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Provision of Social Support in People with Post-Stroke Aphasia: A Cross-Sectional Study

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ABSTRACT
The number of neurological deficits may occur and consider speech and language disorders. The Most prevalent language impairment following a stroke is Aphasia. These impairs affect a person's capacity for language use, such as speech, reading, writing and comprehension. The objective is to find social support in people with post-stroke Aphasia. Individuals with post-stroke Aphasia used a cross-sectional study design. The study was conducted in the OPD of CMH and Mayo Hospital, Lahore, within 3 Months. A sample size of 152 patients aged 40 to 65 of both genders was taken by using convenient sampling techniques. People with stroke were the targeted population. A demographic sheet was used to collect particulars of study participants. A standardised tool, Social Support Survey Instrument, was used to find social support in post-stroke aphasia patients. The social support survey Questionnaire was used. It has four parts and 18 items. The gathered data was statistically analysed on SPSS. In a Sample of 152 patients with stroke, there were 93 males and 59 females. The results show that the average mean value of variable Emotional Support is 25.7, Affectionate Support is 13.0, Tangible Support is 10.3 and Positive Interaction is 8.9. That shows the person with Aphasia mostly receives emotional support in terms of social support, and the least is positive social interaction, which they get. It was concluded that post-stroke aphasia patients' social support was lower. They received lower positive social interaction as compared to other social support, like Emotional Support, Tangible Support and Affectionate Support.

Keywords: Post-stroke aphasia, social support, emotional support, stroke patients, language impairment

Introduction

A stroke occurs when a blockage or bleed of the blood vessels interrupts or reduces the supply of blood to the brain. When this happens, the brain does not receive enough oxygen or nutrients, and brain cells start to die. Stroke is a CVA disease (Lim et al., 2020). The most prevalent language impairment following a stroke is Aphasia, which impairs a person's capacity for language use in speech, reading, writing, and comprehension. Thirty to forty per cent of stroke survivors get Aphasia (Chen, Ovbiagele & Feng, 2016). Speaking, listening, reading, and writing difficulties are hallmarks of the acquired

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communication disease aphasia, which is cause by brain injury (Ivanova & Hallowell, 2009). Non-fluent and fluent Aphasia are the two subtypes of Aphasia. Speech is difficult or halting, and some words may be missing, in non-fluent Aphasia. The speaker's message is still understandable to the listener, however. Fluent Aphasia is a condition in which speech flows more readily, but the message's meaning is lost (Solomon et al., 1994). The brain can overcome post-stroke Aphasia in two ways: by structurally repairing sections of the brain that are primarily involved in speech, or by activating compensatory areas. The left superior temporal cortex defines the long-term prognosis of Aphasia. When the centres of the left hemisphere became irreversibly dysfunctional, the brain used parts of the right hemisphere to process speech. The initial speech-relevant network repair, however, was much more effective than this strategy (Karbe et al., 1998).

Social support is having friends and other people, including family, to turn to in times of need or calamity. Social assistance takes many different forms: Emotional support, often known as non-tangible support, refers to the acts people perform to make another person feel cared Providing someone informational support means assisting him or her. The phrase instrumental support refers to material aids like money and housekeeping (Helgeson, 2003). In comparison to stroke survivors without Aphasia, people with Aphasia have higher mortality and morbidity rates, lower levels of social engagement and return rates to the workforce, and an approximately three-fold increased risk of depression (Ali, Lyden & Brady, 2015). The health and recovery of people with Aphasia depend heavily on social support. The quality of a person's relationships, social contacts, and general quality of life can all be significantly impacted by Aphasia. Here are some ways that social support might help people with Aphasia. Patients with Aphasia may feel a variety of emotions, such as irritation, anxiety, and melancholy. Family, friends, and support groups can offer consolation, empathy, and inspiration through their emotional support. The value of simply having someone who would listen to them and understand their difficulties cannot be overstated. Communication difficulties characterise Aphasia. Friends, relatives, and carers can offer understanding and encouraging communication techniques, including speaking slowly, using straightforward language, offering visual signals, and giving additional time for responses. This encouraging setting can lessen frustration and enhance communication efficiency (Shewan & Kertesz, 1984)

Wallace conducted this study in 2019. To find meaningful treatment outcomes from the viewpoint of aphasia patients and their families, the International Classification of Functioning (ICF) was used as a frame of reference. In order to identify and evaluate major treatment effects from aphasia rehabilitation, aphasia patients and their families took part in a nominal group technique across seven different countries. Individuals with Aphasia specified their own outcomes, while family members identified outcomes for the aphasic person as well as for themselves. Because of the study, people with Aphasia and their families identified treatment outcomes that cover all ICF components (Wallace et al., 2019).

Tsouna-Hadjis conducted this study. To assess the effects of family social support on three stroke rehabilitation variables (functional status, depression, and social status) throughout the course of a 6-month recovery period, research was conducted. Prior to discharge, as well as 1, 3, and 6 months after the stroke's beginning, first time in relation to the level of social support provided by family, stroke patients' functional state, depression, and social standing were evaluated. Individuals with moderate/severe stroke who had high levels of social support had considerably better functional outcomes, meanwhile patients with lower levels of support. High levels of emotional and practical family support, especially in individuals with severe impairments, are associated with incremental gains in functional

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status. Moreover, psychosocial status is affected (Tsouna-Hadjis et al., 2000). Sjoqvist Natterlund conducted this study. The study was conducted to describe how people with Aphasia experienced routine activities and social support. Twenty aphasic individuals participated in interviews, which were examined using qualitative content analysis. The findings demonstrate how the onset of Aphasia significantly altered daily activities and how the individuals' physical limitations or communication issues prevented them from engaging in some activities. The interviewees frequently experienced loneliness because of the loss of relationships and coworkers due to Aphasia. Close family members frequently provided them with much social assistance, but the hospital system did not. To manage their Aphasia, carry out daily tasks, and increase their social interaction, they require various forms of social support (Sjaqvist, 2010).

Methods

The objective of the study was to find out the Social support in people with post-stroke aphasia. A cross-sectional survey design was used in this study. Data was collected from the Combined Military Hospital Lahore, Mayo Hospital. The study was completed in 6 months after the approval of BSAR. A convenience sampling technique was used. The sample size of the study was 152 by keeping a 95% confidence level 5%margin of error, and a population size was 250, calculated by Raosoft Software online sample size calculator. People with stroke were the targeted population. Both male and female patients were included in the study. The provision of social support to people with post-stroke aphasia

was included. Both patient with ischemic or haemorrhagic stroke both was included. The age range of the patients was from 40-65. The patient with TBI (Traumatic brain injury), patient with other comorbidities or any progressive neurological condition (Dementia and Parkinson's disease)

The data was collected from different hospitals and clinics in Lahore. A demographic sheet was used to collect particulars of study participants. A standardised tool, Social Support Survey Instrument, was used to find the social support in post-stroke aphasia patients.

Researchers went to the speech departments of different clinics and hospitals, and after seeking permission from them, the information was obtained by asking the parents of patients with post-stroke aphasia. The social support survey Questionnaire was used. It has four parts and 18 items. Part 1 is Emotional/Informational support, having 8 items. Part 2 is Tangible Support having 4items,

Part 3 is Affectionate support, having 3items, Part 4 is Positive Social Interaction having 3 items and 1 is an Additional item, having 1 item. Scale scores can be transformed to a 0-100scale. The data was analysed by using SPSS 23. Frequencies, charts, and tables were made for the results.

Result

Table 1.1 Demographics

Characteristics	**f**	**%**
Gender		
Male		61
Female		39
Age		
40-50	93	61.2
51-60	59	38.8
Marital status		
Married	111	73

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Single	5	3
Divorced	24	16
Widow/widower	12	8
Occupation		
Working	76	50
Non-working	74	48.7
Other	2	1.3
Socioeconomic status		
Upper class	8	5.3
Middle class	66	43.4
Lower class	78	51.3
Types of stroke		
Ischemic	103	67.8
Haemorrhage	49	32.2
Any psychological issue		
Anxiety	108	71
Depression	44	29

Table 1.2
Social Support in Person with Aphasia

Variables	Minimum	Maximum	Mean
Emotional Support	13.00	70.00	25.7
Tangible Support	6.00	15.00	10.3
Affectionate Support	7.00	20.00	13.0
Positive Social Interaction	5.00	15.00	8.9
Total		152	

Table 1.2 shows different variables of social support in 152 participants. The results show that the average mean value of variable emotional support is 25.7, Affectionate Support is 13.0, Tangible Support is 10.3 and Positive Interaction is 8.9. That shows the person with Aphasia mostly receives emotional support in terms of social support, and the least is positive social interaction, which they get.

Table 1.3
Relation of Onset to Provision of Stroke

Duration of Post-Stroke Aphasia	M	SD	p
3 Months	59	15.5	
6 Months	62	16.6	0.5
More than 6 months	63	18.4	
Total		152	

Table 1.3 shows that the Duration of post-stroke Aphasia means value 59 is 3 months, 62 is 6month and 63 is more than 6 months. This result shows that there was no significant effect on the duration of post-stroke aphasia.

Discussion

Post-stroke Aphasia refers to a language disorder that occurs because of a stroke affecting

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the language centres of the brain. It can significantly influence a person's ability to communicate and participate in social interactions. Provision of social support is crucial for individuals with post-stroke Aphasia as it can help improve their life satisfaction and general health.

In this research post-stroke patients having speech and language issues were assessed and diagnosed, and their frequency was calculated. Post-stroke aphasia patient presented to the rehabilitation OPD having both speech and language issues Among 152 patients, Presented93was male and 59 were female. More stroke types, ischemic was 98 per cent, and Haemorrhagic were 32 per cent. In addition, out of 152 participants, 40-50 years (male) participants were 93(61.2 %), and 51-60 years (female) participants were 59 (38.8 %). Data collected on Marital Status of Study Participants out of 152 participants, 111(73%) were married, 5(3%) were Single, 24(16%) were divorced, and 12 (8%) were widows/widowers. In addition, out of 152 participants' occupations, 76(50 %) were working, 74 (48.7 %) were non-working, and 2(1.3 %) were others.

For people, coping with post-stroke Aphasia can be emotionally difficult. They can get emotional support through counselling. Through therapy, services can assist them in coping with the condition's psychological effects. Aphasia patients mostly experience stress, worry, and depression. This can be managed with the help of trained therapists or psychologists. This study was compared to another study that was conducted by Eumathia Centre, Athens, on the Division of Language and Communication Science at City University of London. A person's capacity to uphold strong social connections with friends and family can be affected by stroke and Aphasia. Participants were at least one-year post-stroke, between the ages of 26 and 69, local residents, six women and four males. They reported increased levels of reliance, more difficulty participating in family activities, and altered family dynamics. Friendships were less frequent because of communication and physical challenges. While some individuals were inspired to join groups after their strokes, interaction with the larger network occasionally decreased because of lost employment and participation in community activities. The way that other individuals reacted positively or negatively to the person with Aphasia affected social connections as well. This study discovered that social support was crucial to people's recovery from strokes and Aphasia. (52)

The current study showed that post-stroke aphasia patients get emotional support, tangible support, and Affectionate support. Family gives them love, care and time. Emotional Support, tangible support and Affectionate Support were higher in mean than Positive Social interaction. Positive Social interaction is important for people with post-stroke Aphasia for their positive well-being, along with emotional support, tangible support and affectionate support. The person with all these social support domains has positive well-being and quality of life that help them recover from Aphasia. Emotional support and affectionate support are the most dominating factors permitting overall social support in post-stroke aphasia patients, as concluded in the present study. This study was compared to another study that Katerina Hilari and Sarah Northcott conducted at City University London, in this study were examined social support patterns among stroke survivors with persistent Aphasia were examined. It examined the link between social support and overall quality of life. Which determining facets of social support were most correlated with HRQL? A cross-sectional survey study using interviews was carried out. A social network questionnaire and the MOS Social Support Survey (SSS) were both employed. The outcomes of those who could self-report are shown here (83 out of 95participants, or 87%). %). The majority of people (71%) claimed that after a stroke, they continued to see their children frequently. However, 64% of respondents claimed they saw their pals less

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frequently. The individuals with the highest HRQL ratings saw their family members at the same level as before the stroke. Lower HRQL scores were obtained by individuals who either saw them more or less than before the stroke. In terms of perceived social support, the SSS scores were negatively skewed, with a mean (SD) of 3.69(.95), indicating that people felt generally supported. Significant correlations between HRQL and two different categories of support were found for social support and informational support. (53)

The current study results showed that the average mean value of variable Emotional support is 25.7, Affectionate Support is 13.0, Tangible Support is 10.3 and Positive Interaction is 8.9. That shows the person with Aphasia mostly receives emotional support in terms of social support, and the least is positive social interaction, which they get. People with post-stroke aphasia get the least amount of Positive social interaction, which is why their well-being and quality of life were lower. Another evident from the previous study was conducted by Al Jadaan, Adel Fahad at Newcastle University. There is a growing literature on the impact of Aphasia on quality of life. A few (QoL) studies have been carried out in Arab nations. The development of the QoL questionnaire involved analysing current measures of (QoL) for Aphasia in light of cross-cultural adaption and conducting a survey of views on QoL and Aphasia. Three primary measurements were utilised to generate the questions after the review; the average value for male patients was 4.00. Moreover, the average for female patients was 3.9.With a t-statistic of p value of 0.85 (>0.05), there was no statistically significant difference between male and female patients, even though male patients had higher averages than female patients did. According to the table, all of the other dropped things were true to this. According to this article, there was no significantly difference in social support or quality of life between patients who were male and female.

The Current study showed that the Social support average mean value of males is 60.58, and the female mean value is 62.12. This result shows that no significant differences in social support by gender. It is evident from the previous literature by McEwen, Hersh, Atkinson, Cocks on Emotional Support for Individuals with Aphasia. Perspectives of Aphasia Patients and Their Loved Ones concluded that emotional support is important in facilitating coping, adjustment, and overall well-being for individuals with Aphasia, including those with post-stroke Aphasia. (55) This study also supports to current study. Emotional support was received post-stroke aphasia patients' higher level as compared to other social support levels. Another evident from the previous literature by Cherney, Patterson, Raymer, and Frymark's research conducted on Social Support and Emotional Well-being in Aphasia. This article explores the beneficial effects of emotional support from loved ones and medical experts on the emotional health and quality of life (QOL)of those having aphasia post-stroke. (56) Current research showed that Emotional positive support is received in higher amounts.

Emotional support had a positive impact on well-being in post-stroke aphasia patients—another previous literature conducted for enhancing post-stroke health-related quality of life (HRQOL). Resources for health care and research must be directed towards their reliable determinants. The SF-36, the modified Rankin scale (mRS), the stroke levity scale (SLS), and the HRQOL in stroke patients' assessment were used to evaluate 100 consecutive consenting stroke survivors. Age, gender, and the length of the post-stroke period were looked for as potential predictors using multiple regression analysis (R2 = 0.63).

The findings indicated that both gender and duration of stroke have not significantly influenced on social support of HRQOL. Stroke severity and frequency of unpleasant emotions were the reliable independent statistical predictors of several aspects of general

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and stroke-specific HRQOL. (57) Current study showed that the duration of post-stroke aphasia mean value 59 is 3 months, 62 is 6 months, and 63 are more than 6 months. This result shows that there was no significant effect on the duration of post-stroke on the social support of well-being of life.

Conclusion

This study was done to find the social support of people with post-stroke aphasia patients presented to the rehabilitation OPD. It was concluded that post-stroke aphasia patients' social support was lower. They received lower positive social interaction as compared to other social support, like Emotional Support, Tangible Support, and Affectionate Support. Post-stroke aphasia patients received family attentions, care in tangible support and affectionate support, they received meals if they were unable to do itself, also received help with daily chores if they were sick, someone took them to the doctor if they needed it, and someone showed love and affection and also someone hugged them. However, they received a lower amount of positive social interaction. Positive social interaction for post-stroke aphasia patient is a very important part of their well-being of life.

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