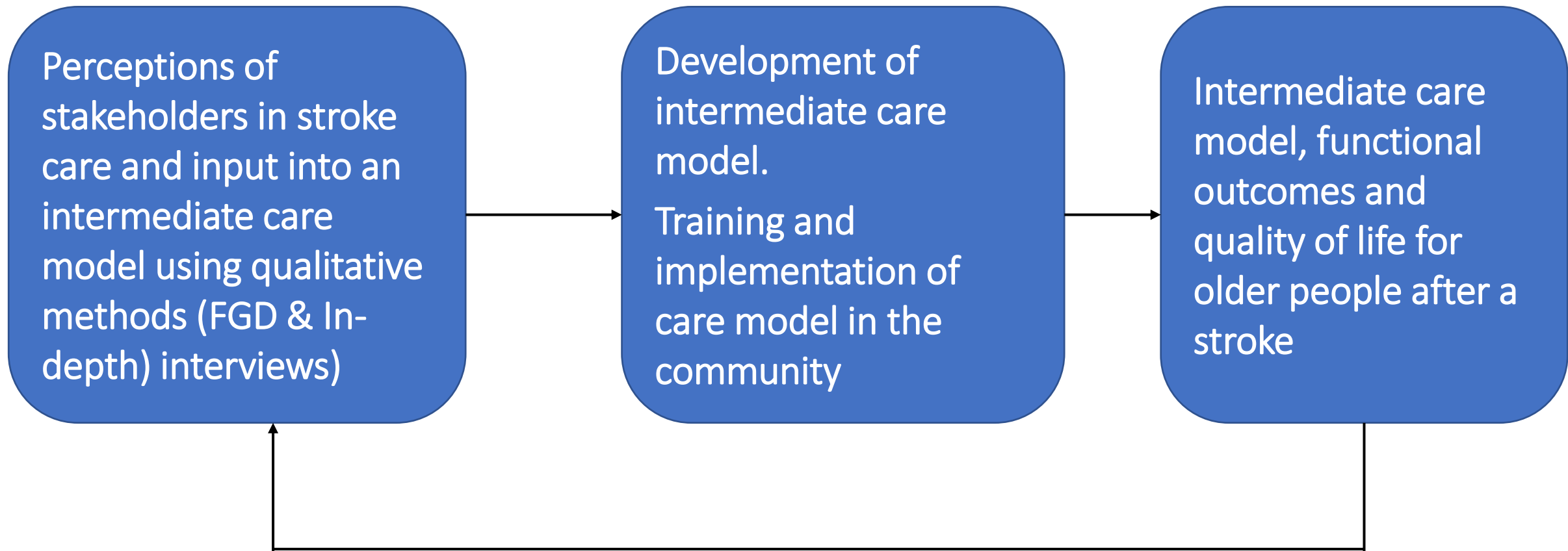


Fig 1: Conceptual framework of intermediate care model

A cross-sectional qualitative study conducted in February 2023

A purposive sampling technique used for identifying participants (family caregivers of stroke patients)

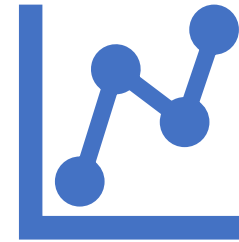
3 focus group discussions involving 18 family caregivers of stroke patients



Interviews
audio-
recorded



Interviews
transcribed
verbatim by
research
assistants



Raw data organized
and analysed
thematically using
NVivo 12 software



Emerging themes
identified in findings,
supported by
participant quotes

Theme	Subtheme and quotes
1. Experiences in stroke management	<ul style="list-style-type: none">■ <i>Financial implications</i> “it’s an illness that can cause someone to become poor” “/ssue of money and you running around to get drugs” ■ <i>Stress</i> “It is difficult, the kind of stress we pass through in hospital another thing ” “the stress was much because stroke is not a simple illness” ■ <i>Pain</i> “The pain is too much for him, body ache, leg pain, side ” “She has been having headaches for a week ” ■ <i>Memory deficit</i> “Her answers did not match the questions she could not recognize us”

Theme	Subtheme and quotes
1a. Experiences in stroke management	<ul style="list-style-type: none"><li data-bbox="647 444 2430 729">▪ Information and or support received at the facility <i>“He should have some minutes of walking with assistance”</i> <i>“They said high blood pressure (BP) can cause it and we didn’t know he has that”</i><li data-bbox="647 825 2364 1039">▪ The usefulness of the information <i>“We were given instruction to buy a walking stick, it was very helpful because she can walk.”</i><li data-bbox="647 1135 2420 1420">▪ Unmet needs for information and social support training <i>“What I need much training on, is the aspect of seizure”,</i> <i>“Will patient be using it for life, or it will have stopover for some time, and maybe some drugs will be added or removed? ”</i>

Theme	Subtheme and quotes
1b. Experiences in stroke management	<ul style="list-style-type: none"><li data-bbox="649 525 2364 588">▪ Preferred manner of receiving information and training <p data-bbox="649 678 2509 778"><i>“Experts on stroke can lecture us to know more about the disease”</i></p> <p data-bbox="649 906 2527 1045"><i>“I would have suggested that there should be more doctors so that time of giving information to patients will be convenient”</i></p>

Themes	Subtheme and quotes
2. Identification of home-based care needs	<ul style="list-style-type: none"><li data-bbox="652 482 2540 696">▪ Home-based care needs of older stroke patients <i>“If they can get her this digital measuring BP machine ... You can get them the walking stick”</i><li data-bbox="652 786 2540 1143">▪ Reasons for care need <i>“They don’t have enough strength”</i> <i>“If we don’t care for them, the illness will get worse, and it can lead to paralysis of the whole body or death... we don’t want him to die now”</i><li data-bbox="652 1243 2540 1428">▪ Activities at home to meet the care need <i>“When the physiotherapist is no longer there, we assist them with it”</i>

Themes	Subtheme and quotes
2a. Identification of home-based care needs	<ul style="list-style-type: none"><li data-bbox="644 514 2522 813">▪ Challenges in implementing home care needs <i>“At times, as we are taking care of him, we will think that he is perfectly well then, he relapses again”</i> <i>“Carrying her alone is a big challenge”</i><li data-bbox="644 899 2522 1199">▪ Intermediate care for a stroke survivor after discharge from hospital <i>“If they can be given drugs for free”</i> <i>“Wheelchair for carriage”</i>

Themes	Subtheme and quotes
2b. Identification of home-based care needs	<ul style="list-style-type: none"><li data-bbox="616 514 2446 971">Who should be primarily involved in the intermediate level of care? <i>“Children is very, very important”</i> <i>“Family is the closest person to the patient before the doctor”</i> <i>“Nurses... They can come home maybe once in six months”</i> <i>“Government should have a program”</i><li data-bbox="616 1042 2446 1356">Benefits of instituting an intermediate level of care <i>“the distance you travel to go to the hospital will be reduced”</i> <i>“It will aid recovery and that will also help both the patient and caregiver to resume their various daily works”</i>

Themes	Subtheme and quotes
2c. Identification of home-based care needs	<ul style="list-style-type: none"><li data-bbox="639 492 2548 856">Problems associated with establishing an intermediate level of care <i>“lack of money”</i> <i>“too much stress on the caregiver can result in the patient not having enough quality care”</i><li data-bbox="639 949 2548 1163">Motivations for caregivers and patients to adopt an intermediate care model <i>“appreciating the caregiver by giving them things”</i>



The results highlight family caregivers' readiness to adopt an intermediate care model help promote the recovery of elderly stroke patients.



Formal caregivers should extend substantial support and comprehensive training to family caregivers for reduced burden and improved patient outcome.

- Litzelman, K., Skinner, H. G., Gangnon, R. E., Nieto, F. J., Malecki, K., & Witt, W. P. (2015). The relationship among caregiving characteristics, caregiver strain, and health-related quality of life: Evidence from the Survey of the Health of Wisconsin. *Quality of Life Research*, 24, 1397-1406.
- Oquendo, B., Nouhaud, C., Jarzebowski, W., Leger, A., Oasi, C., Ba, M., ... & Belmin, J. (2024). Better functional recovery after acute stroke in older patients managed in a new dedicated post-stroke geriatric unit compared to usual management. *The Journal of nutrition, health and aging*, 28(4), 100033.
- Peng, L. N., Lu, W. H., Liang, C. K., Chou, M. Y., Chung, C. P., Tsai, S. L., ... Taiwan Stroke Postacute Care (PAC) Study Group (2017). Functional outcomes, subsequent healthcare utilization, and mortality of stroke postacute care patients in Taiwan: A nationwide propensity score-matched study. *Journal of the American Medical Directors Association*, 18(11), <https://doi.org/10.1016/j.jamda.2017.06.020> 990.e997–990. e912.
- Wissel, J., Olver, J., & Sunnerhagen, K. S. (2013). Navigating *the Poststroke Continuum of Care*. *Journal of Stroke and Cerebrovascular Diseases*, 22(1), 1–8.
- Yousufuddin, M., and Young, N. (2019). Aging and Ischemic stroke. *Aging (Albany NY)* 11, 2542-2544. doi:10.18632/aging.101931



Questions?

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