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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?





INTRODUCTION 1/4



- 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).





INTRODUCTION 2/4



- 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).





INTRODUCTION 3/4



- 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).









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





MATERIALS/METHODS 1/2



Perceptions of stakeholders in stroke care and input into an intermediate care model using qualitative methods (FGD & Indepth) interviews) Development of intermediate care model.

Training and implementation of care model in the community Intermediate care model, functional outcomes and quality of life for older people after a stroke

Fig 1: Conceptual framework of intermediate care model





MATERIALS/METHODS



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





MATERIALS & METHODS 2/2







Interviews audiorecorded

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





RESULTS & DISCUSSION 1/7



Theme		Subtheme and quotes
1.	Experiences in stroke management	 Financial implications "it's an illness that can cause someone to become poor" "Issue of money and you running around to get drugs"

Stress

"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"

Pain

*"T*he pain is too much for him, body ache, leg pain, side *" "*She has been having headaches for a week *"*

Memory deficit

"Her answers did not match the questions she could not recognize us"





RESULTS & DISCUSSION 2/7



Theme

Subtheme and quotes

1a. Experiences in stroke management Information and or support received at the facility
 "He should have some minutes of walking with assistance"
 "They said high blood pressure (BP) can cause it and we didn't know he has that"

The usefulness of the information

"We were given instruction to buy a walking stick, it was very helpful because she can walk."

 Unmet needs for information and social support training "What I need much training on, is the aspect of seizure",
 "Will patient be using it for life, or it will have stopover for some time, and maybe some drugs will be added or removed?"



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RESULTS & DISCUSSION 3/7



Theme	Subtheme and quotes
1b. Experiences in stroke management	 Preferred manner of receiving information and training "Experts on stroke can lecture us to know more about the disease" "I would have suggested that there should be more doctors so that time of giving information to patients will be convenient"



RESULTS & DISCUSSION 4/7



Themes	Subtheme and quotes
2. Identification of home-based care needs	Home-based care needs of older stroke patients "If they can get her this digital measuring BP machineYou can get them the walking stick"
	 Reasons for care need "They don't have enough strength" "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"

LONDON

Activities at home to meet the care need

"When the physiotherapist is no longer there, we assist them with *i*+"



Themes

RESULTS & DISCUSSION 5/7



Subtheme and quotes

2a. Identification of home-based care needs

Challenges in implementing home care needs "At times, as we are taking care of him, we will think that he is perfectly well then, he relapses again" "Carrying her alone is a big challenge"

 Intermediate care for a stroke survivor after discharge from hospital

"If they can be given drugs for free" "Wheelchair for carriage"





Themes

RESULTS & DISCUSSION 6/7



Subtheme and quotes

2b. Identification of home-based care needs

Who should be primarily involved in the intermediate level of care?

"Children is very, very important" "Family is the closest person to the patient before the doctor" "Nurses... They can come home maybe once in six months" "Government should have a program"

Benefits of instituting an intermediate level of care
 "the distance you travel to go to the hospital will be reduced"
 "It will aid recovery and that will also help both the patient and caregiver to resume their various daily works"





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RESULTS & DISCUSSION 7/7



Themes	Subtheme and quotes
2c. Identification of home-based care needs	 Problems associated with establishing an intermediate level of care "lack of money" "too much stress on the caregiver can result in the patient not having enough quality care" Motivations for caregivers and patients to adopt an intermediate care model "appreciating the caregiver by giving them things"



CONCLUSION & RECOMMENDATION





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.









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Questions?

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