

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

This chapter is organized into four sections: findings and conclusion, implication of findings, limitations, and recommendations for further research.

Findings and Conclusion

This experimental study, repeated measure 2-groups design was conducted to investigate the effect of a home-based nursing intervention on functional ability, level of depression, perceived social support from family, and QOL of stroke survivor. The sample included 58 stroke survivors, aged between 46 and 85 years, who met the inclusion criteria. The experiment group received a home-based nursing intervention while the control group received usual care. The functional ability, level of depression, perceived social support from family, and QOL, were evaluated at baseline, 6-week, and 12-week after enrollment.

Regarding the findings, there were no differences in the demographic variables between control and experimental groups. Effects of a home-based nursing intervention on QOL of stroke survivors were shown by an increase in the QOL score, improvement in functional abilities, an increase in level of perceived social support from the family, and reduction in depression in the experimental group within 6 or 12 weeks.

Results of the study are summarized as follows:

1. The functional ability of the experimental group was significantly increased over time, whereas the control group increased in week-6 and then leveled off in week-12. However, there was no significant difference in functional ability at baseline, week-6 and week-12 between experimental and control groups.

2. The depression in experimental group was significantly decreased over time, but in control group depression showed no significant difference. It decreased low means in week-6 but increased in week-12. The level of depression between control and experimental group was significantly different at baseline but not at week-6 and week-12. However, the result showed that the number of stroke survivors' depressive symptoms in the experimental group was significantly decreased over time, while in the control group; there was no change in the number of those with depressive symptoms.

3. The perceived social support from family of experiment and control groups increased over time. However, it showed no significant difference over time.

Likewise, the comparison of perceived social support from family between experimental and control groups at baseline, week-6, and week-12 showed no significant differences.

4. The QOL of experimental and control groups were significantly increased over time. Although, the QOL mean score in the control group at baseline was higher than in the experimental group, it was lower than QOL mean score in the experimental group at week-12.

In conclusion, there was no difference between functional ability, depression, perceived social support from family, and QOL of stroke survivors in both groups after 12 weeks.

Implication of Findings

Implication for nursing practice. At present, there are many home care services for stroke survivors and caregivers in Chiang Mai, Thailand. Most of them use a multidisciplinary team approach to provide care. However, for nurses, there are no nursing care guidelines to guide these services. This study developed the first home-based nursing intervention program for nurses to enhance QOL of stroke survivors. Even though, the effectiveness of the program has not been statistically significant, its effect is promising. This program provided nursing interventions not only for stroke survivor but also for family caregiver at home. Community nurses can apply this program as a guide for providing care to stroke survivors and caregivers, both independently and cooperatively with the team. In addition, nurses can create the network of stroke survivors or their family caregivers by developing the self-help group to help them solve their health problems. Nurses need to be trained before using this program.

Implication for nursing education. The program developed in this study can be serve as educational materials or a guide for nursing students to enhance QOL of stroke survivors in the community. Nursing instructors can teach nursing student to develop programs for other group of patients by applying health education strategies that was used in this program.

Policy recommendation. Results from this study showed that home-based care is necessary for stroke survivor and caregiver as it can help the survivor live independently. Adequet informational support and couseling from health care provider is beneficial to the survivors in order to promote their functional ability and decrease their level of depressive symptom. Therefore, home-based care strategy should be stated in hospital policy.

Limitations

The limitations in this study are as follows:

1. The generalizability of this study is reduced by the overall inclusion criteria employed.
2. The sample used for this study was a group of stroke survivors whose cognitive and communication abilities allowed interview methods to be employed.

The generalization might be limited to this group of people.

3. Additional limitation to the study was the inability to prevent the stroke survivor and caregiver in control group for seeking help from other resources.
4. The inability to control amout of rehabilitation in both groups.

Recommendations for Further Research

Based on the limitations of the study, recommendations for further studies include the following:

1. This study provided a new nursing intervention program for enhancing QOL of stroke survivors for community nurses that has not been previously investigated. Replication of this study with a larger sample size which covers all levels of stroke severity from different settings in Thailand would broaden the generalization and confirm the effectiveness of the program.

2. A one year follow-up study should be done to identify long term effectiveness of this program on functional ability, depression, perceived social support from family, and QOL of stroke survivor.

3. As there was no statistically significant difference in QOL between the experimental and control groups, further research should emphasize not only health education strategies but also other strategies should be added.