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Aim of NIJ

To publish high-quality original research articles in the field of nursing that are novel and innovative in their findings that make substantial theoretical and practical advances in the nursing profession.

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From the Editor's desk. "Charting New Horizons in Nursing Research and Practice"

It is with great pleasure to present the January-June issue 2026 of the Nursing Innovators Journal (NIJ), an open-access, double-blinded, peer-reviewed international journal.

As an open-access e-journal, we are committed to providing quality nursing research content that drives innovation in the nursing profession. Each article has gone through rigorous editorial review, including a plagiarism scan, an AI detection scan, double-blinded peer reviews, and final editing. In this issue, we also commemorate International Nurses Day 2026 by recognizing the enduring legacy of Florence Nightingale and aligning with the global vision of empowering nurses to lead transformative changes in healthcare.

This January-June 2026 Volume 2, Issue 1, highlights the contemporary priorities in the field of nursing practice, education, patient safety, community health, and AI in nursing practice. Themes such as stroke prevention, breastfeeding promotion, anaemia awareness, pain management, mindfulness, patient safety, sports-related anxiety, and artificial intelligence readiness reflect the expanding scope of nursing research in addressing emerging healthcare challenges. Together, these contributions underscore the nursing profession's commitment to innovation, compassionate care, health promotion, and the advancement of quality healthcare delivery across diverse populations.

In this era of rapid technological advancement, rising global health emergencies, economic crisis, climate-related health risks, and growing mental health concerns, researchers must be prepared to undertake issues that are forward-looking, informed, resilient, and innovative, and health care practices adaptable to the changing landscape. Nurse research needs to chart a new horizon of care that is adaptive, evolving in scope, and humane in approach. Finding the right balance within this kaleidoscope of human needs is the fundamental question that nurse researchers must seek to answer. It is time to chart a new horizon.

NIJ and its editorial board are committed to providing genuine content for the readers that is based on authentic and original research and academic expertise. We ensure this commitment through our double-blinded peer-reviewed process and stringent SOP editorial process to bring out issues of high-quality academic research based on methodological rigor and its findings for the profession and public at large.

The views and opinions expressed in the published articles are solely those of the authors and do not necessarily reflect the views of the editor, editorial board, publisher, or affiliated institutions. The journal assumes no responsibility for any consequences arising from the use of the published content. On behalf of the editorial team, I extend our sincere appreciation to all contributors and readers for their continued support.

Warm regards,

Prof. Laishangbam Bijayalakshmi Devi

Editor, Nursing Innovators Journal, MKSSSBTINE, Pune

Knowledge and perception regarding stroke prevention among the high-risk patients in tertiary care hospital: A cross-sectional study.

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Abstract: Introduction: Stroke is the leading cause of disability worldwide for adults. It is a preventable and treatable disease for the prevention of modifiable risk factors and early detection of warning signs. The present study aimed to assess the knowledge and perception among high-risk patients regarding stroke prevention. **Methods:** A cross-sectional study with an estimated 253 participants enrolled for the study at a tertiary care hospital, and non-probability purposive sampling was used to select high-risk patients. Knowledge and perceptions were obtained using a questionnaire with reliability (0.7) and validity. Descriptive statistics of mean, frequency, and percentages were used to summarize data on sociodemographic variables and stroke knowledge and perceptions. **Results:** The findings revealed that 84 (33.20%) of participants were aged above 60 years, whereas 183 participants had hypertension, and 36 (14.23%) had diabetes and hypertension. Among the warning signs, sudden difficulty in swallowing was identified as the most commonly recognized symptom by the participants. The majority of participants had poor knowledge, and 84 (33.20 %) participants were unaware of stroke information. There was a statistically significant association between level of knowledge and selected demographic variables such as age, gender, and occupation. **Conclusion:** The study suggested that healthcare workers, nurses, and doctors, with the help of mass media and different types of audiovisual aids, should focus on health education of high-risk groups for stroke and also empower them with knowledge to control the rising curve of stroke globally.

Keywords: High-risk patients, Stroke prevention, Knowledge, perception.

I. Introduction:

Stroke does not occur suddenly without underlying causes. Various risk factors, such as elevated cholesterol levels, hypertension, chronic stress, and unhealthy lifestyle habits, gradually develop over several years and significantly increase the likelihood of stroke. Therefore, individuals need to be aware of these risk factors in order to adopt preventive measures and reduce their chances of developing the condition. According to the Centers for Disease Control and Prevention (CDC), nearly 80% of strokes and premature heart attacks can be prevented through appropriate lifestyle modifications and timely preventive actions.

Among the modifiable risk factors, hypertension is one of the most important contributors to stroke, and the probability of stroke increases progressively with rising blood pressure levels. In Southeast Asian countries, particularly in India, hypertension has become a common public health concern and represents a major determinant of stroke incidence.

Globally, stroke remains one of the leading causes of mortality and long-term disability. Developing nations account for approximately 85% of stroke-related deaths worldwide. A large proportion of stroke cases and their associated complications occur in low- and middle-income countries, where around 70% of stroke events and nearly 87% of stroke-related deaths and disabilities are reported.

India, being a lower-middle-income nation with a vast population and limited healthcare resources, faces significant challenges in providing advanced medical treatment to all affected individuals. Because of these constraints, preventive approaches become extremely important. Improving awareness about stroke risk factors and encouraging preventive practices among high-risk groups, such as patients with hypertension and diabetes, play a critical role in reducing the burden of the disease.

Public health education that increases awareness about the seriousness of stroke, emphasizes the need for immediate

medical attention, and highlights the limited therapeutic time window can positively influence people's behavior and attitudes toward prevention and early treatment. Enhanced knowledge and improved attitudes can promote better preventive practices and contribute to effective stroke management. Ultimately, such efforts can help decrease the incidence and impact of stroke in India and other developing countries. Therefore, the present study aims to assess the knowledge, attitudes, and practices related to stroke prevention among patients with hypertension.

II. Methodology:

The research dependent variables were knowledge and perception regarding stroke prevention, and demographic variables were age, gender, education, income, occupation, etc. The study aim was to assess knowledge and perception among high-risk patients for stroke prevention in a metropolitan city, India. The study objectives were 1) To assess knowledge regarding stroke prevention among the high-risk patients, 2) To find out perceptions regarding stroke prevention among the high-risk patients, and 3) To evaluate the association between knowledge and perception with selected demographic variables. The present study was conducted through a cross-sectional survey design in all medical and cardiology units and the OPD at a selected tertiary care hospital. Data collection was conducted from September 2024 to September 2025. The selection criteria for the participants include the following: a) High-risk patients include those with a diagnosis of hypertension and diabetes mellitus, patients with hyperlipidemia, etc. b) The patients are willing to participate in the study. For the exclusion criteria, a) Pediatric patients, pregnant and nursing mothers, medico-legal cases, patients unable to communicate verbally; b) Patients who have denied consent or are not willing to be part of the study.

The size of participants that were recruited in the study was estimated by using a single population proportion formula by considering the proportion of participants having good knowledge as 18.3%, which was taken from the previous study conducted by Bahir Dar⁹ confidence level of 95%, and a margin of error of 5% to get the maximum sample size precision level of 59% and response rate of 80%. Where: n is the estimated sample size, $n = Z(a2) \sqrt{p(1-p)} / dp$ is the proportion of patients who had good knowledge of stroke warning signs, Then, $n = (1.96) \sqrt{0.183(1-0.183)/0.05} = 230$. Then, by adding 10% non-response rate, the final sample size was 253.

Ethical permission taken (JJH/IEC/Pharma/RP/246/July 25 on dated 23/07/25). After explaining the study and its objective, written informed consent was obtained from each study participant. This study was conducted by following guidelines of ethical including International Committee on Harmonization Good Clinical Practice, Declaration of Helsinki, and the ICMR. Each participant's anonymity and confidentiality were maintained during the study. Only high-risk patients (target group) attending the OPD were selected by non-probability purposive sampling.

III. Results:

- a. **Socio-demographic characteristics of study:** Two hundred and fifty-three hypertensive patients were recruited for the study to a response rate of 100%. Among the respondents, 68% of them were male patients. A total of 109 (43.1%) participants were overweight, whereas 32 participants were obese.
- b. **Clinical and behavioral factors of respondents:** Clinical and behavioral factors- one hundred and eighty-three (72.33%) of the participants were diagnosed with hypertension. Most (98.81%) of the respondents had no previous history of stroke. Moreover, 189(74.70%) of the respondents had smoked cigarettes, and 102 (34.2%) drank alcohol. (Table 1)

Table 1: Clinical and behavioral factors of respondents

N = 253				
SR NO	CLINICAL BEHAVIOUR	Category	N	%
1	H/O smoking	YES	189	74.70
		NO	64	25.30
2	H/O alcohol consumption	YES	102	40.32
		NO	151	59.68

3	H/O COVID-19	YES	9	3.56
		NO	244	96.44
4	H/O Hyperlipidemia	YES	83	32.81
		NO	170	67.19
5	H/O Myocardial infarction	YES	6	2.37
		NO	247	97.63
6	Previous history of stroke	YES	3	1.19
		NO	250	98.81
7	H/O Diabetes mellitus	YES	171	67.59
		NO	82	32.41
8	H/O Hypertension	YES	183	72.33
		NO	70	27.67
9	H/O two or more comorbidities	YES	36	14.23
		NO	217	85.77

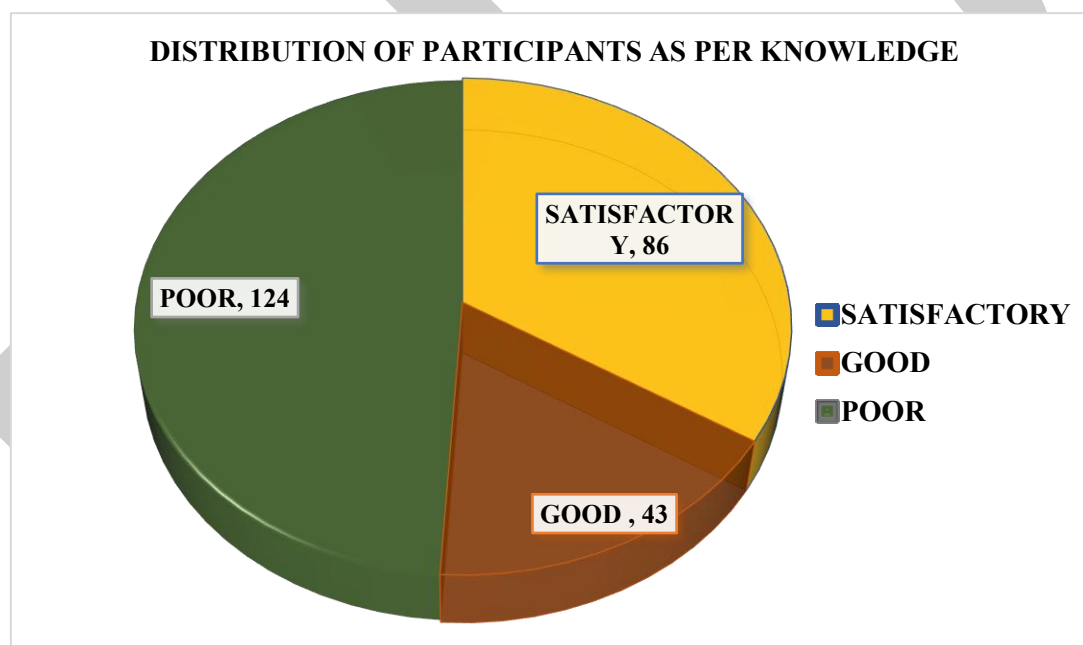


Figure 1. Knowledge of warning sign

Figure 1. Knowledge of warning signs showed that only 43 (17%) had good knowledge, 86 (33.9%) had a satisfactory level of knowledge, whereas the majority of participants, i.e., 124 (49.1%), had poor knowledge regarding stroke warning signs.

Knowledge of warning signs

Table 2: Perception for stroke prevention

Sr No	Perception for Stroke Prevention	Strongly agree		Agree		Neutral		Disagree		Strongly Disagree	
		n	%	n	%	n	%	n	%	n	%
1	I believe hypertension affect only the rich people	56	22.13	42	16.60	47	18.58	36	14.23	72	28.46
2	I believe hypertension affect only those who has lot of tension and stress.	63	24.90	43	17.00	36	14.23	54	21.34	57	22.53
3	I can identify the symptoms of stroke.	34	13.44	36	14.23	77	30.43	83	32.81	23	9.09
4	I think that hypertension and/ or diabetes mellitus is a cause factor for stroke	64	25.30	46	18.18	23	9.09	37	14.62	83	32.81
5	I believe hypertension can be treated with medication only	56	22.13	42	16.60	84	33.20	52	20.55	19	7.51
6	It is necessary that not to ignore unusual symptoms but need to seek immediate medical help.	96	37.94	88	34.78	23	9.09	24	9.49	22	8.70
7	I believe that hypertension can be controlled by lifestyle modification	63	24.90	70	27.67	12	4.74	36	14.23	72	28.46
8	I think maintain normal body weight is necessary to prevent stroke.	36	14.23	89	35.18	83	32.81	36	14.23	9	3.56
9	I believe doing exercise can control blood pressure	23	9.09	75	29.64	47	18.58	36	14.23	72	28.46
10	I believe salt reduction can control blood pressure	70	27.67	47	18.58	42	16.60	42	16.60	52	20.55

Table 2 showed that the majority of the participants (96) strongly agree on the item, “It is necessary not to ignore unusual symptoms but need to seek immediate medical help.” Whereas only 34 participants strongly agreed on the item, “They can identify the symptoms of stroke and seek medical help.”

Table 3. Association between level of knowledge and demographic variables

Variables		SATISFACTORY	GOOD	POOR	X ²	DF	P VALUE
Age	Less than 40	26	6	21	16.44	6	0.0116
	41-50	16	13	13			
	51-60	19	16	24			
	Above 60	25	8	66			
Gender	Male	52	12	108	15.48	2	0.0004
	Female	12	27	42			
Education	Illiterate	12	20	56	6.29	6	0.3915

Occupation	Primary	9	16	24	20.83	4	0.0003
	Secondary	16	20	34			
	Graduate and postgraduate	8	32	6			
	Heavy Worker	12	24	42			
	Moderate Worker	10	23	23			
BMI	Sedentary Worker	42	33	44	10.15	6	0.1185
	underweight	10	5	8			
	normal weight	28	24	37			
	overweight	29	22	58			
	Obese	8	11	13			
Income status	Less than 10,000/month	23	17	74	4.61	6	0.5947
	10,001-20,000/month	12	18	31			
	20,001-40,000/month	14	19	12			
	More than 40,000/month	8	19	6			

Table 3: There was a statistically significant association between level of knowledge and selected demographic variables, including age, gender, and occupation.

IV. Discussion:

The findings revealed that 84 (33.20%) of participants were aged above 60 years, whereas 183 participants had hypertension, and 36 (14.23%) had diabetes and hypertension. These similar findings by Roshni Sinha et al. Participants were more than 60 years (47%). The majority of participants, i.e., 124 (49.1%) had poor knowledge regarding stroke warning signs in the present study, similar to findings by Roshni Sinha et al study result showed poor knowledge (76%) of participants for stroke prevention.¹¹ Another study from Punjab also showed a poor knowledge level (56%) of hypertensive patients for stroke prevention.¹² Additionally, males constituted the majority of the participants, which may reflect greater exposure to modifiable risk factors such as smoking, alcohol consumption, and occupational stress.

Similar findings from Rajasthan also showed the majority of males with exposure of modifiable risk factors such as smoking and alcohol consumption. Among the warning signs, sudden difficulty in swallowing was identified as the most commonly recognized symptom by the participants. This finding is consistent with the study conducted by Roshni Sinha et al and Sunita K, who reported variable awareness of specific stroke warning signs among high-risk populations.¹² There was a statistically significant association between level of knowledge and selected demographic variables, including age, gender, and occupation. The findings underscore the need for structured, nurse-led educational programs focusing on early recognition of stroke symptoms and timely medical intervention. Findings also enlighten on strong felt need among policymakers, stakeholders, and human resource managers to make facilities for health education of patients for chronic illnesses, i.e. Stroke.

V. Conclusion:

The present study concludes that hypertensive patients had poor awareness regarding the causes and risk factors of stroke. Health education programs should be target-specific, i.e., high-risk group people must be taught about stroke prevention strategies- lifestyle modification, diet, and warning signs (BE FAST). This hospital-based survey among hypertensive patients reveals poor knowledge and perception comparable with other developed countries' studies. In India, because of diverse culture, more efforts should be made by the government on health education by explaining the rationale and risks and benefits of health care decisions. Health education programs should be target-specific, i.e. high-risk group people must be taught about stroke prevention strategies. Health education programs should be complemented through the mass media, magazines, newspapers, role plays, pamphlets, information booklets, and health education for hypertensive patients will help them understand stroke and its prevention and minimize complications.

VI. Limitation:

One of the limitations of this study was the lack of causal association since the study was cross-sectional. In addition, the study used closed-ended questions, which might limit the participants' responses regarding their knowledge. Furthermore, the study might not be representative of the community's knowledge since it was an institution-based study.

VII. Recommendation:

A structured teaching program, a pre- and post-intervention experiment, and providing an information leaflet will be recommended in future studies on larger groups than the institutional study. A comparative study between urban and rural settings will identify the knowledge gap.

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Conflict of interest: None.

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