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"A Study to Assess the Lived Experiences of Stroke Survivors in the Selected Areas of Pune City"

Mrs. Vinita Jamdade[1], Ms. Suchita Jagtap[2], Ms. Pooja Margale[2], Ms. Neha Jaybhay[2]
[1]Assistant Professor, Bharati Vidyapeeth (Deemed to be University), College of Nursing, Pune.
[2]S.Y. P.B.B.SC, Students of Bharati Vidyapeeth (Deemed to be University), College of Nursing, Pune.
*Corresponding Author

ABSTRACT

Introduction: *A stroke is a potentially lethal condition that happens when a part of the brain does not receive enough blood flow. A clogged artery or bleeding from the brain are the two most prevalent triggers for this. If there is not a steady flow of blood, the cerebral cortex cells in that area start to die from a lack of oxygen.*

Aim of the Study: *To assess the lived experiences of stroke survivors in the selected areas of Pune City.*

Methodology: *This qualitative study adopted a phenomenological research design to gather data from stroke survivors at a hospital in Pune City. The research was conducted in selected areas of Pune, focusing on stroke survivors as the target population. Data was collected using a non-probability purposive sampling method, continuing until data saturation was reached.*

Results: *Stroke survivors face physical challenges like mobility issues, fatigue, and weakness, needing ongoing therapy and medication. Emotionally, anxiety and depression are common but often improve with music, meditation, and family support. Families, especially spouses and children, are key to recovery, though social life is often limited. Financial burdens and costly treatment pose big hurdles, especially in rural areas where healthcare access is scarce. Despite this, survivors show strong resilience.*

Conclusion: *The findings emphasize the role of family support, mental health strategies, and healthcare access in stroke recovery, while highlighting financial and resource challenges. Despite these obstacles, participants show resilience in managing their recovery.*

Keywords: *Assess, Lived Experiences, Stroke, Survivors, Selected Areas.*

INTRODUCTION

A Cerebro-vascular event known as ischemic stroke occurs when the flow of blood to the head is disturbed or the obstruction in the vessel walls causes bleeding inside the brain. As we see many patients in neurological wards, it is clear that Sudden weakness in the face, arm, or leg are signs of a stroke., as well as verbal aphasia, headaches, dizziness, and loss of coordination. High blood pressure, diabetes, obesity, smoking, and genetic factors account for more than 60% of people's increased risk of stroke. Stroke is the major cause of adult neurological impairment and the third most frequent cause of mortality in the developed world. According to WHO the stroke affects more than 15 million person every year at international level, there are 5 million death in every year causes by stroke. Stroke affects 1,85,000 persons in India, and as of the 9th of March 2023, one stroke patient will die every 4 minutes. If we compare Pune to Maharashtra, where there are 10,000 stroke victims, there are 94,154 stroke patients and 229 stroke patient deaths in 2011.

A stroke is a medical disorder that results from inadequate blood supply to a portion of the brain, which kills cells there. The two primary kinds of stroke are ischemic, caused by insufficient blood flow, and hemorrhagic, caused by hemorrhage. Both make areas of the nervous system stop working correctly. The biggest risk factor for stroke is high blood pressure. Other risk elements are high blood cholesterol, tobacco smoking, obesity, diabetes mellitus, a prior TIA, end-stage renal illness, and atrial fibrillation. Though there are more unusual reasons, usually ischemic stroke results from blood vessel occlusion.

Need of the study:

Stroke patients need ongoing care; therefore, stroke family careers are unlikely to foresee when the home health care service would finish. Stroke is a chronic, incurable illness that frequently leaves its victims dependent on others for the rest of their lives. A family of a stroke patient may experience all kinds of negative effects, including unanticipated changes, mortality, physical, emotional, and social issues, worry about prognosis, and social problems. A family member who has been designated as the primary caregiver is especially subject to this duty, which also affects their income.

Stroke is a stroke epidemic in India, according to some, and this calls for immediate action through evidence-based stroke policy tailored to the nation's needs (Mishra 2010). Treatment options for stroke

include lifestyle changes and low-cost generic medications, much like for other chronic illness. Failure to take immediate action to prevent this preventable illness will negatively impact the nation's economic growth. A robust primary health care system and enhanced pre-hospital and acute stroke treatment services are prerequisites for the many structured stroke care models that are obtainable from developed nations. Morbidity and Mortality associated with Stroke Global Stroke estimates 400–800 strokes for every 100,000 people, 5.7 million fatalities. Every year, 16 million new acute strokes occur. 28,500,000 disability-adjusted life years (DALYs). The 28–30-day case mortality rate is between 17% and 35%.

A major global health issue, stroke causes high death, disability, and sickness rates. In India, the burden of stroke is rising due to factors like urbanization, lifestyle changes, and an aging population. Stroke survivors often face long-term physical, emotional, and psychological challenges, which severely impact their quality of life. The rehabilitation process and post-stroke care can vary greatly depending on the available healthcare resources and socio-cultural factors.

Aim of the Study

The main aim of research on stroke patients is to improve outcomes and quality of life by finding better ways to prevent, treat, and aid recovery from stroke. Researchers study stroke across the entire patient journey, from emergency response to long-term rehabilitation and chronic care. To assess the lived experiences of stroke survivors in the selected areas of Pune City**.**

MATERIALS AND METHODS

The researcher adopted a Qualitative methodology for this study. The research design selected for this study is "Phenomenological research design". In this study, Research variable is lived experiences of stroke survivors. Data was collected from the selected areas of Pune city. Target population were Stroke survivors. And the accessible population were stroke survivors in selected area of Pune city. The approximate sample size for study was determined 20. a non-probability purposive sampling technique was used. Inclusion criteria consists of Adults aged 30-40years and Individuals who have experienced either an ischemic or haemorrhagic stroke. Socio-Demographic Data includes age, education, socioeconomic status, and monthly family income. It also covers medical history, such as the type and severity of stroke, time since the stroke, and any existing comorbidities.

RESULTS

Section-I Analysis related to the live experiences of stroke among stroke survivors.

Table No. 1 Live experiences of stroke among stroke survivors

Codes	Themes	Sub themes	Verbatim Text
PHC_01	Physical Health Challenges	Weakness & Mobility Issues	"I experience severe weakness every day, especially in my legs. Sometimes, I feel like I'm dragging my left side behind me. I get dizzy just from standing up, and walking has become a challenge. I can't even make it to the store without feeling out of breath."
PHC_02	Physical Health Challenges	Fatigue	"I get so drained from just doing the simplest things. One minute, I'm fine, and the next, I'm ready to collapse. It's like my energy just evaporates out of nowhere. Even taking a shower or preparing a meal takes everything out of me, and I often have to rest for hours afterward."

PHC_03	Physical Health Challenges	Treatment Dependency	"I'm completely dependent on physiotherapy and regular medication. It's frustrating because finding access to these services where I live is nearly impossible. I have to drive hours just to get a session, and even then, sometimes, the therapist isn't available."

Table No. 1 Live experiences of stroke among stroke survivors

codes	Themes	Sub themes	Verbatim Text
MEW_01	Mental and Emotional Well-being.	Initial Anxiety & Depression	"I was overwhelmed with anxiety right after my stroke. I felt like I had lost all control over my life. The self-blame consumed me; I kept thinking it was my fault for not taking better care of myself. I didn't know who I was anymore, and I just wanted everything to go back to normal."
MEW_03	Mental and Emotional Well-being	Gradual Improvement	"It's been a slow process, but I feel like I'm finally getting my mental health back on track. It's like a weight has been lifted. I don't have the same intense fear I had in the beginning, and I feel more hopeful every day. The mental support I've gotten from my family has been a huge part of that healing process."

Table No. 1 Live experiences of stroke among stroke survivors

Codes	Themes	Sub themes	Verbatim Text
FSS_01	Family and Social Support	Vital Role of Caregivers	"Without my family, I would feel completely lost. My spouse and children are there for me every single day, helping me get around, managing my medications, and just being there to listen when I need to talk. They truly keep me grounded and remind me that I'm not alone in this."
FSS_02	Family and Social Support	Social Limitations	"My mobility has really limited my ability to participate in social activities. I miss going out with friends and being part of social gatherings. It's hard not to feel isolated when you can't attend weddings, family parties, or just go out for a walk in the park like I used to."

FSS_03	Family and Social Support	Social Restrictions	"I often feel restricted by my son's overprotectiveness. He refuses to let me go out sometimes, worrying about my health. It feels like I've lost some independence, and it's difficult to explain to him that I still want to live my life and make my own choices, despite my condition."

Table No. 1 Live experiences of stroke among stroke survivors

Codes	Themes	Sub themes	Verbatim Text
FS_01	Financial Strain	Cost of Treatment	"The financial burden is constant. The treatments I need are incredibly expensive, I feel like I'm drowning in bills, and at times, I have to choose between medications and daily living expenses, which is heart-breaking."
FS_02	Financial Strain	Self-Reliance	"Despite everything, I refuse to give up. I'm proud of how far I've come. I've learned to manage on my own, making do with what I have and finding small ways to make things work. It's not easy, but I'm still pushing through."
HA_01	Healthcare Access	Challenges in Rural Areas	"Living in a rural area is incredibly isolating when it comes to healthcare. We don't have enough specialists. I often find myself traveling long distances to see a doctor or get treatment, which is exhausting and costly."
HA_02	Healthcare Access	Mixed Experiences with Facilities	"I've had mixed experiences with healthcare. On one hand, accessing the facilities is a struggle. But on the other hand, the staff are kind, and I've had some great treatment. It's just the distance and lack of availability that make it so difficult."

FINDINGS

Participants face significant physical challenges after their strokes, including weakness, dizziness, and fatigue, which limit daily activities and require ongoing physiotherapy and medication. Mental health struggles such as anxiety and frustration were common initially but improved over time through coping strategies and family support. Family caregivers play a crucial role in their recovery, though social participation is often restricted due to physical limitations and protective family measures. Financial strain and limited healthcare access, especially in rural areas, further complicate their recovery, yet both show resilience in managing treatment with varying experiences of healthcare services. The findings underscore the critical role of family support, mental health coping strategies, and access to healthcare in the recovery process for stroke survivors. The data also highlights the financial barriers and resource scarcity, particularly in rural areas, which hinder timely and consistent treatment.

DISCUSSION

The study is comparable to a descriptive study on the lived experiences of stroke survivors in India: A phenomenological study conducted by Manjula G. Bhagavathy (2022). Stroke is a major cause of long-term disability with significant emotional and socio-economic impacts on patients, families, and health services. This phenomenological study explored the lived experiences of ten stroke survivors, three months to one-year post-stroke, using in-depth interviews and Diekelmann's hermeneutical analysis. Two main themes emerged: the emergence of stroke, covering its occurrence and recognition, and therapeutic concerns involving factors that enhance or hinder recovery. Understanding patients' experiences is vital for planning effective care, strengthening recovery factors, and addressing barriers through comprehensive rehabilitation programs. The study also underscores the importance of public education on stroke warning signs to improve early recognition and outcomes.

The present study result showed that the critical role of family support, mental health coping strategies, and access to healthcare in the recovery process for stroke survivors. The data also highlights the financial barriers and resource scarcity, particularly in rural areas, which hinder timely and consistent treatment. Both participants show resilience in managing their health challenges, relying on both medical treatments and personal coping mechanisms to improve their quality of life.

INTERPRETATION

Participants face significant physical and emotional challenges after stroke, relying heavily on family support and coping strategies for recovery. Financial constraints and limited healthcare access, especially in rural areas, complicate their treatment. Despite these obstacles, they demonstrate resilience and adaptability throughout their recovery journey.

CONCLUSION

Physiotherapy and medication play a crucial role in their recovery. However, accessing these treatments, especially in rural areas, presents a challenge. The need for regular physiotherapy and medication is highlighted as essential for recovery. The recovery journey of participants highlights the significant physical, mental, and emotional challenges faced by stroke survivors, particularly in rural settings. Physical limitations such as weakness, dizziness, and fatigue impact daily functioning, while mental health struggles, including anxiety and depression, complicate their emotional well-being. Financial constraints and limited healthcare access, especially in rural areas, add further challenges to their rehabilitation process. Despite these difficulties, both participants exhibit remarkable resilience in managing their recovery, underscoring the importance of comprehensive support—medical, emotional, and financial—in ensuring successful stroke rehabilitation.

DECLARATION BY AUTHORS:

Ethical Approval: The study was approved by the institutional ethics committee of Bharati Vidyapeeth (Deemed to be University), Pune. The study participants were briefed about the purpose and nature of the study and written informed consent was obtained before data collection.

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Conflict of Interest: The authors declare no conflict of interest.

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