

Interpersonal Relationship among Stroke Survivors and their Primary Caregivers: Perspective of Caregivers



By

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Statement of authorship

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The ethical issue of the study has been strictly considered and protected. In case of dissemination of the findings of this project for future publication, the research supervisor will be highly concerned, and it will be duly acknowledged as an undergraduate thesis.

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Dedication

DEDICATED TO MY MERCIFUL GOD AND MY BELOVED
PARENTS.

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List of Abbreviations

ADLs	Activities of daily life
BHPI	Bangladesh Health Professions Institute
CB	Caregiver Burden
CRP	Centre for the Rehabilitation of the Paralysed
EL	Educational Level
OT	Occupational Therapy
QTA	Qualitative Thematic Analysis

Abstract

Background: Effective interpersonal relationship between caregiver and their stroke survivors is crucial for early recovery and maximizing participation in activities of daily living. In addition, it reduces caregiving stress and improves the life satisfaction of the primary caregivers.

Aim: This research aim was to understand and explore the interpersonal relationship status among stroke survivors and their primary caregivers.

Materials and methods: In this phenomenological study, in-depth semi-structured interviews were conducted with twelve primary caregivers of stroke survivors. Participants were selected purposively and qualitative thematic analysis was incorporated according to the six steps of Braun and Clarke.

Results: Four themes emerged, 1) Challenges regarding interpersonal behavioral and emotional attachment, 2) Challenges in the interpersonal communicational relationship, 3) Way of coping strategies 4) Impact on caregiver's life. The study shows that after a stroke there have been some significant changes in the behavioral, emotional, and communicational relationships among stroke survivors and their primary caregivers. Caregivers face difficulties to maintain interpersonal relationship with stroke survivors as well as there is some adverse effect on performing their day-to-day activities due to expending a great amount of time caring. Increased workload, restricted social life, and physical-mental strain were challenging phenomena for the family caregivers, they cope with the situation in both adaptive and maladaptive ways.

Keywords: Emotional attachment, Interpersonal behavioral relation, Communicational relation, Coping Strategy, Impact on caregiver's life

CHAPTER I: Introduction

1.1 Background

Stroke is a life-changing event for both stroke survivors and their family caregivers. After initial hospitalization, up to 80% of stroke survivors return home where they depend upon primary caregivers for critical support in meeting their physical and emotional needs (Quinn, Murray, & Malone, 2014). Usually the closest person in the family takes responsibility the informal caregiver role for the stroke survivors and helps them with activities of daily living. (Gbiri et al., 2015).

Stroke survivors and their primary caregivers experience a variety of challenges as they adjust to life after stroke (Wolfe, & Rudd, 2012). Stroke survivors face challenges with balance, falls, and mobility, communication problems, bowel and bladder incontinence, chronic fatigue, difficulties with employment and leisure activities, anger, emotional liability and other personality changes, and diagnosable mood disorders such as anxiety and depression (Wolfe, & Rudd, 2012; Burton et al., 2013; Flowers et al., 2016; Xu et al., 2018).

Few studies show that informal caregivers experience life after stroke as “lives turn upside down.” Due to the abrupt onset of disability and the chronic, often unpredictable, nature of stroke recovery, caring for stroke survivors often puts a considerable burden on informal family caregivers. With constant and long-term informal care giving, family caregivers’ own needs are neglected, and family relationships are negatively affected. Because of heavy responsibility, uncertainty, worries, and restraints in social life, informal caring is highlighted as a burden for family caregivers, leading to stress,

anxiety, exhaustion, isolation, increased psychological morbidity, and reduced quality of life and diminished life satisfaction. (Wagachchige Muthucumarana et al., 2018).

54% of families' experience relationship problems and as many as 38% of couples' experience overt conflict (Daniel et al., 2009). Some survivor-caregiver dyads report positive outcomes after stroke including a reevaluation of priorities, a strengthened sense of commitment, and improved relationship quality (Mackenzie & Greenwood, 2012; McCarthy & Bauer, 2015).

Above all, it has been seen that by maintaining a good interpersonal relationship among stroke survivors and their primary caregiver can improve their quality of life, increase patient confidence or self-efficacy and life satisfaction which helps for early recovery for the stroke survivors ("Interpersonal communication in healthcare," 2020). Since interpersonal relationship problem among stroke survivors and their primary caregiver creates a barrier of early recovery process for the stroke survivors & creates burden and diminish life satisfaction for both stroke survivors and his/her primary caregiver so in order to ensure better rehabilitation services to stroke patient, it is an important issue for conducting this research.

A lot of research has been completed about stroke patients and caregiver burden but no study about interpersonal relationship challenges among stroke survivors and their caregivers after going back at home has previously been done in Bangladesh. It is envisaged that a study in this area will help gather information as well as gain more insight into both stroke survivors and their primary caregivers' experiences, especially since professional home care is not yet to be developed in Bangladesh. A deeper

understanding of the informal caregivers' experiences and situation can be used to develop routines to facilitate the care and rehabilitation at home.

This study will address on the experience of stroke survivors and their primary caregiver about interpersonal relationship challenges and it will be beneficial to provide a strong perception for an occupational therapist about the interpersonal relationship challenges which they both face after going back at home. This perception facilitates the total occupational therapy (OT) intervention (specially providing family education/family counseling). An occupational therapist has a great role in stroke rehabilitation so that the client can maintain their quality of life and can well perform in their ADL as much as possible. So it is needed to include family counseling/family education during OT treatment session for improving their quality of life after completing rehabilitation. Finally, this research will also create awareness among the patients and caregiver & helping them to receive proper family education from an occupational therapist. Other professionals can refer these patients and their caregiver for occupational therapy after knowing properly about this study. The study will be a resource for further study in health sector. So as an OT student the researcher is interested to conduct this research. Based on my study findings, OTs can develop rehabilitation program that will address the issue and provide better care involving both caregivers and stroke survivors.

1.2 Justification of the Study

When the stroke survivor returns to their community, he/she faces many challenges in his/her living area as physical, social, mental challenges even they may face many challenges in their workplace. This type of factors may have negative impact in their life, which decreases their well-being or they may have very good self-esteem or family support which may influences his/her well-being. (Wagachchige Muthucumarana et al., 2018).

In occupational therapy treatment process a caregiver acts as a co-therapist. For long-term informal care giving, family caregivers' own needs are neglected, and interpersonal relationship are negatively affected which impacts negatively on both of their daily life of activities and their recovery becomes hampered. (Gbiri et al., 2015).

A good interpersonal relationship among stroke survivors and their primary caregivers, helps to reduce burden in their life, increases their quality of life and their life satisfaction. This has important implications for occupational therapy practice. A family-centered approach with individuals following a stroke can be guided through knowledge of activity changes and their effects on younger family caregivers (Gbiri et al., 2015). A better understanding of stroke survivors and their family caregiver's experiences can enable occupational therapists to develop strategies that reduce stroke survivors and their caregiver burden, promote social participation and enhance health for the stroke survivor and their caregiver and the entire family by awareness, management, occupational training, counseling and education etc. If caregivers are maintaining their own health, they are more likely to continue assisting family members who survive strokes. As well as Occupational therapists can ensure a successful rehabilitation program.

In Bangladesh, there is not enough research about interpersonal relationship challenges among stroke survivors and their primary caregiver. Though interpersonal relationship is an important part for both stroke patient and their caregiver but they cannot share their relationship problems with health professionals. As a result, they cannot maintain a good interpersonal relationship among them after return at home. This research will help an occupational therapist to know the experience of stroke survivors and their primary caregiver about interpersonal relationship challenges and how it will influence the life of the patients and caregiver. Both stroke survivors and their primary caregivers will get appropriate family education (which is a vital part of OT session) from an occupational therapist who has expand knowledge by the study and it will create a best rehabilitation program outcome which indicates the best services to stroke survivors and their primary caregivers and also helps to reduce the caregiver burden and facilitate the patient's recovery. Finally, this research will also create awareness among the patients and caregiver & helping them to receive proper family education from an occupational therapist. Other professionals can refer these patients and their caregiver for occupational therapy after knowing properly about this study. This study can also be assisting other health professionals such as, social worker, counselor and family educator on this topic. The study will be a resource for further study in health sector.

1.3 Operational Definition

Interpersonal relationship: The meaning of interpersonal relationships is how one connects with someone else-the way one communicates with others or understands others, and vice versa. It requires a free-flow of communication and a deep understanding of one another. A family, a group of friends or a team function well because of interpersonal relationships.

Primary caregiver: A primary caregiver is the person who takes primary responsibility and helps with activities of daily living for someone who cannot care for himself or herself. The primary caregiver may be a family member. Caregivers most commonly assist with impairments related to old age, disability, a disease, or a mental disorder. (“Caregiver”,2005).

CHAPTER II: Literature Review

2.1 Stroke survivors

Generally, stroke survivor means who lives through affliction of stroke. (Morrison et al.,1999, p.265-66) stated that a significant proportion of stroke survivors suffer from chronic physical disability and communicative disorder. Many stroke survivors experience long-term physical, psychosocial, cognitive and functional impairments that are terrible challenges to family caregivers according to Sit & Van (Haley et al. 2009, p.2129). Stroke survivors can experience a range of ongoing problems including weakness or paralysis, problems with balance and coordination, problems with speech and language (e.g. aphasia), difficulty swallowing and mood swings (Carek et al. 2010, p.91). Major recovery occurs within first three months after stroke but long term disability often remains for a longer period of time (Cramer 2008, p.272-273). Also Qamar (2012, p.3) mentioned that stroke has major long term durations of effects on quality of life of its survivors and of their caregivers requiring more appropriate rehabilitation to avoid further complications in terms of depression and other allied disabilities. Survivors are increasingly likely to be cared for in the community and many have relatives as their primary caregivers (Morrison et al.,1999, p.265-66).

2.2 Need caregiver for stroke survivors

Stroke affects the person's whole life Stroke affects a person's motor, sensation, cognitive, behavior and perception sometimes language. (Rugg and Clark, 2005, p.165). For this result a stroke patient can't perform his own work without getting any help. Then he becomes dependent on others and need someone else to perform his function Usually the family members play this caregiver role.

2.3 Caregiver

A person who is responsible for attending to the needs of a child or dependent adult. A caregiver can provide a wide range of service, depending on the degree of disability, economic situation and living environment of the person. A caregiver is defined as the unpaid person closely involved in physical (feeding, bathing, toileting, walking) and emotional care (empathic listening, encouragement and motivation to adhere to treatment); they were commonly a family member living with the patient (Das et al. 2010, p.2965). Also caregiver can be formal and informal. The caregiver is vulnerable to stress and strain developing as a result of nursing/attending to a patient over a prolonged period of time. Although the physical, psychological, emotional, and social consequences of care giving and its economic benefit to society are well recognized (Low et al. 1999, p.713), care givers needs are often given low priority in the management of stroke (Karr & Smith 2001, p.434). Advances in stroke rehabilitation have successfully reduced severe disability and institutionalization, which has increased the number of disabled patients living at home and being supported by caregivers, who feel inadequately trained, poorly informed, and dissatisfied with the extent of support available after discharge (Simon et al. 2001, p.295-7).

2.4 Caregiver responsibilities for their patients

Stroke survivors often have multiple needs. So the responsibility of a caregiver is not fixed it depends on person's needs and level of dependency. A caregiver has no control over these needs. Moreover, there is no fixed working schedule; usually a caregiver of a stroke patient assists the patient in all types of activities. The crucial role of caregivers in prevention, early intervention, treatment and recovery will be acknowledged, respected and provided with appropriate support to enable them to fulfill their role. In

the treatment area, the role of caregiver is very important for the client's improvement (Hudson et al.,2004, p.4) stated the following responsibilities of a caregiver in his study, these are:

Caring area	Supporting area
Personal care	Such as hygiene, feeding.
Domestic care	such as cleaning, meal preparation.
Auxiliary care-	Such as shopping, Transportation
Social care	Such as counseling, emotional support.
Nursing care	Such as administering medication.
Planning care	Such as establishing and coordinating support for the patient

In fact, the responsibility of a caregiver depends on the type of disability and dependency level of a patient. The caregiver has a big role. If the caregiver cannot take proper care of the stroke survivor, many complications may arise which affect the recovery of stroke survivor. (Cohn et al.,2003, p.546)

Being a caregiver can result in significant emotional, social and economic burden. Caregivers have their own needs, and are known to be at risk of experiencing depression, anxiety and stress. Caregivers need must be recognized and their health and wellbeing safeguarded. This should occur through access to information, resources and support programs and where necessary, to crisis assistance and respite care services.

2.5 Burden

When the responsibility seems unbearable, uncomfortable and difficult to maintain for a person, then it may be called a burden. A caregiver may feel burden when he/she has to provide continuous care. The burden of caring can cause serious disruption to caregiver's lives (Bugge et al.,1999, p.1519).

2.6 Caregiver Burden

Caregiver Burden (CB) is the negative effect of caregiving tasks that caregivers perceive in terms of their emotional state, physical health, social life, and financial status being affected by caring for their ill relative. Caregiver burden is defined as the all-encompassing challenges felt by caregivers regarding their physical and emotional well-being, family relations, and their work and financial status. Caregiver burden is associated with negative outcomes for both caregivers and patients, including the reduction of their general health and quality of life and increasing the risk for patient's morbidities, which is a multidimensional response to perceived stress and negative assessments that derive from providing care to a patient. Caregivers of stroke patients experience a high level of caregiver burden because they need to provide care for long hours and the patients usually dependent on them for their activities of daily life. (Arab et al., 2019).

When a caregiver faces strain and feels uncomfortable providing care and when caring to loved one is unbearable for a caregiver. Stroke has a great impact on caregiver and creates lots of perceived burden of caregiver. Caregiver burden or stress is a multidimensional concept as it entails the physical, social, psychological and financial factors. (Fadilah et al., 2017).

In Sri Lanka a qualitative study was conducted about experience of family caregiver and their caring for their stroke survivors. The study aimed at exploring family caregiver 'experiences of providing informal care for dependent stroke survivors. 14 participants were recruited in this study. The finding of the study was that increased workload, restricted social life, physical problems, and knowledge and financial deficits were challenging for the family caregivers. Self-strength and supportive social

networks helped them to compassionately care for their stroke survivor. (Wagachchige Muthucumarana et al., 2018).

In South Africa a Qualitative research was conducted. The study aimed at exploring nurse's experience of a communication skills training intervention. A convenience sample of 20 intensive care nurses participated in the study. This study's result showed that six themes emerged (1) acceptance of knowledge and skills developed during workshops, (2) management support (3) appreciation augmentative and alter communication device (4) change in attitude and (5) the need to share knowledge with others and (6) inclusion of communication skills workshop training as an integral part of an orientation program for all nurses. The findings of this study indicated that the application of augmentative and alternative communication devices and strategies can improve nurse-patient's communication in intensive care units. (Dithole et al., 2017).

A scoping review was conducted in sub-Saharan Africa which aimed at explore communication strategies in nurse-patient interaction and how that affects patient participation in the care process in sub-Saharan Africa and to identify the major findings and gaps in the literature. The results suggested that nurse-patient communication studies need to extend to other healthcare contexts. Furthermore, in many of the healthcare areas studied, nurse-patient communication has been poor, with care providers dominating the process. Most nurses neglect patient needs and concerns as well as abuse and humiliate them, especially in maternal/antenatal and primary healthcare settings in public healthcare facilities. Excessive workload, shortages of nursing staff, poor communication skills, and lack of involvement of nursing managers in the care process negatively impacts on nurses' ability to interact effectively with their clients. (Kwame & Petrucka, 2020).

2.7 Caring for caregiver

Since a stroke patient cannot do anything on his own, he has to depend on others to perform his work. Then his family members help and take care him. Playing this caregiving role for the patients is very difficult. Because of caring for prolonged time of a stroke patient, caregiver gives up their dreams and aspirations to fulfill their new role and responsibilities. For these reason, caregiver doesn't maintain his own work properly, their own needs are neglected and their life satisfactions are diminished. For this reason, caregiver should care for himself/herself besides caring his/her patients to reduce burden. If the caregiver is able to reduce their burden during playing caregiver role it will be beneficial for his/her patient's recovery.

2.8 Importance of keeping good interpersonal relationship

Maintains a good relationship among stroke survivors and their family caregiver is very important for both of them. Not only it helps to facilitate the patient's recovery process and reduce their mental and psychical strain but also it helps to reduce caregivers burden.

Numerous studies (Interpersonal communication in healthcare,"2020) have linked a good interpersonal relationship in healthcare to improved patient outcomes, including: higher patient's satisfaction, improved adherence to treatments, reduction in psychological effects (depression/anxiety), Increased patient confidence or self-efficacy, symptom reduction, improved quality of life and increased survival rate. This shows that if the relationship between stroke survivors and their family caregivers is better their mutual understanding would be much better.

A Qualitative research was conducted which aimed at Development and validation of a quality of relationship intervention for stroke survivor-family caregiver dyads. Consensus was reached among experts that the intervention content was *relevant* to the goal of helping survivors and family caregivers maintain a strong relationship after stroke; (2) clear from the perspective of stroke survivors and family caregivers who would be using it; (3) accurate with respect to the advice being offered, and; (4) useful for helping stroke survivors and family caregivers improve the quality of their relationship. This study extends the limited body of research about dyadic interventions after stroke. (McCarthy et al., 2019).

In Australia a Randomized control trial study was conducted which aimed at exploring Outcomes for family careers of a nurse-delivered hospital discharge intervention for older people.

Information was taken from 62 intervention group caregivers and 79 controls. Groups were equivalent at baseline. Needs prioritized most often by caregivers were: to know whom to contact and what to expect in the future and to access practical help at home. Support guidance included how to: access help, information, and resources; develop crisis plans; obtain referrals and services; and organize legal requirements. These improvements corresponded to a change of approximately 2 points on the Preparedness for caregiving instrument. Small but significant positive impacts were also observed in other outcomes, including caregiver strain. (Toye et al., 2016).

2.9 Key gap in the evidence

- Most of the studies have been shown the difficulties, burden and challenges of the caregivers and their patients after stroke.
- Most of the studies focused on the patient's recovery process and their difficulties and their level of disabilities (both Mental and Physical) as well as caregiver's burden.
- Among the studies, no direct information about interpersonal relationship among patients and their caregiver was found. These study did not give any direct information related to the researcher study "Interpersonal relationship among stroke survivors and their primary caregivers". The researcher did not find any relevant source about "Interpersonal relationship among patients and their caregiver" after stroke. That's why the researcher used these studies to get evidence about the problem and difficulties what both of the caregivers and patients have faced which helped to increase the better understanding.

CHAPTER III: Methodology

3.1 Research question, aim and objectives

Research question

What was the interpersonal relationship status among stroke survivors and their primary caregivers during taking institutional-based rehabilitation?

Aim of the study

The study aimed to understand and explore the interpersonal relationship status among stroke survivors and their primary caregivers.

Objectives of this study

- To explore the challenges in the interpersonal relationship between stroke survivors and their primary caregivers.
- To explore the coping strategies to deal with challenges of interpersonal relationships encountered by the primary caregivers.
- To explore how caregiving for a long period impact on caregiver's life.

3.2 Study design

Phenomenological qualitative research is designed to know about the experience of interpersonal relationships among stroke survivors and their primary caregivers because this design helps the researcher to collect information from the participant's own experience accurately. Qualitative research methodology is helpful to find out the perceptions of people in particular settings and understanding their perspectives

(Waters, 2017) and it helps to identify client's thoughts, ideas, feelings, attitudes, and perceptions in detail (Hissong et al., 2014).

3.3 Study setting and period

Study place

The study was conducted in the Stroke Rehab Unit and Outpatient Unit of CRP, Savar.

Study period

The time duration of this study was April 2021 to February 2022.

3.4 Study participants

Study population

The study population were

- Caregivers of stroke survivors who have at least 2 months' experience of taking care of their patient
- Caregivers who are continuing providing care at home/ health care centre.

Sampling strategy and sample size

A purposive sampling strategy was used to collect data from caregivers. Purposive sampling was used because the researcher used judgment for selecting participants (French, Reynolds and Swain, 2001; Patton and Cochran, 2002). Twelve participants who were providing continuous care to stroke survivors and provided written consent were interviewed until data saturation was met.

Inclusion criteria

Caregivers who provided care to the stroke survivors at least for 2 months and who are continuing providing care & age between 25-60 years.

Exclusion criteria

Caregivers who have cognitive and communication problems.

Participants recruitment process

The study participants were recruited from the stroke rehabilitation unit of CRP- Savar who are taking therapeutic intervention from the unit at least two months before data collection. At first, information about the possible participants was taken from the database of the stroke rehabilitation unit, then they were contacted by the investigator to set a meeting date. During the day of the meeting, the aim and objectives of this study were explained to them and offered to them to participate. If they provide initial agreement, the information sheet was provided and explained where necessary in the local language. After that, the final agreement of participation was confirmed by taking written consent.

3.5 Ethical consideration**Ethical clearance from IRB**

The ethical clearance (CRP/BHPI/IRB/11/2021/526) was obtained from the Institutional Review Board (IRB) of the academic institutions named Bangladesh Health Professions Institute (BHPI) through maintaining the mentioned guidelines of Helsinki Act 1964-2013 and Nuremberg Code 1947. In addition, permission for data collection was obtained from the responsible authority of the stroke rehabilitation unit of CRP.

Informed consent

Informed consent of the participants was ensured by the means of an information sheet, consent form, and withdrawal form. First of all, an information sheet that has detailed information about the nature of the study, rights of the participants, possible risks, and beneficences was provided to the participants before taking the consent form. The contents of the information sheet were clearly explained and checked through a checklist that they understood all the significant components of the consent form. It was ensured that the participants must completely understand the study and gave their full permission to participate and the researcher never forced the participants to give consent. The study-related information and contact detail were provided to allow the participants they could leave the study at any time of the research without any kind of explanation. All rights of the participant were reserved and the investigator was accountable to the participant to answer any type of study-related question. All participants were informed properly about how their data will be used in the future and also had the right to access all information regarding the research. During the interview, permission was taken from each participant who was interested to participate with a signature on a written consent form as well as the signature of the witness was taken before data collection.

Unequal relationship

There was no power or unequal relationship in this study as the investigator and his supervisor is not involved in the therapeutic process and care pathway of the participants.

Risk and beneficence

It was ensured that there is no physical, emotional, or economical risk or hazard for the participants of this study but will be benefited in the future from the study findings as it will be utilized in the clinical setting. Investigator took every precaution to protect the privacy of research participants and the confidentiality of their personal information by ensuring all the recordings of the interview of the participants remain confidential and will be stored securely and properly by using a password on the mobile phone. The printed copy was kept in a locked drawer of the supervisor.

3.6 Data Collection

Data collection method

The researcher conducted face to face interview with a semi structured question by building up rapport with the participant first for data collection. According to Baily “Interview conducted face to face is more innovate allowing the interviewer to interact directly and develop rapport with the interviewee. (Baily et al., 1997). With semi structured question, participants will get more freedom to explain their opinions and that researcher can go out from the boundary of fixed question to understand their experience by asking related questionnaire. Face to face interview helps the researcher to determine participants understanding of the questions by observing their facial expressions. In this face to face interview participants would be given freedom to explain their feelings and experience or perception in their own words. They would also receive opportunity to talk and describe their feelings and real facts or incidents (Bloom and Crabtree, 2006).

Data collection instrument

- A self-developed interview guide was incorporated with some preset semi-structured questions to find out in-depth information about the experience of interpersonal relationships among stroke survivors and their primary caregivers. This was also verified two times to check the accuracy and clearance of questions pattern, the meaning of words and sentences, and their adherence to objectives. A field test was conducted with three participants to critically analyze whether the answer to the questions was similar or not. It is necessary to conduct a field test for purifying the data collection plan. During the interview, it was informed the participants about the aim and objectives of the study. From the field test, it was found that participants faced difficulty in which part of the question or they do not understand properly. The situation of the interview was observed during participant's response thus helped to modify the question where necessary. Finally, the self-developed questions were modified for two times according to the findings of the field test and supervisor guidelines.
- Smart phone (Samsung Galaxy A3) has been used for recording the interview which has voice recorder software.

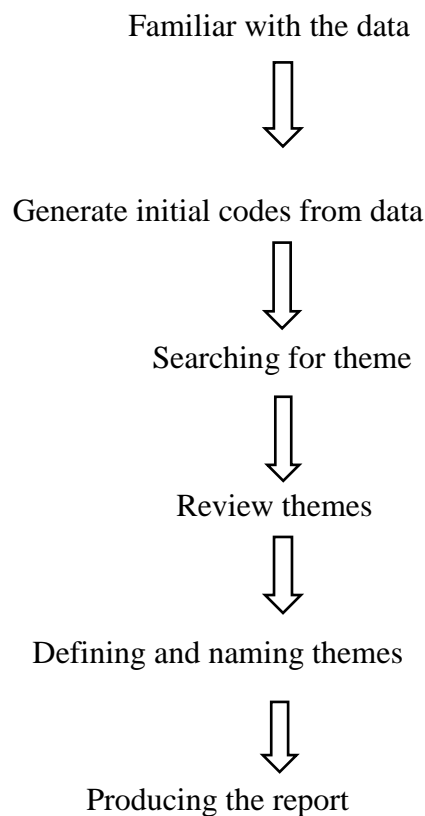
3.7 Data management and analysis

Data collection Process

To conduct the study an ethical approval of the study protocol was taken from the institutional review board (IRB) of the Bangladesh Health Professions Institute (BHPI). A written permission was approved to conduct the study from the authorities of Neuro unit of center for the rehabilitation of the paralysed. Before data collection a convenient time schedule was consulted with the participant. The authority permitted participant to conduct interview at their suitable time. After confronting time, the participants were informed about the contents of the consent form through information sheet. Then participants were asked to fill up written consent form to ensure volunteer participation. After that participants were asked to complete questionnaire which may need half an hour to fill. This questionnaire contains some specific questions on five domains of relationship challenges (for example: - in which extent you agree or disagree, neutral with the statement). Every survey questionnaire was coded with a Serial number for record keeping.

Data Analysis

Researcher used Qualitative thematic analysis to analyze the data of understanding about interpersonal relationship challenges among stroke survivors and their primary caregivers. In this type of analysis, coding and pattern of themes are derived from text data (Braun & Clarke, 2006). The steps of data analysis were:



At the first stage of data analysis, the researcher transcript the interview Bangla. Then the researcher returned to participants to recheck that their statement was appropriately transcribed.

Then the researcher translated the record from Bangla to English. The researcher listened to recordings several times to recognize what the participant wants to say in the interview. After the transcription of each data, researcher again listened the recording to ensure the validity of data. Then the researcher categorized the data

according to each interview question related to objective. After that the codes and themes was made under each category by analyzing participants answer and information. After finishing the coding; the researcher can detect some important codes that reflected the theme of the study findings.

3.8 Quality control and Quality assurance

Trustworthiness of the study

- This study was conducted in a systemic way by following the steps of research under supervision of an experienced supervisor.
- The participant's information was coded accurately and checked by the supervisor to eliminate any possible errors.
- During the interview session and analyzing data, the researcher never tried to influence the process by own value, perception and biases. The answer of the questions had received whether they were of positive or negative impression.
- The transcripts were translated by another individual to avoid biasness and researcher checked it several times with his own translation and recording to reduce any mistake and compared it with the Bangla transcript.
- In the study, the statement of the participants represented the originality of the data in every circumstances.
- All the information and documents related to participants had always tried to keep confidential.
- At last in the result section, scientific manner; six steps of qualitative thematic analysis by Braun and Clarke's had used to interpret the result.
- After completing transcription in Bangla, the investigator returned to the participants to recheck their opinion and statement was transcript accurately.

CHAPTER IV: Results

4.1: Participants overview

The study participants were the primary caregiver of stroke survivors who are taking care of them continuously for at least two months. Majority of the participants were female (9 out of 12). The age range of the participants was 28-60 years and their patients age were between 48-77). Most of the caregiver were wife of the stroke survivors, two participants were son, one of them was daughter-in-law and another participant was grand-daughter and husband. Another important feature of the stroke survivors was their affected side, almost everyone had left sided hemiplegia except one.

Table 4.1 Socio-demographic information of the participants

P*	Sex	Age	EL	Caregiving duration	Relation to the patient	Patients age	Patient's affected side
01	F	28	HSC	4 months	Daughter-in – law	67	Left side
02	F	35	SSC	9 months	Wife	48	Left side
03	F	38	SSC	1 year	Wife	58	Left side
04	F	38	C-IV	1 year	Granddaughter	65	Left side
05	M	28	SSC	2 months	Son	55	Left side
06	F	55	C- IX	5 months	Wife	65	Left side
07	M	32	C- VIII	5 months	Son	65	Left side
08	M	28	Masters	2 months	Husband	58	Left side
09	F	34	C- VIII	8 months	Wife	47	Left side
10	F	33	SSC	3 months	Wife	55	Right side
11	F	60	C- III	7 months	Wife	77	Left side
12	F	37	SSC	5 months	Wife	54	Left side

*P= Participants number, EL=Educational_Level, C= Class, SSC= Secondary School Examination, HSC= Higher Secondary School Examination

4.2 Findings at a glance

Table 4.2 Study findings at a glance

Objectives	Theme	Sub-theme	Findings
To explore the challenges in interpersonal relationship between the primary caregiver and stroke survivor	Theme 1: Challenges regarding interpersonal behavioral and emotional relationship	Personality changes	Sudden anger, Lack of self-control, Forgetfulness, Effortless, Not responsive, Uncontrollable laughing or crying, Heightened irritability or temper.
		Emotional lability	
	Theme 2: Challenges in interpersonal communicational relationship	Verbal communication	Not responsive, Don't repeat words, Mute,
		Non-verbal communication	Not able to express feelings properly
To explore the coping strategies to deal with challenges of interpersonal relationship encountered by the primary caregivers.	Theme 3: Way of coping strategies	Adaptive coping strategy	Agree with arguments, Calm in odd situation, Accepting the situation, Self-control.
		Maladaptive coping strategy	Deny, Self-blaming .
To explore how caregiving for a long period of time impact on caregiver's life	Theme 4: Impact on caregiver's life for caring their patient long time.	Physical strain	Sickness and physical stress,
		Mental strain	Feel tension and frustration,
		Role strain	Not enough time for self-care, rest and sleep. Social isolation.

Table 4.2 shows objectives, themes, sub-themes and significant events of the study findings. Four consecutive themes were emerged, 1) Challenges regarding interpersonal behavioral and emotional attachment, 2) Challenges in interpersonal communicational relationship, 3) Way of coping strategies 4) Impact on caregiver's life. The study shows that after stroke there have been some significant changes in the

behavioral, emotional and communicational relationship among stroke survivors and their primary caregivers. For these reason, caregivers face puzzled and difficulties with patient's behavior & and have troubled and require much effort to communicate with patients.

Table 4.3 Participants responses regarding significant events encountered during act as a primary caregiver of the stroke survivors

Interpersonal behavioral, emotional and communicational relationship	
Sudden anger	=P1,2,3,4,5,6,7,8,9,10,11,12
Lack of self-control	=P1,2,3,5,7,8,9,11,12
Forgetfulness	=P1,2,3,4,5,6,7,8,9,12
Not responsive	=P1,2,4,5,8,9,11,12
Sudden emotional	=P1,2,3,4,5,6,7,8,9,11,12
Don't repeat words	=P2,4,5,7,9,10,11,12
Can't express feelings	=P1,2,3,4,5,6,7,8,9,12
Mute	=P1,2,3,6,8,11,12
Interpersonal Coping strategies used by caregivers	
Agree with arguments	=P1,3,4,6,9,10,12
Remain calm	=P5,6,9,12
Accept the situation	=P1,3,4,5,6,9,11,12
Self-control	=P1,2,4,6,7,11,12
Deny	=P4,6,7,9,12
Self-blaming	=P2,3,8,10
Impact of caregiver life	
Feel tension and frustration	=P1,2,3,4,5,6,7,8,9,10,11,12
Sickness and physical stress	= P1,2,3,4,5,6,7,8,9,10,11,12
Not enough time for rest and sleep	= P1,2,3,4,5,6,7,8,9,10,11,12
Social isolation	= P1,2,3,4,5,6,7,8,9,10,11,12
Difficult to maintain self-care activity	= P1,2,3,4,5,6,7,8,9,10,11,12

Table 4.3 shows Participants responses regarding significant events encountered during act as a primary caregiver of the stroke survivors. It can be observed from the findings, most of the participants stated that they found their patient became angry unexpectedly. Most of the case, the caregiver accepts the situation or agree with arguments to make

their patient calm. Few of them deny and self-blame which is maladaptive coping strategies. Most of the participants experienced physical and mental stress as well as they do not get enough time for self-care, rest and sleep.

Theme 1: Interpersonal behavioral and emotional relationship

In this present study there have been found some significant changes in the behavioral and emotional relationship among stroke survivors and their family caregivers. In this study, most of the caregivers mentioned that they face puzzled with their patents behavior because of changing patent's personality and emotional their after stroke. Australia Stroke Foundation ,2022 informed that after stroke existing personality and their way of expressing emotional traits can become changed.

Sub-theme 1: Personality changes

In this study each caregiver mentioned that before the stroke, the patient's behavior was not the same as it now. But after stroke, there have been some changes in patient's behavior (lack of self-control, forgetfulness, carelessness, effortless, sudden anger).

One caregiver stated that

“It is often seen that when he is asked to do something, he does not want to do it even being able to do it, but suddenly he gets angry with me. When he is asked to exercise on his own at home, he does not want to do the exercises. He does not want to do even after I help. He doesn't give any effort to do anything by himself. His patience has diminished a lot now. If he says to do something for him, I have to do it immediately. When it becomes little late, he doesn't want to accept and understand it, rather he gets anger expresses irritation on his face”.

Few caregivers reported that forgetfulness and carelessness are two common personality changes in their stroke patients.

Another one stated that

“After a while I have to change the position of his body. I always tell him not to stay on same position for long time and tell him to maintain his hand, neck and body position properly according to the position shown by the therapist. But he doesn't listen and care to me and does as he wants. sometimes he doesn't not recognize his relatives when they come to see him. Rather addresses them with the wrong name. Occasionally calling me a wrong name and does not also recognize me”.

Sub-theme 2: Emotional liability

In this study most of the caregiver informed that there have been some emotional changes in the patient since the stroke (emotional disturbance, mood disorder) that's why they feel little bit trouble to connect emotionally with their patients.

Australia Stroke Foundation ,2022 informed that Emotional changes are most common after stroke.

Every caregiver added that after stroke their patient become change by emotionally,

One caregiver stated that

“The patient cannot control and express his feelings. When I sit and talk to him almost he suddenly cries and laughs without any reason. Because of his crying, occasionally I'm upset and can't understand if there is

anything needed behind his crying. For this reason, I find a little bit difficultly to connect him emotionally”.

Theme 2: Interpersonal communicational relationship

There have been some significant changes in the communicational relationship among stroke survivors and their family caregivers. In this study most of the caregivers ensured that they communicated with their patient's in two ways (verbal and nonverbal) before stroke. But in present each caregiver have trouble and requires little effort to communicate with their patients because of changing personality after stroke (Not responsive, sudden emotional, not repeat words, not able to express feelings properly).

Sub theme 1: Verbal communication

Most of the caregiver reported that after stroke, they are having problems with verbal communication with their patients due to stroke.

Stroke association of England informed that Aphasia and Dysarthria are the most common problem for communication .it affects one's ability to speak and understand what others say.

One caregiver stated that

“The patient can no longer speak fluently and clearly. He gets stuck on a single word or sound and repeating it over and over. He also speaks slowly with very long pauses. For this result I also have to give a little bit effort to her patient during communication”.

Another caregiver stated that “my patient is silent, not responsive and not repeat the words and during conversation. that’s why I have to give a little bit effort to her patient during communication”.

Sub theme 2: Nonverbal communication

Most of the caregiver informed that they used to communicate by using gesture, facial expression and eye contact before stroke. But after stroke there has been a problem in communication such using gesture, eye contact and facial expression.

One caregiver stated that

“Most of the time he can’t express his feelings as before. At present he can’t eye contact and is not able to facial expression during conversation. Looking at him it seems that he is very annoyed to speak”.

Theme 3: Way of coping strategy

An important pathway by which relationships influence health may involve how people cope with interpersonal tensions (Birditt et al.,2014).

Few caregivers told that they cope with their patients in positive way that is called adaptive coping strategy. Some caregiver told that they cope with their patient’s in negative or maladaptive way.

Adaptive (Agree with argument, accepting the situation, self-control, equanimity) and maladaptive (Denial, blaming, avoidance) others coping strategy are seen in this study when both caregivers and their stroke survivors faces any difficulties with them.

Sub theme 1: Adaptive coping strategy

In this study most of the caregivers told that problem with the patient occur for various reasons. When the face difficulty with their patients they cope the situation in a positive way.

One of the caregiver Stated that “when I face any kind of conflict and difficulty with my patient I accept the situation and agree with my patient’s arguments”.

Another caregiver stated that

“Without any reason the patient cry and gets angry with me. Most of the time he does not want to listen to me. sometimes this kind of behavior makes me unbearable. Then I think of myself in his place. May be if I had been in his place I would have done the same way as he does. Thinking in the way I try to control and console myself”.

Sub theme 2: Maladaptive coping strategy

Some caregivers told that most of the time they face conflict and difficulty with their patients because of his/her changing behavior. Occasionally they can’t control themselves. Then they cope the situation in the negative/maladaptive way.

One caregiver mentioned that

“When I ask him to do something, he doesn’t want to do it. He never tries to understand that I am telling him for her recovery. Instead he became angry. At that moment, I avoid him and lifting him go to another room to control myself. After I left he calm down”.

Another caregiver stated that “when I face any conflict with my patient I deny his arguments and blame myself for this situation”.

Theme 4: Impact of caregiver life

In this study, all caregivers informed that because of prolonged care of the patients is having some adverse impacts on their lives (Physical and mental strain). Because every caregiver gives up their dreams and aspirations to fulfill their new role and responsibilities. They can't able to perform their life activities properly due to not getting enough time for caring patient longtime that's why their own needs are being neglected and their quality of life is declining.

Sub theme 1: Physical strain

Most of the caregivers reported that in this study that long-term care of their stroke patients, has resulted in a variety of physical problems. They don't get enough time for their self-care. For this reason, they are seen to face various physical problems.

One caregiver stated that

“I have to pick up the patient and put him back. Because of his heavy weight, I have back and knee pain when I try to lift him. I can't enough sleep at night. Because even at night he has to be taken to the bathroom. If he needs something at night, then I have to help him. I can't sleep at night because of worries about him. Because of I feel very tired and restless”. (All caregivers stated the same thing in the study).

Another caregiver stated that “I can't eat in time that's why I feel very weak most of the time”.

Sub theme 2: Mental strain

Every caregiver informed that mental stress is a common issue for them because of their patient's condition.

One caregiver stated that

“Due to the condition of the patient, I have to take care and maintain of everything of my family”. It is becoming very difficult for me to care my family and my patients. I'm struggling financially as he cannot work anymore. For these reasons I have to be under a lot of pressure and stress. Because of the stress I forget many important things.

Another caregiver stated that

“I feel very frustrated and depressed when I see him lying in bed without doing anything like this”. Now I have to stay at home with him. I can't not leave him anywhere even if I want to go anywhere. I have to sacrifice my dreams and my aspiration after his stroke. In fact, life is very annoying and boring now to me.

Sub theme 3: Role strain

Every caregiver informed that in this study caregiving is totally a new role for them. They can't maintain their role balance properly because the patient can't do anything on his own. So in every work they have to support to the patient. That's why this has created an adverse effect on their lives and their roll balance.

One caregiver stated that

“I can't get enough time to eat, sleep and self-care and leisure & can't go to any family event leaving him alone at home. My own needs are neglected. For these reason my life satisfaction I decreasing”. (All caregivers stated that they experienced the same thing).

CHAPTER V: Discussion

The present study is intended to find the exact situation of interpersonal relations related with behavior, communication and emotional aspects between stroke survivors and their caregivers. Moreover, this study also aimed to know the way of cope with this communication gap between stroke survivors and caregivers. The impact of caregivers' life due to negative interpersonal relations was also revealed from this study. In this study, the experiences of interpersonal relations between stroke survivors and primary caregivers in the context of staying at own living arrangement during taking institutional-based rehabilitation service. Twelve caregivers participated in the study who were continued care for more than two months in the similar setting. Four primary theme and additional nine sub-theme emerged: personality changes, emotional lability, verbal communication, non-verbal communication, adaptive coping strategy, maladaptive coping strategy, physical strain, mental strain and role strain. The first theme was challenges regarding interpersonal behavioral and emotional relationship. Most of the caregivers stated that they have found significant emotional and behavioral change in person with stroke survivors. They are easily out busted in anger, it seemed their personality has changed after stroke. This kind of behavior often affect the emotional attachment with their patient. lack of self-control, forgetfulness, carelessness, effortlessness. In this study most of the caregiver informed that there have been some emotional changes in the patient since the stroke (emotional disturbance, mood disorder) that's why they feel little bit trouble to connect emotionally with their patients. There have been some significant changes in the communicational relationship among stroke survivors and their family caregivers. In this study most of the caregivers

ensured that they communicated with their patient's in two ways (verbal and nonverbal) before stroke. But in present each caregiver has trouble and requires little effort to communicate with their patients because of changing personality after stroke (Not responsive, sudden emotional, not repeat words, not able to express feelings properly). An important pathway by which relationships influence health may involve how people cope with interpersonal tensions (Birditt et al.,2014). Few caregivers told that they cope with their patients in positive way that is called adaptive coping strategy. Some caregiver told that they cope with their patient's in negative or maladaptive way. Adaptive (Agree with argument, accepting the situation, self-control, equanimity) and maladaptive (Denial, blaming, avoidance) others coping strategy are seen in this study when both caregivers and their stroke survivors faces any difficulties with them. In this study, all caregivers informed that because of prolonged care of the patients is having some adverse impacts on their lives (Physical and mental strain). Because every caregiver gives up their dreams and aspirations to fulfill their new role and responsibilities. They can't able to perform their life activities properly due to not getting enough time for caring patient longtime that's why their own needs are being neglected and their quality of life is declining. In the phenomenological study of Utaisang 2021, it was found that the caregivers experienced fatigue as physical strain due to burden of bearing new life roles, uncertainty and anxiety of unanticipated life events. Tong and X found from an extensive literature review found that caregiver experienced both positive and negative phenomenon which have significant impact on their physical, mental and social health standard. Kongkar et al. 2019 found that caregiving burden was related low quality of life of the caregivers of person with stroke. Ye 20116 found that caregivers often experience emotional stress due to personality changes, high caring demand and loss of supportive relations of stroke survivors. Yu, HU, Efrid and McCoy

found that the caregiver who adapted positive coping strategies, they have better health related quality of life.

A good interpersonal relationship between stroke survivors and their primary caregivers helps to reduce the burden in their life, and increases their quality of life and their life satisfaction. This has important implications for occupational therapy practice. A family-centered approach to individuals following a stroke can be guided through knowledge of activity changes and their effects on younger family caregivers (Gbiri et al., 2015). A better understanding of stroke survivors and their family caregiver's experiences can enable occupational therapists to develop strategies that reduce stroke survivors and their caregivers burden, promote social participation and enhance health for the stroke survivor and their caregiver and the entire family by awareness, management, occupational training, counseling and education etc. If caregivers are maintaining their own health, they are more likely to continue assisting family members who survive strokes. As well as Occupational therapists can ensure a successful rehabilitation program.

CHAPTER VI: Conclusion

6.1: Strength and Limitation

Strength

The researcher usually went to three times to the participant's form whom the researcher got the information i) field test, ii) during main data collection iii) after finishing the translation that's why the researcher was able to make the good relationship with the survivors and their caregivers which helped to provide the exact information what they were facing. It helped to maintain the accuracy of the information and to find the researcher's translation similarities with the information provided by the participants, which gives more authenticity, accuracy and validity to the research data.

Limitation

To make a successful research it may be time consuming. As I got short period of time to complete the research. The researcher has to take small sample size that was 12. if the large number of sample size was taken, it would be more effective.

- The study limitation includes a small sample size of twelve participants, which does not represent the total experience of interpersonal relationship among stroke survivors and their primary caregivers in Bangladesh.
- It is a new study of Bangladesh so there were no available studies on the same issue, for that there was found limited evidence-based information.

- The researcher included the participants from CRP and Savar community. The sample collection place was limited. If the researcher included more place the result would be more resourceful.

6.2: Practice Implication

This study is important for occupational therapist. If maintaining the good interpersonal relationship among stroke survivors and their family caregivers this help to facilitate the patient's recovery and reduce the caregiver stress and their life satisfaction. Family education is the vital treatment process for the occupational therapist. If the therapist is able to know about interpersonal relationship challenges among stroke survivors and their family caregivers, they can give family education properly for maintaining the good interpersonal relationship which helps to reduce difficulties.

Recommendation for future practice and research

After conducting the study, researcher would like to provide some recommendation for the future and research.

- It is highly recommended to take more samples with adequate time to solve the recent problem areas for better result and perspective and also take both caregivers and their stroke survivors for comparing the both opinion and their experience.
- In future research of the area, should be included the mixed method, which might be more resourceful study.
- Intervention study to improve caregiver's health need to be undertaken.

6.3: Conclusion

In Bangladeshi perspective, family members have to maintain major care-giving responsibilities of their patients and also have to manage their responsibilities. After stroke, caregiving is totally new role for the family members for caring his/her patient. Because of caregivers have to care and help their patients in every activity. It often impacts their daily life and overall quality of life. For this reason, both caregivers and their stroke survivors face challenges to maintain their interpersonal relationship. The study has been conducted to explore the challenges in interpersonal relationship among stroke survivors and their primary caregivers. Their relationship is changing after stroke gradually. They become stuck in behavioral, communicational and emotional relationship with their stroke survivors. They usually don't get enough time to perform their ADL's properly due to high care giving stress. Moreover, they also faced different physical, psychological, family and social problems after having a stroke patient and thus their daily life and quality of life is decline greatly.

As occupational therapist has significant role in promoting health well-being and wellness of both stroke survivors and their primary caregiver, this study would be beneficial for implementing the role in more effectively and efficiently.

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APPENDICES

Appendix A Ethical Approval



বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)

(The Academic Institute of CRP)

Ref:

CRP/BHPI/IRB/11/2021/526

Date:

15/11/2021

To
Piyas Saha
4th Year B.Sc. in Occupational Therapy
Session: 2016-2017, Student's ID: 122160226
BHPI, CRP, Savar, Dhaka- 1343, Bangladesh

Subject: Approval of the thesis proposal “**Interpersonal relationship among stroke survivors and their primary caregivers: Perspective of caregivers**” by ethics committee.

Dear Piyas Saha,
Congratulations.

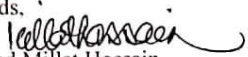
The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned dissertation, with yourself, as the principal investigator and Shamima Akter as thesis supervisor. The following documents have been reviewed and approved:

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

The purpose of the study is to understand and explore interpersonal relationship among stroke survivors and their primary caregivers from caregiver's perspectives. The study involves use of a self-developed Interview Questions that may take 20-30 minutes to explore the interpersonal relationship experience among stroke survivors and their family caregivers. Participants may not have any direct benefit by participating in this research, but their valuable participants is likely to help the researcher finding out more about existing situation and interpersonal relationship experience among stroke survivors and their primary caregivers. The members of the Ethics Committee have approved the study to be conducted in the presented form at the meeting held at 9:15 AM on 15th September, 2021 at BHPI 29th 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 accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,


Muhammad Millat Hossain
Associate Professor, Dept. of Rehabilitation Science
Member Secretary, Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Permission letter for collecting data

Date: 19/01/22

To

The Head of the Department

Department of Occupational Therapy

Bangladesh Health Profession's Institute (BHPI)

CRP, Savar, Dhaka-1343, Bangladesh

Subject: Prayer for seeking permission for the data collection.

Sir,

I beg most respectfully to state that I am a student of 4th year B.sc in Occupational Therapy Department. According to my course curriculum I have to conduct a research and research title is "Interpersonal relationship among stroke survivor and their primary caregivers. For conducting this research, I need to collect data from the stroke patients and their primary caregivers who come for getting Occupational Therapy service from Neuro unit and admitted to the Savar,CRP and receiving services from the Occupational Therapy Department. .

I therefore, pray and hope that you would be kind enough to grant me the permission for collecting data and oblige thereby.

Sincerely yours

Piyas Saha

Piyas Saha

4th year B.sc in Occupational Therapy

Session:2016-2017

Student ID:122160226

Bangladesh Health Profession Institute (BHPI)

CRP, Savar, Dhaka-1343, Bangladesh

*Forwented for your kind
consideration to allow collecting
the data for conduct my
re search.*

SK. Moniruzzaman
19/01/2022
Associate Professor & Head
Dept. of Occupational Therapy
BHPI, CRP, Savar, Dhaka-1343

Appendix B:

Informed Consent Form

Title: Interpersonal relationship among stroke survivors and their primary caregivers.

Investigator: Piyas Saha, Student of B.Sc. in Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP- Savar, Dhaka- 1343

Place: The study will be conducted in the community setting. (Savar, Dhaka).

Part I: Information Sheet

1.Introduction

I am Piyas Saha, under medicine faculty of Dhaka University I am continue my 4th year (session 2016-2017) B.Sc. in Occupational Therapy of Bangladesh Health Professions Institute (BHPI). A thesis work must be conduct to complete the B.Sc. course from BHPI. This thesis work is conducted under thesis supervisor, Shamima Akter. By this information sheet investigator presented details information about the study purpose, data collection process, ethical issues. If you are interested to participate in this study, then clear information about the study help you to easily make decision. Now you do not have to decide whether or not you will participate in the research. Before you decide, you can talk to your relatives, Friends or anyone you feel comfortable with about the research. If this consent form contains some words that you do not understand, please ask me to stop. I will take time to explain. Information about the study participants will kept confidential and the aim of the study will be informed to the participants. If you cannot understand any part of the investigation, Investigator will help you to understood.

Background and Purpose of the study

In this study the stroke patients and their primary caregiver are invited who are receiving and have received rehabilitation service from Centre for The Rehabilitation of the Paralyzed and caregiver who provided care to the stroke survivors at least for 2 months and who are continuing providing care at home. You are also invited according

to this part to participate in this study. The aim of the study is to explore the interpersonal relationship among stroke survivors and their primary caregivers. This research will help an occupational therapist to know the experience of stroke survivors and their primary caregiver about interpersonal relationship challenges and how it will influence the life of the patients and caregiver. Both stroke survivors and their primary caregivers will get appropriate family education (which is a vital part of occupational therapy session) from an occupational therapist.

We think, it will be helpful to fill-up the purpose of this study by your effective participate. It will make the service more effective & also compare the service with expected outcome.

Research related information

The research related information will be discussed with you throughout the information sheet before taking your signature on consent form After that participants will be asked to complete a self-develop questions which may need 40-50 minutes to fill. If you ensure to participate in this study, then you are given a copy of consent form. Next time, a member of this study will go to collect the data from you. According to your preferable time he will collect those data by asking some questions. You can withdraw your participation at any time from this study without showing any excuse. With regard to your involvement in the research project, or after the decision to withdraw the participation, you will not be affected by your medical condition during the CRP, your relationship with doctors, your relationship with occupational therapists or the relationship with the CRP partner organization. The data collection period will be one month followed by the date of approval. The information recorded is confidential, your name is not being included on the forms, only a number will identify you, and no one else except Shamima Akter, Supervisor of the study will have access to this survey. The survey questions will be distributed and collected by Piyas Saha.

Voluntary Participation

The choice that you make will have no effect on your job or on any work-related evaluation or reports. You can change your mind at any time of the data collection process even throughout the study period. You have also right to refuse your participation even if you agreed earlier.

Right to Refuse or Withdraw

I will give you an opportunity at the end of the interview to review your remarks, and you can ask to modify or remove portions of those, if you do not agree with my notes or if I did not understand you correctly.

Risks and benefits

We are asking to share some personal and confidential information, and you may feel uncomfortable talking about some of the topics. You do not need to answer any question or take part in the discussion/ interview/survey if you don't wish to do so, and that is also okay. You do not have to give us any reason for not responding to any question, or for refusing to take part in the interview. Participants will not get any kind of financial benefit from this study. On the other hand, you may not have any direct benefit by participating in this research, but your valuable participation is likely to help us finding out more about existing situation and interpersonal relationship experience among stroke survivors and their primary caregivers.

Confidentiality

Information about you will not be shared to anyone outside of the research team. The information that we collect from this research project will be kept private. Any information about you will have a number on it instead of your name. Only the researchers will know what your number is and we will lock that information up with a lock and key. Investigator expect that, the results from the study will be presented in different congress. In any type of publication and presentation information will be presented in a way so that without your agreement no one can not able to identify you. At first, data and information will be collected through paper. Findings from the information will be published by data analysis without name.

Information about publication of the study findings

The findings from this study will be published in social site, web site, conference and journal.

Participants Wages

Participants will not get any wages for participating in this study

Source of money for this study

All money that will be needed for this study will collected from investigator own source. This study will be conduct in a small range and any external source is not available for this research

Sharing the Results

The knowledge that we get from this research will be shared with you before it is made widely available to the public. Each participant will receive a summary of the results. There will also be small presentation and these will be announced. Following the presentations, we will publish the results so that other interested people may learn from the research.

Who to Contact

If you have any questions, you can ask me now or later. If you wish to ask questions later, you may contact any of the following: Piyas Saha, Bachelor science in Occupational Therapy, Department of Occupational Therapy, e-mail: piyas0170@gmail.com, Cell phone- 01703788664. This proposal has been reviewed and approved by Institutional Review Board (IRB), Bangladesh Health Professions Institute (BHPI), CRP-Savar, Dhaka-1343, Bangladesh, which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find about more about the IRB, contact Bangladesh Health Professions Institute (BHPI), CRP-Savar, Dhaka-1343, Bangladesh. You can ask me any more questions about any part of the research study, if you wish to. Do you have any questions?

Can you withdraw from this study?

You can cancel any information collected for this research project at any time. After the cancellation, we expect permission from the information whether it can be used or not.

Certificate of Consent

Statement by Participants

I have been invited to participate in research about “**Interpersonal relationship among stroke survivors and their primary caregivers**”.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study

Name of Participant _____

Signature _____ of _____ Participant _____ Date _____

Statement by the researcher taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. All information will be used for research.
2. The information will be completely confidential.
3. The identity of the participant will not reveal.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.

Name of Researcher taking the consent _____

Signature of Researcher taking the consent _____

Date _____

Information sheet and Consent form (Bangla)
বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)
অকুপেশনাল থেরাপি বিভাগ
 সিআরপি-চাপাইন,সাভার,ঢাকা--১৩৪৩
অংশগ্রহণকারীর তথ্য এবং সম্মতিপত্র

গবেষণার বিষয়: স্ট্রোকে আক্রান্ত রোগী এবং তাদের প্রাথমিক পরিচর্যািকারীদের মধ্যে পারস্পারিক সম্পর্ক।

গবেষক: পিয়াস সাহা, বি.এস.সি ইন অকুপেশনাল থেরাপি (৪র্থ বর্ষ), সেশন: ২০১৬-২০১৭ ইং, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই), সাভার, ঢাকা- ১৩৪৩

গবেষণার স্থান: সাভার, এলাকা, ঢাকা ।

ভূমিকা

আমি পিয়াস সাহা, ঢাকা বিশ্ববিদ্যালয়ের মেডিসিন অনুষদের অধীনে বাংলাদেশ হেলথ প্রফেশনাল ইনস্টিটিউটের (বিএইচপিআই) বি.এস.সি.ইন অকুপেশনাল থেরাপি বিভাগে ৪র্থ বর্ষের ছাত্র হিসেবে স্নাতক শিক্ষা-কার্যক্রমে (২০১৬-২০১৭ ইং) সেশনে অধ্যয়নরত আছি । বিএইচপিআই থেকে বি.এস.সি ইন অকুপেশনাল থেরাপি শিক্ষা-কার্যক্রমটি সম্পন্ন করার লক্ষ্যে একটি গবেষণা প্রকল্প পরিচালনা করা বাধ্যতামূলক। এই থিসিস কাজটি থিসিস সুপারভাইজার শামীমা আক্তারের অধীনে পরিচালিত হবে। এই তথ্য শীট দ্বারা তদন্তকারী অধ্যয়নের উদ্দেশ্য, তথ্য সংগ্রহ প্রক্রিয়া, নৈতিক সমস্যা সম্পর্কে বিস্তারিত তথ্য উপস্থাপন করা হয়েছে। আপনি যদি এই গবেষণায় অংশগ্রহণ করতে আগ্রহী হন, তাহলে অধ্যয়ন সম্পর্কে স্পষ্ট তথ্য আপনাকে সহজেই সিদ্ধান্ত নিতে সাহায্য করবে। এখন আপনাকে সিদ্ধান্ত নিতে হবে না যে আপনি গবেষণায় অংশগ্রহণ করবেন কি না। আপনি সিদ্ধান্ত নেওয়ার আগে, আপনি আপনার আত্মীয়স্বজন, বন্ধুবান্ধব বা যার সাথে আপনি স্বাচ্ছন্দ্য বোধ করেন তাদের সাথে গবেষণা সম্পর্কে কথা বলতে পারেন। যদি এই সম্মতি ফর্মে এমন কিছু শব্দ থাকে যা আপনি বুঝতে পারেন না, দয়া করে আমাকে থামতে বলুন। আমি ব্যাখ্যা করতে সময় নেব। অধ্যয়নের অংশগ্রহণকারীদের সম্পর্কে তথ্য গোপন রাখা হবে এবং অধ্যয়নের লক্ষ্য অংশগ্রহণকারীদের জানানো হবে। আপনি তদন্তের কোন অংশ বুঝতে না পারলে, তদন্তকারী আপনাকে বুঝতে সাহায্য করবে।

অধ্যয়নের পটভূমি এবং উদ্দেশ্য

এই গবেষণায় স্ট্রোক রোগীদের এবং তাদের প্রাথমিক পরিচর্যাদাতাদের আমন্ত্রণ জানানো হয়েছে যারা পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্র থেকে পুনর্বাসন পরিষেবা গ্রহণ করছেন এবং যারা স্ট্রোকে আক্রান্ত রোগীদের কমপক্ষে 2 মাস ধরে যত্ন প্রদান করেছেন এবং যারা বাড়িতে যত্ন প্রদান চালিয়ে যাচ্ছেন। আপনাকেও এই অংশ অনুসারে এই গবেষণায় অংশগ্রহণের জন্য আমন্ত্রণ জানানো হচ্ছে। অধ্যয়নের লক্ষ্য হল স্ট্রোকে আক্রান্ত রোগী এবং তাদের প্রাথমিক যত্নশীলদের মধ্যে পারস্পরিক সম্পর্ক অন্বেষণ করা। এই গবেষণা একজন অকুপেশনাল থেরাপিস্টকে স্ট্রোকে আক্রান্ত রোগী এবং তাদের প্রাথমিক পরিচর্যাদাতার মধ্যে পারস্পরিক সম্পর্কের অভিজ্ঞতা জানতে সাহায্য করবে এবং কীভাবে এটি রোগীদের ও যত্নশীলদের জীবনকে প্রভাবিত করে। স্ট্রোকে আক্রান্ত রোগী এবং তাদের প্রাথমিক পরিচর্যাকারী উভয়ই একজন পেশাগত থেরাপিস্টের কাছ থেকে উপযুক্ত পারিবারিক শিক্ষা (যা অকুপেশনাল থেরাপি সেশনের একটি গুরুত্বপূর্ণ অংশ) পাবে। আমরা মনে করি, আপনার কার্যকর অংশগ্রহণের মাধ্যমে এই অধ্যয়নের উদ্দেশ্য পূরণ করা সহায়ক হবে। এটি সেবা কার্যক্রমকে আরও কার্যকর করবে এবং সেবা কার্যক্রম থেকে প্রত্যাশিত ফলাফল পেতে সাহায্য করবে।

গবেষণা সম্পর্কিত তথ্য

সম্মতি ফর্মে আপনার স্বাক্ষর নেওয়ার আগে তথ্য পত্রে গবেষণা সম্পর্কিত তথ্য আপনার সাথে আলোচনা করা হবে তারপরে অংশগ্রহণকারীদের একটি স্ব-উন্নত প্রশ্নগুলি সম্পূর্ণ করতে বলা হবে যা পূরণ করতে 30-40 মিনিট সময় লাগতে পারে। আপনি যদি এই গবেষণায় অংশগ্রহণ নিশ্চিত করেন, তাহলে আপনাকে সম্মতি ফর্মের একটি অনুলিপি দেওয়া হবে। পরের বার, এই গবেষণার একজন সদস্য আপনার কাছ থেকে ডেটা সংগ্রহ করতে যাবেন। আপনার পছন্দের সময় অনুসারে তিনি কিছু প্রশ্ন জিজ্ঞাসা করে সেই ডেটা সংগ্রহ করবেন। আপনি কোনো অজুহাত না দেখিয়ে এই গবেষণা থেকে যেকোনো সময় আপনার অংশগ্রহণ প্রত্যাহার করতে পারেন। গবেষণা প্রকল্পে আপনার জড়িত থাকার বিষয়ে, অথবা অংশগ্রহণ প্রত্যাহার করার পরে, ডাক্তারদের সাথে, পেশাগত থেরাপিস্ট সাথে আপনার সম্পর্ক বা সিআরপি অংশীদার সংস্থার সাথে সম্পর্ক প্রভাবিত হবে না। তথ্য সংগ্রহের সময়কাল অনুমোদনের তারিখ অনুসরণ করে এক মাস হবে। রেকর্ড করা তথ্য গোপনীয়, আপনার নাম ফর্মগুলিতে অন্তর্ভুক্ত করা হচ্ছে না, শুধুমাত্র একটি নম্বর আপনাকে শনাক্ত করবে, এবং অধ্যয়নের তত্ত্বাবধায়ক শামিমা আক্তার ছাড়া অন্য কেউ এই সমীক্ষায় অ্যাক্সেস পাবেন না। জরিপের প্রশ্ন বিতরণ ও সংগ্রহ করবেন পিয়াস সাহা।

স্বেচ্ছায় অংশগ্রহণ

আপনি যে পছন্দটি করবেন তা আপনার চাকরি বা কাজের সাথে সম্পর্কিত যেকোন মূল্যায়ন বা প্রতিবেদনের উপর কোন প্রভাব ফেলবে না। আপনি ডেটা সংগ্রহের প্রক্রিয়ার যেকোনো সময় এমনকি পুরো অধ্যয়নের সময়কালে আপনার মন পরিবর্তন করতে পারেন। আপনি আগে সম্মত হলেও আপনার অংশগ্রহণ প্রত্যাখ্যান করার অধিকারও রয়েছে।

প্রত্যাখ্যান বা প্রত্যাহার করার অধিকার

সাক্ষাৎকারের শেষে আমি আপনাকে আপনার মন্তব্যগুলি পর্যালোচনা করার একটি সুযোগ দেব, এবং আপনি যদি আমার নোটগুলির সাথে একমত না হন বা আমি আপনাকে সঠিকভাবে বুঝতে না পারি তবে আপনি সেগুলির কিছু অংশ সংশোধন বা অপসারণ করতে বলতে পারেন।

অংশগ্রহণের সুবিধা ও ঝুঁকিসমূহ

গবেষণা প্রকল্পটিতে অংশগ্রহণের জন্য আপনি সরাসরি কোন সুবিধা পাবেননা এবং গবেষণা প্রকল্পটি চলাকালীন সময়ে আপনার কিছু ব্যক্তিগত প্রশ্নের উত্তর দিতে হতে পারে যার কারণে আপনি অতল্হ্য অপ্রস্তুত বোধ করতে পারেন। তবে আমরা আশাবাদী যে, গবেষণার মাধ্যমে প্রাপ্ত উপাত্ত পরবর্তীতে চিকিৎসা কার্যক্রমকে আরো গতিশীল করতে সাহায্য করবে। এখানে সংশ্লিষ্ট গবেষণায় অংশগ্রহণে কোন ধরনের বাড়তি ঝুঁকি, বিপত্তি অথবা অস্বস্তি নেই বলে আশা করা যাচ্ছে। আর্থিক কোনো সাহায্য পাওয়া যাবে না।

আপনারা সরাসরি উপকৃত না হলেও আপনাদের অংশগ্রহণের মাধ্যমে এই রিসার্চের বিষয়টি অর্থাৎ স্ট্রোক আক্রান্ত ব্যক্তি ও তাদের পরিচর্যাকারীদের মধ্যকার সম্পর্কের অভিজ্ঞতা তুলে ধরতে পারবো যেটা পরবর্তীতে স্ট্রোক রোগীর ও পরিচর্যাকারীর সম্পর্ক ভাল রাখতে সাহায্য করবে।

গোপনীয়তা

আপনার সম্পর্কে যে তথ্য নেওয়া হবে সেটা গবেষণা দলের বাইরে কারো সাথে শেয়ার করা যাবে না। এই গবেষণা প্রকল্প থেকে আমরা যে তথ্য সংগ্রহ করি তা গোপন রাখা হবে। আপনার সম্পর্কে যেকোনো তথ্যে আপনার নামের পরিবর্তে একটি নম্বর ব্যবহার করা হবে। শুধুমাত্র গবেষকরা জানতে পারবেন আপনার নম্বরটি কী এবং আমরা সেই তথ্যটিকে সম্পূর্ণ গোপনীয় রাখবো। তদন্তকারী আশা করছেন, গবেষণার ফলাফল বিভিন্ন কংগ্রেসে উপস্থাপন করা হবে। যেকোনো ধরনের প্রকাশনা এবং উপস্থাপনায় তথ্য এমনভাবে উপস্থাপন করা হবে যাতে আপনার সম্মতি ছাড়া কেউ আপনাকে সনাক্ত করতে না পারে। প্রথমে কাগজের মাধ্যমে তথ্য-উপাত্ত সংগ্রহ করা হবে। অংশগ্রহণকারীদের নাম ছাড়াই তথ্য বিশ্লেষণ করে প্রকাশ করা হবে।

গবেষণার ফলাফল প্রকাশের তথ্য

এই গবেষণার ফলাফলগুলি সামাজিক সাইট, ওয়েব সাইট, সম্মেলন এবং জার্নালে প্রকাশিত হবে।

অংশগ্রহণকারীদের মজুরি

অংশগ্রহণকারীরা এই গবেষণায় অংশগ্রহণের জন্য কোনো মজুরি পাবেন না।

গবেষণার জন্য অর্থের উৎস

এই গবেষণার জন্য প্রয়োজনীয় সমস্ত অর্থ তদন্তকারীর নিজস্ব উৎস থেকে সংগ্রহ করা হবে। এই গবেষণাটি একটি ছোট পরিসরে পরিচালনা করা হবে এবং এই গবেষণার জন্য কোনও বাহ্যিক উৎস উপলব্ধ নেই।

ফলাফল শেয়ার

এই গবেষণা থেকে আমরা যে জ্ঞান পাবো তা জনসাধারণের কাছে ব্যাপকভাবে উপলব্ধ করার আগে আপনার সাথে ভাগ করা হবে। প্রতিটি অংশগ্রহণকারী ফলাফলের সারসংক্ষেপ পাবেন। এছাড়াও ছোট উপস্থাপনা হবে এবং এই ঘোষণা করা হবে। উপস্থাপনাগুলি অনুসরণ করে, আমরা ফলাফলগুলি প্রকাশ করবো যাতে অন্যান্য আগ্রহী ব্যক্তির গবেষণা থেকে শিখতে পারে।

গবেষণা সম্পর্কে জানতে কোথায় যোগাযোগ করতে হবে

গবেষণা প্রকল্পটির বিষয়ে যোগাযোগ করতে চাইলে অথবা গবেষণা প্রকল্পটির সম্পর্কে কোন প্রশ্ন থাকলে, এখন অথবা পরবর্তীতে যে কোন সময়ে তা জিজ্ঞাসা করা যাবে। এই গবেষণা প্রকল্পটি বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট, সাভারের প্রাতিষ্ঠানিক নৈতিকতা পরিষদ থেকে পর্যালোচিত ও অনুমোদিত হয়েছে। এই গবেষণা প্রকল্প পরিচালনা প্রসঙ্গে যেকোন উদ্বিগ্ন অথবা অভিযোগকারী ব্যক্তি প্রাতিষ্ঠানিক নৈতিকতা পরিষদের সাথে যোগাযোগ করতে পারবেন। এছাড়াও আপনি গবেষক এবং গবেষণার তত্ত্বাবধায়কের সাথে যোগাযোগ করতে পারেন।

গবেষক: পিয়াস সাহা

ফোন নং: ০১৭০৩৭৮৮৬৬৪

ই-মেইল: piyas0170@gmail.com

গবেষণা থেকে নিজেকে প্রত্যাহার করা যাবে কি

আপনি সম্মতি প্রদান করা সত্ত্বেও যেকোনো সময় গবেষককে কোন ব্যাখ্যা প্রদান করা ছাড়াই নিজের অংশগ্রহণ প্রত্যাহার করতে পারবেন। বাতিল করার পর তথ্য সমূহ কি ব্যবহার করা যাবে কি যাবে না তার অনুমতি অংশগ্রহণকারী প্রত্যাহার পত্রে (শুধুমাত্র স্বৈচ্ছায় প্রত্যাহারকারীর জন্য প্রযোজ্য) উল্লেখ করা থাকবে।

অংশগ্রহণকারীর প্রত্যাহারপত্র

(শুধুমাত্র স্বেচ্ছায় প্রত্যাহারকারীর জন্য প্রযোজ্য)

অংশগ্রহণকারীর নামঃ

প্রত্যাহার করার কারণঃ

নিরক্ষর যদি হয়:

অংশগ্রহণকারীর আঙুলের ছাপ :

সম্মতি পত্র

“স্ট্রোকে আক্রান্ত রোগী এবং তাদের প্রাথমিক পরিচর্যাকারীদের মধ্যে পারস্পারিক সম্পর্ক” শীর্ষক গবেষণায় অংশগ্রহণের জন্য আমাকে আমন্ত্রন জানানো হয়েছে। আমি পূর্বলিখিত তথ্য পত্রটি পড়েছি বা এটা আমাকে পড়ে শোনানো হয়েছে। এই বিষয়ে আমার প্রশ্ন জিজ্ঞাসা করার সুযোগ ছিল এবং যে কোন প্রশ্নের আমি সন্তুষ্টজনক উত্তর পেয়েছি। এই গবেষণায় একজন অংশগ্রহণকারী হবার জন্য আমি স্বেচ্ছায় সম্মতি দিচ্ছি।

অংশগ্রহণকারীর নামঃ

অংশগ্রহণকারীর স্বাক্ষরঃ

তারিখ:

নিরক্ষর যদি হয়:

অংশগ্রহণকারীর আঙুলের ছাপ

গবেষক ও সম্মতিকারীর বিবৃতি:

আমি অংশগ্রহনকারীকে অংশগ্রহনকারীর তথ্যপত্রটি পড়ে শুনিয়েছি এবং আমার সর্বোচ্চ সামর্থ অনুযায়ী নিশ্চিত করেছি যে, অংশগ্রহনকারীর বোধগম্য হয়েছে যে, নিম্নোক্ত বিষয়সমূহ করা হবে।

- ১) সকল তথ্য গবেষণার কাজে ব্যবহৃত হবে।
- ২) তথ্যসমূহ সম্পূর্ণভাবে গোপনীয় করা হবে।
- ৩) অংশগ্রহনকারীর নাম ও পরিচয় প্রকাশ করা হবে না।

আমি নিশ্চিত করেছি যে, এই বিষয় সম্পর্কে অংশগ্রহনকারীকে প্রশ্ন জিজ্ঞাসা করার সুযোগ দেয়া হয়েছে

এবং অংশগ্রহনকারী যে সকল প্রশ্ন জিজ্ঞাসা আমার সর্বোচ্চ সামর্থ অনুযায়ী, সেগুলোর সঠিক উত্তর প্রদান

করা সম্ভব হয়েছে। আমি নিশ্চিত করেছি যে, কোন ব্যক্তিকে সম্মতি দান করতে বাধ্য করা হয়নি। তিনি অবাধে অথবা স্বেচ্ছায় সম্মতি দিয়েছেন। অংশগ্রহনকারীকে অংশগ্রহনকারীর তথ্য ও সম্মতিপত্রের একটি অনুলিপি দেওয়া হয়েছে।

গবেষকের নাম:

গবেষকের স্বাক্ষর :

তারিখ:

অংশগ্রহনকারীর স্বাক্ষর :

তারিখ:

Interview question: Bangla

পরিচর্যাকারীর জন্য সামাজিক - জনসংখ্যার তথ্য

বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)

অকুপেশনাল থেরাপি বিভাগ

সিআরপি-চাপাইন,সাভার,ঢাকা—১৩৪৩

পরিচর্যাকারীর নামঃ

তারিখঃ

বয়সঃ

লিঙ্গঃ

- পুরুষ
- মহিলা

শিক্ষাগত যোগ্যতাঃ

রোগীর সাথে সম্পর্কঃ

বর্তমান পেশাঃ

মোবাইল নাম্বারঃ

রোগীর জন্য সামাজিক - জনসংখ্যার তথ্য

রোগীর নামঃ

বয়সঃ

তারিখঃ

লিঙ্গঃ

- পুরুষ
- মহিলা

শিক্ষাগত যোগ্যতাঃ

স্ট্রাকের ধরণঃ

মোবাইল নাম্বারঃ

পরিচর্যাকারীদের জন্য প্রশ্নাবলী

১)স্ট্রোকে আক্রান্ত হওয়ার পর আপনি কিভাবে আপনার রোগীকে সহযোগিতা করে যাচ্ছেন এবং দিনে কতক্ষন তার দেখাশোনা করে থাকেন? ব্যাখ্যা করুন।

২)আপনার ও রোগীর মধ্যকার সম্পর্ক এখন কেমন চলছে? ব্যাখ্যা করুন।

৩)রোগীকে দীর্ঘক্ষন ধরে দেখাশোনা করার ফলে আপনার দৈনন্দিন জীবনে কোন বিরূপ প্রভাব পড়ছে কিনা? হ্যাঁ হলে ব্যাখ্যা করুন।

৪)স্ট্রোকের কারণে আপনাদের মধ্যে সম্পর্কের কোন পরিবর্তন হয়েছে কিনা? হ্যাঁ বলে ব্যাখ্যা করুন।

৫)রোগীর সাথে কোন ধরনের দ্বন্দ্ব সন্মুখীন হলে কিভাবে সেটা সমাধান করেন? নিজ ভাষায় ব্যাখ্যা করুন।

৬)আপনি কি আপনার রোগীর ব্যবহারবিধির উপর সন্তুষ্ট কিনা? হ্যাঁ বলে ব্যাখ্যা করুন না হলে কোন ধরনের সহায়তা আশা করেন সেটাও বর্ণনা করুন।