

Stroke patients and their suffering process

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Abstract

The purpose of this study is to get new knowledge and deeper understanding on suffering of stroke patients and nurses' role in the process of recovery and rehabilitation. With the help of scientific articles. The method of this study is qualitative research by analysis with scientific articles with content analysis. The study based on two theories, they are caritative caring theory of Katie Eriksson and the Janice Morse's theory of suffering. The study result divided in to two parts. The first part has come from 3 themes followed by subthemes. They are physical sufferings, psychological sufferings, social sufferings. The second part of the result has come from 2 themes followed by subthemes. They are nurse's do's and another theme is nurse's don'ts. This study shows that the stroke patient is suffering and shows the considerations and care for the stroke patients during their rehabilitation process.

Language: English Key words: Stroke and Suffering, Stroke Rehabilitation and Nursing, post stroke psychomotor suffering, Caritative nursing care and Stroke, Nursing plan and stroke.

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1 Introduction

According to world health organization, Stroke is one of the major facing health issue. It is clinical syndrome of rapidly developing analytical central or comprehensive symptoms of loss of cerebral functions. The symptoms of stroke can last for a day or longer which can also lead to death. No proven causes other than a vascular origin (World health organization 2009). The definition of stroke characterises the neurological assign to source the acute injury of the central nervous system by a vascular cause including intra-cerebral haemorrhages, subarachnoid haemorrhages, ischemic strokes, and cerebral venous sinus thrombosis (Brunner 2003). In the haemorrhagic stroke one third of the patients will survive with the good recovery and the next one third patients will survive with the disabilities and the rest of the one third will die from it (Jester R 2007).

When the person affected from stroke there are many emotional and behavioral changes can occurs such as mood swinging from joy to sad, anxiety, irritable, anger, appearance, personal hygiene, body posture, gestures, motor activities so on. This disease condition affect the abilities of the human being like motor ability, language ability, mental status, intellectual functions, sensor abilities like vision, hearing capacities, touching sensation, abnormal sensations, numbness. The changes cause some part of the brain damaged due the stroke and that part is controlling the different functions of the particular part of the body. The situation is similar when the brain part got damaged which supposed to control the emotion side due to stroke and the person end up with a big change in his or her living life. The effects of the stroke impact are different in each patient depends on the injuries they get. Some can have major damages while others have minor damages. The damages gets from stroke can be sudden and permanent (Brunner 2003).

Although the pain, dizziness and seizures are manifested for the stroke patients, these symptoms are doesn't necessarily present for everyone. Strokes can appear in persons with or without warnings but however the result of the stroke will give some marks in the affected person's life which can affect their quality of living life. The fear, anxiety, frustration, sad, angry all these common emotions are getting higher the level in the stroke patients until or unless they meet a right person to share with it or help with it. And a good nurse can go

deeper into their condition and can give a try to help them up from these facts. (Stroke org.uk.2012)

The author of this thesis is a nurse from other country and doing final year nursing degree in Novia university of applied sciences who is very much interested in to gain better knowledge on rehabilitation. The author has been taken care of 4 stroke patients in other country during her working life as a nurse. The personal interest and the social importance of the disease condition is the main attracting factor to choose the topic of this thesis study. When the stroke patient's rehabilitation takes place, it shows as a teamwork between the nurse and the stroke patient along with his or her family members or the dearest supporting person of the patient. The patient expects that the nurse should feel and understand the sufferings of the stroke patient which can help the patient to follow the functional activities and the procedures to reach the goal. The author is interested to do this thesis in order to improve her knowledge in sufferings of stroke patients and suffering facts that should consider during their recovery procedures like rehabilitation.

2 Aim and problem definition

The aim of this study is to get new knowledge and deeper understanding on suffering of stroke patients and nurses' role in the process of recovery and rehabilitation.

The research questions are:

1. What are the main reasons for stroke patient suffering?
2. What are the nursing roles in the recovery and rehabilitation of stroke patients?

3 Background

Stroke is a dangerous medical condition caused by lack of blood flow to the brain followed by cell death. Stroke can leave many marks on the affected persons living life. The dramatic effects of the stroke are positioned on the severity of the stroke injury. Many damages can

happen after a stroke attack such as neurological pain, activity intolerance, lacking sense, changes in physical appearance. Stroke is classified into two, which are Ischemic stroke and Hemorrhagic stroke. Ischemic stroke is a condition which lacks the smooth blood flow to the brain followed by vascular occlusion and hypoperfusion. Hemorrhagic stroke occurs when there is severe bleeding and extravasation of blood into the brain. The stress and efficiency of nursing can relate to post stroke strategies are often depends upon how the nurse perceives the situation and how extend the nurse understand the measures. (Sara J.2012).

3.1 Causes of developing stroke and risk factors

There are many reasons for developing stroke such as large artery thrombosis, small penetrating artery thrombosis, cardio embolism, cryptogenic, intracerebral haemorrhage and subarachnoid haemorrhage. Large artery thrombosis occurs when there is a blockage in one of the larger blood supplying arteries such as carotid artery or middle cerebral artery which carry blood to the brain. When there is a blockage there will be embolization of the atherosclerotic debris. In this case the deposition of fats at the walls of arteries makes them very hard and narrow. Small penetrating artery thrombosis is due to the occlusion of the small penetrating arteries that provide blood supply to the deep structures of brain. The ischemic stroke caused by the small penetrating artery thrombosis is called lacunar stroke. In this case there will be lacunae which means the empty spaces in the deep structures of brain after occlusion. Cardioembolic stroke occurs when the heart pumps out the unnecessary materials into the circulation of brain. It is followed by the occlusion of blood vessels especially the left middle cerebral artery. Causes of the cardioembolic stroke can be classified under abnormalities of cardiac wall and cardiac chambers like cardiomyopathy, arterial septal aneurysms, ventricular aneurysms, fibroelastomas, tumours, septal defects and patent foramen ovale. Valve disorders like mitral and aortic valve disease, endocarditis, prosthetic valves can cause cardio embolic stroke. Arrhythmias like arterial fibrillation, sick sinus syndrome also causes cardioembolic stroke (Brunner 2003). The another main reason for ischemic stroke is cryptogenic . cryptogenic causes are unknown because this is transitory or reversible. It is mainly seen in young adults than in old adults and this is mainly due to cardiac embolism followed by the vasculopathy and coagulopathy (Byblow et.al

2015). The second classification of stroke is Haemorrhagic stroke. Intra cerebral haemorrhage also called cerebral bleed occurs within the brain tissue or in the ventricles of brain. Causes of the intracerebral haemorrhage are brain trauma, aneurysms, arteriovenous malformation such as the connection between the veins and arteries and brain tumours. There are also reasons that cause spontaneous bleed such as high blood pressure, amyloidosis which is a cluster of diseases in which abnormal proteins called the amyloid fibrils up in the tissue. The other cause of haemorrhagic stroke is subarachnoid haemorrhage which is one of the life-threatening situations in which the bleeding is into the space surrounding the brain. Subarachnoid haemorrhage can be caused by ruptured aneurysm, head injury (Brunner 2003).

There are different areas of suffering which are stroke patients facing through their life when they get the stroke attack. They are differentiated in holistic way that is physical, psychological, and social. When the nurse is approaching a stroke patient, she can take a holistic approach to the patients which should consider the complete patient in physically, mentally, socially. This way of appreciable approach will improve the healing or recovery of the patients. (Creutzfeldt, C.et_al.2012). Stroke is a common life-threatening accident that happening with dramatic effects on stroke survivors and theirs closed ones. When defining a stroke, it is the blockage of an artery in the brain is the most common cause for the stroke and it is happening when the brain gets injured due to different reasons. One of the common strokes is ischemic stroke which happens the brain cells are not able to get enough oxygen because of the blood clot prevent the blood flow towards the brain tissues. The other reason is hemorrhagic which is due to burst of the blood vessel or a weaken blood vessel start to leak blood into the brain causing damage the brain cells (Loft et al 2017).The nerve fiber called axon which transmit the impulse conducted to the cell body to other cells. The comparable description of the disability may be reflecting the affairs of the total number of the axons are involved by the stroke continuing the extend axons that accomplish remyelination. Some axons have higher tolerance for ischemia that the one has supported and insulated with myelinate axons (Byblow et.al 2015). Nurses recognizing the extreme physical demands along with a low health care quality and a bigger risk of psychological embarrassment (Godwin et al. 2004). Very High fatty diet includes palm and coconut oils, cheese and red meat have very high amounts of saturated fat that can lead to ischemic stroke. Smoking can be another risk factor because smokers develop high blood

pressure. Smoking cigarettes makes the artery walls very sticky from the chemicals which makes an easy way for a fatty material to come and stick to it. Alcohol misuse can be a risk factor especially when alcohol is used abundantly .it increases the blood pressure. it can also cause the diabetes and being overweight. Obesity leads to the changes in body`s metabolism by the excess circulation of the lipids and it can be followed by high cholesterol and increase in blood glucose as well. Diabetes can create pathological changes at various site of the blood vessels. Variations in the blood glucose level will show certain symptoms that is very similar to the symptoms of stroke. Hypertension is one of the major risk factors which increases the blood pressure pursued by narrow leakage or rupture of the blood vessel. It can even clot the blood in the arteries (Brunner 2003).

3.2 Complications of Stroke

There are many physical complications occur due to stroke. Stroke patients are mostly suffering from fatigue and this situation is mainly related with inability of the body and the helplessness of the mind due to depression. This is vastly seen in minor stroke patients. And commonly they are battling to accept with this. Fatigue is giving a big trouble to deal with their daily activities (Byblow et.al 2015). When the physical suffering tells about the incontinence in urine and bowel functions after the stroke, this physical problem can give a big challenge to the patients and their relatives .when they are going home after the discharge from the hospital settings, the personal wellbeing also go down if they don't get a good care giver. Severity of this condition is based on the degree of the stroke attack and age of the stroke patient. It varies according to the severity and the age of the body (Creutzfeldt, C.et_al.2012). The patients feel less or no sexual desires due to the stroke attack. When comes into the sexual disability in stroke patients, the reason can be fluctuated with no stroke alone but also psychosocial factors, medical drugs such as beta blockers can decrease the libido. Other factors can affect because of the communication difficulties. Less confidence in the physical appearance also can be a reason to loss of desire especially facial drooping incontinence, dysphasia etc. Understanding the nurse's role with this defect is important to provide resources to intimate the stroke patients with his or her spouse without damages, at least to improve attachments each other (Byblow et.al 2015). The other complication of stroke is verbal deficit such as, aphasia is unable to comprehend speech is receptive aphasia,

and expressive aphasia is comprehending speech but cannot respond back with speech, and mixed aphasia or global aphasia is a combination of both. Dysarthria is also unable to speak clearly due to weak muscles. Stroke patients also have Apraxia that is they cannot perform voluntary movements even though muscle function is normal. Agraphia the loss of the ability to write. Alexia loss of the ability to read because of they cannot understand or see the words. Stroke patient can also experience Agnosia the case they don't understand sensations or recognize known objects or people. Dysphagia is problem with swallowing. The stroke patients facing other problem called Hemianopia it is the limited in half of the visual field (Byblow et.al 2015, Brunner 2003). Stroke patients are suffering from sleep disordered breathing which is the high life-threatening risk, and this considered when the patient takes 10 or more breath can last more than 10 seconds per hour. the obstructive sleep apnea can form from this sleep disordered breathing. It destroys the upper apnea (Byblow et.al 2015).

There are many psychological complications occur due to stroke. Depression in stroke patients are increasing due to their physical sufferings and this can go even worse if they didn't get the good medical attention in order to get therapy which can help with the conditions and also strong support from the near and dear people. This condition will decrease the quality of life (Byblow et.al 2015). Anxiety is very common, but the stroke patient is suffering much from the anxiety after the stroke attack. Anxiety along with the fear is very common in the stroke patients also with their closest relatives. Anxiety can present along with delirium and panic attacks. Nurse can take a role to comfort the patients at the best in all possible ways (Byblow et.al 2015).

There are many social complications occur due to stroke. After the stroke attack, because of the patient's condition they compelled to be in different community in order to receive the support for their physical condition and this inability of the body which is unclear and this is entirely new atmosphere for the patient in his life. Social considerations of the family structure of the patients, the cultural and social activities the communications for the medical decisions to receive and how often it should be done. All the level of the health care quality is based on the care givers health and mood. The interactions between both patients and relatives with the care giver can give a good effect (Creutzfeldt, C.et_al.2012).

3.3 Stroke patient suffering

Suffering is a retrospective feeling. The tolerance and attribute are differed in human behavioral traits. Although it is an individualistic approach and each human differ in mental capacity of the tolerance level to bear it. When a person undergoes suffering, that person perceives it as a obstruction in the blessings that affects the existence. It will create hinderances in the normal functioning of life of that person. It manifests being like less enthusiastic, deeply agonizing, mental shattering. The endurance cannot be reached in many situations because the ability to accept as it is lacks and the grief response take time to be in for each person. For example, there are people who cannot grieve or even weep out loudly (Eriksson K 2006).

Stroke is a clinical syndrome of immediately developing clinical focal or global signs of loss of cerebral function. The symptoms of this conditions can last for 24 hours or exceed the time, can be led to death probably reason other than a vascular origin. (Jester R 2007). When a patient has the medical condition called stroke, he or she may be suffering from severe functional disabilities. Rehabilitation is one of the effective therapies for the stroke patients. It is important to involve the family while rehabilitating the stroke patients. Family centred care helps in the faster recovery of the patient. While involving the family, the nurse can give counselling about the procedures, interventions, and purpose of doing it. This approach will erase the stress and queries of family members of the patients. Nurse can consider the patient and his closed family members as single unit. The family centred care in rehabilitations will provide a way to give specially synchronized and individualised care to the patient. This can help to increase the self confidence in the patient and improve the bond between the family members in order to get a strength to fighting back to maintain a normal life. When the nurse tries to minimize the effect of stroke on patient, his or her family also should be considered. The impact and the severity of the clinical symptoms. The consideration which has taken for the patient and patient's family can be helping through the functional therapy of disability easily shown by the patient. Functional disabilities can be varied in physical, psychological, and social level that affect the quality of life. Patients have differed in their needs, but the basic human needs of the care are unique. The importance of

the continuous comprehensive evaluation to organised individualised rehabilitation target driven approach ease the suffering of the stroke patients.

Stroke Rehabilitation is complex process to balance the affected persons in different ways depending on prior functional, cognitive levels of post stroke impairments (WHO 2001). Stroke can be a leading cause to the mortality around the world. Stroke influences physical and psychological well-being as well as re-integration into social and working life. Rehabilitation has been delineated favorable if started early. Testimonies shows that the neurological and functional recovery occurs during the rehabilitation (Sit et al. 2004). Stroke recovery is always based on the degree of the stroke attack and the damages from it (Jennum et al 2009).

A complete person has psychological social and spiritual believe which is bonded with the personal practices blend to shape a unique individual person. Although the person who bonded with holistic perception gets disabilities due to any of the medical reasons can vary the value of the quality of his or her Suffering. The nurse provides the good rehabilitation service to the clients who are suffering with disabilities through stroke can improve their hope towards the life in the future. Rehabilitation is a teamwork and in this area Rehabilitation service quality should not be compromise by the team. A holistic approach is lifting the grade of the therapy. The expectations towards the post stroke clients are always based on knowledge of the health conditions, which can show the empathetic approach and patiently wait until the client reach the targeted goal (Jester R.2007). The symptoms and warning signs are different according to the degree of the attack and the part of the brain where it affected. After the stroke attack patients survive with some physical damages such as hemiplegia, or problems with walking speaking even with thoughts. Person with any age can happens stroke but mostly it affects elderly people. TIA (Transient Ischemic Attack) also have the same signs and symptoms similar like stroke but lasts only for few hours or short days. But this never cause the Permanent brain damages. TIA never consider as a stroke but a good warning sign. The affected person can seek medical help to prevent from getting stroke in the future. The stroke is serious frightened condition for the patient who is suffering from it and their closed ones (Jester R 2007).

3.4 Nurses role in rehabilitation and recovery of stroke patients

Nurses are the integral member of a multi professional team in rehabilitating stroke client and their functions includes restoration of physical capacity or strength. The high quality of the rehabilitation can help to restore the damage of the stroke patients. All most all the casual recovery happening in first three to six months of post stroke. The aftereffects of stroke can be emotional, physical or cognitive ways. Researches are always concerned on speedy recovery measures the gradual rehabilitative measures are often less concerned. So, it is important to study or conduct research on long term rehabilitation for stroke focusing on complete survival and restoration of functional ability (Godwin et al. 2013). Stroke patients gets natural healing

like spontaneous recovery and gradually getting better with the good rehabilitations.

The nurse who knows the condition well can help the patient is suffering from the stroke, when a nurse taking more effort with the particular patient and with his emotional sufferings nurse will get the spot where she or he can start to work with it and help to meet the goal. The recovery of the stroke for the patients are different and it is varying patients to patients.

The recovery is usually including with medical treatments, natural healings

like spontaneous recovery. The important consideration is rehabilitation and this process make the patient back to get in the society lives. The cure therapy starts from the hospital itself with acute care (Creutzfeldt C. et al. 2012). The series of recovery is suspiciously revealing as a function of time and expectations of the process (Skillbeck et al. 1983). Established scales can be bringing up the real grip for the patients in all the ages and around the world with the appropriate rehabilitation assistance (Sit et al. 2004). The world health organization administering the structure for the different dimensional tasks which is adapted from the previous allocations, they are mainly based on three levels of human functions. The first one is body or body elements, the second one is the complete person and the third one is the complete person taking part in the social relations (WHO 2001). The study of the stroke patients' outcome describing each function are how they related to the rehabilitation results. Stroke patients have the right to approach effective rehabilitation service to improve their life surviving quality (Godwin et al. 2004).

4 Theoretical frameworks

This thesis work is supported by two theories as a framework for the better understanding of the research findings. The first one is the theory of suffering. Well formulated founded theories are the most essential factor in nursing practices. The theory of suffering and theory of caritative caring, both theories are highly narrating about the understanding and needs in patients' sufferings and caring. Morse's theory emphasizes a broad area of suffering that can possibly happen for a stroke patient like emotional suppression or enduring and emotional suffering. The situation is different when the patient is educated but the severity of the situation can make a patient to being in extreme emotional such as crying, shouting, laughing. here the situation is different according to the patients type of suffering. Enduring or emotional suffering (Foss B 2009).

The caritative theory of Katie Eriksson is a model of nursing which differentiate between the ethics of nursing and the practical bond between the patient and nurse. The theory of suffering and the theory of caritative caring is also applicable in stroke patient's rehabilitative perspective. which I can well related or consider with stroke patients who are suffering in different dimensions in their living life. Nurse can have the holistic approach towards the suffering stroke patients during their caring situations and these theories will improve the knowledge also a deeper understanding about the patient's situations (Alligood 2018). By using both theories can support research questions, findings and improve the knowledge in sufferings of the patients. The theories are very large and reaching into each corners of the feelings of the individual and will be very interesting to be clarified. From the theory of caritative caring can be adapt many of the guidelines which are going to be use in health care as a professional nurse. I have chosen Mores theory of suffering and Katie Eriksson's theory of caritative caring in a caring science perspective, which are very suitable in modern nursing care (Foss B 2009, Alligood 2018).

4.1 Suffering

Janice Morse has found very deep behavioral conditions of suffering mainly in to two which are emotional suppression or enduring and emotional suffering. According to her thoughts

emotional suppression or enduring is, when the person facing a problem or the feelings which penetrate their comfort, they are trying to be not break down themselves by suppress their emotions and then it is hard to be understand for another person or caregiver can identify whether she is suffering or not. Especially these types of persons don't have much expressions according to the situations or they never show that they are suffering. It can be more effective when they are aware about themselves more over trust their caregivers, that they can bring a change in their lives (Morse J 2001).

In Morse thoughts emotional suffering type people are ready to express their feelings to their closed ones and even ready to take chance to release their emotions in front of the professionals as well. Suffering can be an emotional response to the previously endured mind. An enduring mind never take emotional suffering before they accept their loss. They reformulated self by hope healing emotional enduring. Because of the Understand of human beings suffering is always bearable in caring science perspective (Morse J 2001).

Morse theory of suffering from a nursing science perspective has well supported with empirical and theoretical research on many years. She defines emotional suffering and enduring, and these are often linked to a clinical nursing background. The enduring or emotional suppression gives lot of different viewpoints of suffering than what is extracted with in caring science (Foss B 2009).

Morse theory of suffering is very logical and can be used to formulate my theoretical framework. It is very easy to apply in to nursing practice. It can be applicable in all aspects of the health care. This theory gives Many knowledges of the human being's unspoken languages in suffering. This theory can be bringing up the quality of my care in healthcare field with people who are suffering. I can use this theory for my professional approach in practical areas as well (Foss B 2009).

4.2 Caritative caring

Theory of caritative caring is invented by Katie Eriksson, the famous Finnish- Swedish nurse. The theory of caritative caring is the model of nursing which differentiate between

ethics of nursing and the practical attachment between the patient and nurse. Nursing ethics comprises the ethical principles that will lead a nurse in her or his decision-making abilities while taking care of a patient. The principles of ethical nursing which act as a basement for the above mentioned are justice which is the fairness. Beneficence is about doing good and the correct thing to the patient. Normal evidence where the nurse makes sure that he or she would not hurt the patient intentionally or unintentionally as the nurse pledged in the historical Hippocratic oath. Accountability is about taking responsibility for one's own actions where they must be ready to accept and to face the professional and personal consequences that can come followed by their actions. Fidelity is when a nurse is faithful and true to keep up their professional promises and duties by giving a highly sophisticated care is safe in a competent manner. Autonomy is when the nurse accepts and respects the patient as a unique individual where the patient has their own options, views, values and beliefs. Veracity is when nurse becomes completely trustworthy to the patient (Eriksson K 2006).

The next phase of Caritative caring theory is the practical relationship between the nurse and the patient. It is where the caritative nursing stands. Caritative nursing include the Caritas. Caritas is a Latin word which originated in 19th century that depicts the love and charity, then comes the respect and allusion to the human relations and dignity. According to the theory of caritative caring is states that suffering occurs when there is a lack of caritative care or when there is a violation towards the dignity of an individual (Eriksson K 2006). Major concepts of the caritative caring theory is caritas, caring communion, The act of caring, caritative caring ethics, dignity, invitation and suffering. Caritas combines the love and charity by the beautiful nature of the unconditional love. It is the most basic motive of the caring science and the steppingstone for all types of caring. It points that the caring is the venture to arbitrate faith, hope and love by the ways of tending, playing and learning. Caring communion which describes caring gets a new phase through the learning communion, it is a form of the intimate bond that signalize the caring. It needs up to date meeting with specific intervals and the lasting presence, caring communion specifies various factors like potency, vitality, closeness, respect, tolerance. Entering the communion is like an opportunity knocking at your door where it creates the possibilities to step out of the enclosure of an individual's own identity. Caring communion makes unity and giving care at its peak level (Alligood 2018).

The act of caring has got some factors which are very important. They are faith, hope, love, tending, playing and learning. The act of caring can be done through two sections that is infinity and eternity. It turns to be an art which mould up something very special from which is less special, and it turns to be heroic and the act of caring simplifying it. Caritative caring ethics is the caring ethics which is focused on the caritas motive caring ethics and the nursing ethics are totally different. Caring ethics deals on the fundamental relationship between patient and the nurse in an ethical sense. Caring ethics is the central key of the nursing ethics. The classes that emerge as a fundamental in caritative caring ethics are human dignity, caring ethics are human dignity, caring communion, invitation, responsibility, good and evil that virtue the obligation (Alligood 2018).

Dignity is the one of the major concepts of caritative caring ethics it can be stated into partly absolute dignity and partly relative dignity. Absolute dignity is something which a person granted by creation. Relative dignity is something which is formed through culture and external contexts. It will be different from one person to the other because every individual is unique. Invitation is the welcoming of a client to the caring communion where the client finds a place to rest with the proper hospitality. Suffering is a part in everyone`s life. There is no one`s life without suffering, it is the lighting between good feeling and bad feeling. Suffering can be different from one person to other. There are three types of suffering which related to illness, care, life. Illness is based on the sickness, diagnosis and the treatment which a patient face. Suffering related to care is when a patient gets inadequate care where she or he was supposed to get more care and support. At this place suffering related to care rises. It is one type of violence towards the human dignity. It is totally against the caritative care ethics. When suffering related to life a human becomes a patient for long term, the entire life of that patient undergoes suffering (Eriksson K 2016).

The suffering human being is the central part of the caritative caring theory of Eriksson. The suffering human being is the patient or the client who needs care. The re conciliation is referred as dramatization of suffering. It says that the person who undergoes suffering should be given their own space and time till they reach the reconciliation. When a patient reaches the reconciliation, she or he will lose suffering and it is where a person enters to the new wholeness. It is just a step away from Caritas. The Caring culture comprises the complete

caring reality and is totally based on the cultural elements which includes traditions and the basic values (Alligood 2018).

Suffering is an unpleasant circumstance where someone is restricted in a misery from which he cannot be escaped. It is a gradual process to reach a grief response in every suffering, the level of attainment is individualistic and overcoming such situation is based on the attitude towards it. The extent of reconciliation with the suffering and the level of acceptance determines if a person can positively respond to the situation that he is constantly fighting with. Throughout the suffering process the patients are getting the will to confront the situation by means of support, insight and various defense mechanisms. As a result, the person self-actualizes the counter part of suffering either ways like fighting to it or urging the mental determination to live with it (Eriksson K 2006). The caritative theory in Nursing community accepted and practicing from 1970 in nursing practical side such as hospitals, clinics and so on. It influenced the nursing leadership and nursing administration. In education theory of caritative caring was introduced in almost every curriculum of nursing student who studied nursing in different parts of the world. It has even influenced the other occupational sectors such as teaching, social workers and clinical psychologists etc. A research programme also introduced based on the theory it mainly includes the systematic caring science and interdisciplinary research. The caritative caring was practiced over 30 years and it has been found so successful in these years. It was a new arousal of caring science tradition which is crystal clear and strong enough. This theory has contributed to the advancement of nursing (Alligood 2018).

5 Methodology

The chapter of methodology will include a review about qualitative research method about data collection and data analysis as well as the ethical implication.

5.1 Qualitative study

Qualitative research, literature review with deductive approach which is the method for this thesis work. Every literature review has previous research history commonly which can be

seen in background. A literature review perchance enlightened, analytical and advantageous synthesis of opted topic. It can describe what anonymous and acknowledged in the topic, which can prepare more questions for the necessity of the expedite research. The guided reading will show the scholar to attending and write their own literature review. There are two alternative designs researches which are qualitative and quantitative. In qualitative methodology the researcher collects qualitative data's and studies while quantitative meant and based on surveys (Polit & Beck, 2008).

According to Coughlan a literature review provides an analytical discussion of the topic which is suffering of stroke patients showing what is a like in the studies (Coughlan,2017). The qualitative research methods are the most flexible research methods. The person undertaking the study is called researcher investigator. Qualitative research design is the approach is logically required by the research question. Qualitative research can formulate hypotheses and this approach will give data expressed in words. The data is an analyzed by summarizing, categorizing, interpreting. To understand and explore the idea, the qualitative research method is highly apt to it. Qualitative researches focus on the quality or the essence of the experiences. The qualitative research has the philosophical roots which indicates the construction ideas and interpretivism. The goals of the qualitative research actual understand describe and discover the meaning or general hypotheses or theory. The qualitative research design characteristics are more flexible, evolving, and emergent. (Polit and Beck, 2008).

5.2 Data Collection

The articles 7 in numbers has taken with more concern to Qualitative scientific article combined with different data collection approach. I have used Finna database, which I collected literature from books and articles to form the background. From the data bases consisted of EBSCO, G. SCHOLAR, CINAHLPlus, Emerald, PUBMED and MEDLINE I search for the scientific article for the analysis stage. The search criteria used by following key words are “Stroke and Suffering”, “Stroke, Rehabilitation and Nursing”, “post stroke psychomotor suffering”, “Caritative nursing care and Stroke”, Nursing plan and stroke”.

Table 1 Data collection

Data Base	Key words for the article search	How many articles searched Hits	Title	Abstract	Relevant to the study	How many chosen for the study
EBSCO	Suffering and stroke patients	68	26	10	6	1
CINAHL	Rehabilitation and stroke	126	37	15	4	2
PubMed	Caritative nursing care and stroke	84	14	8	5	2
Emerald	Nursing Plan and stroke	56	34	12	3	1
Google Scholar	Stroke patients suffering	78	16	9	4	1
Med-Line	Nursing care with stroke and suffering	112	56	15	9	1
Total		524	183	69	31	8

5.3 Inclusion and exclusion criteria

Inclusion and exclusion criteria has applied in this thesis in order to improve the quality of this thesis. I have included the article which narrated about stroke patients suffering process. The language of the selected articles are only English and the year of selection from the published year 2000 through to 2020. Excluded articles which not related to this thesis

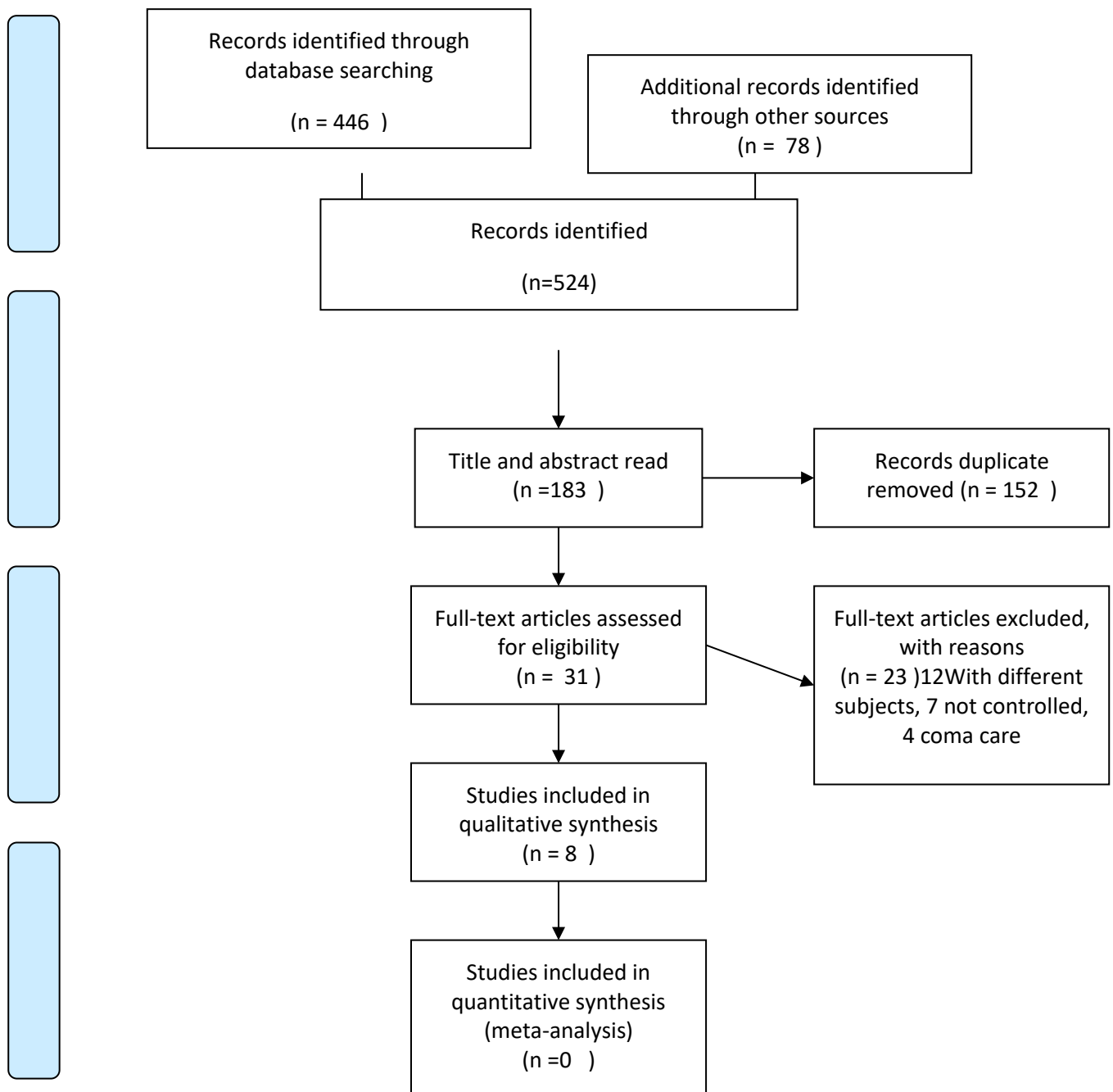
subject also important to easily reach the goal. Included scientific articles can rise the quality of this study. I excluded all the non-English articles for this study.

Table 2 Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Articles published in English	Excluded Other than English language articles
Included articles which published beginning year 2000 through to 2020.	Exclude the articles which published year before 2000
Includes the article which met their goals	Exclude the articles which they couldn't meet the answer for the research questions.
Include the articles which clearly related to my thesis topic that is the nurse's approach to suffering of stroke patient	Exclude the articles telling about different topics which not telling about suffering, stroke, rehabilitation.
Includes the articles talk about the sufferings during stroke, stroke rehabilitation	Exclude the articles which talking about the coma patients
Include the articles only from scientific sources and scientific articles	Exclude the articles are narrating about unresponsive stroke patients
Include the research based on empirical evidence	Exclude the articles which narrating about different disease conditions

Figure 1 The Research process

Prisma Flow chart borrowed on 12.11.2019



5.4 Data analysis

Content analysis is “a research technique used to make replicable and valid inferences by interpreting and coding textual material. By systematically evaluating texts (e.g., documents, oral communication, and graphics), qualitative data can be converted into quantitative data” (Burns 2003). The Content analysis is a data extracting method in which the data interpreted according to the inferences from the texts. In this technique identify the key words and then systematically search the corpus of text to find all instances of the word or phrase. In content analysis comparing differences and similarities together then mentioning similarities together (Burns 2003).

Themes used to find out the common thread from the articles in order to reach the aim. The idea is to categorize the content in the data based on similarities, listing out under categories, arranging collective meanings. Through this the wide data is briefed into much simpler, classified to an understandable idea and this method can lead to the result of the study. The content analysis is the way looking at categories or text and making communication about messages. The content analysis is driven by a research question. The content analysis needs to be systematic and large sampling size of the texts. Content analysis is a form of textual analysis used to identify, enumerate, and analyze occurrences of specific messages and message characteristics ingrained in relevant texts which are often arbitrate in form. Content analysis study is underlying meaning of manifest content is latent content. The process of content analysis is need a research question, research articles which have large text samples to create a coding scheme. Conclude about the summery of the coding results to meet the research questions answer (Burns 2003).

Deductive approach is used in this study. The deductive approach is when a hypothesis is formed from an already existing theory. Deductive method is more specific than general. It also provides a very strong basement to the conclusion of the study. Deductive reasoning starts from the general to more specific. To do thesis deductively is a way of analysing the articles in order to get in to more specific in findings. Deductive approach mainly based on different laws and rules (Trochim 2006).

6 Ethical Consideration

According to the Finnish national board on research integrity plagiarism is an illegal activity. Plagiarism avoided in this study. Choose the allowed study from ethical committee can be the other ethical consideration. Also presenting all the results I get from the study and not planning the result in advance which is related to the theoretical work is against the research ethics. This study never aiming on a preplanned result. The Finnish Advisory Board on Research Integrity offers ethical guidelines that address ethical questions relating to research (TENK, 2012). Without any other authors acknowledgement or without mentioning them should not use any of their quotes as your own also considering in ethical consideration. (Polit, 2012). For research work certain principles must be satisfied like maintaining the confidentiality, non-fraudulent effort, maintaining the reliability and justice (Burns et al 2015). I would base the study according to these ethical principles. According to the Finnish advisory board stated in the law on research ethics (1347/1991) *“A literature review sought to cause no harm to anyone and was aimed at doing good for the society thus enhancing the principles of beneficence and non-maleficence. The principle of justice forms the basis for the right to fair selection and treatment and dictates that individuals must be treated fairly and get what is due to them or is like others in the same situation.”* Also, it is important that as (Polit 2012) emphasizes, *“The literature review was conducted in a manner that respected and acknowledged the authors and all the relevant references are shown. All sorts of research misconduct were avoided, and integrity was maintained all throughout the thesis”*.

7 Result

The result of this study divided into two main parts, the first part is sufferings in stroke patients. And there are 3 themes came out followed by subthemes. Those themes are physical sufferings, psychological sufferings, and social sufferings. the study s in order to find the answers for aim questions. The article were read repeatedly The second part of the result came out from the interest of the author want to see the role of the nurses in recovery and rehabilitation of the stroke patients. The nurse's role in recovery and rehabilitation of stroke patients is the second part of the result. The two themes they are, the nurses do's and don'ts

came out from the second part of the results followed by subthemes (See overview of the results appendix 1)

7.1 Physical sufferings

Repeated reading of the selected scientific articles helped to find the result of this thesis work. The themes came from the subthemes. The subthemes listed below. “ *the stroke patients in nursing homes were assessed as having some sort of dependence in eating*” and “ *patient demonstrated different eating disabilities*” (Kumlien S et al 2002)

7.1.1 Weakness of muscle

The Person who affected with stroke suffers physically the most, it is also clearly visible in stroke patients according their damage of the brain from stroke. when there is a weakness of muscle occurs for example hemiplegia, monoplegia, paraplegia, and tetraplegia. When the persons muscles are affected, main side effects comes in the part of his or her mobility (Takala M et al 2018).

7.1.2 Pain

Pain caused by stroke is long lasting. The adduction of joints and muscles can be a reason and this reason can be because of the spasticity since the mobility is very limited. Swelling in several body parts such as arms and legs occurs due to immobilisation of stroke patients (Struwe J.H et al 2013).

7.1.3 Fatigue

The stroke patient also suffers from fatigue since his central nervous system is affected. The other complications of stroke cause disabilities in the body can make fatigue such as tiredness, nutritional deficit due to loss of mobility or uncontrolled movements of the limbs can be the cause of fatigue (Kitson A.L et al 2013).

7.1.4 Seizures

The other situation stroke patients suffering from seizures is the evidence of cerebrovascular insult. It can be spasms which is the contraction of the muscles that is involuntary and convulsions which is the unnatural movement caused by the same etiology as mentioned. At this stage, the safety of the patient will be affected. There can be injuries from falls and other complications due to seizures (Sangwan P et al 2017).

7.1.5 Fecal and urinary incontinence

About fecal and urinary incontinence, there will be weakness of muscle as a result of shock. The control of urinary and anal sphincters will be lost. The patient couldn't feel urgency and he or she void urine and passes stool without consciousness (Kitson A.L et al 2013).

7.1.6 Sexual dysfunction

Sexual dysfunction also can be a suffering in stroke patients such as libido. The sexual affection between the couple decrease there can be erectile and ejaculatory dysfunctions too (Sundin K et al 2015).

7.1.7 Breathing Problem while sleeping

Breathing problem while sleeping, there can be different breathing patterns after stroke. Several episodes of apnoea can be seen (Takala M et al 2018). “*sleep disordered breathing is frequent in stroke patients.*” (Takala M et al 2018).

7.1.8 Dysphagia

Dysphagia is one of another reason for suffering in stroke patients. Difficulty in swallowing foods and having food because of the weakness of the muscle in mouth and tongue problems with upper food pipe, in severe cases with nasogastric tube compensate this problem in order to prevent the complications such as aspiration pneumonia (Kitson A L et al 2013).

7.2 Psychological sufferings

Psychological suffering is the second theme which has come out from the study of the selected articles followed by mentioned subthemes. *“stroke can result in hidden or invisible disabilities including mental fatigue, irritability, emotional lability, impaired stress tolerance, difficulties with concentration and memory”* (Sundin K et al 2015).

7.2.1 Depression

It happens when the stroke patient suffers from many of the invisible disabilities or hidden disabilities such as mental fatigue, irritation, emotional upset, difficulties with handling stress, concentration, and memory problems. Post stroke depression is suffered many of the stroke patients it is caused by changes in biochemical reaction. During this reaction the patient wouldn't be able to emotionally stable, because the patient is completely new with the situation where he is not having independence as like earlier (Sundin K et al 2015).

7.2.2 Anxiety

Patient can show the anxiety because of biochemical reactions that had occurred in the brain. The patient will be depressed when he is not able to do his routines, activities and work like before the stroke happens (Sundin K et al 2015).

7.2.3 Emotional instability

The stroke patient needs to depend on others for doing their personal activities which include personal hygiene and dressing according to the severity of their condition. These unfamiliar situations of the stroke patient can affect patient's dignity. There will be many situations for the patient where he is unable to do many things or delay in respond with other healthy people. As a result, there will be emotional instability (Struwe J H et al 2013).

7.2.4 Memory impairment

Some cases patients can forget their special occasional programmes as well. The patient himself will forget people and be withdrawing from every surroundings of relationships and responsibilities due to the harshness of the stroke (Saveman B et al 2017). *“memory impairment has been reported to be one of the most common cognitive deficits experienced by leftover of stroke.”* (Sangwan P et al 2017).

7.2.5 Fear

Constant fear to the patient of falling in attempting any acts due to the inability. The patient can be afraid of fail in activities. Those fear of fails can make the patient sad and will drown out his confidence (Sundin K et al 2015).

7.2.6 Aloneness

Aloneness due to static emotion caused by the emotional imbalance disturb the thoughts of patient. Such situation won't make the patient being optimistic which can cause the feeling lonely all the time (Sundin K et al 2015).

7.3 Social sufferings

Social suffering is the third theme has come out from the study of the selected articles and followed by the subthemes. They are listed below. *“the disabilities following a stroke can also result in distressed feelings which affect relation ships and the ability to function in society, such as returning to work and being society active”*(Sundin K et al 2015).

7.3.1 Marital break up

“Spouses of those with a stroke can experience a loss of intimacy in the transformation from a mutually supportive relationship toward a more caregiving role” (Sundin K et al 2015). Marital break up or failure happens when the couple cannot cop up together with the stroke patient's situation. It can lead to loss of libido. There will be many questions in the mind of the patient due to social suffering after stroke. Patients will be thinking about their past and they assess the present and future. Some stroke patients having a strong urge to live like past in future by standing in the circle of suffering which caused by the stroke (Sundin K et al 2015).

7.3.2 Financial difficulties

Financial difficulties happen when the financial stability breaks down. Some family and patient will be struggling hard to cope up the situations. The patient and their family need to find out the new source of income in order to manage home. Some cases the patient have struggle to trust the care taker with financial dealings (Sundin K et al 2017). *“the struggle to*

reestablish normal family life and the experience of unmet needs such as support to return to work and help with finances.” (Sundin K et al 2017)

7.3.3 Hindrance to leisure activities

Hindrance to leisure activities is one of the other social suffering reasons. Sportive and non-sportive leisure activities are not able to do with stroke patients alone (Struwe J.H et al 2013).

7.3.4 Social deprivation

Social deprivation is faced by many of the stroke patients especially who affected with stroke always need an assistance so they will be mostly staying at their home. The frequency of going out, engaging activities will be very limited. So they will be keeping a distance without any interactions from relations and society (Kitson A.L et al 2013).

7.4 Nurse`s Do`s

This theme has come out from the second part of the result that is, the nurse`s role in recovery and rehabilitation of the stroke patients. The theme called nurse`s do`s is followed by few subthemes which listed below . *“focused on quality care and staff committed to their patients.”*(Struwe J.H et al 2013). *“feedback reports were consistently distributed to the leadership but rarely distributed to the direct care providers.”* (Skolarus L.E et al 2019)

7.4.1 Encounter and communication

Nurse should discuss each step of the care with patient and his family members. The importance of choosing a main staff for the patient according to the severity of the dependence of the stroke patient. During this discussion stage the patient and their relatives can resolve their anxiety and questions which comes from the new situation of the patient. The patient and his relatives can discuss about the doctor`s decision at this stage with nurses. It is important to plan a team for the stroke patients. The group work will improve the progress of the patient (Kitson A.L et al 2013).

7.4.2 Health interviews

Health interviews can be arranged for the stroke patients and his or her family members along with the caring team if any. During health interviews the nurse can ask to maintain a diary for the stroke patient`s changes about improvement and deterioration with the help of

patient's care giver. So, it is easy to understand the progress in patient as well as the regression. If there is any regression or deterioration to the patient Nurse can plan care in some more advanced and comprehensive manner with the help of doctor to improve the patient's condition (Struwe J.H et al 2013).

7.4.3 Client advocate

The allotted nurse is responsible for the stroke patient is always supposed to represent the patient. This will help in making decisions about re consultations and appointments with doctor, lab tests, physiotherapist. Nurse should convey the information to patient also about the care which is given. It will help in giving the overall care by proper decision making (Kitson A.L et al 2013).

7.4.4 Organiser

Stroke patients facing entirely new experience with stroke in their life. Stroke can change a normal person's life into difficult situation. Those changes they are suffering from aftereffects of stroke not only affecting the stroke patient but also it will affect his total environment. It is very important in such cases that to organise the rehabilitation phases and care which is given according to the priority. It is very important for the continuity of the care and for the progress of the recovery (Struwe J H et al 2013). *“organisation of care is to maintain continuity is important for high quality care.”* (Struwe J H et al 2013).

7.4.5 Collaborator

It is very important quality for a nurse who works with stroke patient's rehabilitation. Nurse should have a good communication skill with physiotherapists, occupational therapists and dietician. It will help in the upliftment of patient where he is completely dependent on others. All these professionals should combine and work for the same aim of the patient in order to help the patient for his better recovery (Struwe J.H et al 2013). *“the importance of collaboration with inter disciplinary colleagues, which was crucial for providing quality care.”* (Struwe J H et al 2013).

7.4.6 Plan quality care

The quality of the care is the key for the fast and better recovery, for that planning of the care is important in rehabilitation of stroke patients. Plan for a continuity of the care and

quality of the care is by prioritize the care. The Planned quality care can reduce the dependency of the patient and the patient will slowly start to respond and to start to do activities individually (Kitson A.L 2013). *“the charge nurse and staff nurse mentioned that most important for maintaining continuity of care was the permanent designated nurse each patient was assigned from admission to discharge.”* (Struwe A.L et al 2013).

7.5 Nurse`s Don'ts

This theme is from the second part of the result followed by subthemes which mentioned below. The repeated reading of the article pointed into many of the subthemes. *“ their care were often vague and unspecific”* (Kumlien S et al 2002).

7.5.1 Disclose medical information

Don't disclose medical information without permission of the patient and their family members. It is important to respect the privacy of the patient. It also unethical that discuss the patients disabilities in front of the other patients or unwanted people (Sundin K et al 2017).

7.5.2 Break commitments

Breaking professional commitments with allotted patient is also one of the important steps in nurse`s don't do. If there is any breakage of professional commitments to patient will affect the success of the rehabilitation as well as the trust of the patient (Kitson A.L et al 2013).

7.5.3 Stressed quality care

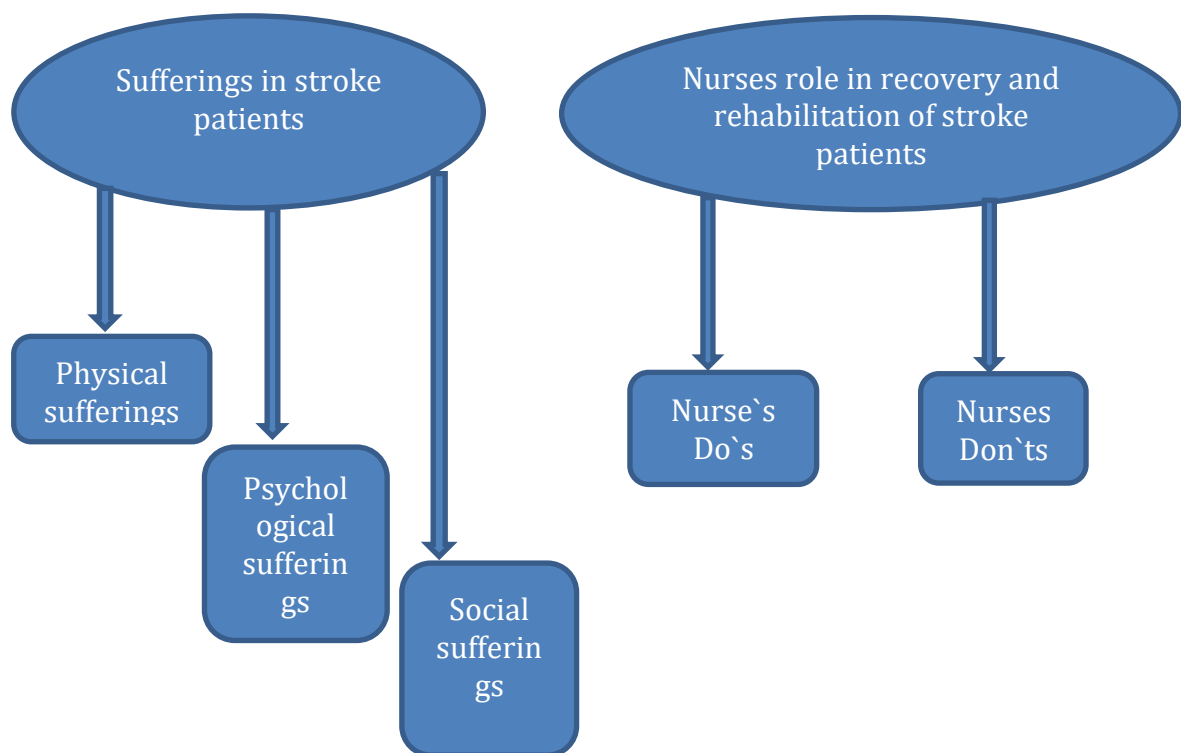
Stressed quality care should avoid by nurse during rehabilitation. Individualized care is most important part in stroke patient's rehabilitation. Allotted nurse is supposed to give enough space and time to the stroke patient during their rehabilitation. Nurse should provide comprehensive care with enough quality and professionalism. Do not stress to documentation instead focus the patient's goal set (Struwe J.H et al 2013).

7.5.4 Disrespect for individuality

Disrespect for individuality is also another major problem should consider during the stroke patient's rehabilitation. Even though the patient has many visible disabilities on his body

image, he or she might be mentally conscious. Patient can hear or feel what the nurse doing with him or her during rehabilitation. It is important to respect the individuality for the better recovery (Kitson A.L et al 2013).

Figure 2 parts of the results- Themes and subthemes



8 Discussions

This chapter is narrating about the discussion of results and method of analysis. The findings and their analytical process of this thesis from the selected articles. The result showing that the stroke patients are suffering due to many reasons and nurse's role vivid in recovery and rehabilitation process. The method discussion includes with few critical review as well.

8.1 Result discussion

The chapter of discussion is including the clear reflection of result how related into the background, framework and how this research problem solved by the result. The findings came out in physical sufferings on stroke patients, based on how deeply pretended the stroke on brain cells which have control on motor nerves. There are large different number of neurons affected in the brain which control different parts of the body functions. The affected lesion and the size of the field and amount of the blood flow which provide oxygen to the brain cells. Stroke patients suffer from breathing problem during sleeping, and the dysphagia make them nutritionally deficit weakness of muscle, Pain, Fatigue, Seizures, Fecal and urinary incontinence, hypertension, Sexual dysfunctions, breathing problems while sleeping, Dysphagia (Takala.M et al 2018).

These physiological suffering conditions are collected from the article is mentioned in the background of this thesis. The findings on psychological sufferings are depression, anxiety, emotional instability, memory impairment, fear, and feeling loneliness. These mentioned subthemes happening according to the study article the invisible disabilities or the hidden disabilities are including in psychological sufferings (Sundin K et al 2015). The deep behavioral conditions of suffering are explained by mores theory is clear evident for the relations of psychological sufferings of a stroke patient. The findings on social sufferings are social deprivation, marital breakup, financial difficulties, and hindrances to leisure activities. These articles say that the lack of confidence will cause the relation building in the society. Lack of mutual respect between the patient and staff can lead to social isolation of the patient (Kitson A.L et al 2013). According to Sundin K et al (2015) stroke can give struggle to the patients family members also. The disabilities of the stroke patient can distress their dignity and intimacy with the spouses and marital breakup as well. The support of the family and society is important for a stroke patient to regain their capabilities like before or recover from the disabilities. The importance of the social acceptance and family members or dear one's support for a stroke patient narrated in the background of this thesis and the considerations how related to their recovery is saying in the theoretical framework. Teaching, care giving collaborating, client advocating, organizing are the components in nurse's do's. According to Struwe J.H et al (2013) continuity of the stroke care is important

to regain the condition of the stroke patient. It is very important to provide instructions to the stroke patient and his family members are experiencing newly with stroke. Collaboration with therapists like physio therapist and occupational therapies also important. Arranging interviews with patient and his or her family members in order to maintain a dairy which can notice the changes of the patients especially physical improvements or damages. The importance of the holistic care narrated in the theoretical framework of this thesis. The nurse shouldn't fail in educating patient and their family members if the nurse fails in doing so the recovery of patient will be slow or fail. According to the Struwe J.H et al (2013) the stroke patients wellbeing getting prioritized that than the recording of the procedure. The designated nurse doesn't break the commitments of the allotted patient. The importance of the confidentiality that do not disclose the stroke patient's records, images, private details for the safety of the patient is also saying in the caritative caring which mentioned in theoretical framework of this thesis.

8.2 Method discussion

This chapter is discussing about the method of the analysis in order to check the quality of the work. The strength and the weakness of the work would be measuring by the concepts that used in this thesis work. There are different concepts used in this quality research based on data bases in each phase of the study. The aiming of this thesis work is finding out a new knowledge and deeper understanding of a stroke patient sufferings and their process during nurse's role of stroke patient's recovery rehabilitation process. Credibility will be one of the concepts which keep the confidence and truth of the data and interpretation of them (Polit & Beck, 2010). Credibility is maintained throughout the material collection and mentioned the borrowed date in the Prisma flow chart. Dependability refers to stability that is the reliability of the data over time, place, and conditions (Polit & Beck, 2010). Reliability is visible in this study. This study has used number of articles which has collected from the scientific source which mentioned in the chapter of data collection. The result may be getting slightly different if it done with the different sectors of less organized countries. The reason for that can be like the low quality of the information source which receive for the study and the less availability of the scientific articles as well. Transferability is referring to appropriateness of

the selected data converted into the other contexts (Polit & Beck, 2010). The other concept used in this thesis analysis is transferability. The content analysis is used in this thesis which helped to find the contents of the article texts.

The inclusion and exclusion criteria kept justice throughout the process. The author did not have any previous experience in conducting qualitative research and new to the Novia's thesis. Moreover, the author was keeping aiming on her mind while selecting articles more informative to the aim of the thesis. The author has been gone through different corners of the subject and it has given many of new knowledge also able to notice into the different faces of stroke patient's sufferings. Mainly, as a nurse understand the importance of those sufferings and provide a best care like a Holistic care to the stroke patients. These finest understandings can enhance the Beauty of nursing profession.

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Appendix 1

Overview on the result part 1 - Sufferings in stroke patients

Themes	Subthemes
Physical sufferings	Weakness of muscle Pain Fatigue Seizures Fecal and urinary incontinence Sexual dysfunction Breathing problems while sleeping Dysphagia
Psychological sufferings	Depression Anxiety Emotional instability Memory impairment Fear Aloneness
Social sufferings	Marital break up Financial difficulties Hinderance to leisure activities Social deprivation

Overview of the result part 2, Nurse`s role in recovery and rehabilitation of the stroke patients.

Themes	Subthemes
Nurse`s Do`s	Encounter and communications Health interview Client advocate Organiser Collaborated Plan quality care
Nurse`s Don`ts	Disclose medical information Break commitments Stressed quality care. Disrespect for individuality

Appendix 2

Description of the articles chosen for the results

Number s of the articles	Author`s Name	Title	Aim	Method	Result
1	Struwe J.H et_al 2013	How is nursing care for stroke patients organized? Nurses views on best practices	To describe the staff nurses and the in charge nurses ideas for how to arrange the nursing care for stroke patients.	Qualitative descriptive study	From this study the findings has come out like, some of the nursing staff capability focused on high quality

					nursing care and some continuous with it. Culture collaboration s less effect on working atmosphere. In charge patients based on allotted ratio and discharging consideration s of the care.
2	Sundin K et_al 2015	What Couples Choose to focus on during nurse-led family health conversations when suffering stroke	To illuminate the couples when one partner has suffering from stroke, based on those candidate the author has done a qualitative research to	Qualitative content analysis	The study summarized with the result which invited couples has able to talk about there severe issues and they able to focus the great deal from the conversations.

			find out the necessity of giving support to stroke suffering patient and their family.		
3	Sundin K et_al 2017	Envisioning the future as expressed within family health conversations by families of persons suffering from stroke	To light up the patient suffering from stroke and their family members and the future approach with nursing leads with them	Qualitative content analysis.	The study result has come out the patient suffering from the stroke and their family members were able to tell their stories and all the sufferings from this affected condition and lighten up into the future goal of the entire family including the stroke patient.
4	Lewandowska A et_al 2011	The Nurses role in caring for suffering patient	To determine the role of nursing	Qualitative research on	The majority of the conductance able to give a

			while take care the suffering patients	structures interview	good participation in this study. Small part affected because of the lack of time.
5	Lesi E- et at. 2019	Understanding determinants of acute stroke thrombolysis using the tailored implementation for chronic diseases framework.	To find out the individual health professional factors and patient factors where barrier to concordant acute stroke.	Qualitative study with semi-structured interview.	The findings has come out from this study is the importance of the emergency department of stroke providers including therapists leads a big involvement in the stroke patients treatment. Healthcare professionals getting stressed which can affect badly on the patient cure
6	Sangwan P et al 2017	Effect on memory and cognitive	The aim of this study was to	Qualitative research	The study able to find a result which aimed

		function in patients suffering from stroke	determine the stroke patients effect on memory and cognitive issues and how they are affected in different aspects.		during research, the predictions of acute cognitive disorders related to the stroke patients were little higher than the visual memory of the stroke patients. All these findings are varie based on the different elements, such as age, location of stroke happened, underlying life conditions.
7	Alison L.et_al 2012	Stroke survivors experiences of the fundamentals of care.	To experience and know more about the importance of the fundamental s of the	Qualitativ e analysis	The result of this study has able to shows the relations between the patients and staffs, also it has given a clear picture of the distress in stroke

			stroke patients		patients. The result linked into the different emotional directions.
8	Mari T.et_al 2018	Pre-Screening of sleep-disordered breathing after stroke.	To analyze and assess the sleep disorder breathing of stroke patients and what are the possible approach	Qualitative systematic review	The result of the study has come out some of the instrument not an ideal method for the stroke patient who suffers from sleep disordered breathing.