UNIVERSITY OF MALAWI
KAMUZU COLLEGE OF NURSING

'PERCEPTIONS OF STROKE PATIENTS ON PHYSIOTHERAPY SERVICES AT QUEEN ELIZABETH CENTRAL HOSPITAL IN BLANTYRE DISTRICT, MALAWI'

SUBMITTED BY: CHISOMO PHETHI
(GENERIC YEAR FOUR)

SUPERVISED BY: MR G. C. B MASACHE

A RESEARCH DISSERTATION SUBMITTED TO THE FACULTY OF NURSING IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR A BACHELOR OF SCIENCE IN NURSING

4th December, 2009

DECLARATION

I hereby declare that the research dissertation is as a result of my hard work and effort.

Student: Chisomo Phethi (Miss)

Signature.....Date.....03rd DEC, 09

Supervisor: Mr G.C.B. Masache

Signature.....Date.....03rd DECEMBER 2009

University of Malawi
Kamuzu College of Nursing Library
31050000507535

EXCUTIVE SUMMARY

Physiotherapy which is all services to people and populations that help to develop maintain, restore maximum movement and functional ability throughout their life span is critical in organized stroke care and it is perceived as a key discipline. Malawi as a developing country in Africa is under pressure in achieving the quality care for stroke patients due to a number of problems which include; the increasing prevalence and incidents of stroke cases for the last century due to, changes in the environmental determinants and risk factors against limited health facilities to support the increasing demand for physiotherapy services. This is evidenced by presence of only four Government central hospitals; Queen Elizabeth Central hospital, Zomba Central Hospital, Kamuzu Central Hospital and Mzuzu Central Hospital providing physiotherapy services. There is also inadequate number of qualified personal against the increasing cases of stroke which has resulted in congestion and low standard care which is likely to cause more disability after stroke.

The situation can only be reversed for the better, if physiotherapy services are improved by increasing health facilities for provision of physiotherapy services to stroke patients, training more staff in the field and providing adequate resources in the department because functional outcome after stroke is improved by more intensive or sustained physiotherapy.

This framework and study, entitled perceptions of stroke patients on physiotherapy services aims to explore how stroke patients perceive the services being provided at Queen Elizabeth Central Hospital specifically the physiotherapy Department.

Fifteen participants with stroke attending physiotherapy services at QECH were purposively selected to participate in the study. The major constraints in the study were the increasing prevalence of stroke against inadequate personal. At the same time, because QECH was one the only four hospitals providing physiotherapy in the District, many patients were forced to travel long distances Respondents in the study also pointed out that, even resources were inadequate for example physiotherapy equipment which

they perceived as having an effect on their progress and it was likely to contribute to disability after stroke.

According to the study, the following were the results;

A significant proportion of the participants, (80% percent) said that they heard about physiotherapy from either friends or relatives. It was communicated to them that physiotherapy services involve doing exercises in order to regain and maintain muscle strength specifically for individuals with mobility problems due to accidents or stroke. However, twenty percent of the participants indicated that the information was given by a health provider at the Outpatient Department (OPD) after being diagnosed with stroke. Initially they did not have any idea as to what physiotherapy is all about. Participants highlighted that the health personal did not explain well or address the issue in details on what is involved in physiotherapy for example; the duration of treatment that it takes a long period of time and the possible outcome after treatment. This was challenging for some patients because it contributed to stress due to frustration when the prognosis was poor for the first days.

The interviews revealed that despite the participants having inadequate information from the health personal about physiotherapy as treatment for stroke, 93.3 percent perceived it as the best treatment because physiotherapy had a positive impact on their lives and were satisfied in terms of treatment although they faced challenges like transport costs. Most of them highlighted the importance of physiotherapy which include the following improvements; being able to walk, perform activities of daily living and speech these were likely to be prevented disability in stroke patients.

The participants identified long distance, inadequate staff and equipment to be major challenges in accessing physiotherapy services. In general, the respondents had positive perception towards physiotherapy services.

The report proposes a new framework that is based on perceptions of stroke patients on physiotherapy services in response to the identified constraints and challenges in accessing physiotherapy services.

ACKNOWLEDGEMENTS

Firstly, I thank the almighty God for the good health and strength to come up with Dissertation.

My second gratitude goes to my supervisor Mr G. C. B Masache for the tireless guidance, support and constructive comments throughout the period of this Dissertation development. This has instilled in me a value for life-long learning and the desire to strive for excellency

Also appreciate the good advice, support and encouragement throughout this study from Francis.

Lastly, I acknowledge the help of my fellow students they rendered me during this work. God bless you all richly!!!!!!!!!!

DEDICATION

This work is dedicated to my parents and the entire Phethi family without their love, support and understanding, my years of study would have been impossible.

You were always there for me.

TABLE OF CONTENTS

ITEM	PAGE
Declaration.....	i
Executive Summary.....	ii
Acknowledgements.....	iii
Dedication.....	iv
Table of contents.....	v
List of abbreviations.....	vi
Chapter one	
Introduction.....	1
Background.....	3
Problem Statement.....	4
Significance of the study.....	4
Objectives.....	5
Chapter two	
Literature review.....	**6**
Summary of literature review.....	14
Chapter three	
Conceptual model.....	**16**
Health Believe Model.....	16
Application of the Model to the study.....	20
Chapter four	
Research Methodology.....	**21**
Introduction.....	21
Research Design.....	21
Study Setting.....	21
Sample and Sampling.....	21
Sample Size.....	22
Means of gaining access and recruitment.....	22
Pilot Testing.....	22
Instrument development.....	23

Data Collection..... 23
Establishment of rigor..... 23
Data analysis..... 24
Ethical Consideration..... 24
Limitations of the study..... 24
Dissemination of the study..... 24
Chapter five*..... *25
Presentation of findings..... 25
Demographic results..... 25
Qualitative results..... 30
Discussion of findings..... 39
Conclusion..... 46
Recommendations..... 47
Reference..... 49
Appendices
A. Interview guide in English..... 51
B. Interview guide in Chichewa..... 55
C. Request to conduct a study from QECH Director..... 58
D. Consent form in English..... 59
E. Request to KCN Research Committee..... 60
F. Consent form in Chichewa..... 61
G. Approval certificate..... 62
H. Permission letter from QECH..... 63
I. Permission letter from KCH..... 64
J. Work plan for research..... 65
K. Budget for the research..... 66

LIST OF ABBREVIATIONS

CA	Content Analysis
CNS	Central Nervous System
CVA	Cerebral Vascular Accidents
CVD	Cerebral Vascular Disease
HMIS	Health Management Information Systems
HBM	Health Belief Model
KCN	Kamuzu College of Nursing
KCH	Kamuzu Central Hospital
MACOHA	Malawi Council for the Handicapped
MAPD	Malawi Against People with Disability
MzCH	Mzuzu Central Hospital
QECH	Queen Elizabeth Central Hospital
WCPT	World Confederation of Physiotherapy
WHO	World Health Organization
ZCH	Zomba Central Hospital

CHAPTER ONE

1.1 INTRODUCTION

This research Dissertation presents an outline for a qualitative study on perceptions of stroke patients on physiotherapy services at Queen Elizabeth Central Hospital (QECH) in Malawi. The study looked at how patients with stroke, and received Physiotherapy services at QECH perceived and understand the importance of physiotherapy services.

Physiotherapy, which can be defined as 'all services to people and populations that help to develop, maintain, restore maximum movement and functional ability throughout their life span' is perceived as a key discipline in the provision of organized stroke care. It involves application of physical exercises and is an important part of rehabilitation recommended for treatment of stroke because most stroke patients have physical problems which are likely to exuberate permanent disability if no treatment is commenced (World Confederation of Physiotherapy 2006).

Stroke, which is an interruption of blood supply to parts of the brain, causing damage to brain cells has become a burden in the world. This clinical syndrome is typified by the rapidly, developing signs of focal or global disturbance of cerebral functions, lasting more than 24 hours or leading to death with no apparent reason rather than of vascular origin. Depending on the location of the vascular defects, different functions are disturbed leading to temporally or permanent impairment, activity limitations and participation restriction (WHO, 2002). Stroke is reported to be the second leading cause of death and leading cause of physical disability worldwide (WHO, 2006). It is also enormous and growing, and the majority of those affected are in the developing countries (Beaglehole and Yach 2003).

In the absence of any care for the initial pathology, rehabilitation is the most universal strategy to improve quality life in the patients with stroke. Rehabilitation, as defined by Stuike et al (1996) is "health strategy that aims to enable people with health conditions that are likely to experience disability to achieve and maintain functioning in interacting with the environment."

Traditionally patients with stroke have received health services including physiotherapy within the hospital settings (Thomas and Parry, 1996). However, due to the increasing cost of hospital-based rehabilitation, increased cases of stroke and scarcity of resources both materially as well as personnel, has increased the attractiveness of outpatient services which are services that are provided to patients while coming from home on outpatient basis especially for those that are not critical and have no other medical problems.

Malawi is one of the developing countries that continue to be affected by increased cases of stroke. The stroke patients do access Physiotherapy services provided in the four central public hospitals of Queen Elizabeth Central Hospital (QECH), Zomba Central Hospital (ZCH), Mzuzu Central Hospital (MCH) and Kamuzu Central Hospital (KCH). However, there are very few professional physiotherapists working in Ministry of Health. Currently, there are only two qualified Physiotherapists in the MOH, one based in the Ministry's Headquarters and another at KCH with QECH, ZCH and MCH having none.

Other institutions working at national, district and community level, do assist in identifying, caring and referring patients to the four hospitals and these includes;

- Ministry of the Elderly and People with disability.
- Non governmental organizations like Malawi Council for the Handicapped (MACOHA), Malawi Against Physical Disabilities (MAPD).
- District Social Welfare Offices.

1.2 BACKGROUND

World Health Organization (WHO) 2002, estimated that 29% of deaths worldwide (16.7 million are due to cerebral vascular diseases (These are diseases that affect the human central nervous system) which include stroke and 43% of global morbidity and mortality, measured in Disability Adjusted After Life Years (DALY's) was caused by cerebral vascular diseases.

In Sub Saharan Africa the prevalence and incidence of stroke have increased over the last half century due principally to low life expectancy, changes in the environmental determinants and risk factors. The majorities of stroke patients are in the middle age and the causes are related to hypertension which is undetected or poorly controlled (Jamison DT et al 2006).

Globally, strategies have been put in place to reduce incidents of stroke and control its prevalence. These strategies include rehabilitation, which include physiotherapy as key discipline in organized stroke care because loss of independent living thus disability is the debilitating consequence of stroke (Witkins, C et al 2002). Therefore the goal of physiotherapy is to enable the patients to continue independent living as long as possible. In addition, Physiotherapy is useful in treating patient's physical problems which include difficulties in mobility and speech.

Not many studies have been done in Malawi on stroke but the condition remains a threat to the nation. Health Management Information Systems (HMIS) report at QECH indicates that there were 247 stroke patients who underwent physiotherapy in 2007, 383 patients in 2008 and 86 patients within the first quarter of 2009 (January to March 2009). The increase from 2007 to 2008 represents 35.5%. Such an increase should be a concern for Malawi especially that Physiotherapy services are only provided in four hospitals.

1.3 PROBLEM STATEMENT

The need to come up with this research was determined after a personal visit to physiotherapy Department. The researcher saw that patients suffering from stroke in Malawi are on the increase. For example in 2007, QECH experienced an increase in Stroke patients by 35.5%. Stroke patients require physiotherapy services for their rehabilitation to reduce permanent disability. This increase seem challenging to Malawi as a developing country because of limited health facilities to support the increasing demand for physiotherapy services for stroke patients as evidenced by availability of only four Government Central hospitals. Secondly, there is limited number of qualified staff (Physiotherapists) against the increasing cases of stroke. For instance, there is one qualified physiotherapist at KCH and none in the other central hospitals. This has resulted in congestion and low standard care which is likely to cause more disability after stroke.

1.4 SIGNIFICANCE OF THE STUDY

Functional outcome after stroke is improved by more intensive or sustained physiotherapy because most patients with stroke have serious problems on movement, sensation, balance and co-ordination and the aim of physiotherapy is to help regain as many of these abilities as possible.

Therefore, the findings of this study will guide nurses and clinicians in the provision of physiotherapy to patients with stroke so that patients develop, maintain and restore maximum movement and functional ability through out their life span. Secondly, to the nursing management, the findings will help the policy makers to formulate policies that would help to improve health services for patients with stroke specifically on physiotherapy. Further more, the findings might be used as the baseline by government and non governmental organizations that are implementing the promotion of health for people with physical disabilities for example MACOHA. Thirdly, to nursing education, the findings will help in training of student nurses on provision of care to patients with stroke. Finally in the nursing research the findings will act as a basis for further research on patient with stroke in relation to physiotherapy.

1.5 BROAD OBJECTIVE

The overall aim of the study was to explore the perceptions of stroke patients on physiotherapy services at QECH.

1.6 SPECIFIC OBJECTIVES

- To find out knowledge of stroke patients on physiotherapy services.
- To find out the experience of stroke patients regarding physiotherapy services.
- To find out how stroke patients regard the importance of Physiotherapy services.
- To determine perceptions on effectiveness of facility based physiotherapy compared to home based Physiotherapy.
- To find out the major challenges faced in accessing physiotherapy.

CHAPTER TWO

2.1 LITERATURE REVIEW

In Qualitative study, literature review is done after data collection to prevent the researcher from being biased (Steubert and Carpenter, 1994). In this study, Literature review was done prior to data collection, so as to guide the researcher in proposal writing and also to know what was already done.

The Prevalence and Incidence of Stroke in Africa

The prevalence and incidence of stroke in Sub Sahara Africa have increased over the last half century, due to changes in the environmental determinants and the risk factors. The majority of cerebral vascular accidents (CVA) occurs in the young and middle aged and is related to hypertension. Hypertension is highly prevalent in Sub Saharan Africa and is often undetected or poorly controlled. This maybe the explanation for the increased proportion of hemorrhagic CVA's where as in developed countries most CVA's occur in adults and are thrombotic in etiology (Jamison T. D, et al 2006). This has been confirmed by clinical, radiological and post mortem diagnostic method. Overall, CVA accounts for 7% death in Southern Africa (Statistics South Africa 1996) and cross sectional, hospital based studies of the prevalence and incidence of stroke and associated risk factors have been carried out in all past of Africa which indicates an increase in both prevalence and incident (Jamison D, T et al 2006).

Stroke Physiotherapy

Physiotherapy was not systematically used in stroke rehabilitation until the 1940's and 1950's, when treatment based on neurophysiologic knowledge were first introduced. In the late 1950's and early 1960's, the so called neurofacilitation (approaches were developed, resulting in a dramatic change in clinical interventions directed at patients with neurological impairments. However, a feature common to all these approaches based neurophysiologic knowledge is their limited association with scientific theories. The best known and widely used neurofacilitation approach is the Bobath therapy developed by Berta and Karel Baboth (Ashburn 1995). This approach has received popular acceptance on an empirical basis and it has influenced physiotherapy practice world-wide. It is also the most frequently used treatment in Finland. The

treatment centers on the facilitation of corrected movement by a physiotherapist who handles the body manually. Emphasis is place on the facilitation of normal afferent inputs and normal movement patterns while minimizing the experience of abnormal movements (Bobath 1990). Manual handling techniques are very important aspect in this therapy and the physiotherapist has a role in implementing the treatment. The second approach used is the motor relearning that was developed by Carr & Shephard in 1985. It assumes that the patients learn actively attempting to solve the problems inherited in a functional task rather than repeatedly practicing normal patterns of movement.

Evidence for Current different Physiotherapy Approaches and their theoretical basis in treatment for stroke

Evidence to support the different approaches to stroke rehabilitation is sparse. However, over the past 10 years the study of human movement has generated a significant amount of scientific literature which provides a theoretical basis for rehabilitation of individuals with altered movement patterns. This theoretical basis has led to a new approach in rehabilitation which has been termed a movement science approach or "the new paradigm," (Carr et al, 1994). The scientific literature has developed in the fields of biomechanics, psychology and neurophysiology, providing new information on motor performance and on the psychological and biological functioning of patients.

According to literature, there have been several surveys recently carried out amongst physiotherapists in order to develop an insight into current choice of approach, the perceived theoretical basis behind the choice of approach in treatment of stroke patients and attitudes towards changing of interventions.

Choice of Approach

Sackly & Licoln, 1996 carried out a qualitative study. This study used interview technique and questionnaires. The results of this study showed that the "Baboth" approach was the most frequently used (80%) and the "functional" approach and the "Motor learning approach" were used by 10% and 4% respectively. The consensus seemed to be that the Baboth was the best because it appeared effective although nobody could explain how this would be achieved. The

subjects seemed unaware of the lack of evidence supporting apart from two respondents in the functional group.

Daviason & Waters, 2000 carried out a qualitative study with a sample of 973 physiotherapists with varying clinical experience in several different working allocations. The results from this study showed that 88% of respondents primarily used the Bobath approach although 87% adopted an eclectic approach. Only four 4% used Motor relearning approach despite it being described extensively in literature.

Langhammer and Stanghelle, 2000 did a randomized controlled trial. This compared the Bobath and the Motor relearning approaches. The study had a sample of 61 acute stroke patients randomly assigned to two groups. The patients were tested 3 days after admission, 2 weeks after admission and 3 months post stroke by using four different assessment scales: the Motor Assessment Scale (MAS), the Sodring Motor Evaluation Scale (SMES), the Barthel ADL Index and the Nottingham Health Profile (NHP). The authors also recorded length of stay in hospital, use of assistive devices for mobility and the patient's accommodation after discharge. The results showed that both groups improved in MAS and SMES but improvement in motor function was significantly greater in the MRP group. The patients receiving MRP were discharged, on average, 12 days prior to those receiving Bobath (21 days versus 34 days). Both groups improved in the Barthel ADL Index but the women in the MRP group improved more in ADL than the women in the Bobath group. There were no differences between groups in the life quality test (NHP), use of assistive devices or accommodation after discharge from the hospital.

According to results in these studies out of three, two (Sackly & Licoln, 1996; Davidson & Waters, 2000) supported the Bobath approach because it appeared more effective than other approaches.

Langhammer and Stanghelle 2000 showed that both groups of participants in the study improved in Bobath and Motor relearning programme but improvements in motor function was significantly greater in the MRP group.

The above studies are contradicting one another in their results because other studies have revealed that in acute rehabilitation of stroke physiotherapy treatment using the Bobath was the

preferred approach with 80%-88% than MRP approach(Sackly & Licoln,1996; Davidson & Water 2000) while in Langhammer and Stanghell (2000) study MRP was preferred most than Bobath approach.

Carr, (1996), suggests that approaches are dynamic and moving whilst the concept stays the same. It would appear from these surveys that it is time to redefine the concepts of each approach and establish theoretical bases for them. This could lead to more consistent treatments from physiotherapists based on established theories which have been researched

In conclusion, although therapists claim to be using specific approaches in treatment, many of their assumptions are substantiated. They also seem unclear as to what constitutes individual approaches. By interpreting concepts in their own way, they may be using an approach or approaches which are quite different from the original concept.

Theoretical basis for choice of treatment

Three qualitative studies were done in New Zealand (Nilson & Nordholm, 1992; Carr et al 1994 and Sackly & Licoln, 1996). The aim of the study was to explore the theoretical basis of choice of treatment. According to results in these studies in the first two studies 10% (Carr et al 1994) of physiotherapists did not even attempt to describe their theoretical basis and of those who did, 38% of responses were not theoretically based. The majority described a movement science theoretical basis, which is different from (Nilson & Nordholm, 1992) in which the majority of respondents listed a combination of approaches.

Attitude towards change of intervention

Two qualitative studies were done in New Zealand (Nilson & Nordholm, 1992 and Carr et al 1994). The aim of the study was to explore the attitudes of physiotherapists on change of intervention. The results from these studies 64% (Carr et al 1994) were very interested in attending a course on the application of movement sciences as an indication of their attitude towards change and 75% (Nilson & Nordholm, 1992). 31% (Carr et al 1994) were rather interested (Nilson & Nordholm, 1992: 16%) and 5% (Carr et al 1994) not at all interested (Nilson & Nordholm, 1992: 9%).

In conclusion, the two studies have proved different reasons as to why the change the interventions in acute treatment for stroke.

Studies on Effectiveness of Rehabilitation (Physiotherapy) on Stroke Patients after discharge from hospital

The acute management of stroke survivors has recently been the focus of national and international attention (Baskett et al 1999, Fjaertoft et al 2003) whereas rehabilitation for long-term survivors (beyond one year of stroke onset) has received less scrutiny. This disparity is paralleled in the recent best practice guidelines for the management of stroke (Stroke Foundation New Zealand 2003), which do not emphasize the importance of later community rehabilitation for long term stroke survivors.

Several studies suggest that the mobility and functional dependence of stroke survivors worsen over time with little clear explanation as to why (Gilbertson et al 2000, Grimby et al 1998, Langhammer 2003, Paolucci et al 2001,Wadeet al 1992). Stroke survivors have reported great difficulty in accessing later rehabilitation services (Shapero Sabari et al 2000, Stephenson and Wiles 2000).

The decreased opportunities for later rehabilitation have been confirmed by studies where provision rates of follow-up physiotherapy were as low as 10% (Langhammer 2003) to 51% (Tyson and Turner 2000) after discharge from hospital. Without convincing evidence that rehabilitation is effective at this later stage, it is unlikely that improved access to services will occur.

According to literature, nine studies were done in New Zealand on effectiveness of rehabilitation/physiotherapy on Gait performance (speed in walking measured per second), social participation and Quality of Life for stroke Patients of which, seven were randomized control trials (Ada et al 2003, Dean et al 2000 Green et al 2002, Kim et al 2001, Queilitte et al 2004, Tekeira Salmela et al 1999, Wad et al 1992). Quality varied, but five of the seven had PETRO a standardized rating scale for methodological quality where a maximum score out of ten can be obtained (Petro 2004). Majority of the studies used group or individual exercise programmes in outpatient settings, the exercises were usually three times in a week between four to twelve

weeks and involved either progressive resistance training, walking training using a treadmill, overgrowing walking practice or combination of activity.

The earliest trial by Wade et al (1992) had 94 participants who received home based physiotherapy. The number of sessions provided was low and generally consisted of three to four visits over four months. A similar study a decade later with 170 participants used either home based or outpatient physiotherapy (Green et al 2002). As these two studies had similar types of interventions and outcomes a meta-analysis was performed to combine the findings (Green et al 2004). The analysis confirmed the small but significant improvements in gait speed found (from 0.35m/s at baseline to 0.4m/s after treatment). There were no significant effects on (Activities of Daily Living) ADL, anxiety or depression. Social participation and quality of life were not assessed in either study. In contrast, the exercise trials had very small sample sizes (between six and twenty) and participants generally had faster walking speeds than those in the largest two studies (Ada 2002, Dean et al 2000, Kim et al 2001, Ouellette et al 2004, Teixeira-Salmela et al 1999).

Two of the trials using exercise programmes did not show a significant difference in gait speed between the control and intervention group at the end of the programmes (Kim et al 2001,Ouellette et al 2004) and had used programmes of progressive resistance training (PRT) alone without walking practice or balance work.

The remaining three studies had all shown significantly higher increases in average gait speed for the intervention group with final average walking speeds ranging from 0.75 to 1.03m/s. Walking endurance was measured in three studies using the six minute walk test (Ada et al 2003, Dean et al 2000, Ouellette et al 2004) and significantly improved in two of these (Ada et al 2003, Dean et al 2000). Ouellette et al (2004) assessed social participation using the Late Life Function and Disability Instrument (LLFDI) which measures the frequency and ability to perform major life roles (Jette et al 2002). The authors found a significant improvement in the instrumental role domain which means that subjects felt less limited in performing activities within the home and community; however, the Sickness Impact Profile, a QOL measure was unchanged.

Three other studies also measured QOL (Ada et al 2003, Kim et al 2001, Ouellette et al 2004, Teixeira-Salmela et al 1999), but it improved only in the study with the lowest quality rating by

Teixeira-Salmela et al which had used the Nottingham Health Profile (NHP) measure. Only four studies had used follow up measures (Ada et al 2003, Dean et al 2000, Green et al 2002, Wade et al 1992). The shortest follow up period of two months was used by Dean et al who found all that improvements had been maintained. At three months Ada et al (2003) found that whilst the improvements were still significantly better for the intervention group, they had begun to decline. Wade and colleagues found that at three and six months after treatment gait speeds had declined, whilst Green and colleagues found that the treatment effects were maintained at three months but not at six or nine months.

In review of 1617 stroke survivors' in the above studies, results showed that those who received therapy after hospital discharge were less likely to deteriorate in activities of daily living (ADL), and had higher ADL scores at follow-up compared to baseline. There was insufficient data to analyze the effect of therapy on quality of life (QOL). The effectiveness of rehabilitation beyond one year of stroke has not been the subject of a narrative or systematic review to date.

In conclusion, results have proved physiotherapy to improve gait speed, QOL and social activities but the benefits may not be clinically significant and are difficult to maintain.

Studies done on preference of stroke patients to hospital and home based physiotherapy

In 2002, Hale L et al in New Zealand conducted a study on the preference of patients with stroke to hospital and a home based physiotherapy service. This study was conducted in Wellington region of New Zealand which is served by the Capital Coast District Health Board (CCDHB). And it covers the population of 350000. Qualitative semi- structured interviews were conducted with 6 participates with stroke recruited from Wellington region. Participants received outpatient physiotherapy. Three in hospital setting and three in home based setting. Data analysis was conducted using a phenomenological approach to determine patient's perspective of hospital- and home based therapy. Eleven themes were resources, relevance, patients' involvement, communication, emotional impact, social interaction, family involvement and professional respect. The findings of these themes were compared to literature. Both advantages and disadvantages to receiving therapy in the hospital or home settings were identified from the patient's perspective. The advantages of hospital based physiotherapy included increased social

interaction that decreased stress; the setting had enough space to accommodate them for exercises as well as adequate equipment than home setting. Findings of this s research highlighted the need for physiotherapist to be aware of the impact of the therapy setting on the patients.

In conclusion, the findings of the study have proved hospital setting to be more convenient than home setting.

Studies Done in Other Countries on Perceptions of Patients with Stroke on Setting for rehabilitation/Physiotherapy

There are two Qualitative studies that were done in some parts of Europe (New Zealand and United Kingdom) on perceptions of stroke patients on the setting for Rehabilitation (Stephenson & Wiles, 2002 and Thomas & Parry, 1996). Most of the researchers in these studies wanted to explore patients' views and perceptions on home based and outpatient physiotherapy. For example:

In 2002, Stephenson & Wiles did a study. However, in this study there was much emphasis on home-delivered therapy service. Fifteen subjects with hemiplegia were recruited from one health district, 10 women and 5 men. All subjects had experienced at least three consecutive sessions of both home delivered therapy in the preceding 18 months. A semi structured interview was undertaken with each subject. Transcribed data were analyzed using the grounded theory approach (Glasea and strauss 1967). Five main themes were identified: 'convenience,' Therapeutic environment, social contact, control and grateful recipient? Two discussion groups were held with six therapists after the data collection phase to explore their perceptions of themes emerging from interviews. The subjects identified convenience and being comforted within the home as two significant advantages of home therapy. The therapists highlighted the greater relevancy of the home environment for intervention and goal setting. The disadvantages identified by the subjects included the lack of equipment and floor and demotivating effect of the home setting. The Therapists identified the difficulty of determining control within a therapy session. The study demonstrated that the assumptions about the advantages and disadvantages of

community based rehabilitation service providers are not necessarily experienced by the users of such services

Thomas and Parry (1996) also reviewed two British Qualitative studies... Most patients in these studies did not mind making outpatient visits even though this was often a time consuming exercise. They found it good way to get out of the house and meeting people in different social settings because having stroke was as stressful as it would affect ones relationship. At the same time, it enabled careers at home to have a period of respite.

Baskett et al (1999), in a randomized controlled trial of 100 New Zealand patients investigating the efficacy of continuing self directed exercises with outpatient program after discharge home. They found the significant different between two groups on the outcome measures (>0.01) but the perspective of patients to those services was not assessed.

In conclusion, findings of the studies (Stephenson & Wiles, 2002) highlighted the need for physiotherapists to be aware of the impact of the therapy setting on the patient. This has been proved by Stephenson & Wiles, 2002 in whose study demonstrated that the assumptions about the advantages and disadvantages of community based rehabilitation service providers were not necessarily experienced by the users of such services, as evidence by the subjects identifying convenience and being comforted within the home as two significant advantages of home therapy. The therapists highlighted the greater relevancy of the home environment for intervention and goal setting.

2.2 SUMMARY OF LITERATURE REVIEW

The purpose of literature review was to help the researcher in understanding the nature of the problem being investigated, to be able to set the kind of questions likely to be asked, to help the researcher in mapping what is known and what needs to be known and find out how similar studies were addressed in the past.

According to literature review on various studies done out side Malawi, it has been found that physiotherapy is the most recommended treatment for stroke as evidenced by studies on its effectiveness. In terms of approaches used in treating stroke, studies have shown that although

therapists claim to be using specific approaches in treatment, many of their assumptions are substantiated. They also seem unclear as to what constitutes individual approaches. Lastly, on perceptions of stroke patients on setting for rehabilitation results highlighted the need for physiotherapists to be aware of the impact of the therapy setting on the patient.

CHAPTER THREE

3.1 THEORATICAL FRAMEWORK

Conceptual Framework is a group of interrelated concepts that fit together because of relevance to a common theme or matrix. Theoretical framework specifies relationships between concepts in a study. In research, Theoretical framework serves as a guide or map to systematically identifying a logical, precisely defined relationship between variables (Wood and Haber, 1998, p139). Polit and Hungler 1991 stated that conceptual framework serves preliminary step in the construction of more formal theories and it guides the researcher for generation of research hypothesis. The Theoretical framework for this study is therefore, 'Health Belief Model.'

3.2 HEALTH BELIEF MODEL

The Health Belief Model by Becker 1978 states that health seeking behaviour is influenced by persons perception of a threat posed by a health problem and the value associated with actions aimed at reducing the threat (Crookes and Davis 1998, p111).

According to Stanhope and Lancaster, 2002, the HBM was developed to provide a framework for understanding why people take specific actions to avoid illness where as others fail to protect themselves. The model was designed to predict which people would use preventive measures and suggest interventions that might reduce client reluctance to health care (Padilla & Bulcavage 1991).

The HBM is beneficial in assessing health protection or disease prevention behaviours. It is also useful in organizing information about the client's views of their state of health and what factors may influence them to change their behaviour. The HBM when used appropriately provides organized assessment data about a client's abilities and motivation to change health status. Health education programmes can then be developed to better fit the needs of the client (Salazar, 1991)

In the Health Belief Model (Rosenstock, 1974) there is a relation between a person's belief and actions. For example a person's previous experience with illness has a major influence on how the person reacts to subsequent challenges: previous pain experiences for example, shape future

experiences with pain. The HBM provides insight into the connection between the way a person see his or her state of health and his or her own response to health, illness and treatment.

Perceived Susceptibility

Refers to a person's perception that health problem is personally significant or that the diagnosis is accurate for them. This is also a person's perception that a health problem will likely occur. In other words it is an individual's assessment of their risk of getting condition. Referring to this study, since patients with stroke know that they are likely to develop disability if not involved in rehabilitation for instance physiotherapy, hence patients will comply with treatment because they perceive physiotherapy being helpful in treating stroke.

Perceived Severity

Refers to the person's perception that health problem has severe consequences. In other words, it is a person's opinion of how a serious condition and its consequences are. The concept influences a person to carry out health related behaviour. In this case if the patients perceive stroke to cause permanent disability if no treatment is initiated, the concept will influence them to carry out health related behaviour. For example: the patients will decide to seek physical treatment at the physiotherapy department in trying to prevent disability which is a severe consequence of stroke.

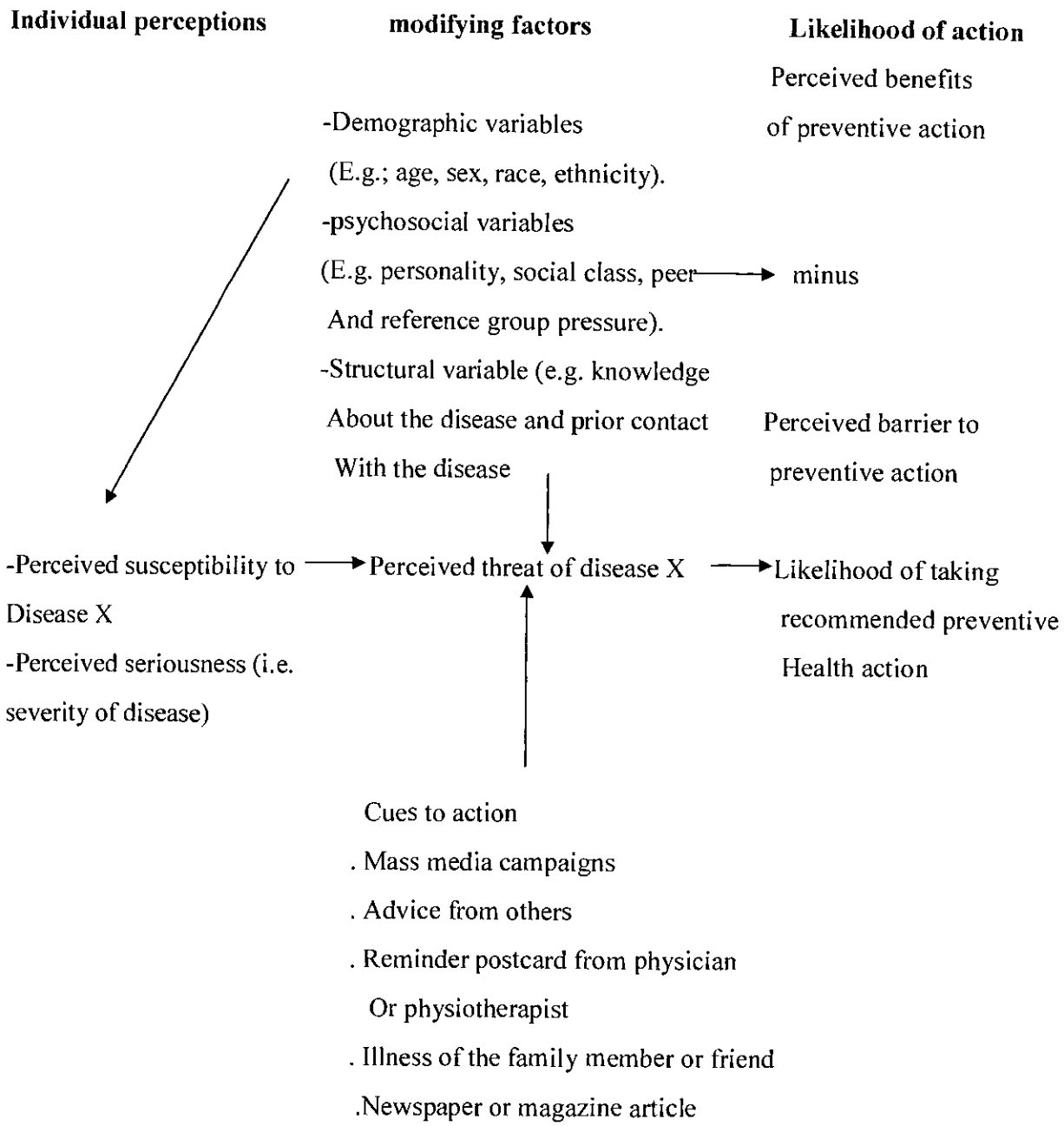
Perceived Benefits and Costs

Refers to the patient's belief that a given treatment will cure the illness and prevent the disease. This is an individual's belief that taking health related behaviour to cure or relieve the symptoms of a certain disease will bring the desired outcome. In some words, the person can seek health care upon assessing the positive consequences following the behaviour. Stroke patients upon assessing the importance of physiotherapy on their health, they might choose to comply with whatever they are being taught at the physiotherapy department. For example: being taught to engage in physical exercises. Stroke patients will probably comply with that in order to prevent disability. Perceived costs are refers to the complexity of duration and accessibility of the treatment.

Cues to Action

These are factors which cause you to change strategies to activate readiness and stimulate the behaviour or external influence promoting the desired behaviour for example, the nurse-client relationship, patient satisfaction and social demographic factors that can engage client in positive health activities. A good relationship of stroke patients with physiotherapists, having a broader knowledge on stroke complications for example permanent disability can motivate stroke patients to seek help quickly and comply with the treatment.

3.3 THE HBM IN A DIAGRAM FORM



(Nies & McEwen. 2007, p.42)

Fig 1 Variables and relationships in the health belief model.

3.4 APPLICATION OF THE HEALTH BELIEF MODEL

Application of this model to the study is based on the theory's basic concept. McEwen (2002) emphasizes that unless individuals have adequate knowledge on stroke as a condition and its prognosis, it is when they can make an informed decision to go to the hospital for treatment (physiotherapy). Thus, if stroke patients have knowledge on the condition, its complications and importance of physiotherapy as the only treatment to physical problems, then they are likely to comply with what they are taught at physiotherapy department. On the other hand, knowledge on the development of disability as a result of stroke if no physiotherapy is initiated will also motivate the stroke patients to attend physiotherapy services.

The stroke patients may perceive the risk of developing disability but might sometimes not take action because they do not see the severity of the condition and complication of that. But if they perceive the prognosis of their conduct will bring many consequences like permanent loss of body part functioning, speech and even death, they will definitely comply with physiotherapy. The stroke patients have to see the benefits of attending to physiotherapy until they are well. Perceived barriers like poor nurse-client relationship, cost of attending physiotherapy sessions can promote abscondment. In addition, for someone to take the required action, adequate knowledge from health workers through health education on the consequences of not attending physiotherapy in time that it causes disability, will help patients with stroke to perceive the severity of the condition hence comply with treatment.

CHAPTER FOUR

RESEARCH METHODOLOGY

4.1 RESEARCH DESIGN

The purpose of this study was to explore the perceptions of stroke patients towards physiotherapy services. This qualitative study used an exploratory description design in order to gain more insight into the peoples' perceptions towards the treatment for stroke which is physiotherapy. This approach was the ideal one because it gave a true picture of how stroke patients perceive physiotherapy. Groove and Burns, 1995 explained that qualitative is the best method in studying experiences of people because it focuses on understanding a human beings as whole, which is constant with the holistic philosophy of nursing.

Qualitative phenomenology which seeks to discover some of the underlying structure or essence of that experience through the intensive study of the individuals' case was used to explore the perceptions of stroke patients on physiotherapy. This approach was selected for the following reasons: firstly, in order to explore deeply and understand patients with stroke in their own perspective using their own words. Secondly, to seek information in an open ended format so that they were able to express their feelings, observations, events, satisfactions and disappointments being faced in the course of treatment.

4.2 STUDY SETTING

This study was conducted at QECH in Blantyre District because it is the largest referral Hospital in Malawi with 446,252 outpatients and out of that 4611 were physiotherapy cases representing 1.033% (QECH HMIS report 2008). In addition, it's one of the four government hospitals that are providing physiotherapy services and has the highest records of stroke patients.

4.3 SAMPLING

A convenient sample of 15 adults with stroke was selected purposively. Polit and Hungler, 1991 described purposive sampling as a method which the researchers selects the subjects for the study of the basis for his personal judgement.

4.4 SAMPLE SIZE

There were 15 participants used as sample. The first 12 participants were stroke patients attending outpatient physiotherapy services at QECH and 3 participants who have stroke and were no longer attending physiotherapy and all patients' were15 years and above.

4.5 MEANS OF GAINING ACCESS AND RECRUITMENT OF PARTICIPANTS

The researcher gained access to the physiotherapy department of Queen Elizabeth Central Hospital through networking and collaborating with the Director of QECH and the Nursing Officer for Physiotherapy Department. Specifically the Research Proposal was discussed with them disclosing why it was important to conduct such a study. A relationship was established.

With possible cooperation from the employees at the physiotherapy Department, a contact physiotherapy technician was identified in order to gain access to study participants. Time was spent with the contact person to ensure that there was an understanding about the focus, objectives and the methodological approach of the study.

4.6 PILOT TESTING

The data collection tool was pre-tested on five subjects with similar characteristics to those in the actual study. Broadens and Abbot, 1996 argues that pilot studies can help to clarify instructions, determine the reliability and validity of the observational methods. Pilot testing also gives the researcher practice in conducting the study so that fewer mistakes are made when doing real study.

The pilot testing was done at Kamuzu Central Hospital prior to the actual study so as to find out the feasibility and validity of the data collection and modifications to the interview guide were made.

4.7 INSTRUMENT DEVELOPMENT

In order to obtain data from stroke patients a structural interview guide was used. To assure validity and reliability of the tool to be used, the questions of the interview guide were given to the research supervisor. The comments were used to refine the tools.

4.8 DATA COLLECTION

Data was collected using a structured questionnaire and with an interview guide. The in-depth interviews in Chichewa were conducted on one to one basis and took about 30 minutes per participant. The responses were taken as notes during the interviews The researcher conducted the interviews alone. In depth interviews were conducted in Chichewa.

4.9 DATA COLLECTION PROCESS

The researcher carried out all interviews alone at the physiotherapy department where the participant and interviewee felt comfortable for expression of feelings. One semi structured interview guide developed in English but translated in Chichewa was used to direct conversation and to assist in the exploration of the perceptions of stroke patients on physiotherapy services.

The interview guide also comprised of a section of Demographic characteristics. Throughout the interview, the dialogue was encouraged by use of verbal and non verbal probes.

4.10 ESTABLISHMENT OF RIGOR

In the study, rigor was established through the following aspects: Prolonged engagement with the participant until saturation was reached and through debriefing with the supervisor to ensure credibility and stability of the data collection.

Details of the research process through description of the field notes and interview transcripts, which are made available for inspection.

4.11 DATA ANALYSIS

Content analysis (CA) was used in analyzing the data. Content analysis is a procedure for analyzing data written or verbal communication. Qualitative technique was used to validate responses.

4.12 ETHICAL CONSIDERATION

Letters seeking permission were written seeking permission from the Hospital Director of QECH where the research was done. Participants were given the appropriate information about the study- why they are the rightful person to participate in the study and the importance of the study (benefits) to their lives then consent was sought.

An assurance that the participants' name would be kept anonymous was communicated to the participant. Only code numbers in place of the names were used on questionnaire to ensure confidentiality. Privacy was maintained when conducting the data collection as participants were alone at the time of gathering data. Further explanations were given to participants telling them they are free to withdraw anytime from taking part in the study. An approval to conduct the study was sought from the Kamuzu College Nursing Research Committee.

4.13 LIMITATIONS OF THE STUDY

The research study can not be generalized to Malawi as a whole since a small sample which is not even a representation of the whole country was used. The literature search has mainly focused on studies done outside Malawi since a few studies have been documented for Malawi on the topic. The other limitation is that there was no specific word for physiotherapy. This bought problems when formulating the Chichewa questionnaire.

4.14 DISSEMINATION OF THE STUDY FINDINGS

The research findings will be communicated to Kamuzu College of Nursing Research Unit, Ministry of Health, Queen Elizabeth Central Hospital administration and Kamuzu College of Nursing Library.

CHAPTER FIVE

FINDINGS

This chapter presents the results of stroke patients at QECH Physiotherapy Department. The findings are presented in two sections; Demographic results and qualitative results

5.1 SECTION ONE: DEMOGRAPHIC RESULTS

This section presents the age distribution, marital status, level of education, religion and occupation of the participants in the study.

The study has shown that from a sample of 8 females and 7 males with stroke, their ages ranged between 15-68 years old. This signifies that there was gender equality. It was noted that 33.3 percent of the participants (n=5), had attended primary school education, 33.3 percent secondary, 20 percent (n=3) did a course and 6.7 percent college while out of the 15, only 1 participant did not even attend school at all. Regarding religion, 93.3 percent of the participants (n=14), were Christians and only 6.7 percent was Muslim.

Table 1 Age Distribution of Participants

AGE (years)	NUMBER	PERCENTAGE
15-25	1	6.7%
26-35	2	13.3%
36-45	1	6.7%
46-55	6	40%
56 - 68	5	33.3%
Total	**15**	**100%**

Table 1 above shows that 33.3 percent of the participants (n=5), were from 56 – 68 years. 13.3 percent (n=2) were between 26-35 years, 6.7 percent n=1 was between 36-45 years old and 6.7% between 15-24 year old. This table shows that the majority of the participants attending Physiotherapy were in the age range of 46-68 years (73.3 percent). This age group is commonly affected by hypertension which is likely to cause stroke for most patients.

Table 2 Marital Status of the Participants

MARITAL STATUS	NUMBER	PERCENTAGE
Married	13	86.7%
Single	1	6.7%
Divorced	0	0%
Widowed	1	6.7%
Total	**15**	**100%**

The table shows that 86.7 percent of the participants n=13, were married, 6.7% single and 6.7% widowers.

Table 3 Education Level of Participants

LEVEL OF EDUCATION	NUMEBR	PERCENTAGE
Never attended	1	6.7%
Primary	5	33.3%
Secondary	5	33.3%
College	1	6.7%
Course	3	20%
Total	**15**	**100%**

Table 3 shows that out of 15 participants, only one never attended school. The majority 93.7% (n=14) attended school which meant it was easy to understand their condition.

Table 4 Occupation of Participants

OCCUPTION	NUMBER	PERCENTAGE
Business	2	6.7%
Supported / not working	10	73.3%
Farming	1	6.7%
Working	2	13.3%
TOTAL	**15**	**100%**

Table 4 above shows that the majority of participants (n=12), 73.3 percent were not working which signifies that they are dependent on others for support for example their relatives or other members of the family.

Table 5 Summary of Demographic Data

PARTICIPANTS	AGE	SEX	OCCUPATION	RELIGION	MARITAL STATUS
1	52	F	NW	C	MD
2	53	M	NW	C	MD
3	51	F	F	C	MD
4	62	F	NW	C	W
5	48	M	NW	C	MD
6	50	M	B	C	MD
7	47	F	NW	C	MD
8	26	F	NW	C	MD
9	57	M	B	MU	MD
10	50	F	NW	C	MD
11	33	F	W	C	S
12	23	F	NW	C	MD
13	52	M	B	C	MD
14	34	M	NW	C	MD
15	68	M	NW	C	MD

KEY

SEX	OCCUPATION	RELIGION	MARITAL STATUS
M= male	B=businessman	C= Christian	S=single
F =female	W= working	MU=Muslim	MD=married
	NW=not working		
	F=farming		

5.2 SECTION TWO: QUALITATIVES RESULTS

This section presents the qualitative results focusing on the following areas; knowledge of stroke patients on physiotherapy services, perceived benefits or relevance of physiotherapy, patients' first experience regarding physiotherapy, interpersonal relationship, care and support, comparing hospital and home physiotherapy, things liked or disliked about physiotherapy at QECH and challenges faced in accessing physiotherapy services.

-Information on knowledge of stroke patients on Physiotherapy services

The majority of the participants, (80% percent) said that they heard about physiotherapy from either friends or relatives. It was communicated to them that physiotherapy services involve doing exercises in order to regain and maintain muscle strength specifically for individuals with mobility problems due to accidents or stroke.

One had to say this;

"Yes I heard about physiotherapy, I know it is a place in the hospital where people with physical problems like stroke are helped in walking, talking and talking through exercises."

However, twenty percent of the participants indicated that the information was given by a health provider at the Outpatient Department (OPD) after being diagnosed with stroke. Initially they did not have any idea as to what physiotherapy is all about, though some aspects on the treatment did that the health personal did not explain well on what is involved in physiotherapy (*you be required to be coming to the physiotherapy department where you will be involved in exercises* not addressed the issue in details. For example; almost all participants in the study highlighted *that will help you to regain your physical abilities*), the duration of treatment that it takes a long period of time and the possible outcome after treatment. This was challenging for some patients because it contributed to stress due to frustration when the prognosis was poor for the first days.

-The importance of Physiotherapy

The interviews revealed that despite the participants having inadequate information from the health personal about physiotherapy as treatment for stroke, 93.3 percent perceived it as the best treatment because physiotherapy had a positive impact on their lives. Due to stroke, some participants had low level of physical functional ability resulting from motor deficits, others had cognitive deficits like problems in processing sorting retrieving and manipulating information and sensory deficits which include loss of visual field, affecting grasp in the contralesional hemi field however, after going through physiotherapy, they were able to restore and maintain their normal physical functioning like walking performing activities of daily living although there were minor residual effects of stroke. According to the participants, it was clearly stated that deterioration in physical mobility which is disability was likely to be prevented in stroke patients with the commencement of physiotherapy.

One of the participants said;

"Physiotherapy is a better option for treatment of stroke because it assists us to regain our physical abilities like walking though it takes a long time (time consuming). In the past I could not walk on my own. But now I'm walking. Ask your fellow nurse!

-First experience regarding Physiotherapy

When the participants were asked to share their first experience regarding physiotherapy, all participants expressed that they felt excited and relieved; they had all the hope that they will be helped accordingly.

One had to say this;

"I was happy. I knew the people working here would help me according to my personal needs."

However, one third (33.3 percent) of participants found it hard to cope with the treatment because they said it was stressful and painful; they wished they were given a quick working drug like in other conditions rather than going through exercises as they were doing.

Some had to say this:

"Of course I was happy but I wanted something like a drug to work faster just as is the case when one has Malaria. I thought I was being troubled because one part of my body was paralyzed to perform exercises. Anyway all in all, I managed to cope with time."

Another informant said

"At first you feel tired and it pains a lot. The nurse was forcing me to do what I was failing to do. It was indeed a challenge"

-Interpersonal relationship, care and support

1) People with stroke.

When the participants were asked to explain how their relationship was with their fellow friends, who also have stroke, all participants indicated that there was good relationship and they were free to share or express themselves. They supported one another by encouraging each other on how to live positively.

One had to say;

"Like people, when we meet we encourage one another, teach each other so that we should not be worried and therefore cope.

2) Family

When the participants were asked to explain their relationship with their families, 93.3 percent reported that the relationship was good.

One said:

"The relationship is good, my relatives are supportive at all times, and every week they bring me here for physiotherapy."

Another said

"There is indeed good relationship because they encourage me to come to the hospital"

However, one of the 15 participants indicated that the relationship was not good and had to say this;

"These people trouble me, they force me to walk when it is painful, and they are witches"

3) Staff

They all highlighted that there was so much care and support from the staff. They always welcomed them well and treat them accordingly.

One said;

"The nurses are friendly and caring to us all though there is inadequate equipment. They really try."

-Comparing home and hospital Physiotherapy

When the participants were asked about their preference in terms of setting for physiotherapy either hospital or home, the majority 93.3 percent highlighted that hospital setting was the best as far as physiotherapy is concerned than home setting because it is the ideal. The participants identified a difference in resources between the two settings. The hospital has a range of facilities, skilled personal in the field and equipment while home setting has only the participants' own resources which are in adequate and inappropriate for treatment. All this was to the advantage of the patient. However, these participants pointed out that transport was one of the challenges in attending outpatient physiotherapy particularly relying on others (family or public) which was looked at as loophole for hospital setting

One had to say;

"Hospital is the best than home they have more equipment and qualified staff. However, it is costly; my son has to waste a lot of fuel and time to bring me to the hospital twice in a week because I can not walk a long distance. But still I prefer the hospital."

Another had to say this;

"Hospital is better equipped and the nurses are experts in the field unlike in a home setting, I have none of these equipments."

For other participants the extra equipment in the hospital setting became a focus and motivation.

Another participant said;

"Because they have more equipment over there, I think its better I come to the hospital for treatment than home."

Only one had to say this;

"As for me, I would prefer home setting as long as you teach me how to do the exercises. They are not difficult follow. I'm now ok. Transport is not a problem I have a car and I drive myself!"

-Things they like OR dislike about physiotherapy at QECH

When the participants were asked what they liked or disliked at QECH, the majority (eighty percent) highlighted satisfaction in terms of treatment. The consumers appreciated the care that was being provided at the Department. They pointed out that the staff was willing to help whenever a need arises. However, they highlighted having facing a number of challenges for example; inadequate staff to support the increasing number of stroke cases, limited resources like equipment of which some was broken and therefore, needed maintenance.

One had to say;

"I like this place; the nurses are nice and willing to work even though the resources are in adequate. They are trying their best."

However, 23 percent of the 80 percent of participants said that they liked the physiotherapy at QECH; however the only thing they were not happy with was queuing before receiving treatment which was tiresome and time consuming. They pointed out that stroke incidents and prevalence was on high thereby increasing the demand for the services of which was challenged with inadequate equipment, so whenever they would go for physiotherapy, it was always congested hence queuing.

One said this;

"One thing I do not like about this place is the way they handle us before exercises on the equipment over there. I tell you, we wait for one another because the equipments are inadequate.

And we all come at once. I suggest that it would have been better if we were given a schedule to be following; for example, one comes at 9AM and another at 10AM, rather than to be waiting for each other."

For the minority, 20 percent frequency for visits is what they disliked about physiotherapy at QECH. The participants pointed out that they were told to becoming once in a week of which they felt was not enough for their condition. They wanted to be frequently visiting the hospital for quick recovery.

One had to say this;

"Can you imagine I come once in a week, it is not enough with my problem? I don't like that."

-Challenges in accessing Physiotherapy

The participants were also asked about the challenges they faced in accessing physiotherapy services. And from the responses, these were the major problems;

A) Long Distance

For 73.3 percent of the participants, distance was a major challenge. Most of these patients had come from various districts and were forced to live with their relatives staying within Blantyre for easy access to physiotherapy services offered at Queen Elizabeth Central Hospital because it is one of the only four Central Hospitals in Malawi offering physiotherapy services. Staying with relatives especially in the urban area was perceived as a burden because it is costly, every week they had to bring the patients for physiotherapy at least twice or thrice. For one participant, he had to travel from Mangochi to QECH at least once in a week in order to attend weekly clinic.

He had to say this;

"I came all the way from Mangochi to have physiotherapy here. It is far, I wish I was at Mangochi District Hospital but there are no such services. I travel every week which is expensive."

b) Inadequate staff

All participants highlighted shortage of staff as a challenge. Cases of stroke are on the increase, and if no treatment is commenced on time, it is likely to cause disability because lack of independence is a debilitating consequence of stroke.

One said this;

"The staff is inadequate; there are a lot of stroke patients who come for physiotherapy. That is why we delay and it even affects the frequency for visits thereby affect our recovery progress."

c) Inadequate equipment

The participants pointed out that equipment used for physiotherapy was inadequate to support the high demand and therefore caused some inconveniences. In addition, some equipment needed to be maintained.

One had to say this;

"To be frank sister, there is no enough equipment for us. We wait for one another. You see there (she is pointing at a fellow patient who is waiting for the equipment), *he is waiting for his friend to finish first."*

Suggestions to improve physiotherapy services

From the interviews conducted, it appeared that all participants draw tremendous and diverse solutions that can help to improve the services. The participants proposed a number of solutions which include the following;

1) Train more personnel in physiotherapy

2) Employ more nurses in the department

3) Procure adequate equipment to support the growing demand

4) The Ministry of Health should consider providing physiotherapy services even in district hospitals and not only Central hospitals.

5) To maintain all equipments that is broken.

One of the participants had to say this;

"I think it is important that more staff should be trained in the field to cover the shortage."

5.3 DISCUSSION OF FINDINGS

The main objective of the study was to explore the perceptions of stroke patients on physiotherapy services and the Health Belief Model was used in order to understand the participants' perceptions.

-LACK OF KNOWLEDGE ON PHYSIOTHERAPY SERVICES

It is important to note that in the present study, respondents highlighted having lack of knowledge or information on physiotherapy services which shows that information giving to patients was not properly done during the first contact with patients. A significant proportion of the participants, (80% percent) said that they heard about physiotherapy from either friends or relatives although it was not detailed. It was only communicated to them that physiotherapy services involve doing exercises in order to regain and maintain muscle strength specifically for individuals with mobility problems due to accidents or stroke.

However, twenty percent of the participants indicated that the information was given by a health provider at the Outpatient Department (OPD) after being diagnosed with stroke. Initially they did not have any idea as to what physiotherapy is all about, though some aspects on the treatment did not addressed the issue in details. For example; almost all participants in the study highlighted that the health personal did not explain well on what is involved in physiotherapy, the duration of treatment that it takes a long period of time and the possible outcome after treatment. This was challenging for some patients because it contributed to stress because they found it difficult to cope with treatment for the first days.

This concurs with the Constitution of the Republic of Malawi on patient's bill of rights which stipulates, 'Every patient has a right to information about their condition.'

Information is crucial in patient care because it encourages patients to ventilate concerns; worry and fears at the same time identify solutions to the problems (Bunton, 1997).

Information giving is an important issue that has to taken seriously into consideration when we are caring patients on physiotherapy because when it assists in gaining cooperation from the consumer, enhances trust between the two parties and promotes good nurse-client relationship as

explained by Becker, 1978 in his Health belief Model. In addition it can help to prevent abscondment which is likely to cause disability after stroke.

It is therefore important to explain to the patient about the disease process in details, what the patient is required or expected to do during the course of treatment as well as possible outcomes after treatment in order to avoid inconveniences.

-THE IMPORTANCE OF PHYSIOTHERAPY

According to the study, it was revealed that despite the participants having inadequate information from the health personal about physiotherapy as treatment for stroke, 93.3 percent perceived it as the best treatment because physiotherapy was important since it had a positive impact on their lives. Results showed that, due to stroke, some of the participants had low level of physical functioning for example failing to stand alone, unable to walk and perform activities of daily living as a result of motor deficits. Others had problems in processing, sorting, retrieving information which made speech a problem. However, after going through physiotherapy, the participants explained that they were a number of improvements in terms of speed in movement (walking), speech and performance of the activities of daily living. They were able to restore and maintain their normal function although there were minor residual effects of stroke.

First and foremost physiotherapy seemed to be valued among stroke patients because it was believed to be crucial to the recovery of functional ability. Patients believed that the more therapy they had the more complete their recovery would be. Whether this is true clinically remains to be determined. The views of survivors of stroke on benefits of physiotherapy are that in this atmosphere of uncertainty patients may foster unrealistic hopes about the potential of physiotherapy. Though maintaining hope is often vitally important, Hoffman J.E (1974), argued that hospital staff unconsciously promote an extended belief in recovery through various communication strategies (for example, being vague about prognosis) in order to deal with their own feelings that "nothing can be done" for people who have had a stroke. Davis, (1963) in an earlier study on patients view on benefits of physiotherapy, noted the issue of maintaining "functional uncertainty" in managing chronic illness however, problems arise when therapy ends

because patients may feel abandoned: they are left to deal with the recognition of their disability and to begin the lonely and painful task of adjusting to it. Maintaining and promoting "faith and hope" therefore needs to be balanced against the reality of the disability that stroke entails, although achieving this balance is not easy. Though patients are concerned with the outcome of their treatment, this study suggests that they also gain a great deal from its process, as illustrated by their appreciation of exercise. Exercises have positive connotations generally, but it may take on particular meaning for survivors of stroke owing to the nature of stroke itself. Stroke is a condition synonymous with paralysis and inactivity, but exercise implies movement and animation. The treatment itself is active and physical. The patient often works together with the professional instead of being passive and acted upon. In this context then, the idea that exercise keeps you moving has important symbolic value.

In a similar study by Pandora Pound, (1994) on views of stroke patients on benefits of physiotherapy, this context then, the knowledge that a certain number of exercises needs to be done every day may provide a partial substitute for lost roles and lend a valuable structure to the day. Clinical, nursing, and rehabilitation staff might benefit from a deeper understanding and appreciation of the meaning of stroke and from a greater sensitivity to the particular experience which stroke entails. Perhaps because of a preoccupation with the clinical aspects of stroke, especially with neurological and functional outcomes, health professionals have failed to recognize the importance, and in some cases the symbolic value, of the different aspects of caring which stroke survivors have drawn attention to here in the context of physiotherapy.

-FIRST EXPERIENCE REGARDING PHYSIOTHERAPY

According to the study, results from the interviews have shown that all participants expressed excitement and sign of relief when they first went to the hospital for physiotherapy.

Another experience that has come out clearly from the study was hope. On this basis, hope was defined as a belief in the existing future to come. They knew that just coming to the hospital would make them regain their physical mobility that was once compromised.

Similarly Becker (1978), states that health seeking behavior is influenced by persons perception of the threat posed by a health problem and the value associated with the action aimed at reducing the threat (Crookes and Davis, 1998 p111). Likewise in the current study, the stroke

patients perceived stroke to cause disability if no treatment is commenced, and therefore, decided to seek medical help.

However, 33.3 percent of the participants (n=5), found the treatment to be stressful and painful, and wished they were given a fast working drug, for example pills or tables just like in other conditions like malaria rather than exercises.

-COMPARING HOME AND HOSPITAL SETTING PHYSIOTHERAPY

In the current study, the majority 93.3 percent highlighted that hospital setting was the best as far as physiotherapy is concerned than home setting because the participants perceived it as an ideal setting. The participants identified a difference in resources between the two settings. It come clearly from the participants that hospital has a range of facilities, skilled personal in the field and equipment while home setting has only the participants' own resources which are in-adequate and in-appropriate for treatment. However, the participants pointed out that transport was one of the challenges in attending outpatient physiotherapy services. The patients rely on others (family or public) to provide them with transport to enable them access services at the hospital.

Due to physical problems most of the participants found it difficult to use public transport hence depended on their relatives' personal transport or hired transport which is expensive. This resulted in dependency which was seen as a burden too. Similarly, this feeling of dependency has not previously been highlighted in the current study; however, other studies have focused on the physical costs of travel for the patient. Foster Young (1990) and Stephenson & Wiles (2000) found that transport to hospital setting resulted in an increase in cost and time for the patient receiving therapy. Travel was found to be uncomfortable and tiring resulting in increased muscle tone and decreased therapy effectiveness.

In the current study, one of the participants found the hospital setting to be busy and that to him he preferred home setting for physiotherapy.

Contrary to Forster and Young (1990) study, on the impact of community physiotherapy highlighted several advantages and disadvantages of this mode of service delivery for patients with stroke. Results in his study preferred home setting to hospital physiotherapy. Advantages of the home-based setting included elimination of patient travel resulting in decreased cost and

fatigue, therefore increasing treatment effectiveness. The increased flexibility of home-based therapy resulted in a shorter stand down period between inpatient and outpatient therapy. Patients were more relaxed and co-operative in their own environment, and treatment had more relevance. Family awareness of progress and ability increased resulting in improved continuity of the rehabilitation process. The disadvantages included increased frequency of patient depression and isolation, increased travel time for therapists (with up to eight percent of the day being lost in transit), and increased isolation for therapist from the multidisciplinary team. Further perceived benefits of domiciliary rehabilitation include appropriate formulation of goals relevant to the home environment (Young & Forster, 1992), improved patient initiative in setting their own goals (Von Koch, Wohlin Wottrich & Widen Holmqvist, 1998) and patients feeling more comfortable in their home setting. However, two studies in New Zealand by Wade et al (1992) and Green et al, (2002) with similar types of interventions in a home setting results, confirmed small significant improvement in walking speed and had no effect on the activities of daily living.

The variation on the impact of setting on physiotherapy is confirmed by Stephenson and Wiles (2000) study that for some participants' there were few distractions in the home setting than in the hospital. The majority of the participants in that study identified they were more comfortable and relaxed in the home setting which was seen as a benefit for therapy.

As for Malawi, the community or home based physiotherapy is a challenge because of inadequate staff, unskilled personal and lack of resources unless something.

It is therefore, important that physiotherapists become aware of the impact of the therapy setting on stroke patients so that in end the main objective of physiotherapy is achieved.

-THINGS STROKE PATIENTS LIKE/DISLIKE AT QECH

From the study, results have shown that the majority (eighty percent) highlighted satisfaction in terms of treatment. The consumers appreciated the care that was being provided at the Department. They pointed out that the staff was willing to help whenever a need arises. However, they pointed out that of facing some challenges for example; inadequate staff which did not undergo a proper training to support the increasing number of stroke cases, limited resources like equipment of which some was broken and therefore, needed maintenance.

This is similar to Hale .L.et al study in which participants felt that their therapist were professionals and that they were able to maintain friendly relationship throughout the course of treatment. This is important because the relationship had a therapeutic effect on stroke patients.

For 23 percent of the 80 percent of participants said that they liked the physiotherapy at QECH; however the only thing they were not happy with was queuing before receiving treatment which was tiresome and time consuming. They pointed out that stroke incidents and prevalence was on high thereby increasing the demand for the services of which was challenged with inadequate equipment, so whenever they would go for physiotherapy, it was always congested hence queuing.

For the minority, 20 percent frequency for visits is what they disliked about physiotherapy at QECH. The participants pointed out that they were told to becoming once in a week of which they felt was not enough for their condition. They wanted to be frequently visiting the hospital for quick recovery.

-CHALLENGES IN ACCESSING PHYSIOTHERAPY SERVICES AT QECH

From the study, participants expressed clearly that there were a number of major challenges faced in accessing physiotherapy services which include; long distance, inadequate staff and resources for example equipment.

For 73.3 percent of the participants, distance was a major challenge. Most of these patients had come from various districts and were forced to live with their relatives staying within Blantyre for easy access to physiotherapy services offered at Queen Elizabeth Central Hospital because it is one of the only four Central Hospitals in Malawi offering physiotherapy services. Physiotherapy services at QECH are provided on out – patient basis. Only those admitted on emergency basis are admitted as in-patients. This creates challenges to patients coming from districts out of Blantyre who have to come at least weekly for services.

Staying with relatives especially in the urban area was perceived as a burden because it is costly, every week they had to bring the patients for physiotherapy at least twice or thrice. In addition, the treatment itself was a long term one in such that they could stay for more than one year. For

one participant, he had to travel from Mangochi to QECH at least once in a week in order to attend weekly clinic.

It is therefore, important that the government through the Ministry of Health considers on that by increasing the number of health facilities providing the service so as to support the high demand. This is also seen as a problem in other studies. For example: Foster Young (1990) and Stephenson & Wiles (2000) found that transport to hospital setting resulted in an increase cost and time for the patient receiving therapy. Travel was found to be uncomfortable and tiring resulting in increased muscle tone and decreased therapy effectiveness.

The participants also highlighted shortage of staff as another major challenge faced in accessing physiotherapy at QECH. The Department has only two nurses who only went for six week training in physiotherapy which is not even enough and two physiotherapists to support the high demand for physiotherapy services. This is likely to cause disability because patients would receive inadequate treatment hence resulting in poor prognosis. The nurses providing Physiotherapy services are basically ordinarily nurses who have not been trained in physiotherapy. This puts into question the level and quality of care that they can provide. This therefore, calls for an immediate intervention where the Government should train more staff in this field so as to support the increasing demand hence prevent development of disability in stroke patients.

Another challenge was inadequate equipment for the patients. It was reported that some of the equipment was broken which just needed maintenance. And other patients suggested that procuring more equipment would alleviate the problem of queuing hence serve time.

-SUGGESTIONS TO IMPROVE PHYSIOTHERAPY SERVICES

From the interviews conducted, it appeared that all participants draw tremendous and diverse solutions that can help to improve the services. The participants proposed a number of solutions which include the following;

1) Train more personnel in physiotherapy

2) Employ more nurses in the department

3) Procure adequate equipment to support the growing demand

4) The Ministry of Health should consider providing physiotherapy services even in district hospitals and not only Central hospitals.

5) To maintain all equipments that is broken.

If all these suggestions can be implemented, physiotherapy services can be improved and prevent Disability.

It is therefore important that the ministry of health and non governmental work together in Improving physiotherapy services.

.

CONCLUSION

This study whose purpose was to explore the perceptions of stroke patients on physiotherapy services at QECH, revealed that the participants lacked knowledge on what is actually involved in physiotherapy, the expected outcomes after treatment and what is expected of them in the course of treatment to facilitate recovery. This resulted in stress and frustrations among the patients. However, the majority of the participants perceived the care they received as the best treatment that was likely to prevent disability after stroke because of the positive outcomes they experienced, for example improvement in mobility, speech and activities of daily living. This is despite the challenges being experience in providing the care including lack of equipment and human resources.

The importance of Physiotherapy services was acknowledged by the participants. The positive outcomes including improvement in mobility, speech and ability to undertake activities of daily living after stroke underlined this importance. The rehabilitation process through Physiotherapy is assisting patients to continue being productive.

The study has also shown that most of the participants preferred hospital physiotherapy to home physiotherapy. Participants acknowledged the challenges that are likely to be faced including lack of equipment and care providers. Hospital based care was viewed ideal with the Malawi circumstances and the difference to find resources between the two settings.

It has been observed from the findings that, stroke patients received care from the staff, fellow stroke patients and families. This played a big role in their recovery because having stroke caused so much stress in patients.

From the interviews conducted on stroke patients, results have also revealed that long distance, treatment duration, inadequate staff and resources as major challenges in accessing physiotherapy services.

It is therefore, important that as a nation, Malawi needs to plan ahead if it is to achieve its intention to provide quality care for stroke patients. It needs to look at physiotherapy critically and at another perspective than before so as to achieve its intended goal.

RECOMMENDATIONS

Based on the findings the researcher recommends the following;

- Adequate information on Physiotherapy should be made available to the general public. Information given to the general public as well as patients during the first contact on the disease process should include options for treatment and its duration, possible outcomes after treatment and what patients are expected to do during physiotherapy.
- Train more personal in the physiotherapy field to cover shortage. Government should consider training of other cadres related to Physiotherapy such as Occupational Therapists and Speech Therapists. Introducing lower level training in these fields including Physiotherapy for Physiotherapy, Occupational Therapy and Speech Therapy Technicians at Diploma level could promote availability of these staff even at district hospital level.
- Enhance in-service training at the physiotherapy department to update the staff with new information pertaining to physiotherapy.
- The government should consider the provision of physiotherapy services at district level because this will help to reduce congestion in the central hospitals, reduce transport costs for patients who come from a far and relieve the staff from too much work.

- Proper follow up of stroke patients through outreach clinics.
- The hospital should procure equipment and maintain all broken equipment to support the increasing cases of stroke and avoid inconveniences that might be caused.
- The government should collaborate with non governmental organizations in promoting the healthy for stroke patients

REFERENCE

- Baskett, J.J.et al (1999). Shared responsibility for ongoing rehabilitation: A new approach to home-based therapy after stroke. *Clinical Rehabilitation,* 13, 23-33
- Broadens K.S & Abbot B.B (1996). Research Design and Methods: A Process Approach. Mayfield Publication.
- Brunner S.L. & Suddarth (1998). Medical/ surgical Nursing. Lippincott. 6th edition Philadelphia JB Lippincott Company
- Burns. N, & Grooves, S.K (2001). The Practice Nursing Research: Critique and Utilization. WB Saunders Co Philadelphia.
- Craven R.F. and Himle, C.J (2008) Fundamental of Nursing: Human Health and Function. Philadelphia JB Lippincott Company.
- George, J.B. (2002). Nursing Theories, the Base for Professional Nursing Practice 5th edition, USA Pearson Education Inc.
- Glesar B. Strass A (1967) The discovery of grounded theory. London: Weidenfeld and Nicolas
- Krampitz S.D.& Pavilovich, N (1981). Reading for Nursing Research. The C.V Mosby Company. St Louis.

- Nies, M. A & McEwen (2007). Community/ Public Health Nursing; Promoting the Health OF Populations (4th edition). Saunders. Elsevier
- Pilot, D.F & Hungler, B.P. (1991). Nursing Research; Principles and Methods (4th edition). Philadelphia, J. B Company.
- QECH HMIS Annual Report, 2008.
- Stanhope, M &Lancaster, J. (2002). Community Health Nursing Process and Practice for Promoting Health. St Louis. The C.V Mosby Company
- Stephenson, S., & Wiles, R. (2000). Advantages and disadvantages of the home setting for therapy: Views of patients and therapists. British Journal of Occupational Therapy, 63, 2, 59-64.
- The Merck Manual of Diagnosis and Therapy, (1992). (6th Edition). Merck Research Laboratory.
- World Confederation of physiotherapy annual Report, 2006.
- Wood G. & Haber J. (1994). Nursing Research. Methods, Critical Appraisal and Utilization (3rd edition). Mosby.
- Young, J.B., & Forster A. (1992). The Bradford community stroke trial: results at six months. *British Medical Journal,* 304, 1084-1089.

APPENDIX A

QUESTIONNAIRE: ENGLISH VERSION

TITLE: PERCEPTIONS OF STROKE PATIENTS ON PHYSIOTHERAPY SERVICES AT QUEEN ELIZABETH CENTRAL HOSPITAL

CODE NO.....

Date of interview...../...../.....2009

Study setting: Physiotherapy Department, QECH, Blantyre

Time start.....

Finish time.....

SECTION A: DEMOGRAPHIC DATA

1. SEX
   - i. Male .....
   - ii. Female .....
2. MARITAL STATUS
   - i. Married .....
   - ii. Single .....
   - iii. Divorced .....
   - iv. Widow/ widower .....
3. AGE
   - i. 15-24 .....
   - ii. 25-34 .....
   - iii. 35-44 .....
   - iv. 45-54 .....
   - v. 55 and above .....
4. RELIGION

i. Muslim .....

ii. Christian .....

iii. Others (specify).....

5. TRIBE

i. Chewa .....

ii. Tumbuka .....

iii. Yao .....

iv. Sena .....

v. Lomwe .....

vi. Others (specify).....

6. EDUCATION LEVEL

i. Never attended school .....

ii. Primary .....

iii. Secondary .....

iv. Post secondary certificate/ Diploma .....

v. University Degree .....

7. EARN OF LIVING

i. Farming .....

ii. Business .....

iii. Employed .....

iv. Others (specify) .....

SECTION B: KNOWLEDGE OF PATIENTS ON PHYSIOTHERAPY

1. Have you ever heard of physiotherapy? Probe more on source of information about physiotherapy?
2. Can you explain on what physiotherapy is according to your understanding?

SECTION C: PERCEPTIONS OF STROKE PATIENTS ON PHYSIOTHERAPY SERVICES

1. How did you find yourself at physiotherapy department? Probe more what happened
2. Every patient who has developed stroke is recommended for physiotherapy in order to avoid disability which is likely to occur in stroke patients. Do you think it is a better option?
3. Would you mind sharing the first experience regarding physiotherapy?
4. Would you explain how your life style will be affected upon finishing the physiotherapy sessions?
5. What can you tell me about your interpersonal relationship with
    - Family
    - People with stroke
    - Staff
6. In your situation do you think physiotherapy is of any importance as regards to treatment for stroke?
7. How would you feel about having physiotherapy at home or hospital?
8. Are there some things you like/ dislike about receiving your physiotherapy at this hospital?

    Probe more
9. Would you mind sharing the major challenges in accessing physiotherapy services?

10. Do you think the treatment is adequate to your personal needs?

    can you explain?

11. How adequate are the physiotherapy resources, equipment and facility at this hospital?

12. How do think your physiotherapy services could be improved?

APPENDIX B

QUESTIONNAIRE: CHICHEWA VERSION

MUTU: KAFUKUFUKU WA MMENE ANTHU OMWE ALI NDI NTHENDA YOFETSA ZIWALO AMAONERA PHYSIOTHERAPY KU QUEENS CENTRAL HOSPITAL

GAWO LOYAMBA: MBIRI YA MUNTHU

1.
   i. Mwamuna .....
   ii. Mkazi .....

2.
   i. Wokwatiwa .....
   ii. Wosakwatila .....
   iii. Ukwati unatha .....
   iv. Oferedwa .....

3. Zaka
   i. 15-24 .....
   ii. 25-34 .....
   iii. 35-44 .....
   iv. 45-54 .....
   v. 55 and above .....

4. Mpingo
   i. Christian .....
   ii. Muslim .....
   iii. Others .....

5. Mtundu
   i. Tumbuka .....
   i. Yao .....
   ii. Sena .....
   iii. Lomwe .....

6. Maphunziro
    i. Sindinapiteko kusukulu .....
    ii. Pulayimale .....
    iii. Secondary .....
    iv. Kolegi .....
    v. Kozi ya satifiketi/ dipoloma .....
    vi. Sukulu yaukachenjede .....
7. Kapezedwe ka ndalama
    i. Kugwira ntchito
    ii. Ulimi
    iii. Bizinesi
    iv. Zina

GAWO LACHIWIRI: NZERU PA PHYSIOTHERAPY

1. Kodi munayamba mwamvapo za physiotherapy?
   Fufuzani za mnene adadziwira zokhuzana ndi physiotherapy?
2. Kodi physiotherapy ndi chiyani?

GAWO LACHITATU: MMENE ODWALA MATENDA OFETSA ZIWALO AMAONERA PHYSIOTHERAPY

1. Kodi chinachitika ndi chiyani kuti mupezeke ku physiotherapy kuno?
2. Odwala aliyense amene wafa ziwalo mbali imodzi amakhala pa physiotherapy ngati njira imodzi yomuteteza kuti asapunduke. Kodi inu mukuona ngati nkofunikira kutero? Fotokozani
3. Kodi mungandifotokozere zammene munamverera mutayamba physiotherapy?
4. Nanga kuyamba kwa physiotherapy, mukuona ngati kubweretsa kusintha kwina kuli konse pa moyo wanu? Fufuzani zambiri
5. Kodi nanga anzanu mumakhala nawo bwanji? (ubale)
    - Odwala matenda okufa ziwalo

- Anthu apabanja panu
- Ogwira ntchito kuchipatala

6. Mwainu panokha, kodi mukuona ubwino wina uliwonse wa physiotherapy pokhala thandizo ku vuto muli nalo lofa ziwalo mbali imodzi ya thupi lanu?
7. Kodi mungamve bwanji mutamachitira physiotherapy kunyumba kapena ku chipatala? Fufuzani za mbiri.
8. Kodi ndi zinthu ziti zimene mumakondwera nazo kapena kudana nazo pamene muli pa physiotherapy pa QECH?
9. Mungandifotokozereko zovuta zazikulu zimene mukukumana nazo pamene muli pa physiotherapy?
10. Kodi chithandizo chimene mukulandira mukuganiza kuti ndichokwanira kuzofuna za pa moyo wanu?
11. Nanga zipangizo ndinso anthu ogwira ntchito ku physiotherapy ndiwokwanira?
12. Kodi tingachitepo chiyani kuti titukule physiotherapy?

APPENDEX C

University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe.
August, 2009

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

Dear Sir/ Madam

REQUEST TO CONDUCT A STUDY ON PERCEPTIONS OF STROKE PATIENTS ON PHYSIOTHERAPY SERVICES AT QUEEN ELIZABETH CENTRAL HOSPITAL IN BLANTYRE.

I am a fourth year student at Kamuzu College of Nursing pursuing a Bachelor of Science in nursing (generic). In partial fulfillment of me for a Degree Program, I am required to conduct a study. I write this letter seeking for permission to conduct a study at your hospital.

My study is purposed to explore the perceptions of stroke patients on physiotherapy services at QECH. I have chosen QECH because it is the biggest hospital in Malawi, and one of the two government hospitals that provide physiotherapy services

A sample of 15 participants with stroke will be interviewed, the first10 participants attending physiotherapy at QECH and 5 participants who have stroke and are no longer attending physiotherapy at QECH, questionnaire will be used to gather data after getting consent from these patients. The data collection is to occur for at least 14 days probably in the months of August and end October, 2009.

The findings from the study will help the government through the Ministry of Health and other non governmental organizations in planning, implementing the promotion of health for people with stroke as well as improving the services.

Looking forward to your favourable consideration

Yours sincerely...C. Phethi Phetho

APPENDIX D

University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe.

July 2009

Dear Participant,

I am a fourth year student pursuing a Bachelor of Science in nursing at Kamuzu College of nursing. In Partial fulfillment of the Degree program in nursing, I am required to conduct a research. My research topic is perceptions of stroke patients on physiotherapy at Queen Elizabeth Central Hospital in Blantyre. This topic has been reached because reports from the hospitals have shown an increase in the number of stroke cases against two government Hospitals thus QECH and KCH in Malawi hence resulting in congestion which is likely to lower the standards of care as well as promote disability after stroke.

The findings from the study will help the government through the Ministry of Health and other non governmental organizations in planning, implementing the promotion of health for people with stroke as well as improving the services.

You have been chosen to participate as one of the participants to answer questions contained in the interview guide. Be informed that the participation in this study is voluntary. You are not forced in any circumstance to participate in the study, you are free to withdraw anytime and you can not be penalized for that. No names will be used in this project but code numbers for confidentiality and privacy sakes and be assured that the information will give, will not be shared with any other only those directly involved. The questionnaires will be used in gathering data which will benefit the health workers to find ways of improvement.

I as the chief investigator am therefore requesting for your voluntary participation in the study. If you accept to participate in the study, please sign below'

I, the undersigned, I fully understand that all information will be used confidential. Therefore agree to participate in the study.

Signature of respondent.....Date.....

Signature of researcher.....Phethi.....Date....13th July 09

APPENDIX E

University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe.

July 2009

The Chairperson
The Research Committee
Kamuzu College of Nursing
Private Bag 1
Lilongwe

Dear Sir/ Madam

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH PROJECT

Conducting a research is in partial fulfillment of an academic award of a Bachelor of Science in nursing hence the writing if this letter seeking permission to conduct a study at Queen Elizabeth Central Hospital in Blantyre.

I am a fourth year student at Kamuzu College of nursing. My research topic is perceptions of stroke patients on physiotherapy services at QECH.

The choice of this study has come about because reports from the hospitals in Malawi have shown an increase in the number of stroke cases against two government Hospitals thus QECH and KCH providing physiotherapy services hence resulting in congestion which is likely to lower the standards of care as well as promote disability after stroke.

Looking forward to your favourable response

.....

Chisomo Phethi

APPENDIX F

University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe.

July 2009

KUPEMPHA CHILOLEZO CHOTENGA NAWO MBALI PA KAFUKUFUKU

Ndine wophunzira wa pasukulu yaukachenjede ya anamwino ya Kamuzu College of Nursing ndipo ndili mchaka chachinayi. Monga gawo limodzi la maphunziro, ndiyenera kupanga kafukufuku.

Malingana ndi malipoti a muzichipatala mMalawi akusonyeza kuti chiwerengero cha anthu amene akudwala matenda ofetsa ziwalo mbali imodzi ya thupi chakwera kotero kuti zipatala ziwiri za boma (QECH ndi KCH) ndizosakwanira kutukula umoyo komanso kupereka chithandizo kwa odwalawa kudzera mu physiotherapy zomwe pamapeto ake zingalimbikitsa odwalawa kukhala olumara

Zotsatira za kafukufuku anemeyu zithandiza akuluakulu a Boma ndi mabungwe kupeza njira zopititsira mtsogolo Physiotherapy komanso kutukula umoyo wa anthu amene akhunzidwa ndi matendawa.

Kalatayi ndiyopempha chilolezo kwa inuyo kuti mutengepo mbali pa kafukufuku amaneyu.Mukavomera mudzayankha mafunso angapo. Chilichonse chomwe tikambirane chidzakhala chachinsinsi ndipo sindidzagwiritsa ntchito maina panthawi yokambirana. Ndinu womasuka kusiyira pa njira kuyakha mafunsowa ndipo uwu ndi ufulu wanu wachibadwidwe. Ngati mwavomera sainani.

Kusainaku kukusonyeza kuti ndavomera kutena bali pakafukufuku mosaumilizidwa.

Saini ya otenga mbali.....Tsiku.....

Saini ya mwini kafukufuku.....Tsiku.....13TH July-09

APPENDIX G

University of Malawi
Kamuzu College of Nursing

RESEARCH AND PUBLICATIONS COMMITTEE

APPROVAL CERTIFICATE

TITLE: Perception of student RNs on Physiotherapy services

INVESTIGATOR(S): Chisomo Phethi

YEAR OF STUDY: Generic year IV BSc

REVIEW DATE: 22nd July, 2009

UNIVERSITY OF MALAWI KAMUZU COLLEGE OF NURSING 23 -07- 2009 DEPARTMENT LILONGWE

DECISION OF THE COMMITTEE: Approved with minor corrections

SIGNATURE:.....**DATE**...22/07/09
DEAN OF POSTGRADUATE STUDIES AND RESEARCH

CC: supervisor: Mr Masache

DECLARATION OF INVESTIGATOR(S)

I/We fully understand the conditions under which I am/we are authorized to carry out the above mentioned research and I/We guarantee to ensure compliance with these conditions. In case of any departure from the research procedure as approved, I/We will resubmit the proposal to the committee.

DATE....23/07/09.....**SIGNATURRE(S)**.....Phethi

APPENDIX H

Telephone: (265) 01 874 333 / 677 333
Facsimile: (265) 01 876928
Email: queenshosp@globemw.net

All communications should be addressed to:
The Hospital Director

In reply please quote **No.**

QUEEN ELIZABETH CENTRAL HOSPITAL
P.O. BOX 95
BLANTYRE
MALAWI

Ref No. QE/CNO/10 **17th August, 2009**

Chisomo Phethi
Kamuzu College of Nursing
Private Bag 1
Lilongwe

Dear Sir/Madam

PERMISSION TO CONDUCT RESEARCH AT QUEEN ELIZABETH CENTRAL HOSPITAL ON "PERCEPTIONS OF STROKE PATIENTS ON PHYSIOTHERAPY SERVICES".

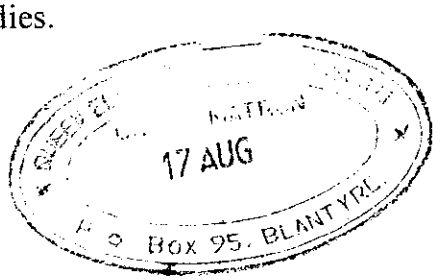
The above refers.

I am pleased to inform you that your request to conduct research at QECH has been accepted.

We will appreciate if a copy of your findings is shared with the hospital.

All the best in your studies.

Yours faithfully,



T.N. Soko
CHIEF NURSING OFFICER
For: HOSPITAL DIRECTOR

APPENDIX I

REF. NO.KCH/O/1.04
TELEPHONE NO.: (265) 1 753 555/754 331
TELE FAX O.: (265) 1 756 380

PLEASE ADDRESS ALL COMMUNICATIONS TO
:
THE HOSPITAL DIRECTOR
E-MAIL: amnthambala@hotmail.com or
kchosdir@gmail.com

MINISTRY OF HEALTH
KAMUZU CENTRAL HOSPITAL
P. O. BOX 149
LILONGWE

REF.NO.KCH/C1/29 17th August 2009

Chisomo Phethi
Kamuzu College of Nursing
Private Bag 1
LILONGWE

Dear Sir,

Re: **APPLICATION FOR PERMISSION TO CONDUCT A PILOT STUDY AT KAMUZU CENTRAL HOSPITAL**

Thank you for the letter in which you requested to utilize Kamuzu Central Hospital as a site for your pilot study. The title of the study is **"Perceptions of stroke patients on Physiotherapy services at Kamuzu Central Hospital".**

Please be advised that permission has been granted.

Yours sincerely,

Dr. A. Mnthambala
HOSPITAL DIRECTOR

KAMUZU CENTRAL HOSPITAL
DIRECTOR
20 AUG 2009
P.O. BOX 149
LILONGWE

APPENDIX J

WORK-PLAN FOR THE RESEARCH

Activity	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Problem identification										
Literature review										
Proposal development										
Obtaining clearance										
Data collection										
Data analysis										
Report writing										
Dissertation										

APPENDIX K

BUDGET FOR THE RESEARCH

ITEM	**COST**
A) STATIONARY	
6 Reams of photocopying paper, K800 each.....	K4800
10 Ball point pens K20 each.....	K 200
5 pencils at K10 each.....	K 50
2 sharpeners at K40 each.....	K 80
1 eraser at K100.....	K 100
4 small envelops at K20 each.....	K 80
2 Small hard covers K400 each.....	K800
1 file folder.....	K 200
SUBTOTAL	**K6310**
B) SECRETARIAL SERVICES	
Photocopying questionnaire, 30 copies.....	K1500
Photocopying and printing proposal, 3 copies K700 each.....	K9000
Binding proposals and Dissertation, (K160 x3) x2.....	K 3000
Printing and photocopying dissertation, 4 copies, K700 each.....	K2800
SUBTOTAL	**K16300**
Transport for data collection.....	K10000
Transport for literature search.....	K5000
Allowance, K500 per day for 8 days.....	K4000
Contingency.....	K7000
SUBTOTAL	**K26000**
GRAND TOTAL	**K48610**

JUSTIFICATION OF THE BUDGET

The budget gives an overview of resources required to conduct this study. The budget helped to cater for all necessary expenditures of the research study.

A) STATIONARY

The project requires enough papers of writing draft and final copies of the research proposal and dissertation. More papers were used to produce the questionnaires and photocopying them for 15 participants with extra copies. Writing of application letters for the research writing notes when searching information also needed a lot of papers. Some necessary accessories such as pens, papers and eraser will be used during drafting and writing the final copies of dissertation and collection of data. Envelops used for posting letters seeking permission and sending final documents or findings to Ministry of Health and QECH Administration.

B) SECRETARIAL SERVICES

The money in this section was used for printing, photocopying and binding of the research proposal and dissertation.

C) TRAVELLING COSTS AND ALLOWANCE

The researcher needed money for food, traveling costs from Mzimba to Blantyre, collecting data for literature review and research dissertation. Contingency money of K7000 was used to top up the budget, that is, in case of inflation of the Kwacha, the contingency money will be used to meet the price of raise goods.