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THE EFFECTIVENESS OF POST-STROKE PATIENT CARE EDUCATION INTERVENTION IN STROKE CAREGIVERS: A LITERATURE REVIEW

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Abstrak

Background: The post-stroke recovery process does not only focus on the patient but also involves the caregiver who cares for him (the family). Caregivers have an important role in carrying out daily care for the post-stroke patients. Post-stroke patient care education interventions are urgently needed by the caregiver. A caregiver without being provided with education will certainly not be able to provide proper care and this will be a burden, both physically and psychologically. **Objective:** To analyze daily care educational interventions for post-stroke patients in stroke caregivers. **Methods:** Analyzing online databases from ProQuest, ScienceDirect, Springer Link, Wiley and Google Scholar. The article criteria: Has a Randomized Controlled Trial (RCT) and Quasi experimental design, published from 2015-2020, in English, full text, open access. Seven articles were obtained and the results are presented. **Result:** Educational intervention can be carried out by several methods, including direct education at the patient's bedside, lectures followed by questions and answers, then provision of booklets, home visits or by telephone follow-up. Educational interventions can improve caregiver knowledge and

is to provide care to family members who are sick and to keep and maintain health for the family members who suffer from a disease. (Hartiningsih, 2018).

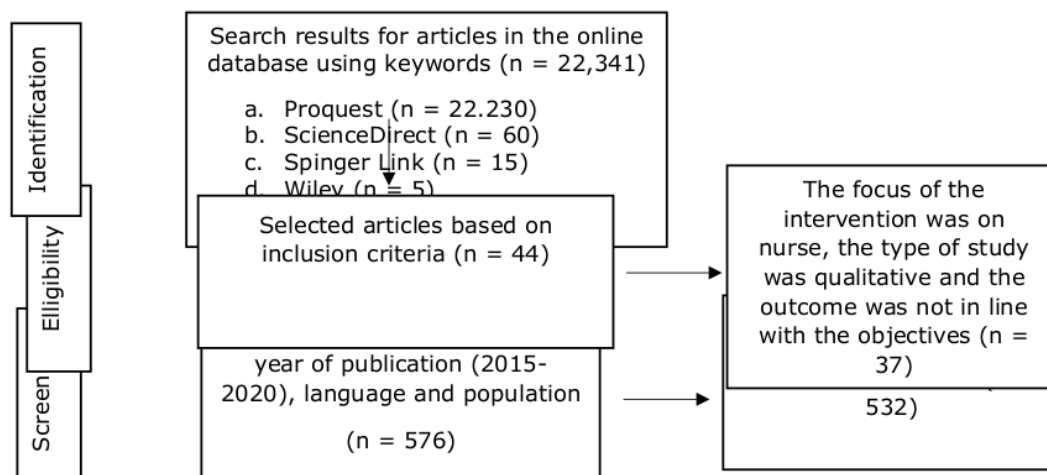
According to Zhu & Jiang (2018), 25-54% of caregivers reported a burden in delivering care for patients after stroke for the first six months. (Deyhoul et al., 2020). The impact of post-stroke patient care for the caregiver is a burden on the caregiver. The caregiver is not a load-free zone. The caregiver burden increases because they have to take full responsibility for the care of the post-stroke patients while they do not have sufficient knowledge plus skills to treat for the home-based post-stroke patients. (Dharma et al., 2018; Pesantes et al., 2017). The caregiver's burden can be in the form of physical or psychological burdens. Physical burdens may include the emergence of fatigue (carrying the patient, moving the patient) due to excessive pressure and demands, while psychological burdens may cover anxiety, stress, emotions, and depression that will have an impact on the post-stroke patient care and decrease the quality of life of the caregiver. (Hekmatpou et al., 2019; Pesantes et al., 2017).

Education is very important for the caregivers in providing care for the post-stroke patients. Caregivers will benefit from education by gaining a better understanding, experience, and expertise on how to care for post-stroke patients on a daily basis. Caregivers who lack information, experience, and expertise in providing care to post-stroke patients may be unable to provide help in the recovery process, and may even endanger both the patient and the caregiver which will subsequently affect their quality of life. (Dalvandi, 2018).

METHODOLOGY

The method used is literature review. The search was conducted by searching for research results published in the online database namely Proquest, ScienceDirect, Springer Link, Wiley, and Google Scholar using the keywords of education effect, intervention education, stroke caregiver, stroke family, stroke caregiver education, post stroke patients. "AND" and "OR" were used to combine the keyword searches. The criteria for the article include having a Randomized Controlled Trial (RCT) and experimental Quasi design, published between 2015-2020, in English, full text, and open access. Based on the searches on the online database by entering the keywords, a total of 22,341 articles were obtained. After filtering by determining the publication period (2015-2020), the title, language and population, 576 articles obtained. The findings in accordance with the inclusion criteria sorted in 44 articles and finally there were 7 articles that met the requirements for review. The inclusion criteria include: articles published between 2015-2020, full text, open access, research design included quasi-experimenta, and RCT, topics regarding post-stroke care education interventions for stroke caregivers (family), while the exclusion criteria were studies published before the year of 2015, the article was only an abstract, did not have a complete article structure, cross sectional design, the article is a literature review and systematic review.

The flowchart of the article selection process is shown in Figure 1.



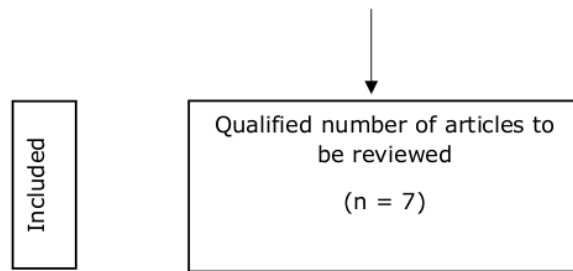


Figure 1. The Process of Article Searching

The analysis of the 7 articles selected by the researcher according to table 1 is as follows:

Tabel 1. Review Artikel

| 12 | Title | Author | 21 | Method | Result | 4 | Conclusion |
|----|--|------------------------|----|---|---|---|---|
| | Increase in the functional capacity and quality of life among stroke patients by family caregiver empowerment program based on adaptation model | (Dharma et al., 2018). | | Pre- and post-test control groups were used in this quasi-experimental study. The study had a total of 80 participants who completed it. There were 40 people in the intervention group of CEP-BEM and 40 participants in the control group with Community Health Nursing (CHN) integrated with the program at the health center. | Education and training through the method of Caregiver Empowerment Program Based on the Adaptation Model (CEP-BAM) was shown to significantly improve the ability to survive and quality of life of post-stroke patients in the intervention group at the sixth month after the intervention. | | CEP-BAM was a program which aims to increase the stroke patients functional abilities and life quality so that this will reduce the burden on the caregivers in providing care for the post-stroke patients. CEP-BAM effectively improved the functional capacity and quality of life of the post-stroke patients at the sixth month after the intervention. After a stroke, CEP-BAM successfully encouraged families to support or facilitate patients with mild to moderate disabilities. However, the efficacy of these approaches in empowering families caring for patients with complicated stroke disorders or serious disabilities has yet to be established. |
| 9 | Effect of family education program on cognitive impairment, anxiety, and depression in persons who have had a stroke: A randomized, controlled study | (Yu et al., 2019) | | Randomized Controlled Study allocated to either the FMEP group or the control group (1:1 ratio). Respondents came from the Second Affiliated Hospital of Harbin Medical University between April 2014 and March 2016 with the number of 144 respondents, 72 | Education with the Family Member Education Program (FMEP) model significantly reduced cognitive impairment, anxiety and depression levels in the intervention group compared to the control group after | 2 | Caregivers play an important role in patient recovery and prevention of post-stroke physical and mental disorders. Caregiver education to care for stroke patients is considered a good way to increase their understanding of disease management, related physiological |

respondents in intervention groups with FMEP and 72 respondents in control groups with conventional treatment. The inclusion criteria were as follows: (1) patients with symptoms of early ischemic stroke, - amplified by tomography of the brain or other resonance images of the brain, (2) patients must be 18 years old, (3) be able to follow the cognitive, anxiety, and depression tests within 7 days of the stroke, and have a family caregiver., the caregiver has no cognitive impairment and (4) the patient has suffered from stroke> 12 months.

the evaluation of 12 months after the intervention.

2 management, and psychological support skills that will allow them to better care for family members who have had a stroke. FMEP is recommended because it helps relatives of stroke patients enhance contact with family members while also minimizing 2 mental problems, such as cognitive impairment, anxiety, and depression.

2 Nursing Home Care Intervention Post Stroke (SHARE) 1 year effect on the burden of family caregivers for older adults in Brazil: A randomized controlled trial

(Day et al., 2020)

A randomized clinical trial. There were 48 stroke caregivers who responded, divided into an intervention group of 24 and a control group of 24. The intervention group would accept SHARE and conventional methods while the control group would accept conventional methods only. From May 2016 to September 2017, the study was collected at a Brazilian hospital's Stroke Special Care Unit (SCU-Stroke)..

The findings showed that the stroke caregiver's burden in caring for the elderly after a stroke was reduced.

In the Isolation domain, the SHARE intervention has a statistically important impact on caregiver burden in providing treatment for the elderly after stroke. 14

This is novel, and it is justified by the high prevalence of stroke around the world, with few home-based therapies for this population. This study stresses the value of designing technical intervention therapies for adjusting to home environments, providing emotional support, and seeking alternative solutions to treatment-related problems.

Planned health education is important to increase the knowledge and skills of the stroke caregivers about patient care practices at home which can result in an increase in the functional ability of the stroke patients.

6 Effect of a Planned Health Teaching on Improving Knowledge and Competence of Home Care Practice of Post Stroke Patient Among

(Ali et al., 2020)

1 A two-group pre- and post-test was used in a quasi-experimental analysis. There were 59 respondents in total, 25 of whom were in intervention groups and 25 of whom were in control groups.

3 There was a significant increase in the caregiver's knowledge in caring for the stroke patients, and there was an increase in the functional ability of stroke patients. The

Caregivers' Achievement

From March 1 to August 31, 2019, data was collected at the university hospital in El Fayoum, Egypt.

caregiver practice and the functional ability of the patients in the intervention group had a strong positive association..

¹ Effect of Information Support on Anxiety in Family Caregivers of Patients with Hemiplegic Stroke

(Azizi et al., 2020)

With a control group, this was a quasi-experimental study using a pretest-posttest method. A total of 78 respondents were recruited from the Farshchian Hospital's Neurology Department in Hamadan, Iran, 40 respondents were in intervention groups and 38 respondents were in control groups. Data were collected from April to November 2016. The intervention group will receive informational support from the caregiver in four sessions, while the control group will receive daily routine care

⁵ The two groups were similar in terms of demographic variation. Furthermore, there was no substantial difference between the two groups in terms of average condition and anxiety type prior to the intervention.

Nevertheless, as compared to the control group, the average level of condition ¹ and anxiety in the intervention group decreased significantly after the intervention.

In stroke patient caregivers, informational assistance or offering information is helpful in reducing the condition and nature of anxiety. As a result, nurses should view informational assistance as a critical nursing intervention when caring for stroke patients.

¹ The effect of family-centered empowerment program on the family caregiver burden and the activities of daily living of Iranian patients with stroke: a randomized controlled trial study

(Deyhoul et al., 2020)

Randomized controlled trial study. The number of samples was 90 divided into 45 respondents in intervention groups and 45 respondent in control groups. The intervention group received the Family-Centered Empowerment Model (FCEM) with 4 stages with one hour for each stage while the control group did not get FCEM.

When compared to the control group, the capacity of stroke patients in the intervention group to carry out everyday tasks improved dramatically two months after the intervention. The caregiver burden in the intervention group was substantially lower than in the control group two weeks and two months after the intervention.

The right model for helping stroke patients and caregivers improve their quality of life, self-efficacy, and self-esteem is family-centered education. This model has a straightforward, efficient, and low-cost design. Nurse administrators in nursing, nursing education planners, and other health care professionals may use this model to inspire caregivers. This research focuses on caregivers who are in good physical and mental health so that they can transfer what they experience.

The effect of patient care education on burden of

(Hekmatpou et al., 2019)

A randomized clinical trial is a study in which participants are randomly assigned to one of many

In the post-intervention population, there was a substantial difference in mean

Education of how to take care patients decreases the cost of treatment for families of stroke patients

11

care and the quality of life of caregivers of stroke patients

A total of 100 stroke caregivers were sampled. The intervention group received 50 samples, while the control group received 50 samples. In 2017, sampling was carried out at the Al-Zahra educational hospital in Isfahan, Iran. Purposive sampling was used to collect data. The random block technique, which consists of four bricks, was used for randomization. In addition to regular training, the intervention group received face-to-face training for two 1.5-hour sessions at the hospital, as well as training booklets and assessments via phone and home visits. The control group received regular training.

1

quality of life and care burden in the stroke caregiver relative to the control group, according to the findings. Health status, economic status, marital status, number of children, hours of care, days of care, and the caregiver-patient relationship all had a huge effect on the caregiver's care burden. Furthermore, health status has a huge impact on quality of life.

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and increases their quality of life. As a result, family education should be a priority for nursing and discharge practices to avoid complications in the treatment of stroke patients.

RESULT

A total of seven articles found were all discussing post-stroke care education interventions for stroke caregivers. A research conducted by Hekmatpou et al (2019) focused on the impact of post-stroke patient care education on reducing the burden of care and enhancing the quality of life of stroke caregivers. Two sessions were used to deliver the intervention. Stroke caregivers were given a 1.5-hour training session in the hospital as well as a 30-page training booklet written in plain and practical language. After the patient and the stroke patient's caregiver had gone home, the second session began. The intervention consisted of three phone consultations separated by three days, two home visits, and practical home instruction for 1 week after the second telephone counseling. The researchers become the caregiver trainers. The instructor answered all of the questions about nursing interventions, and the caregiver worked on the patient under the instructor's supervision. Educational programs can help caregivers of stroke patients reduce the burden of treatment and improve their quality of life. Economic health, marital status, number of children, hours of care, days of care, and the caregiver-patient relationship all have a significant relationship with the care burden of stroke patients, while quality of life has a significant relationship with health status. Azizi et al (2020) published another study that focuses on the efficacy of informative help on the level of anxiety in caregivers of hemiplegic stroke patients. The intervention was given in four sessions every two days in the inpatient ward until the ninth day. Two support sessions were conducted at the bedside of the patient, followed by a training session with a lecture method and a question-and-answer session. Each session lasted one hour. The caregiver was also given a booklet and given the researcher's telephone number so that they can ask questions while being treated in the hospital. The intervention found that the caregiver anxiety level of stroke patients significantly decreased.

Two other studies, namely Yu et al (2019) and Dayhoul et al (2020), about post-stroke patient care educational interventions for stroke caregivers have the same focus namely family (caregiver) empowerment, however the effects investigated are different. Yu et al. (2019) investigated the effects of the Family Member Education Program (FMEP) intervention on cognitive impairment, anxiety, and depression in post-stroke patients, while Dayhoul et al.

1
(2020) investigated the effects of the Family-Centered Empowerment Model (FCEM) Intervention on increasing post-stroke patients' ability to carry out activities of everyday life (ADL) and reducing caregiver burden in providing treatment for these patients. The caregiver received five educational sessions for the first 2 weeks of the FMEP intervention. The educational topics include stroke, the impact of stroke, physical care, and mental health care and general problems. The caregiver received five educational sessions for the first 2 weeks of the FMEP intervention. The educational topics include stroke, the impact of stroke, physical care, and mental health care and general problems. The next 3 to 8 weeks, the caregivers were invited to take part in weekly workshops that provide counseling, communication, and assistance to solve any problems they faced. Furthermore, the stroke and rehabilitation specialist nurse would conduct home visits as needed and provided further support. Between 3 and 12 months, a monthly telephone evaluation was conducted to check the condition of the caregiver and patient. During this period the nurse may make visits to the patient and caregiver if necessary and the caregiver may continue to attend weekly workshops at any time. FMEP has been shown to be effective in reducing cognitive impairment, levels of anxiety and depression in post-stroke patients. The FCEM intervention consisted of four stages: 1) assessing danger perceptions through conversation, 2) increasing self-efficacy through problem-solving methods, 3) increasing self-esteem through educational engagement methods, and 4) processing and evaluating outcomes. Each stage was carried out for 1 hour. The first, second and third stages were carried out in the hospital, namely in the inpatient room through direct presentations / lectures / slides, questions and answers, counseling, face-to-face discussions and the distribution of booklets to the stroke caregivers. The fourth stage included data collection through questionnaires, which were administered in three stages: prior to the operation, two weeks later in the hospital neurology ward, and two months later at home, after which the questionnaire was mailed back. Weekly telephone therapy was conducted with caregivers, and their questions were answered by the researcher, to ensure the respondents' participation in the study and completion of the questionnaire until the end. FCEM has been shown to substantially improve post-stroke patients' ability to carry out everyday life tasks (ADL) while also reducing caregiver burden in delivering care for the post-stroke patients.

Ali et al (2020) was one of three studies that looked at the impact of planned education on caregiver awareness and skills in caring for post-stroke patients at home and enhancing their functional capacity. For four weeks, the intervention was carried out. Individually and in groups, the implementation was carried out. A booklet was distributed at the final of the caregiver program. The training programs greatly enhance caregivers' expertise and skills in delivering post-stroke patient care as well as enhancing the functional abilities of post-stroke patients. Dharma et al (2018) investigated the impact of the CEP-BAM program on post-stroke patients' functional ability and quality of life. The CEP-BAM program lasted six months and consisted of three phases: pre-education, intervention, and monitoring and assessment. At six months after the protocol, the CEP-BEM intervention had greatly enhanced the functional capacity and quality of life of post-stroke patients. In their report, Day et al (2020) looked at the effects of educational interventions on caregiver burden while caring for post-stroke patients. Nursing Home Care Intervention Post Stroke (SHARE) interventions are educational interventions provided to stroke caregivers. The SHARE Intervention was carried out over the course of one month and consisted of five stages: 1) guiding the caregiver to assist stroke victims in their daily lives at home and in using health services, 2) educating the caregiver about oral or nasogastric feeding, personal hygiene, washing, changing diapers, dressing and undressing, transferring, positioning, medical attention, and, if necessary, handling of resources like vesicles and ostomies, 3) providing information about stroke, its causes and complications, how to avoid new strokes, and what services are available at health care facilities and how to get them 4) offering emotional assistance to stroke victims and caregivers and 5) supplying products for health education. SHARE has been shown to significantly reduce caregivers burden when caring for post-stroke patients, especially the elderly.

DISCUSSION

Stroke is the leading cause of permanent disability worldwide, and it has a wide range of significant negative consequences for both patients and caregivers who provide post-stroke treatment. The following are four key points from the overview of the literature review's findings:

Education interventions increase the knowledge and skills of the stroke caregiver (the family) in providing care for the post-stroke patients, especially daily care at home

Sufficient knowledge and skills can reduce the burden on caregivers in caring for stroke patients. According to Azizi et al (2020), one of the effects of stroke for the caregivers is that anxiety in providing care for the post-stroke patients. Since the event happens suddenly and unexpectedly, as well as the caregiver's lack of experience and expertise in providing treatment for post-stroke patients, post-stroke patient care creates anxiety in the stroke caregiver. Apart from the discomfort, providing treatment for post-stroke patients puts a huge burden on the stroke caregiver. Caring for stroke victims at home is a challenging and time-consuming process. (Hekmatpou et al., 2019; Day et al., 2020; Deyhoul et al., 2020). The caregiver's burden increases, according to Dharma et al (2018), because the caregiver lacks adequate expertise and skills in providing treatment for the post-stroke patients. As a result of the caregiver's education on the treatment of stroke patients, the caregiver's awareness and skills will improve, allowing them to provide proper care. The education program will help to alleviate anxiety and, as a result, the pressure on stroke caregivers.

Structured education can improve the caregiver's ability to care for the stroke patients

The primary caregiver's need in providing treatment for post-stroke patients is educational interventions. (Zawawi and friends, 2020). When a family member has a stroke, the caregiver plays an important part in providing treatment for the ill family member. The caregiver's function as part of the patient support system is critical in improving post-stroke patients' quality of life. Caregivers must be given the tools they need to help patients adjust to life after a stroke. As a result, caregivers' experience and expertise in supporting patients in adapting to life after a stroke must be strengthened. Increased caregiver experience and expertise in caring for post-stroke patients can have a positive effect on the patient's cognitive capacity and quality of life. Dharma et al. (Dharma et al., 2018).

Education and training for the caregivers can reduce physical, psychological and social burdens in caring for the stroke patients

The burden on the caregivers is not only physically but also psychologically and socially. (Hekmatpou et al., 2019). These burdens can be prevented, reduced or even limited if the stroke caregivers receive education intervention along with training about the care of the post-stroke patients. (Pesantes et al., 2017). One of the interventions that can be used to overcome this impact is educational intervention on the post-stroke patient care for the stroke caregivers. This education intervention does not only affect the stroke patient caregivers but also the stroke patients. According to Ali et al (2020), education has an effect on increasing the knowledge and skills of the stroke caregivers in providing care for the post-stroke patients, besides that it can also improve the patient's functional abilities. This is in line with a research conducted by Bakri et al (2020), which states that there is an effect of health education on stroke patient care at home on the level of family knowledge. In addition, educational interventions also have an effect on reducing the burden on the caregivers in providing care for the post-stroke patients hence this also has an impact on the quality of life of the caregiver. Hekmatpou et al (2019). In line with this research, Masriani (2014), said that health education directly provided to families increases the family knowledge in caring for stroke sufferers at home so that it can improve the quality of life of the stroke patients and reduce the burden on the family itself.

The caregiver plays an active role in the recovery process of the post-stroke patients

Neurological recovery occurs after the onset of the stroke, whereas functional recovery continues to some extent in the first three months to 6 months after the stroke. (Yenni, 2011). One of the caregiver's active roles is to assist in functional recovery, especially post-stroke functional disorders. Functional impairment is a decrease in physical capacity to meet basic daily needs such as self-care, eating, drinking and decreased ability to interact with the environment in which the patient lives. (Nurramadany, 2014). This can be done correctly and appropriately by the caregiver, if the caregiver is provided with education. Education will increase the caregiver's knowledge and skills in providing care so that this will also have an impact on the patient. These impacts include an increase in the ability to carry out daily activities (ADL), the ability or functional capacity and the quality of life of stroke patients. Care giver plays an active role in the recovery process of post-stroke patients. (Deyhoul et al., 2020; Dharma et al., 2018). According to Yu et al (2019), educational interventions will have an effect on reducing cognitive impairment, anxiety and depression in post-stroke patients.

CONCLUSION

Post-stroke patient care is a complex problem that requires collaboration with other health teams such as doctors, nurses, nutritionists, and the rehabilitation team. care education interventions for stroke patient caregivers have very positive impacts not only for the caregivers but also for the post-stroke patients. These impacts, among others, are that the caregiver can increase the caregiver's knowledge and skills in providing care for the post-stroke patients, reduce the burden, reduce anxiety and improve the quality of life of the stroke caregivers. For the post-stroke patients the impacts are, among others, increasing the ability or functional capacity, increasing the ability to perform daily activities (ADL), reducing cognitive impairment, anxiety and depression and improving the quality of life of the post-stroke patients.

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