

UNIVERSITY OF MALAWI

KAMUZU COLLEGE OF NURSING

**PERCEIVED NEEDS OF STROKE SURVIVORS AT KAMUZU CENTRAL
HOSPITAL IN LILOGWE DISTRICT**

A Research Proposal Submitted to the Faculty of Nursing in Partial Fulfillment of
Bachelors of Science Degree in Nursing

BY

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July 2010.

DECLARATION

I Witness Chimseu, hereby declare that this proposal is a result of my work. It has not been presented for a degree anywhere.

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Finally, I am thankful to the Almighty God for keeping me safe and guiding me to this day. He deserves all the praises.

SUMMARY

Introduction

Stroke is the sudden death of some brain cells caused by lack of oxygen when the blood flow to the brain is impaired by blockage or rupture of an artery in the brain. The two common types of stroke are ischemic and hemorrhagic. Patient's progress during recovery depends on which side of the brain was affected and progress differs from one person to another. This study is about individuals who had stroke and survived (survivors). The purpose of the study is to explore the perceived needs of survivors post-stroke at Kamuzu Central Hospital, physiotherapy department.

BROAD OBJECTIVE

To explore perceived needs of stroke survivors at Kamuzu Central Hospital

METHODOLOGY

The study design to be used is qualitative, where in-depth interviews will be used to solicit information from the participants. A purposive sample of ten participants will be used. The participants in this study will be stroke survivors who have been attending rehabilitation services at KCH in Lilongwe, Malawi for more than four months and are able to speak. An interview schedule will be used for data collection. Data will be collected by the researcher and be recorded through writing and audiotapes to capture all the information from the respondents. The entire data collection will take place over a period of not less than 10 days. Content analysis will be used as a method of data analysis. After data collection, the recorded data tapes and written documents will be stored in a locked cupboard to ensure confidentiality. The data will only be accessible to the researcher. After analysis, the tapes and all the written documents will be kept in a locked cupboard for a maximum period of five years then discarded by burning.

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CHAPTER 1

1.0 Introduction

World-wide stroke is the second leading cause of death. It has major impact on a person's life and can lead to long-term disability necessitating long term care. According to the World Health Organization report (2007), 15 million people suffer from stroke worldwide each year. Approximately 5 million die each year, 5 million are left permanently disabled (American Heart Association, 2000). The wide range of disability faced by stroke survivors predisposes them to variable dependence on others in order to live a normal life. In Africa the incidence of stroke is increasing as the population is undergoing (Raymond, Sachs, Leeder, 2004). 'health transition'. It is also believed that stroke and its associated disability are on the rise in many developing countries and it is projected that stroke might be the 5th leading cause of disease burden by the year 2020(Raymond, Sachs, Leeder, 2004).

According to the American Heart Association, (2002) it is reported that among the blacks in America stroke is more common and more severe, carrying a higher mortality rate when compared with other races (American Heart Association, 2002). It is also reported that stroke has left many in need of help with the daily activities of living. As such, they are dependent on others and they are unable to meet individual needs because most caregivers fail to recognize the needs of the survivors' resulting into a delay in patients' recovery (Bradshaw, Groenewald, Laubscher, Nannan, Nojilana, Norman, 2000).

1.1 Background

Stroke is a major cause of death and disability and the risk of stroke increases with age (Lamb, Buchanan, Godfrey, Harrison and Oakley, 2008). It is further stated that most individuals are often left with some form of permanent disability. Patterns of care have focused on functional recovery and physical rehabilitation. Less attention has been given to the psychosocial, spiritual experience and needs of an individual who are recovering from stroke ((Murray and Harrison, 2004). A wide range of issues related to the experience of stroke from the perspective of the patient has been identified in other research literature. These issues include discontinuity with a previous way of life, loss of control, fear of relapse, disruptions in sense of self and experience of time and dependence (American Heart Association, 2000).

In a study done by Kumwenda, Mateyu, Kampondeni, Van Dam, Van Lieshout and Zijlstra, (2002) with an aim of finding the causes of stroke in medical patients where HIV prevalence is high. Results reviewed that irrespective of the patients HIV status ischemic stroke is found in half the number of patients. In a report by Kamuzu Central Hospital (2010) it is indicated that there is an increase in number of patients on rehabilitation due to stroke other than due to other causes (KCH reports 2008-2010).

1.2 Problem Statement

Stroke is a chronic disease and survivors face a lot of challenges when returning to every day life activities post-stroke. The challenges range from physical, social and psychological problems. The disease also leaves them in a state which they are unable to do most activities that they used to do previously, hence they are dependent on others for almost every aspect of their life. As such due to the increase in numbers of stroke survivors at Kamuzu Central Hospital, the researcher would like to find out individual needs of stroke survivors post-stroke because there is little known on perceived needs of stroke survivors at KCH who came for follow up care.

1.3 Significance of the study

The findings of this study will provide a foundation or basis for further research studies. It is also a requirement in the learning process.

1.4 Purpose of the study

The purpose of the study is to identify perceived needs of stroke survivors post-stroke at Kamuzu Central Hospital.

1.5 Specific objectives

To determine patients' knowledge on the causes of stroke

To identify the challenges of patients with stroke

To describe the coping mechanisms that patients use to cope with stroke

To identify individual needs of stroke survivors post-stroke

1.6 DEFINITION OF TERMS

Stroke: The sudden death of some brain cells due to a lack of oxygen when the blood flow to the brain is impaired by blockage or rupture of an artery in the brain.

Survivor: a person who had stoked now recovering

Needs: necessities for life; that which you cannot do without.

Perceived needs: needs as defined by the individual not anyone else

Health transition: Trends of disease patterns in populations

Caregivers: A person who gives physical or emotional care and support to another.

CHAPTER 2

1. LITERATURE REVIEW

In this chapter, the literature that is relevant to the topic reviewed will be described. The following concepts will be discussed: the causes of stroke based on literature, the experiences of stroke survivor's world wide and the needs of stroke survivors as perceived by health providers and caretakers.

1.1. Causes of Stroke Based on Literature

Strokes usually result from one of four events: cerebral thrombosis, cerebral embolism, cerebral ischemia and cerebral hemorrhage (Smeltzer & Bare 2008). As a result brain cells die from lack of oxygen. This leads to temporary or permanent loss of movement, thought, memory, speech, or sensation (Smeltzer & Bare 2008). There are several factors, which can also predispose people to stroke are: hypertension, diabetes, drug abuse, cigarette smoking, old age, use of oral contraceptives and obesity (Smeltzer & Bare 2008).

1.2. Impact of Stroke on Survivors and Caretakers

In a study done by Hafsteinsdottir and Grypdonck (1999) in Netherlands, it was discovered that stroke patients often have clear goals for themselves in relation to functional abilities, against which they measure all success and forward progress in their rehabilitation (Hafsteinsdottir and Grypdonck, 1999). Even though the stroke patient accepts a lower level of functional ability, they are not willing to accept the rehabilitation professionals' prediction of their ultimate functional level if it is lower than their own goal. Furthermore, stroke patients see recovery as a return to the existence they had lived before the stroke, which is different from the health care providers' view (Hafsteinsdottir and Grypdonck, 1999).

Similarly, in a study done by Murry and Lopez (2006), 203 problem areas that patients face were identified. They were categorized into five domains: hospital experience; transfer of care; communication; services; and social and emotional consequences. The largest domain was the social and emotional consequences of stroke, representing 39% of all problem areas. These included problems relating to mood, social changes, attitudes to recovery, and changes in self-perception and relationships.

Service deficiencies', encompassing both health and social care, was the second largest domain, accounting for 29% of the problem areas. The review provides a basis for a user-focused, longer-term stroke service.

According to Dowswell, Lawler, Young, (2009), it was found that stroke survivors go through a lot of psychosocial difficulties which are associated with the stroke. It was revealed that patients and caretakers have a complicated picture of the difficulties faced, in the year following stroke. There are significant difficulties in understanding what is meant by recovery and adjustment. Therefore there is need for a skillful and flexible service for both stroke patients and their caregivers.

In a study done by Olusanjo, Chiebuka and Kehinde (2006) aimed at determining the level of burden among carers of stroke survivors in South-Eastern Nigeria it was revealed that carers of stroke survivors in South-Eastern Nigeria are significantly burdened. Therefore Clinicians managing stroke should go beyond managing the individuals with stroke, to assessing the level of burden in each caregiver and finding strategies to help these individuals minimize or cope with the burden of caring so as to improve care rendered.

In another study done by Connon and Bryer (1995) in South Africa, stroke was found to be the most devastating condition with high levels of disability and case fatality. It was also reported that the cost or economic burden of the disease in terms of its impact on the health service directly and on the individual, family and community are very crucial (Connon and Bryer, 1995).

1.3 Needs of Stroke Survivors as Perceived by Health Providers and Caretakers

One other study was conducted in the United States of America by GrinspunLamb M, Buchanan D, Godfrey CM, Harrison MB & Oakley P. et al (2003). The aim of the study was to identify information needs of stroke survivors and their family members as perceived by themselves and by health professionals. The source of information and the desired source for future information were also explored. The results showed that stroke survivors and their family members' desire information on reducing the development of a new stroke. Stroke survivors and their family members expressed as the most desired source of information from doctors in the hospital.

Health professionals expressed a high level of concern about the amount of information stroke survivors and family members receive; they expressed a substantial need for information about all topics, which should be provided by several sources.

In another undertaken by Vohora (2008), in the United Kingdom whose aim was to facilitate psychological adjustment and to support understanding of the emotions associated with recovery. The group was piloted, and feedback indicated the sharing of experiences was the aspect perceived as the most helpful. The study revealed that it is crucial to address patients' emotional needs following a stroke and attention should be paid to psychological intervention. On the other hand patients reported that finding the opportunity to share experiences with others in similar situations is the most helpful aspect of the stroke group. Patients also reported regaining as much independence as possible as a major goal in recovery, while increased dependence on others following stroke may contribute to feelings of loss of control, 'loss of self' (Murray and Harrison, 2004) and depersonalization. Therefore patients' emotional needs should be identified in a timely manner and attention should be given to psychological intervention to protect against factors that may impede rehabilitation.

Wood, Nuggan, Reed, Harrington (2007), conducted a study on stroke survivors needs in the United Kingdom. The aim of the study was to explore stroke survivors' needs and their perceptions of whether a community stroke scheme met these needs. Results indicated that participants attending the community stroke scheme sought to reconstruct their lives in the aftermath of their stroke. To enable this they needed internal resources of confidence and sense of purpose to 'create their social self', and external resources of 'responsive services' and an 'informal support network', to provide direction and encouragement. Participants felt the community stroke scheme met some of these needs through exercise, goal setting and peer group interaction, which included social support and knowledge acquisition. As such stroke survivors need a variety of internal and external resources so that they can rebuild their lives positively post stroke. A stroke-specific community scheme, based on exercise, life-centered goal setting, peer support and knowledge acquisition, is an external resource that can help with meeting some of the stroke survivor's needs.

1.4. Stroke in Malawi

In Malawi a study was conducted in the medical wards of Queen Elizabeth central hospital (QECH), Blantyre from October 2001 to July 2002 by Kumwenda et al. The study aimed to describe causes of stroke among medical inpatients at the hospital (Kumwenda et al, 2002).

Results indicated that irrespective of the patients HIV status ischemic stroke is found in half the number of patients. However little is known about stroke in Malawi.

SUMMARY OF LITERATURE

In this chapter, literature relevant to the study has been discussed. On the whole, discussions have been centered on the causes of stroke based on literature, the experiences of stroke survivor's worldwide and the needs of stroke survivors as perceived by health providers and caretakers. From the literature studies done have shown that stroke is major global problem. The burden of stroke to the individual, family, community and nation prove that there is need to do something on the problem worldwide. Although a great deal is known about stroke in the high-income countries, very little if anything is known about the burden of stroke in most developing countries. Literature above evidence that efforts are made so as to find more about stroke and needs associated with this disease.

CHAPTER 3

3.0 CONCEPTUAL FRAMEWORK

The Roy adaptation model is one of the most commonly used models in different countries including Malawi. It was developed in the 1960s by faculty members at Mount St. Mary's College in Los Angeles and master's and doctoral level students from other institutions (Poush, Randell, and Landingham, 1999). The aim of the model was to explain how an individual interacts with the environment to survive. It describes persons as adaptive systems who use cognator and regulator activity to cope with stimuli that affect them during situations of wellness and illness. However the researcher has adopted this model to focus on how stroke survivors adapt to living after the illness.

3.1 Description of the Roy's Adaptation Model

The Roy adaptation model views each adapting person as unique. Each adapting person sees and experiences the world in a different way. An individual is defined as a constant vigilant, open, living system striving for adequacy. This means that the individual strives for survival, growth, reproduction, mastery and autonomy in the give –and-take relationship with the environment. The point at which the person and the environment come together is called a triggering event. This event produces a change in the person's level of adequacy. If the individual experience the change as stress they begin the transaction in an effort to maintain adequacy. If the transaction is effective, adequacy is maintained or increased; if it is ineffective adequacy level is decreased. The role of nursing is to promote adaptation in regard to the four modes of physiological needs, self-concept, role function and interdependence. Nurses intervene by changing internal and external stimuli so that the stimuli come within the range of the person's ability to cope and adapt.

3.2 Application of the Roy's Adaptation Model to the Study

In the study, the purpose of the researcher is to indentify perceived needs of stroke survivors at Kamuzu Central Hospital in Lilongwe. It is believed that stroke survivors meet a lot of challenges after the illness and require special care to maintain self –esteem and minimize complications. The different problems that survivors' meet in other words stimuli, forces them to react or respond using different coping mechanisms. The way survivors interact with their environment depends on what they perceive as needs and will determine how they cope or adapt during recovery (George 2006).

In this study, the following concepts will be applied: stimuli, coping mechanisms, adaptive modes and outcome.

Stimuli

Stroke survivors experience changes in their way of living due to alterations caused by the illness. Both internal and external changes affect the survivor's ability to achieve adequacy. In this study the changes that are faced by the survivors due to the illness are considered as stimuli. As such they perceive and respond to situations differently and have different individual needs. Therefore identifying internal and external stimuli that survivors encounter will help care providers to improve on care rendered.

Coping Mechanisms

The survivor uses regulator and the cognator to process the stimuli at hand. The regulator is the person's physiological adaptive mechanism for responding to an environmental impact. The cognator is the person's conscious and unconscious adaptive mechanisms that, when signalled by the regulator initiates behavior. The different coping mechanisms that survivors may use will enable them strive for adequacy.

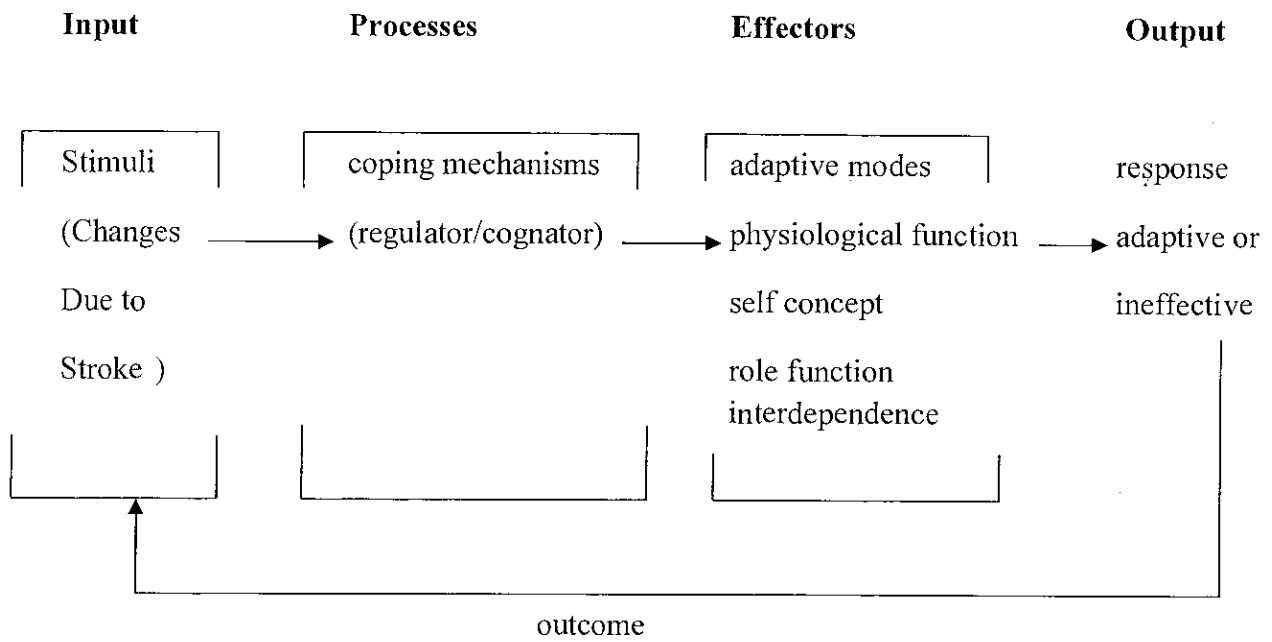
Adaptive Modes

Survivors may adapt effectively or ineffectively. In either ways behavior is produced derived from the regulator and the cognator mechanisms. These mechanisms work within four adaptive modes of physiological function, self concept, role function, role function and interdependence. Altercations in any of the modes may cause discomfort. For example the alteration in physiological category under musculoskeletal i.e. in ability to move, may lead to difficulties in achieving some activities independently, such as taking a bath and using the toilet.

Outcome

In regard to this study the outcome of the whole process depends on what the survivor defines as effective or good results. That is they are able to meet their individual needs as before or at least some of the activities they wish to do.

3.3 Roy's adaptive system illustrated



CHAPTER 4

4.0 RESEARCH METHODOLOGY

4.1 Introduction

In this chapter, a description of the methodology to be used in the study will be described. The following concepts will be discussed: research design, population, sampling procedure and sample size, methods of data collection, data analysis as well as ethical issues involved in this study.

4.2 Research design

This is a qualitative study which seeks to explore perceived needs of stroke survivors post-stroke. It will employ qualitative research design primarily concerned with in-depth phenomena in order to understand the nature and meaning of perceived needs of the participants involved (Polit and Beck, 2006). It will also enable the researcher to make sense of reality of the survivors perceived needs post-stroke.

4.3 Population

Population is the entire set of individuals having some common characteristics (Polit and Beck, 2006). The population for this study will be stroke survivors who have been attending rehabilitation services at KCH in Lilongwe, Malawi for more than four months and able to speak.

4.4 Setting

The study will be conducted at Kamuzu central hospital in Lilongwe, physiotherapy department. The area has been selected because it caters for a lot of patients recovering from stroke who resides within Lilongwe and surrounding districts accessing services at KCH. The site will also be more convenient to the researcher in terms of time period for conducting the proposed study.

4.5 Sampling

It is the process of selecting a portion of the population to represent the entire population. Qualitative studies usually use small samples with an aim of discovering meaning and uncovering multiple realities (Polit and Beck, 2006). This study will use a sample selected purposively. In purposive sampling the researcher deliberately choose participants in order to ensure that the sample covers full range of possible characteristics which will enable detailed exploration and understanding of the central theme of the research question and participants are selected according to presented criteria (Ritchie& Lewis, 2008).

4.6 Sample size

This study will include 10 stroke survivors receiving rehabilitation services at KHC. Sampling will continue until saturation of data is achieved. Only those survivors who have attended rehabilitation for four months and above will be included. The assumption is that survivors who have attended the services for four months will have been recovered partially and will be able to give needed information or be able to participate with less difficulty. However the researcher is aware that the experiences of these survivors may not be true representative of all survivors in all the physiotherapy departments in Malawi.

4.7 Pilot Study

The interview guide will be piloted at QECH, physiotherapy department in Blantyre. A total of 2 clients will be interviewed to test the effectiveness of the interview guide. Depending on the results of this study, some questions will be modified in order to obtain data that is relevant to the study.

4.8 Instrument for Data Collection

An interview schedule will be used for data collection and it will be translated into Chichewa during the interviews (See Appendix 1). The interview schedule will have two sections; a section for demographic data and a section containing open ended questions (See Appendix 1). Additional probes will be used to encourage the respondents to elaborate more on the topic.

4.9 Data Collection

Data for the study will be collected from stroke survivors at KCH through in-depth interviews in August to September 2010 after permission from the relevant authorities has been obtained. The researcher will request a quiet room at the physiotherapy department for conducting interviews to ensure privacy and prevent disturbances from other people. An interview schedule will be used to collect information (See appendix 1). Data will be collected using the vernacular language, *Chichewa* because it is the language in which participants will be able to express themselves fully. Each interview will take not more than 40minutes. Data will be collected by the researcher and be recorded through writing and audiotapes to capture all the information from the respondents. A maximum of two survivors will be interviewed per day. The taped interviews will be transcribed and translated from *Chichewa* to English immediately prior to further data collection. Thus the entire data collection will take place over a period of not less than 10days. Data collection will continue

until all possible participants have been interviewed or until saturation of data has been achieved (Ritchie & Lewis, 2007).

4.10 Data Analysis

Content analysis will be used as a method of data analysis. Data will be analyzed to summaries, organize, evaluate, interpolate and communicate the collected information (Polit and Hungler, 1999). The transcribed working sheet will also be used to compile data on each category analysed. And the audio taped data will be transcribed verbatim and translated from Chichewa to English. The analysis of data will be done immediately prior to further data collection. Finally, data will be analysed manually.

4.11 Data Handling

After data collection, the recorded data tapes and written documents will be stored in a locked cupboard to ensure confidentiality. The data will only be accessible to the researcher. After analysis, the tapes and all the written documents will be kept in a locked cupboard for a maximum period of five years then discarded by burning.

4.12 Ethical Consideration

Prior to commencement of the study, permission will be sought from the Ministry of Health(See appendix 2), Kamuzu College of Nursing-Ethics and Research Committee(See appendix 3), the Director of KCH(See appendix 4), and the participants(See appendix 5) to seek permission. Upon getting the permission another letter will be addressed to the in charge of the physiotherapy to inform him or her about the study.

Participants will be informed about the nature, purpose, benefits and risks of the study and will be asked to give consent prior to their participation. Participants will have the right to withdraw from the study at anytime without consequences. Participants who accept will be given a consent form to sign or stamp, in the presence of the witness.

Absolute confidentiality on the information will be assured to the participants through the use of participant identification numbers and putting files and recoded tapes in lockable cabinets. In-depth interviews will be conducted in a private place within the project that ensures maximum audio and visual confidentiality of participants.

4.13.0 Issues of Academic Rigour

Without rigor, research is worthless, becomes fiction, and loses its utility. In this study the issues of academic rigour will be addressed by using the general criterion model by Lincoln and Guba cited by Morse and Field (2002). Four strategies are used to ensure trustworthiness:-credibility, applicability, consistency and neutrality.

4.13.1 Truth value or credibility Guba and Lincoln (1989) describe credibility as being parallel to internal validity. The focus is more on establishing the match between the constructed realities of respondents and those realities as represented by the evaluator and attributed to various stakeholders. Credibility can be "verified" by prolonged engagement; persistent observation; peer debriefing; negative case analysis; progressive subjectivity; member checks. We consider our research to be credible through a number of mechanisms which will be found in the method of data collection and data analysis. The researcher will establish relationship with the participants to build trust in them.

4.13.2 Applicability is defined as transferability or fit of the research (Davies, D., & Dodd, J. (2002). In this study the researcher has no intention of generalizing the findings. However the principles of the study can be applied in other research studies .Data collection will take place in a natural setting to minimize the variability of the research. As such this study is for learning purposes and not for public use.

4.13.3 Consistency means dependability of the research (Polit and Beck, 2004) and will be ensured through a clear description of the research process. An initial interview will also be undertaken with 2 survivors in a pilot study. If the interview schedule does not require amendment, then this interview will be included in the study. If the interview schedule requires substantial alteration, then this interview will not be included. A pilot study provides clues about the success of the intervention and about ways in which the intervention can be modified or strengthened. The researcher will also analyse variations of experiences respecting the uniqueness of the individual participants.

4.13.4 Neutrality or confirm-ability means freedom of the researcher from bias in the research procedure and results (Creswell & Miller, (2000). The researcher will use tape recording of the information to reduce bias in order to maintain value of the research findings. The recorded data will be transcribed word to word maintain value.

4.14 Limitations of the study

The study consists of a small sample and is will be done in one part of Malawi therefore it may not be a true presentation of the situation in Malawi. Time will also be limited for data collection and the issue of funding for the study is also a problem.

4.15 Dissemination of the Findings

The findings of the study will be disseminated through a written report and copies will be sent to KCH physiotherapy department, and KCN library.

1. PROJECT IMPLEMENTATION WORK PLAN

Table 1 below shows the project implementation work plan. The activities will be carried out from February 2010 to November 2010.

ACTIVITY	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Title presentation											
Proposal writing, and submission											
Pre-testing and data collection											
Data analysis											
Report writing											
Submission of dissertation											
Dissemination of results											

2. PROJECT PROPOSED BUDGET

Table 2 below shows the proposed budget for the project.

ITEM	DESCRIPTION	AMOUNT (Mwk)
Stationery	4 reams, 5 pens & 2 pencils, photocopying, thumb print pad.	6,000.00
Printing	Printing of proposal & final project	8,000.00
Communication	Transport, and phone calls	8,000.00
Internet	Information search	4,000.00
Flash disk	For data and information storage	5,000.00
Total		35,000

Justification of the budget

Stationery will be used in writing the proposal and the dissertation. Pencils pens will be used in data collection and writing. A thumb print pad will be utilized by illiterate clients who are unable to sign for themselves. Electronic information will be searched on the internet and be stored using a memory stick. Some funds will be used for printing and binding the proposal and the final report. Phone calls and transport will be needed when communicating with supervisor and other resource persons.

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Appendix 1

Interview Guide

DEMOGRAPHIC DATA

1. Age of client
 - (a) 11-20
 - (b) 21-30
 - (c) 31-40
 - (d) 40 above

2. Sex of client
 - (a) male
 - (b) female

3. Religion
 - (a) Christian
 - (b) Moslem
 - (c) pagan
 - (d) other (specify)

4. Marital status
 - (a) Single
 - (b) Married
 - (c) Divorced
 - (d) Separated
 - (e) Widowed

5. How many children do you have?
 - (a) none
 - (b) 1-2
 - (c) 3-5
 - (d) 5above

6. Client's tribe
 - (a) yao
 - (b) chewa
 - (c) ngoni
 - (d) tumbuka
 - (e) other (specify)

7. Level of education
 - (a) did not go to school
 - (b) primary
 - (c) secondary
 - (d) tertiary

8. What was your previous kind of employment?

9. Your present occupation

10. Is caregiver working?

(a) yes

(b) no

11. If yes, what type of work?

12. If not what is the source of income?

SECTION B

Interview guide on perceived needs of stroke survivors post-stroke

13. Is this your first time to suffer from stroke?

14. If yes, how would you describe your experience?

15. What do you think are the causes of stroke?

16. Have you received any information pertaining to stroke? If so how many times?

17. What changes have you faced due to stroke?

18. How would you describe how challenging life has been since the onset of your illness?

19. What help do you require to meet your needs?

20. What have you done as an individual to cope with your situation?

21. What has been done so far to overcome such challenges?

22. What kind of care or help would you prefer?

23. Has your caregiver satisfied your needs? If yes how?

24. What would you wish to have, to lessen the problems that you have?

25. Can you describe what you need as a survivor in your own words?

Appendix 2

Letter to the district health officer

Witness Chimseu
University of Malawi
Kamuzu college of Nursing
Private Bag 1
Lilongwe

30th June, 2010

The District Health Officer
Lilongwe District Hospital
Box
Lilongwe

Dear Sir/ Madam,

PERMISSION TO CONDUCT A RESEARCH STUDY AT KAMUZU CENTRAL HOSPITAL WITHIN LILONGWE DISTRICT

I am a fourth year student pursuing bachelors' degree in nursing at Kamuzu College of Nursing. In partial fulfillment of degree programme, I am required to carry out a research project. This letter therefore seeks to ask for permission to conduct this study at Kamuzu Central Hospital. The title of my study is perceived needs of stroke survivors at Kamuzu Central Hospital.

A sample of 10 people will be involved in this study. In-depth interview will be done to stroke survivors who have been attending rehabilitation services at KCH for more than 4months. It is believed that the findings of this study will make baseline information for other research studies. The data will be collected within the months of august and September 2010.

Your consideration will be greatly valued.
Yours faithfully,

WITNES CHINSEU (Student)

Mrs MSOSA (Supervisor)

Appendix 3

Letter to the research and publications committee

Witness Chimseu
University of Malawi
Kamuzu college of Nursing
Private Bag 1
Lilongwe

30th June, 2010

The chairperson
KCN research and Publications Committee
Private bag 1
Lilongwe

Dear Sir/ Madam,

PERMISSION FOR APPROVAL TO CONDUCT A STUDY AT KAMUZU CENTRAL HOSPITAL

I am a fourth year student pursuing bachelors' degree in nursing at Kamuzu College of Nursing. In partial fulfillment of degree programme, I am required to carry out a research project. This letter therefore seeks to ask for permission to conduct this study at Kamuzu Central Hospital. The title of my study is perceived needs of stroke survivors at Kamuzu Central Hospital.

A sample of 10 people will be involved in this study. In-depth interview will be done to stroke survivors who have been attending rehabilitation services at KCH for more than 4months. It is believed that the findings of this study will make baseline information for other research studies. The data will be collected within the months of august and September 2010.

Your consideration will be greatly valued.

Yours faithfully,

WITNESS CHIMSEU (Student)

MRS MSOSA (Supervisor)

Appendix 4

Letter to the director of Kamuzu Central Hospital

Witness Chimseu
University of Malawi
Kamuzu college of Nursing
Private Bag 1
Lilongwe

30th June, 2010

The Director,
Kamuzu central hospital
P.O Box
Lilongwe.

Through: The Chairperson
KCN research and Publications Committee
Private bag 1
Lilongwe.

Dear Sir/ Madam,

PERMISSION TO CONDUCT A RESEARCH STUDY AT KAMUZU CENTRAL HOSPITAL

I am a fourth year student pursuing bachelors' degree in nursing at Kamuzu College of Nursing. In partial fulfillment of degree programme, I am required to carry out a research project. This letter therefore seeks to ask for permission to conduct the main study at the institution. The title of my study is perceived needs of stroke survivors at Kamuzu Central Hospital.

A sample of 10 people will be involved in this study. In-depth interview will be done to stroke survivors who have been attending rehabilitation services at KCH for more than 4months. It is believed that the findings of this study will make baseline information for other research studies. The data will be collected within the months of august and September 2010.

Your consideration will be greatly valued.

Yours faithfully,

WITNESS CHIMSEU (Student)

MRS MSOSA (Supervisor)

Appendix 5

Letter to the director of Queen Elizabeth Central Hospital

University of Malawi
Kamuzu college of Nursing
Private Bag 1
Lilongwe
30th June, 2010

The Director,
Queen Elizabeth Central Hospital,
P.O Box 95,
Blantyre.

Through: The Chairperson
KCN research and Publications Committee
Private bag 1
Lilongwe.

Dear Sir/ Madam,

PERMISSION TO CONDUCT A PILOT STUDY AT QUEEN ELIZABETH CENTRAL HOSPITAL

I am a fourth year student pursuing bachelors' degree in nursing at Kamuzu College of Nursing. In partial fulfillment of degree programme, I am required to carry out a research project. This letter therefore seeks to ask for permission to conduct the main study at the institution. The title of my study is perceived needs of stroke survivors at Kamuzu Central Hospital.

A sample of 10 people will be involved in this study. In-depth interview will be done to stroke survivors who have been attending rehabilitation services at KCH for more than 4months. It is believed that the findings of this study will make baseline information for other research studies. The data will be collected within the months of august and September 2010. The purpose of this letter is to seek permission to conduct a pilot study at QECH before the main study at KCH.

Your consideration will be greatly valued.
Yours faithfully,

WITNESS CHIMSEU (Student)

MRS MSOSA (Supervisor)

CONSENT FORM

University of Malawi
Kamuzu college of Nursing
Private Bag 1
Lilongwe
30th June, 2010.

Dear participant,

My name is Witness Chimseu, a 4th year student currently pursuing a Bachelor of Science degree in nursing at Kamuzu College of Nursing. As a requirement to obtain a degree in general nursing I am expected to conduct a research study. The title of my study is: **PERCEIVED NEEDS OF STROKE SURVIVORS AT KAMUZU CENTRAL HOSPITAL.**

The purpose of this letter is to seek your permission to take part in the study. You were selected to participate because you meet the required criteria of being on rehabilitation for four months and above. As already stated I would like to explore perceived needs of stroke survivors, the findings will help in conducting other research studies which will help improve care rendered to stroke survivors.

If you decide to take part you will be one of the 10 stroke survivors to be interviewed. Each interview will take approximately an hour. A tape recorder will be used to record all the interviews to come up with themes that will be used in data analysis.

You will not directly benefit from this study but help in development of further studies which will then contribute to the body of knowledge on how to care for stroke survivors based on their perceived needs.

There are no risks if you choose to participate in this study. All the information that will be collected will be kept in a confidential place and only the researcher and the supervisor will have access to the data. Names will not be used and all the tapes used will be destroyed after the study. For further information you can call the researcher on 0995879965.

Statement of consent

I here by give consent to participate in the study for I have understood the above information and all my questions have been answered.

Participant's signature _____

Date _____

Investigator's signature _____

Date _____