LAUREA

GUIDANCE IN REHABILITATION FOR PATIENT AFTER CEREBRAL VASCULAR ACCIDENT

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Abstract

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Guidance in Rehabilitation for patients after Cerebral Vascular Accident

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The purpose of this thesis was to provide guidance in rehabilitation for patients after cerebral vascular accident (CVA). The guidance was aimed at restoring the patient confidence when going home and promotes their abilities to cope independently without institutional care.

The study was carried out under GOING HOME project whose aim was to develop and produce guidance and counseling services concept based on caring TV. (www.wlc.fi). It was implemented through a two interactive channel carried out during three sessions

The informants in this study were CVA patients in Armila hospital situated in Lappeenranta who have been through active treatment and required guidance on managing at home. Open ended questions and observation methods were used in data collection. The study employed inductive qualitative content analysis method in analysing the data. The data was also analysed on the basis of narratives that reflects the researchers experience on the caring TV project.

The findings of this study indicate the development of caring TV as an important guidance tool in improving the quality of life of elderly people living at home. Its power lies in the fact that the patient has access to professional guidance without being in the same premise with the expert. This possibility also faces critics who may claim that the idea of giving care remotely reaps of the therapeutic care that would rather be better executed if the care taker would be physically present.

Giving guidance through caring TV to CVA patients also reveals a challenge that can limit the desired data because of the problems associated with stroke; the patient may not be in a capacity to give information, if communication is a problem while the caretaker is miles away to give handy instructions.

Keywords: Cerebrovascular accidents (CVA), Guidance, Rehabilitation, Caring TV

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Aivoverenkiertohäiriöpotilaiden kuntoutuksen ohjaus

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Opinnäytetyön tarkoitus on antaa ohjeita aivoverenkiertohäiriöpotilaiden (AVH-potilaiden) kuntoutukseen. Ohjeet kohdistuvat erityisesti potilaiden itseluottamukseen kotiuttamisen jälkeen ja kykyyn toimia itsenäisesti ilman laitoshoitoa.

Opinnäytetyön tiedot kerättiin osana GOING HOME -projektia, jonka tavoite oli tuottaa kaksisuuntaiseen caring TV -palveluun (www.wlc.fi) perustuva ohjaus- ja opastuskonsepti. Tiedot kerättiin kolmen caring TV -istunnon yhteydessä.

Haastateltavat olivat aktiivisen hoitojakson jälkeen kotiutettuja AVH-potilaita Lappeenrannan Armila-Sairaalasta, jotka tarvitsivat opastusta kotonaan. Tiedonkeruuseen käytettiin avoimia kysymyksiä, potilaiden tarkastelua, sekä tutkimuksen tekijöiden kokemuksia caring TV -projektista. Tieto käsiteltiin laadullisen tutkimuksen periaattein.

Tutkimus osoittaa, että caring TV on tärkeä elämänlaatua parantava työkalu vanhusten ja muiden apua tarvitsevien kotonaan asuvien potilaiden ohjaukseen. Palvelun vahvuus on siinä, että asiakkaalla on mahdollisuus ammattiohjaukseen ilman että ohjaaja ja ohjattava olisivat samoissa tiloissa. Palvelua voidaan toki myös kritisoida siitä, että fyysisen läsnäolon terapeuttiset edut jäävät näin saavuttamatta.

AVH-potilaiden opastamisen tehokkuus caring TV -palvelun kautta riippuu myös potilaan kunnosta. Potilaalla saattaa olla vaikeuksia palvelun käytössä, jolloin hoitajan olisi pystyttävä antamaan helppoja ohjeita kymmenien, ellei satojen kilometrien päästä.

Avainsanat: Aivoverenkiertohäiriö (AVH), Ohjaus, Kuntoutus, Caring TV

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1. Introduction

The main purpose of the project is to provide guidance in rehabilitation for patients after cerebral-vascular Accident (CVA) when going home from Armila hospital in Lappeenranta via caring TV. Our aim in carrying out the programme is to offer rehabilitative guidance through interactive sessions to help the patient gain confidence and independence while at home despite the deficits caused by the illness.

Armila project falls under the umbrella, Going Home Project whose aim is to promote the development of welfare services for the elderly. The Going home project developed a concept for providing guidance and counseling to senior citizens living at home or those who have been discharged from the hospital and to home care clients with a high risk of illness. (www.wlc.fi).

The concept is based on Caring TV, a model involving a set of equipment in a studio where students in Laurea nursing programme participate in interactive sessions to offer guidance on various topics to patients located at different premises.

The project is enabled by the collaboration of Laurea University Nursing department and Armila hospital in Lappeenranta where our respondents are based. It is implemented through a two channel interactive programme where the students and the patients can interact and see each other via a set of equipment composed of a screen and cameras.

Caring TV concept represents a new wake of technology and is developed in Laurea Active life village (ALV), formally Well life Centre (www.wlc.fi). It enables a new way of delivering health care and welfare services directly to home through interactive TV (www.laurea.fi).

Data is collected through open ended questions as feedback from the participant's experiences in the programme. Observation method was also used in situations where the participants' responses were not audible. The programme is planned to enable us utilize the set schedules to give guidance on

rehabilitation to CVA patients. Our data for analysis is derived from feedback from patients, nurses, significant others and our personal evaluations which reflects our experiences and how the caring TV project. This research employs inductive qualitative method for content analysis.

2. Purpose Statement

The purpose of this thesis is to provide guidance in rehabilitation for patients after Cerebrovascular accident when going home from Armila hospital in Lappeenranta via caring TV.

Project Aims

The main aim of this project is to provide rehabilitative guidance to CVA patients in Armila hospital to promote their independence while at home away from the hospital care through Caring TV. Other goals of the project include;

To help the patients develop confidence when going home after hospitalization and to promote patient's commitment in continuing rehabilitation while adjusting to home environment. The project also aims to acquire feedback from the patient and use it in addition to our experiences from the programme in order to support development of caring TV as means of providing care using remote systems.

3. Guidance in Rehabilitation of CVA patients

3.1 Rehabilitative Nursing

Rehabilitation is a collective term referring to support and application of identified methods to help the patient regain a former status before the illness or relearn lost skills to help them get back to society and lead a normal life (Smith 1999). Learning is a major goal of rehabilitation.

There appear to be common identifiable definitions of rehabilitation by different authors. According to (Mc Grath & Davies 1992), it is an educational,

problem solving process aimed at reducing disability and handicap while the patient starts relearning lost skills

A rehabilitation nurse facilitates learning through employment of educational principles, needs assessment and strategies. Through the process, the nurse seeks to understand clients and family attitudes and beliefs that influence learning and the maintenance of learned behaviors (Larsen 2008).

Stroke rehabilitation is a restorative learning process which seeks to hasten and maximise recovery from stroke by treating the disabilities caused by the illness, and to prepare the stroke survivor to reintegrate as fully as possible into community life. Approaches to rehabilitation may include prevention of secondary complications and treatment to reduce neurologic deficits (Agency for Health Care Policy and Research (AHCPR).

However, the main aim of rehabilitation should be the successful return to the life and social activities which society and the client himself expect through reintegration into the community as independent and productive member of society (Smith 1999).

The idea of education being fundamental to rehabilitation was discussed by (Anderson 1988) who concluded that use of an educational model is consistent with the components of rehabilitation process.

(Smith 1999) notes that Rehabilitative Nursing has major characteristics that cannot be left out such as reduction of disability and handicap. In this case, a rehabilitative nurse takes up a responsibility to motivate and help the patient relearn lost function. This includes enabling the patient acknowledges his potentials in performing an activity for instance raising a paralyzed hand or moving the fingers.

Independence and empowerment are other factors pointed out by (Smith 1999). Empowerment is a process of an individual becoming more in control of himself and his health through mobilization of appropriate resources to enable his needs to be met. During empowerment process, the nurse needs to enable the patient understand that unsuccessful attempts during relearning activities is

part of the learning process and more practice could lead to independence (Smith 1999).

Rehabilitative nursing facilitates problem solving skills by providing new knowledge on effective decision making. This highlights the role of a rehabilitative nurse as a facilitator rather than a dictator. Rehabilitative nursing is listening to the patients and deciphering what their goals is (Larsen 2008).

(Smith 1999) also talks about the 'holistic being' as an important component of rehabilitative nursing. This concept of holism suggests total well-being which has been defined as 'that state of harmony between mind, body emotions and spirit in an ever changing environment (American Holistic Nurses association 1992). The idea implies that rehabilitation professionals must view the patient as a whole into whole rehabilitation theory and practice rather than an individual.

In this thesis, rehabilitation is aimed at creating independence among the participants who are CVA patients in Armila hospital through guidance to enhance their functional ability while they manage at home after leaving hospital. Rehabilitative guidance will be given to the patients through Caring TV in Laurea lab life centre.

3.2 Rehabilitation of stroke deficits

The types and degrees of disability that follow a stroke depend upon which area of the brain is damaged. Generally, stroke can cause five types of disabilities: paralysis or problems controlling movement; sensory disturbances including pain; problems using or understanding language; problems with thinking and memory and emotional disturbances (American Stroke Association 2009).

Though rehabilitation of stroke patients is mainly seen as the duty of the physiotherapist, the nurse can do a great deal to minimize the patient's future deficits. According to (Johnson 1976), the nurse must have the skills to know how that is necessary to handle the patient correctly so that the CVA patient

can be given every chance of a return to full and independent living. In regards to paralysis it simply means that the patient has lost his or her patterns of movement, automatic movements which retain balance and finally lost a fine control which changes muscle tone in relation to gravity (Johnson 1976).

With a hemiplegic patient, the postural flex muscle has to be re-educated by working through infant stages and progressing from rolling to crawling to standing (Johnson 1976). If this reflex mechanism is not re-educated, literature suggests that patients will compensate with the unaffected side and will learn to walk after repeated trials, but he will never again initiate movement in the affected side, (Johnson 1976).This is seen very essential in regard to the contents of our guidance in rehabilitation programme to our participants who are CVA patients in Armila hospital in Lappeenranta preparing to go home.

The next stroke deficit which is common amongst CVA patient is problem using or understanding language also known as aphasia. (Nyyrkkö 1999) defines aphasia as a linguistic deficit caused by brain damage and it affects not only the production and understanding of language but also reading, writing and counting.

There are several classifications of aphasia, (Nyyrkkö 1999) divides it into fluent and non fluent aphasia in the fluent aphasia, the understanding of language is deficient although the stroke patient speaks at a fast pace. The speech may include wrong choices of words or the structure of the words is wrong (Nyyrkkö 1999). In the non fluent aphasia, the patient has difficulties in producing language, but can understand better (Nyyrkkö 1999).

It is important neither to underestimate nor overestimate the aphasia patient's level of understanding (Johnstone 1976). It usually does a great deal of harm to try, over and over again to make an aphasia patient repeat a word or a sentence. This may result to frustration builds up and the more it builds up, the more impossible any improvement in speech becomes. Therefore, in the rehabilitation process of normal speech, frustration must not be allowed to build up.

Speech therapy, according to (Johnstone 1976), is a job that is best left to the speech therapist. However, the nurse and the rehabilitation team should determine how they can best help particularly by understanding what they must not do. The nurse as a rehabilitator through guidance, should remember to always reassure the patient, not to aggravate frustration, not to insist on single words and phrases, not to isolate but to provide group therapy and finally, not to lose contact (Johnstone 1976).

3.3 Cerebral vascular Accident

Cerebral Vascular Accident (CVA) or stroke is damage to the brain caused by loss of supply to the brain. It is defined as rapidly developing clinical signs of focal disturbance of cerebral function lasting more than 24 hours with no apparent cause other than a vascular origin (WHO 1998 & Shinton & Beevers 1989)

The conditions' prevalence worldwide accounts for significant number of fatalities that are related to neurological diseases (Robinson 1998). According to literature cited by (Robinson 1998), Stoke has a number of possible causes and effects which are mostly physical and cognitive in nature. Stroke occurs as a result of an embolism, thrombosis, or haemorrhage (White 1997).

(Glen Gillen & Ann burkhardt 2004) defined CVA as the most common brain disorder that result to failure of oxygen to be supplied to the brain cells increasing susceptibility to ischemic damage and finally leading to death of the brain cells.

The word stroke refers to being suddenly stricken (Cleo Hutton & Caplan Louise 1998). The brain is without question the most important organ in the human body. It is responsible for our feelings, movements, moods, thoughts and perception and it enables our unique personal characteristics, abilities, intelligence and personalities (Hutton et al 1998). Our brain makes us what we are. The loss of any brain function diminishes the person in us (White 1997) and also causes psychosocial symptoms and decreases the quality of life of the patient and relatives (Nyrkkö1999).

Specifically, an embolism is a fragment of a blood clot or other foreign particle that travels in blood vessel until it obstructs blood flow. A thrombosis is a clot that is fixed along the vessel wall, most commonly caused by build up of atherosclerotic plaque (White 1997). A cerebral haemorrhage results from blood leaking out of the vessels into the cranium. This blood forms a clot and begins to compress and destroy local brain tissue (White 1997).

3.3.1 Causes of stroke

There are many causes of stroke but the two main causes are as a result of either blockage or bleeding of the brain arteries. The former occurs when a blood clot (thrombus) blocks an artery that carries blood to the brain. This is also referred to as Ischemic stroke (The stroke Association 2008).The second type occurs when a blood vessel burst causing bleeding (haemorrhage) into the Brain. This is called haemorrhage stroke (The stroke Association 2008).

Besides age, high blood pressure (hypertension) is one of the foremost causes of thrombotic stroke. Literature reveals that Heart disease, obesity, diabetes, smoking, oral contraceptives in women, polycythemia (an increased number of red blood cells), and sleep apnea are also risk factors for thrombotic stroke, as is a diet high in cholesterol-producing or fatty foods.

The risk factors for hemorrhagic stroke include high blood pressure, which can over a period of time cause the ballooning out of arteries known as aneurysm. This also causes the hereditary malformation that produces defective and weakened veins and arteries (Glen Gillen & Ann Burkhardt 2004). Substance abuse is another major cause of hemorrhagic stroke. Cocaine, stimulants such as amphetamine drugs, and chronic alcoholism can cause a weakening of blood vessels that can result in hemorrhagic stroke (The stroke Association 2008).

3.3.2 Stroke prevalence

According to a research carried out by Kari Aho in the year (1986) on Prevalence of stroke in Finland, Stroke lied third on the list of leading causes of death after Coronary Heart disease and causes.

The MONICA project of 12 224 registered stroke patients in eleven countries they identified the highest attack rates in men in Finland and Russia (350/100 000 per year). Their attacks were three times higher than the lowest rates found in Italy and Germany Stegmayr et al 1997)

The prevalence provided the best measure of the impact that stroke had on the community and provides the information needed for development health care services. Stroke is particularly elderly people disease, and the risk of stroke increases exponentially with increasing age (Sivenius et al. 1998 & Torunn Askin 2008). Men are at greater risk than women especially those who smoke and drink alcohol. Obesity, hypertension and diabetes mellitus are also risk factors.

However, recent studies published in the year 2006 showed that stroke ranks sixth after alcoholic related diseases, Lung cancer and suicides among other causes. The research done to individuals between the ages of 15-64 showed deaths of 305 men and 201 women during the same duration.

On a global level, ageing, physical inactivity, smoking and poor nutrition contribute to the growing worldwide problem of stroke. "If nothing is done, the predicted number of people who will have a stroke will double by 2020; however, if what is already known is applied, half the strokes could be prevented," said Hachinski, editor-in-chief of Stroke: (Journal of the American Heart Association).

The World Stroke Day proclamation has it that "stroke spares no age, ethnic origin, sex or country," and emphasises that stroke is rising globally, but is often preventable. "Prevention is the most applicable and affordable part of our knowledge, but prevention is neglected, particularly in developing countries." The Joint World Congress on Stroke encourages prevention through healthy lifestyles, use of effective drugs for primary and secondary prevention, educating health professionals at all levels in clinical practice settings and discouraging unproved or misdirected practices (Journal of the American Heart Association).

3.4 Guidance in Nursing

Guidance is one of the most important roles of the nurses that encompass the concept of patient education. With this regard, the nurse's main role is to improve patients' level of understanding and therefore promote their health. In addition, the nurse must work in an open and co-operative manner with patient, client and their families to foster their independence, recognise and respect their involvement in the planning and delivery of care (Smith, 1999).

It is essential for nurses to understand that patient co-operation can be reinforced by giving adequate information about their conditions and the care that accompanies it. In case of an injury or illness the rehabilitative nurse needs to recognise the essentiality of nursing education without considering it as either desirable or optional element.

The whole concept of rehabilitation is based around the process of maximising the potential of an individual, and using this to restore independence to an optimal level for all the major components of life (Smith 1999).
In the rehabilitation setting, guidance aims at helping CVA patients to increase independence through the acquisition of new skills, knowledge, values, believes and behaviours.

The idea behind this is to develop and encourage patients towards self governance state so that he feels empowered in knowing that he has a responsibility for his own well-being and still the right to make informed choices regarding his life. Therefore the nurse appears to play a vital role in the process of patient education in all clinical settings (Smith 1999).

Guidance is a way of empowering patient through education. Patient education should not only be based on providing facts to the patients, if the nurses have to be effective teachers, their roles should extend to engaging patients in learning. The nurse should posses the ability to be able to assess the patient otherwise effective teaching will not take place. Assessment involves identifying what it is that the patients need to learn (Smith 1999)

It is desirable that the nurse enters the process objectively, and recognises and accepts that patients are individuals and therefore have individual needs and individual ways of learning. The patient on the other hand should posses' readiness to learn which are determined by both intrinsic and extrinsic factors (Smith 1999). The intrinsic factors can be looked at in how the patients perceives the illness and depends largely on patients personality while extrinsic factors encompass the environment for instance family members, media and other patient with related condition (Smith 1999)

While helping the patient to attain independence, the nurse plays a clinical teacher whose role is to convey useful information through guidance on the patients support. The nature of the therapeutic interventions of nurses in the care of stroke patients is at the core of the debate over the exact role of the nurse in patient rehabilitation. This is because stroke rehabilitation has been seen as the job of the physiotherapist.

Depending on the patients needs, the nurse requires skills devised to communicate care to the patient in a way the patient can understand clearly. The patient education should be aimed at helping the patient relearn how to carry out the basic activities of living such as, bathing and controlling incontinence.

According to National Institute of Neurological Disorder and Stroke, most stroke survivors regain their ability to maintain continence, often with the help of strategies learned during rehabilitation. These strategies include, strengthening pelvic muscle through special exercises and following a time voiding schedule. Nurses can also educate patient on how to insert and manage catheters and to take special hygienic measures to prevent other incontinence related health problems.

A comprehensive patient education takes into consideration the role of the family in the patient's care. In a family centred education, the patient is undoubtedly part of a family viewed as a subsystem of a living dynamic system with group core processes, needs, expectations and roles. The educator recognises that families must be equipped with knowledge and skills to support the disabled member (Jul B. Derstine &Shirlee Drayton Hargrove 2001)

The education supportive family system approach to assessment, intervention and evaluation of care facilitates optimal wellness and improves the quality of family life (Derstine et al 2001)

In this work guidance is one of the main concepts and objective of this programme. Through the planned contents of the programme the students plays a role of a teacher by giving rehabilitative guidance on medication, skin care, nutrition, and communication and perceptual deficits to patients in Armila hospital. During the caring TV sessions guidance contents were discussed interactively and the participants were given a chance for questions and to give feedback.

3.5 Goals for the guidance programme

Stroke rehabilitation may not reverse the effect of the stroke but it does help the patient to improve daily functioning. For stroke survivor, the goal of rehabilitative guidance is to help the patient be as independent and productive as possible in efforts to improving physical and functional abilities. More often, old skills have been lost and new ones are needed. It is also important to maintain and improve a person's physical condition when possible (American heart association 2008).

An important part of rehabilitative guidance is preventing the recurrence of stroke. Control of blood pressure is the single most important factor in the prevention of strokes. Patients should regularly have their blood pressure checked. Rehabilitation begins early as nurses and other hospital personnel work to prevent such secondary problems as stiff joints, falls, bedsores and pneumonia (American heart association 2008).

Getting to patient integrated back to the society should be one of the major goals of the rehabilitator. Despite the deficits or handicap imposed by the illness, the patient is part of a society from where he derives a sense of belonging. This is especially important because nurses participate in all aspects of the stroke patient's recovery phase for 24 hours a day, from acute care to re-entry into the community.

Patient-centred guidance addresses the support to return to their normal lives as they lived before stroke (Gillen et al 2004).

They require services that help them build endurance, increase movement and strength, increase awareness, obtain assistive devices, acquire accessible housing and gain access to barrier-free workplace and communities (Gillen et al 2004).

This therefore is a challenge that certainly calls for the rehabilitation team to extend their interventions beyond the patients' immediate impairments to focus on their long term health needs by helping them develop healthy behaviours to improve their well being and to minimise long term health care costs associated with dysfunction (Gillen et al 2004).

Guidance as part of nursing takes a wide spectrum and extends not only to issues concerning illness, but also sexuality issues to help the patient realise his role in sexual life without losing dignity. Other areas of guidance may include finance especially during long period of sickness the nurse could refer the patient to relevant person for advice referring to state benefits.
Generally speaking, goals for the guidance program are designed to enhance the quality of life for individuals, families and communities.

Quality of life is a phenomenon that is defined by the individual's self-image, viewpoint, position and attitudes towards life. Rehabilitation nurse seeks to promote a quality of life that meets the client's definition of dignity and promote self respect and self-reliance (Derstine et al 2001).

4. Plan for programme

The programme planning phase first required that we get acquainted with Caring TV technology which was going to be the medium of conveying our guidance to the targeted group. Knowing that our target group is stroke patients in Armila hospital looking forward to being discharged, we carried out information search on issues and problems related to CVA with specific emphasis on stroke rehabilitation and guidance or patient education. After the

schedules of the programmes were set we selected the contents of our guidance since stroke related issues are widely studied and published.

We had not met or interviewed our respondents prior to caring TV sessions but we knew they were stroke patients in Armila hospital undergoing active treatment. It was nearly time to be discharged home and that our guidance would support their self independence while they strive to manage at home.

The goal was to assess the client's abilities and use them as resources to create independence. Literature states that, rehabilitation practitioner recognizes and respects the adaptive capacity in the living organism. People are viewed as self regulatory, with enormous capacity to cope with changes. The rehabilitation client is viewed as self motivated, capable of decision making and capable of achieving necessary results (Derstine et al 2001)

The format of the program included telling in brief about going home project at the beginning of the programme and why we were involved in it. Know the patients through brief introductions and tell about general problems after CVA such as paralysis or weakness, mental processes, mood swings, perception and interpreting, bowel movement and incontinence and balance. We planned to ask them some few questions and then give some guidance with regard to their specific deficit.

In regard to stroke deficits, our plan was to guide and educate the patient on different rehabilitative procedures and therapies. For hemiplegic patients, we planned to educate them about Lying on the affected side and its importance in order to facilitate the rehabilitation process towards self care. The affected shoulder need to be placed well forward and the elbow extended in the supine position.

The affected leg lies in a comfortable position with slight flexion of the knee (Johnstone 1976). The sound leg is placed on a supporting pillow. Our plan also involved guiding the patients that the bedside locker must be placed in the affected side to keep them remembering the affected side.

Guidance on mental processes was also included during the planning phase of our program. Questions regarding to mental processes are made in the similar format as seen in the appendix. This format enabled us to systematically understand the patients problems and what area of guidance suites a specific patient. During the planning phase we aimed at reinforcing family support to the patient's active participation and observable success to motor retraining (Johnstone 1976).

Guidance on medication was also one part of our topic plan. In regards to this, we planned to talk to the patients about the importance of taking medicines as prescribed by the doctor. Statistics has shown that without the medications, only rehabilitation will not be enough. Patients should remember to take their medicines on time.

During our literature search, we found out that music has worked well in relaxing and giving comfort to stroke patients. During some of our programmes, we planned to bring with us a CD with relaxing music for the patients. With this we decided that we are going to give them some background information about that particular CD of choice, its origin, the author was how long when it was made.

While playing the music, we planned to tell them to be relaxed have a free mind. The environment has to be quite and instruct the patient to follow the instruction from the CD. The idea of us playing CD would enable us to find out how significant the music is to the patients, if they enjoyed it, if they listened to the music at all, or rather what music means to them. These are the main point of interest in regard to music therapy in stroke rehabilitation.

We also endeavored to touch on issues concerning paralysis or weakness for example. We planned to first tell them in simple terms what it means to have paralysis. That is after CVA, people may have weakness, clumsiness or paralysis which is one of the most common symptoms of stroke. This is made worse by stiffness (spasticity) of the muscle and joints.In regard to paralysis, the questions we planned to ask them appeared in the format below; it also applies to other questions that were asked during the sessions and which will appear at the appendix.

Have you faced these problems in your life? Are they familiar?
How do you feel about the paralysis?
How did you learn to cope with the situation?
Do you use some kind of supportive devices? If
YES (what kind of devises, are they effective?)
Would you like to get some guidance, rehabilitation on these problems?
If yes, how would you like it to be done?
Do you have any questions?

4.1 Contents of the program

Our literature search focused on problems associated with stroke and how to deal with them. This follows the fact that one needs to know the problem in order to fix it. The problems we studied were not necessarily linked with the exact ones the patients were facing.

Since the participants were not familiar to us, we attempted to carry out a wide literature search and understand more about CVA, just in case questions concerning this topic comes up, we would be prepared to handle them. After a wide literature search, the members came up with variety of topics related to stroke deficits and ways to address them.

The choice of the pogramme contents were decided upon by the members of the group. It however became a little difficult to decide on which topics to pick since we had a lot of them. It was finally agreed that that the members present the following topics; skin care, communication, Diet & Nutrition, medication and perceptual deficits.

All the topics that we initially planned were important topics of guidance but we had preference to the above topics so that we could discuss them properly with the allocated time. Music was also part of our programme. The introduction of music to this programme was aimed at emphasizing the importance and role of music in stroke rehabilitation.

4.1.1 Skin care

This was one of the topics we choose to discuss with the patient during our programme because literature reveals that stroke patients have tendencies of skin problems especially if they are bed patients or confined to one position for long time. Skin being the body's protection from the outside world, we thought that it was important to guide the patient on the importance of having a healthy skin to prevent entry of pathogens that may cause other complications. CVA Patients who have undergone surgery require guidance on how to keep wounds clean and prevent complications while at home.

Stroke patients have risks of developing pressure sores and the aim was to present some few steps of maintaining skin integrity which includes daily skin inspection, mobility and protection from exposure to moisture for instance urine and perspiration. Pressure sores can be a serious problem for stroke survivors who spend long time in bed or who use a wheelchair. The sores usually appear on the elbows, buttocks or heels. To prevent pressure sores, caregivers can make sure the stroke survivor does not sit or lie in the same position for long periods of time.

Pillows can be used to support the impaired arm or leg. The feet can hang over the end of the mattress so that the heels do not rest on the sheet, or pillows can be put under the knees to prop them so that the soles of the feet rest flat on the bed. Sometimes, a piece of sheepskin placed under the elbows, buttocks or heels can be helpful. Special mattresses or cushions reduce pressure and help prevent bed sores (National stroke Association life after stroke)

Proper skin care could involve systematic daily inspection of the skin paying particular attention to areas over bony prominence. Gentle skin cleansing, protection from exposure to urine and perspiration and avoiding skin injury due to friction during transferring and mobility would help in skin care (Agency for Health Care Policy and Research 1995)

4.1.2 Communication

Communication is part of life and inability to communicate feelings can diminish the quality of life when a feeling of one's needs not being understood surface. Aphasia is one of the communication related problem experienced by stroke patients. Although there are different types of aphasia, other may suffer its consequences more than others especially if the ability to express oneself is suppressed.

During the programme, we expected that patients with communication problems are accompanied by for instance nurses or relative(s) and most of the time they were there because some patients could not communicate with us. We talked about the use of other forms of communication such as charts and diagrams although we thought that this methods were already familiar to them. The aim however was to find out how these methods have worked for the patient if they have been implemented in the hospital and to encourage them if they are convenient to help them express their need and feelings.

Communication plays a great role in our day to day transactions. However some stroke patients suffer communication deficits and are therefore a challenge to people around them. Nurses need available communication tools and tactics in support of larger strategic approach. Relearning communication is mainly the job of the speech therapist who could give guidelines to the nurses on how to help the patients express themselves.

The approaches should be extended to the family members taking care of the patient at home. If the patient is experiencing expressive language deficit where patient can understand what others say but cannot or does not respond approximately, nurse should use simple one step commands and can also incorporate the use of gestures, written questions or pictures and demonstrate it to the patients caretaker. (allnurses.com). It is notable that stroke patients could suffer impaired social interaction related to limited communication as evidenced by slurred speech and therefore communication improvement stands one of the major areas that guidance on rehabilitation should place much weight on.

4.1.3 Diet and Nutrition

Giving guidance on what the patient should eat is one important part of rehabilitation needed by patients. Eating disorders can result if their eating pattern is not followed up. Sick people living by themselves may lose motivation to cook and therefore their heath can deteriorate. They may also experience loss of appetite, constipation, weight loss and this deprives them energy to carry on with daily living and rehabilitation (National Stroke Association)

Our aim in planning and talking about nutrition was to give them motivation on eating, tell them how diet as part of the rehabilitation helps them carry on and share our basic knowledge on what a balanced diet is composed of. We advised them to consult the hospital dietitian who can plan their diets if need be. (Agency for Health Care Policy and Research 1995) cites possible causes of inadequate oral intake for instance inability to chew or feed oneself, lack of interest in food, cognitive deficits such as inability to recognize hunger or thirst, and inability to make hunger or thirst known because of problems with communication.

Diet is also an important part of stroke rehabilitation especially for patients who are diabetic or who have allergies to some food. On the other hand stroke survivors can suffer brain damage resulting to interference of the brain parts controlling swallowing and in this case stroke patient diet needs consideration while planning the rehabilitation programme. As far as diet is concerned, nursing rehabilitation on CVA patient should focus on advising on low fat, salt and cholesterol diet (National Stroke Association 2008).

Special emphasis should be given to patients who at the same time suffer from high blood pressure. Those with high cholesterol level or hardening of the arteries should be advised to avoid food containing high level of saturated fat for instance animal fat. Diet control can enhance the benefit of the drug for CVA patients which may have been prescribed for control of a specific condition (National Stroke Association 2008).

Weight control is also an important content of guidance for CVA patients. Inactive people can easily become overweight from eating more than a sedentary lifestyle requires. Obesity can also make it difficult for someone with a stroke-related disability to move around and exercise. Reduced appetite is also one problem that could be observed in a stroke. In America, nutrition programs, such as hot lunches offered through community centres have been established in some places to serve patients (National Stroke Association 2008).

4.1.4 Medication

Medication is a big part of rehabilitation that touches on the nurses' job. In acute situation like stroke, the patient and the family may need education on how the patient treatment is planned and most likely the nurse will talk about the medication prescribed by the doctor and how to use them. In addition if severe side effects may arise when the patient takes the medicines, the nurse will need to explain what is anticipated and how to counteract them.

Guidance on medication was aimed focusing on what kind of medication the patients need to take with them home while leaving hospital. During the planning phase we agreed that our goal in introducing medication as a form of nursing rehabilitation is to help the patients understand that taking prescribed medication would help them evade complications related to stroke. Dealing with pain and lack of sleep were also part of the guidance that can be helped through medication.

4.1.5 Perceptual deficits

This is one of the problems likely to be experienced by stroke patients. Perceptual problems impede performance of many activities of daily living. It interferes with the patient's ability to participate in and learn during rehabilitation and increases tendencies of injuries. Knowing the patient's perceptual limitations is significant in planning and implementing the rehabilitation regiment (Agency for Health Care Policy and Research 1995), this is aimed at helping the patients function safely after returning home.

Treatment for this deficit emphasizes retraining substitution of intact abilities, and compensatory approaches. The goals are to remediate the impairment or to reduce the impact of the deficit through repetitive exercises or compensatory treatments that teach patients new methods of response (Agency for Health Care Policy and Research 1995).

4.1.6 Music Therapy

Music therapy is an evidence-based practice and is largely dependent on research. The research results have been shown to affect areas in motor skills, communication skills, cognitive skills, and socio-emotional skills (www.music therapy.org).

Lead researcher Teppo Sarkamo from Helsinki University said that Music listening should be considered as an additional to other forms of therapy such as speech therapy or neuropsychological rehabilitation.

As patients improve and advance in rehabilitation, Music therapy continues to provide support for patient and family as a part of the rehabilitation team as the patient is able to participate in more group activities for social outlets. Using music in a group setting facilitates social connections and identifying with others in similar situations. As mobility increases, music spurs on the patient who responds automatically to rhythm and increases motor function through various discussed techniques (www.music therapy.org).The ability of the nurse to use music therapeutically does not require a lot of skills while the application can mean a lot to the recovery of the patient.

4.2 Plan for implementation and schedule

Before the presentation of the programme, we needed to plan the schedule since there were other programmes running at the caring TV station. We were assigned three sessions on different date to present the programme each session lasting for thirty minutes. The schedules were as follows;

Dates and place	Time	Contents of the programme
27.2.2008, Laurea Otaniemi	12.30.13.00	Skin Care, communication, Evaluation
5.3.2008, Laurea Otaniemi	12.30.13.00	Medication, music therapy, Evaluation
12.3.2008 Laurea Otaniemi	12.30.13.00	Nutrition, perceptual deficits, communication, Evaluation

Table 1: Presentation dates

It was initially thought that thirty minutes was a short time to present everything we had. We prepared a brief plan on how we can utilise the slot. We divided the minutes of every session, such that in the first ten minutes of the first programme we introduce our-selves and seek to know the participants on the other station as well, introduce the topic and why we were giving them guidance and tell them the future plan concerning the next programs we were going to present. The ten minutes introduction was intended to save time to handle our contents in the next programmes and have as much feedback from the patients as possible.

5 Plan for evaluation

Being the first programme of this kind, we were eager to hear what the patients think about it and evaluate their feedback and contribute to helping the development of caring TV and similar technologies developing towards promoting health care.

With their help, we intended to figure out the benefits of the programme to them and if they wish to have a similar kind of guidance. We expected them to point out which parts of the guidance were important to them and technical problems that may relate to the systems. Presenting this program as a group of international students was another area of evaluation and we expect them to point out possible trans-cultural issues they may have experienced while we run the programme.

At the evaluation phase we planned to find out what they think could be issues to improve in caring TV as a tool of guidance. We plan to take notes on the patients' comments and also their wishes and questions for the next programme. The last ten minutes of the programme we saved for evaluation and also at the course of the programme incase the patients needed to comment.

5.1 Method of evaluation

This thesis employs a qualitative research method in data evaluation. The method captures the subjective experiences of individuals by using open ended questions to stimulate interaction between the patients in Armila hospital in Lappeenranta who are our informants and us, student nurses from Laurea.

Qualitative approach will be used to produce knowledge on how to guide the CVA patients can be offered guidance to help them regain independence as they leave hospital. The patients will give their opinions on the programme and answer the questions we will ask them at the end of the programme concerning the benefits of the programme.

5.2 Plan for data collection

The plan for data collection was decided upon by the members. Since the programme involves interaction with the aim of giving guidance on independence while at home to stroke patient, therefore the most favorable methods resulted to be getting their feedback at the end of every session using open ended questions.

5.2.1 Nurses Evaluation

They have been significant in the running of the programme. Since they have been taking part in the treatment during the acute phase, they understand the patients more than us. They gave basic information about the patients and progress and helped in situations when the patients could not speak for themselves. They also guided them to follow the programme.

5.2.2 Patients Evaluation

The end of every session we had was reserved for evaluation and this enabled us to get response from them about their feelings and if they were willing to participate in the future sessions. At the evaluation stage we were interested to know what their opinions about caring TV were. It is also important for us to know how the patients felt about the project carried about by the students from different cultures and background.

5.2.3 Self evaluation data

At the end of the sessions, we made self evaluations by writing our experiences on the projects in narrative forms. These narratives are also part of our findings and they are considered during data analysis phase. This includes our experiences on the programme and suggest ways that caring TV as a guidance tool can be improved to make effective and supportive to the elderly peoples' needs. They also underline the challenges we faced during the interactive sessions.

5.2.4 Spouse's Evaluation

When the patient suffers stroke, the impact is not only felt by the patient but the situation affects also the family and particularly the spouse. This can also be looked at in terms of psychological, social, and economically if the patient is the family's bread winner. The spouse in this case is seen as an important participant who is also interested to learn something about their role supporting the patient at home.

6. Programme Implementation

Armila project was one of the projects running in Laurea that enabled many students to carry out projects on different topics. The use of TV for patients care is probably one of the technological landmarks developed and going through improvement to enable it fully functional in supporting the elderly while at their specific premises. We got few lessons which orientated us to Caring TV project that we would be part of and carry out interactive

programmes involving guidance of CVA patients in Armila hospital. The project was carried out by four students and we all planned the contents of the programme and the structure of the presentations. The next step was to plan the topics which required us to read various neurological books to figure what kind of problems are faced by CVA patients after stroke, and what would be some of the best elements of stroke rehabilitation would we pick on before meeting the patient.

Preparation of the programme contents began with extensive literature search chosen areas of guidance such as skin care, Communication, diet and Nutrition. The members agreed that these topics would be meaningful to the patients. Before the presentation, one of the students helped in translating the data in Finnish language since that was meant to be the language of interaction with the patient. We planned how we were going to introduce ourselves and how to introduce the program and also shared the tasks for everyone to have a chance to actively participate. We went systematically through the topics of implementation, introduced those issues.

6.1 TV as a method of guidance in Rehabilitation

The invention of Caring TV is one of the strides in the technology whose goal is to promote the well-being of elderly people living at home. This enables them to have care right within their premises by participating in the interaction sessions planned by the caregivers

The station is equipped with a screen at both ends through which the patient and the care take can see each other and participate in the sessions. Through caring TV, care-takes can organise sessions and share information with patients or clients at different locations without the need for face to face meeting and questions can be asked and answered right away.
The goal of the caring TV services is to have an impact on senior citizens ability to cope at home, and to reduce the need for institutional care (www.alv.fi)

The possibility to give guidance using remote systems appears to be the future of health care promotion during this era of advanced technology. Effective use of this equipment set in caring TV can be convenient tools for professional to

share knowledge and ideas through remote System especially where demonstrations are needed. As the saying goes, the world is becoming a global village, development of caring TV could be seen as a composition of set of few equipment, yet it makes the client and the care giver feel the Closeness despite the miles between them.

6.2 Implementation of interactive sessions

We organized few meetings before the presentation to decide on the way to plan the topics we had decided on. After reading about stroke, we picked up few topics for instance, incontinence, bowel movement, medication, sleep, communication and skin care just to mention a few.

These topics gave a direction into which we would carry out the interaction while guiding patients through Caring TV. While explaining what they were, we asked them if they experience any of the problems highlighted, and if they have had enough guidance concerning them. We answered their questions and some of them that we were not sure about we answered them at the later sessions. The programmes were carried out during three planned schedules and the topics of the presentations involve guidance of CVA patients on rehabilitation. The contents of the programme were different during all the three session and the aim was to utilise the assigned time to cover our guidance topics.

Sessions were planned and implemented according to the set time and duration. When the dates and schedules were fixed, people in Armila were informed about it so that they could prepare and get ready for the programme. They were also informed about the topics that we were going to present so that the hospital can identify the type of patients we needed to interact with and whom the contents of our programme were planned for. Our topic is guidance in rehabilitation for patients after cerebral vascular accident. Therefore the contents of the programme were prepared for them to help them continue rehabilitation while at home. The goal for these sessions was to help them restore confidence while living at home despite the changes caused by the illness.

The sessions were implemented during three assigned dates by four members. In every session we spared ten minutes towards the end of the programme for evaluation and listening to the patients' feedback.

During the third sessions the patients requested a fourth session for more interaction. The fourth session was carried out by the two members who later on after the guidance programme abandoned the project and never took part in the writing phase. The data they collected during the fourth session was not analysed because none of these thesis writers was present. This is for the sake of the authenticity of the work that was continued.

6.3 Implementation of evaluation plan and Data collection

Data collection was done according to the evaluation plan. The participants of the programme who included CVA patients, Nurses, and relatives of the patients who were present during programme presentations were the source of our data. Their feedbacks were preserved and provided data for analysis.

We consider them our important source of data because we interviewed them and the contents of our programme were directed to them .According to Cohen, (Manion & Morrison 2007), interview is a flexible tool for data collection. Interview has a specific purpose and it is often question based. The interviewer asks the questions and the interviewee's response should be explicit and detailed (Dyer 1995).

The interactive nature of caring TV created a free atmosphere where the patients developed confidence to tell about the rehabilitation therapies they have been through and how they have been significant to their rehabilitation. Group interview was adopted during data collection since a considerable number of participants were anticipated to be our respondents for the Caring TV programme. In group interview, data is collected from multiple participants including observation and recording of the interactions that takes place. In group interview (Kumar 2005) states that you explore the perceptions, experiences and understanding of a group of people who have some experience in common with regard to a situation or event.

(Watt & Ebbutt 1987), states that the advantage of group interview includes the potential for discussion among the participants to occur, thereby giving a wide range of response. Group interview is also thought to be disadvantageous in the fact one respondent may contribute and actively participant more than the rest therefore dominating the entire part of the interview.

Apart from the patients, nurses who came along with the patients contributed during the interactive sessions and were interacting with the patients in case of communication difficulties and telling what we needed to know about the patients while giving them guidance since they understood them more. In some occasions, during the final interactive session, a spouse accompanied the patient and asked questions on how they can contribute in creating patient's independence.

At the end of every session, the participants were interviewed based on the questions outlined in the programme presentation. Thematic questions were used to gather data from the participants meaning that expected answers should be in full description of their feeling on the programmes with full sentences.

However, responses from the participants were more or less "yes" or "no" leading to insufficient data for analysis. As a result the research relied on response from the narratives, information from the Nurses and spouse who attended the session (Kumar 2005), notes that in narratives, the researcher records a description of the interaction in his or her own words, and interprets the interaction and draw conclusions from it. Therefore the data derived from the personal narratives based on observation forms the basis for the findings. Qualitative researchers write down their observation in two types of notes in order to eliminate bias (Lodico, Spaulding & Voegtle 2006), states that the first is descriptive field note, which describes what was observed in the field. The information includes time, date, location, participants, detailed description of persons, interactions, activities and settings observed, conversations and quotes.

6.4 Data analysis

The data acquired from the nurses, patients and spouses who participated in the programme was analyzed inductively by reading the script, listening to the tape, identifying and classifying smaller concepts. These smaller categories were further analysed to find the connection between them therefore integrating them into bigger categories. Our personal narratives were also used to produce these categories since they are our source of data. The emphasis in analysing is on identifying themes and patterns from the data (Burns & Groove 1999).

(Lodico et al. 2006), states that the categorizing of the data can be seen as a process of identifying different segment of the data that describes related phenomena and labeling these parts using broad category names. This also involves examining and analyzing small pieces of information and finding connection between them. Qualitative research method of categorizing data can sometimes prove difficult due to the fact that any given segment of the data or information might be perceived differently by the researchers.

In these thesis, different segments of data was identified, grouped into smaller categories describing a related phenomenon and further putting them under broad category names. The categories were identified by reading through the collected data, classifying them in logical order to find small segments that identifies and relate to the aim of the guidance programme. The smaller categories were examined to find a connection between them for easy analysis.

According to (Kumar 2005), in analyzing descriptive data, you need to go through contents analysis process. Content analysis seeks to reduce the materials in such a way that the essential contents are preserved, but a manageable text is produced (Flick 2004).On the other hand (Weber 1990) defines content analysis as a process by which many words of text are classified into much fewer categories.

Qualitative data research takes a form of words, (spoken and written) and visual images (observed or creatively produced). They are associated with grounded theory, and with research methods such interviews, documents and

observation (Denscombe 2007). This explains the approach in the research in analyzing patients' subjective views on caring TV programme.

Most experts recognise five stages involved in the analysis of qualitative data in logical order; preparation of data, familiarity with the data, interpreting, verifying the data and representing data (Denscombe 2007)

In this thesis, the data was organized to allow easy analysis. In this case the three presentation programmes were recorded in audio tapes and the tapes preserved to enable transferring of information into written form. Besides the data included in the audio tape, non verbal communication was taken into consideration. This includes gestures, nodding, change in emotion and also instances when the participants responses were not loud enough to be heard by the researcher.

The descriptive narratives contain details of the program activities and parties involved in the plan and implementation of the programmes. This includes, Laurea University and students taking part in the Caring TV project, Armila hospital and the staff and the patients who are our participants.
According to (Lodico et al, 2006) writing good detailed description of even the most ordinary aspect of everyday life is essential part of qualitative research. This makes a narrative enjoyable and interesting to read therefore captivating the attention of the reader.

7. Findings

The data was classified into Sub- Categories and broad categories for easy data analysis. During the analysis of the data, Eight sub- categories were identified which includes, patient education, providing verbal support to patients, providing non- verbal communication to patients, language skills, competence in carrying out guidance programme, Nursing skills in rehabilitative guidance, patients coping skills and functional ability. These sub- categories gave rise into four major categories such as patient empowerment, communication support, Rehabilitative nursing and contents of guidance.

Main categories	Sub- categories	Quotes from the data
Patient empowerment	Patient education	Teaching the need to be independent Learning lost skills Knowledge and information about stroke and care
Communication Support	Providing verbal support to patients	Greeting Interaction Conversation Paying attention Asking questions Getting feedback Use of simple language
	Providing non-verbal communication	Body posture Facial expression Being present Smiling Gestures
	Language skills	Repeated evaluation on patient understanding
Rehabilitative Nursing	Nurses' Competence to provide guidance programme	Understanding of the contents of guidance Relevance of the contents
	Nursing Skills in rehabilitative guidance	Evaluating patients' resources and abilities Listening Asking feedback Encouragement Support; Home care, Advise on financial support.
Contents of guidance	Patient's coping Skills	Encourage/ Motivate to continue Rehabilitation Adjustment to new lifestyle Hope
	Functional ability	Use limbs Be active

Table 2: Categories and sub-categories of the findings

7.1 Patient Empowerment

Patient empowerment is identified as one of the main category in this work. Empowerment is an important term in nursing referring to the nurse's role in helping the patient gain control over their own lives. One way of fostering empowerment applied in this guidance programme was through patient education.

By giving guidance on medication, skin care, perceptual deficits, nutrition and communication through caring TV, patients gained knowledge on independence while at home, and got knowledge on continued rehabilitation in order to relearn lost skills. During the feedback sessions, some of the patients expressed hope and willingness to be independent as much as they can. They confirmed by themselves and through the staff in armila hospital that the guidance programme was supportive as they were planning to go home.

7.2. Communication Support

Communication is the means by which information is imparted and shared with others. In other words, it is the transfer of information between a source and one or more receivers; a process of sharing meaning using a set of common rules (Berry & Dianne 2006) Communication can either be verbal and non-verbal. Verbal communication was anticipated to be the method of passing information and gathering feedback from the participants rather than non-verbal communication. Verbal communication is handy since the interviewer gets first hand responses than having to evaluate the intended meaning of the given answer. Non verbal communication was extensively used in this research and was evidenced by body posture, facial expressions and gestures.

7.2.1 Providing verbal support

Verbal communication was anticipated to be the method of passing information and gathering feedback from the CVA participants rather than non-verbal communication. However, verbal communication was used mostly during the implementation and acquiring feedback in the guidance programme through

Caring TV sessions. This is evident especially with the spouse, nurses and some CVA patients. Verbal communication took place during interaction, conversations, greeting, asking question. Simple language was used for the sake of understanding. Verbal support involved greeting the participants when interactive sessions started, informing the patients about the contents of the day's programme, having conversations about their specific deficits, listening to the patients and asking for their feedback.

7.2.2 Providing non-verbal communication

Non verbal communication was an aspect to be keen at since observation was used as a method of data collection. This method was opted for since some of the patients could not express their feelings to give their feedback verbally. Non-verbal communication was used to observe body posture, facial expressions and gestures. During programme presentation, these aspects were evaluated when the patients were not audible. Non-verbal support during the presentation programme was evident through our presence to support them through guidance programme.

7.2.3 Nurses language skills in guidance

This was an important sub category because it has a lot of influence while carrying out patient education based programme. The patient's basic language was Finnish and that of the presenter was English. Although there was one native speaker in the group, the impact of the obvious communication barriers were felt. Efforts were made before the beginning of the programme to rehearse the contents in Finnish while the arising problems were directed to a member of the group for translation. When we presented the programme, we constantly asked the participants that questions should be raised in case a point was not clearly understood bearing in mind that our different pronunciations could change the intended meaning. Feedback from the patients was verified in a group immediately after the programme to make sure that we all understood the points the participants raised clearly.

7.3 Rehabilitative nursing

This is one of the major categories identified from the sub-categories which include competence and nursing skills.

7.3.1 Nurses Competence to provide guidance programme

Competence refers to ability of a professional or people to carry out their work to set standard in employment. During the planning and the implementation of the guidance programme through caring TV, extensive literature search was carried out and the gathered materials and information was evidence based. Competence can be evaluated by the understanding and judgment of what was suitable contents of guidance for CVA patients although the participants were not familiar to us on a personal level. The contents of the programme we planned based on the knowledge and understanding of common problems stroke patient experience. By giving the participants a chance to express their feelings on the programme, we delivered our contents competently in making them participate in the rehabilitative process.

7.3.2 Nursing Skills in rehabilitative guidance

In rehabilitative guidance, nurses require communication skills in order to clearly relay intended information to help the patient. During the preparation and presentation of the Caring TV programme, decision making skills was required to be able to choose contents of the programme and decide its relevance to the intended group.

The nursing skills applied and identified during the presentation programme include evaluating the patients resources, for instance, patients with communication problem were encouraged to use expressions familiar to them. Family is also another resource when the patient leaves hospital especially when the patient cannot manage by themselves. During the programme a patient spouse attended the session and was advised the patient with medication at home because the patient admitted not being able to remember

to take medication. Nursing guidance skills in rehabilitation also involved, listening, asking feedback and inquiring about possibility of homecare support.

7.4 Contents of guidance

Contents of guidance is a main category arising from the sub-categories including coping skills and functional ability.

7.4.1 Patients coping skills

Coping skills appeared as a small category in the findings together with other categories including functional ability which merge into a bigger category contents of guidance. Patients were encouraged to develop and maintain coping skills despite the injuries or disabilities suffered as a result of the illness. The guidance programme was carried out to improve knowledge on behavioral skills and adjustment to new situations.

During the programme, it was clear and visible that some of them had disabilities and during the interviews we asked how the disability interferes with daily life with an aim of helping them understand that despite the problems that surfaced from the illness, there are options which are reliable for instance using the unaffected part. Patients were helped to develop coping skills during the programme by being encouraged to continue carrying out activities and hobbies they had before the illness and be as active as possible. One of the patients told that although he lost the left hand, he thinks he can manage with the right one since he was right handed.

7.4.2 Functional ability of the patients.

During the presentation programme, patients demonstrated their abilities while they expressed how much they wished to be home and things they missed while at hospital, for instance their pets. This remarkable comment indicates that although they understand their deficits, they do not feel like they hinder them from being in the premises so familiar to them. Patients who attended were encouraged to walk and use their limbs as much as they can to improve their functional abilities since this is an important part of stroke rehabilitation.

One of the participants said that rehabilitation given at the hospital has been so useful since she could not believe that she can walk using walking stick after the illness.

8. Discussion

The caring TV project is one of the major innovations that comes along with the knowledge of how technology can be used to promote well being in the society among elderly or individuals who require these services without necessarily being in a hospital setting. We took part in this project with the guidance from the teachers. Our role was to use the equipment during a two way interactive session and guide patients who had suffered stroke and has been through active treatment and the task was to give them support through nursing guidance to help them develop the independence skills as soon as they leave hospital.

The idea of the students participating in caring TV project in giving guidance to patients was co-coordinated by Laurea University in collaboration with Armila hospital in Lappeenranta. Some students in our study group who participated were divided into groups .Our group consisted of four students one of whom was a native Finnish. This was necessary because the project was to be conducted in Finnish language and translations were needed at some point. The plan for the programme was made for three presentations that mainly involved contents of guidance and Rehabilitation in CVA.

The schedules for the programme and timings were done in advance so that the patients could be informed and be there for the interactive sessions
In this project, data was gathered through informal interviews, observations and participants experiences on caring TV for our thesis. The data is analysed using inductive content analysis method because it leads to knowledge generation and also the results obtained were mainly based on people's experiences while rarely involves numbers. According to the literature cited by (Denzin and Lincoln 2000, 10), qualitative research in its core places an emphasis on the qualities of the entities as well as on processes and meanings that are not experimentally examined in terms of quantity, amount, intensity,

or frequency. The data achieved in qualitative research therefore refers to the analysis of words and images rather than numbers (Silverman 2000).

(Talbot 1995) however identify qualitative research method as an approach whose value is placed on perceptions and experiences of people and recognition of the unique context from which the experiences arises.

The first interactive session did not fare on as expected, first was because the students waited for almost quarter of an hour for the patients to be ready for the programme in Armila. The last fifteen minutes was mainly dominated by introductions which were kept brief to spare time to introduce the programme and how it was going to run during the remaining sessions. The second challenge during the same session was the presence of the wrong type of patients. The information at store was meant for CVA patients, but the Armila station had cancer patients. This challenges that played a part in barring the achievement of the goals of the programme are also discussed under how to develop the future programmes.

The second and the third sessions were a success and despite few patients attending, the nurse was always there to help the patients who could not communicate or express their feelings. The nurse also helps the patients follow the programme by repeating to them what we say so that they can clearly understand. The role of a nurse during caring TV session was significant because, they told about the progress of the patients and plan they have made for their care. From there we picked up interactive moment with the patient asking them their wishes for the rehabilitation.

During the third session a spouse accompanied his partner who has been in hospital for treatment after stroke. She actively participated in the programme and was eager to seek information about what could be her role in rehabilitation while at home with her partner.

Her role in the session was considered significant since the impact of impairment by stroke is not limited to the person who suffers it but also the family with the patients' spouse being particularly vulnerable (NCBI). The

literature also suggests that the consequences for the spouse can be physical, psychological, economic and social.

After the third session there were dissatisfactions concerning the amount of data achieved and members of the group wished to have a fourth session which was granted but only two members who later dropped the project took part without informing the other members. We later asked them how the session proceeded and they said they carried out evaluations and got the same feedback we achieved at the end of the previous sessions.

During the writing process of this thesis, two members left the group and two proceeded. The questions presented to the patients were written down and will appear at the appendix. It will be therefore evident that all the questions and issues that were planned for the programme were not fully adhered to due to irregularities. The ones that were presented are discussed in the thesis and the rest that were not discussed due to limited time appear also at the appendix. This also appears to be another challenge that requires consideration if a planned programme is to be fully implemented.

8.1 Ethical Questions in research

Ethics simply refers to the moral practices and beliefs of individuals. (Fry 1991) refers to ethics as a form of philosophic inquiry used to investigate morality and helps in resolution of moral dilemmas. Collecting data from people during research obviously leads to issues that can be resolved and challenged in ethical parameters.(Talbot 1995) talks about ethical conduct while doing research referring to the obligation of the researcher remaining faithful to ones commitment, which includes keeping promises, maintaining confidentiality and demonstrating caring behavior. This can be demonstrated by showing that the patient is more important as a person than the results that are achieved through research.

The basic principles that underpins the ethical considerations as a major aspect while dealing with humans participants were therefore handled first by the school in seeking informed consent and informing that we the people

carrying out the projects are students from Laurea University. This part did not concern us since the school did it. The patients were not coerced or threatened in any way to participate in the session since they were informed in advance about the details of the project and participated on a free will.

Patient's privacy is preserved since none of them have names mentioned in this thesis. Mathew & Michael 1994) defines privacy as control over others' access to oneself and associated information; preservation of boundaries against giving protected information on receiving unwanted information

The research was done by an international group of students and this means that we all have different viewpoints. This calls for us to be keen on this issue while addressing people with different background, norms and viewpoints. Cultural differences could be a threat to the authenticity and credibility of the results. All cultures are ethnocentric to some extent, people's viewpoints as shaped by their backgrounds and cultures (Mäkinen 2006)

8.2 Trustworthiness

While carrying out carrying guidance programme in caring TV, the participants were informed about the aims of the study that is for research purpose and not for general public use. It was therefore important for us to understand the importance of keeping any information gathered from them and using it for the intended purpose. The data analysis was tried to stay as true as possible to the original material collected from the participants from Armila hospital.

While creating the major categories and the sub-categories, comparisons were made between the data at hand and the literature. It was necessary to keep in mind the purpose of the study and the research questions throughout the process of data collection and data analysis. Our thesis tutors evaluated and guided us throughout the process.

Confidentiality is an important aspect in maintaining trustworthiness between the researcher and the informant. This is observed by protecting the anonymity of the participants if they do not wish to be identified by the public. (Cohen et

al 2007) states that subjects of research are considered anonymous if the other person cannot identify or recognize the subject in the information given. Although the participant's names are not mentioned, the name of the organization is adversely mentioned. Mentioning the organization does not expose the patients' identity. The research is in line with the principles aiming at protecting the dignity of every individual at the course of research by strictly keeping their identities and their medical conditions strictly confidential.

8.3 Discussion of findings

The contents of the caring TV programme were planned to suit the needs of CVA patients in Armila hospital who are our participants in this programme. While planning the contents for guidance in rehabilitation for CVA patients, the needs of the patient was a central focus and the aim of the presenter was to offer knowledge that would be useful for the patients participating in going home project. Literature search was carried out adversely during programme preparation and presentation and these provided the basis for designing the programme. It is therefore important to state that the participants acknowledge the relevance of the programme in supporting the rehabilitation process in helping them develop coping skills.

Patient's skills are important indicators to the patient's ability to independence. Their skills need to be evaluated to design the best rehabilitation methods to support and sustain their coping skills and keep the patient motivated to carry on with rehabilitation. Coping skills reduce the burden that stressful life events impose on people (Snyden & Danoff 1999).

They allow people to combat whatever stressor is affecting them on even terms and not be overwhelmed by it (Sharoff & Kenneth 2004). Patients were helped to develop coping skills during the programme by being encouraged to continue carrying out activities and hobbies they had before the illness and be as active as possible. One of the patients told that although he lost the left hand, he thinks he can manage with the right one since he is right handed. This reflects a unique determination that the patient is ready to live and continue rehabilitation.

The analysed data is this thesis discusses subcategories arising during data analysis. The sub-categories merge into bigger categories since they reflect similar phenomena and have a connection. These categories are derived by reading through and analyzing collected data and relate to the aim of the rehabilitative guidance programme for CVA patients through Caring TV. Teaching, information learning and knowledge are sub- categories leading to a bigger category, patient education.

Patient education is fundamental to good health practice, but often undervalued as a nursing intervention (Coates 1999). Literature appears to bring forth confusion that comes up on the difference between health promotion and health education. According to Coates (1999) Health education is visualized as embracing patient education, information giving, healthy lifestyle, advice and encouraging patient and family participation in care. In contrast (Coraher 1998) suggests that health education is that which occur when individuals are not patients. The focus is on the promotion of health rather than the treatment of illness and the relationship is more than that of a health promotion scenario.

The term patient education and patient teaching have been used synonymously. (Coates1999 & Rankin and Duffy Stalling 1990) states that patient teaching is the giving of information and thus has a narrow remit than patient education, which includes information giving but also embraces interpreting and using the information and influencing attitudes and behavior.

The teaching process is aimed towards helping the patient learn and acquire knowledge and skills to do something. Teaching process always has a purpose and the teacher needs to keep in mind that it is important to consider the relevance of the intended teaching contents. Assessment of the needs and priorities of the anticipated group or clients enables proper planning of the contents and this way, the researcher sought some information about the participants of the programme who were CVA patients at Armila hospital.

On the other hand, it was essential to evaluate patient satisfaction with the education by asking for their feedback to find out if the guidance contents were relevant to them. According to (Spicer 1982) teaching people something

that is totally irrelevant to them and their life is a waste of both the nurse and patients time. Through the participants' feedback, it was evident that the contents of the program were relevant to them.

Teaching involves transferring knowledge to someone else. The nurse on the other hand requires skills to deliver knowledge if the outcome of education process is to be achieved. According to (Coates 1999) patients are rarely taught for the sake of the knowledge gain alone, but more usually, for the application of the knowledge. While presenting the guidance programme, we engaged the patients in learning process helping them remember and apply what has been taught.

Learning is seen as a day to day process and is described to be a continuous process; this reflects our experiences in carrying guidance programme directed to CVA patients at Armila hospital. Learning is thought to be dependent on certain factors such as environment, social factors and personal factors that are mainly influenced by personality and motivation to learn. This is also linked with the ability to actively participate and interact with the bid of getting more knowledge and information from a discussion.

Before taking the patients through a learning process, it is generally recognized that it is important to assess whether the participants are ready to learn. According to (Beaver and Luker 1997), Fear is an important factor when assessing learning priorities because frightened individuals will not learn. If the patients are not ready to learn it is a waste of time and resources to go through an educational programme with them just so that it can be said to have been delivered (Coates 1999).

While improving the patients' knowledge on being independent at home, they get care and support they need and expect from their caretaker.
Best practice in professional nursing care is evident when the patient is seen as a holistic being and the care given not only focusing on the problem at hand but other aspects concerning the entire life of the patient. When we assume the holistic approach we are interested in the total individual, not just the diseased or dysfunctional part (Sally H. Rankin, Karen L. Duffy 1982).

Care in rehabilitation involves a transfer of responsibility and control to the patient and providing support to the patient (Smith1999).

8.4 How to develop on the basis of feedback

Caring TV is one of the inventions that play a vital role in supporting and promoting the well-being of the elderly at home. During this project, it is worth noting down that carrying out the project was exciting since it was the first time we were involved in this kind of guidance programme. The setbacks that come up during the session's involved too little time allocated for the programme presentations project.

Half an hour was too short time to collect data and get feedback from the patients and was sometimes made shorter by the patients showing up as late as fifteen minutes past the allocated time. We sometimes asked them for their permission to continue the programme to cover up the lost time but this could not happen because we had to give way to others to run the next programme. On the other hand the patients were leaving for coffee break since they also have schedules at premises. This issue requires identification of the suitable time that the patient is not in a hurry to leave.

However, the programme would probably yield better if the language of interaction is familiar to all participants of the projects. This was one hampering aspect and although one of us was a native speaker, it compromises the aspect of interaction which was meant to be essence of the programme. Not understanding the language may render the patient not to have faith in the guidance we give or simply disregard the level of competence.

In relation to difference in cultural background it might take time for the patient to open up and divulge information concerning their health to people who to them may seem to be strangers. Technical problems were also experienced during the sessions. Sound was a problem at some point and communication process was interfered with since we had to stop, fix the hitch and keep repeating what we said before many times.

The programme was followed by a number of inconsistencies due to poor coordination especially between the tutors and the students. When the school is in charge, the researcher should know in advance how many patients are going to take part and they should have an idea about the contents, otherwise if the contents we have does not concern them, reliable results cannot be achieved. This helps the researcher to have a hypothesis of what is likely to be the results or the way forward.

Before carrying out this research it would be good for the researcher to meet the patients first to interview them and find out about their goals and expectation inorder to prepare guidance material that they need. Not meeting them first in hand means that one has to prepare random materials hoping that it suites their problems. This way the person giving guidance can relay needed and useful information to the patient.

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Appendixes

Appendix 1 Contents for guidance programme (Caring TV)

Contents for guidance programme (Caring TV)

Kipu

Kivun aiheuttaja saattaa olla halvaus (Esimerkiksi hartiakipua sekä jäykkyttä), tai henkilöllä saattoi olla kipuja jo aikaisemmin jotka sitten halvaus vain voimisti

Tunnistatko näitä ongelma?
Jos Kyllä niin Kuinka selviydyt ongelmista?
Saatko apua? Tarvitsetko apua?
Onko teillä kysymyksiä?
Haluatteko saada tarkempaa tietoa aiheesta?

Pain

Pain can be caused by the stroke (for example, shoulder pain and spasticity), or may be caused by problems the person had before the stroke worsened

Do you recognize these problems?
If YES, do you cope with them?
Did you get some help/ do you think you need some additional help?
Do you have any questions?
Do you want to get some deeper knowledge on the matter?

Rakko ja suolisto

Vaikeus kontrolloida rakkoa sekä suolistoa (pidätyskyvyttömyys) ei ole epätavallista halvauksen jälkeen. Suurin osa ihmisistä saat kontrollin takaisin muutaman viikon aikana

Jos kyllä niin kuinka selviydyt näistä ongelmista?
Saatko apua? Tarvitsetko apua?
Onko teillä kysymyksiä?
Haluatteko saada tarkempaa tietoa aiheesta?

Bladder and bowels

Difficulty controlling the bladder and bowels (incontinence) is not unusual after a stroke. Most people regain control in few weeks.

Do you recognize these problems?

If YES (how do you cope with them?

Did you get some help help/do you think you need some additional help?

Do you have any questions?

Do you want to get some deeper knowledge on the matter?

Nielaiseminen

Noin 50 % ihmisestä kärsii nielaisuvaikeuksista halvauksen jälkeen (Dysphagia) Tämä voi olla vaarallista jos ruoka menee ”väärin alas” ja joutuu vahingossa henkitorveen.

Tunnistatko näitä ongelma?

Jos kyllä niin kuinka selviydyt näistä ongelmista?

Saatko apua? Tarvitsetko apua?

Onko teillä kysymyksiä?

Haluatteko saada tarkempaa tietoa aiheesta?

Swallowing

About 50 percent people have difficulty swallowing after stroke (dysphagia). This can be dangerous if food goes down the wrong way and gets into the windpipe.

Do you recognize these problems?

If YES, how do you with them?

Did you get some help/ Do you think you need some additional help

Do you have any question?

Do you want to get some deeper know on the matter?

Sleep and tiredness

Most people suffer from extreme tiredness (fatigue) in the first few weeks after a stroke. Many also have difficulty sleeping, which makes them even more tired

Do you recognize these problems?
If YES, how do you cope with them?
Did you get some help/ do you think you need some additional help?
Do you have any questions?
Do you want to get some deeper knowledge on the matter?

Näkökyky

Puolittain sokeita. Tämä voi aiheuttaa kömpelyyttä sekä outoi käyttäytymistä (kuten ruoan syömistä vai toiselta puolelta lautasta)

Tunnistatko näitä ongelmia?
Jos kyllä niin kuinka selviydyt näistä ongelmista?
Saatko apua? Tarvitsetko apua?
Onko teillä kysymyksiä?
Haluatteko saada tarkempaa tietoa aiheesta?

Tulkinta

Ihmisillä saattaa olla vaikeuksia tunnistaa tuttuja esineitä tai miten niitä käytetään. Heillä saattaa olla myös ongelmia esim. kertoa kellonaikaa kun aivot eivät pysty tulkitsemaan mitä silmät näkevät.

Tunnistatko näitä ongelmia?
Jos kyllä niin kuinka selviydyt näistä ongelmista?
Saatko apua? Tarvitsetko apua?
Onko teillä kysymyksiä?
Haluatteko saada tarkempaa tietoa aiheesta?

Mental processes

A stroke often causes problems with mental processes such as thinking, learning,

Concentrating, remembering, making decisions, reasoning and planning. People may lose short-term memory, which makes it difficult to pay attention and concentrate.

Do you recognize these problems?
If YES, how do you cope with them?
Did you get some help/ do you think you need some additional help?
Do you have any questions?
Do you want to get some deeper knowledge on the matter?

Mielenterveys.

Halvaus usein aiheuttaa ongelmia mielen-prosesseihin kuten ajatteluun, oppimiseen, keskittymiseen, muistamisen, päätösten tekemisen sekä suunnitteluun. Ihmiset saattavat menettää lyhytkestoisen muistinsa mikä vaikeuttaa huomiointikykyyn sekä keskittymiseen.

Tunnistatko näitä ongelmia?
Jos kyllä niin kuinka selviydyt näistä ongelmista?
Saatko apua? Tarvitsetko apua?
Onko teillä kysymyksiä?
Haluatteko saada tarkempaa tietoa aiheesta?

Weakness or paralysis

Weakness, clumsiness or paralysis (hemiplegia) is one of the most recognizable and most common symptoms of a stroke. It usually happens on one side of the body. Weakness or paralysis of an arm often made worse by stiffness (spasticity) of the muscles and joints.

How do you feel about the paralysis?
How did you learn to cope with it?
Have you faced these problems in your life? Are they familiar?
Yes (how did you cope with them?)
Do you use some kind of supportive devices?
Yes, (what kind of, are they effective?)
Do you have any questions?
Do you want to get some deeper knowledge on the matter?

Skin care

CVA patients are vulnerable to skin problem especially if they are positioned in the paralyzed side where they cannot sense pain. On the other hand if they are bed patients. Skin offers protection from outside environment and therefore patients have to take good care of their skin and remember to change position. Sitting in a same position can lead to pressure sores and wounds that can be difficult to heal especially for diabetic patients.

Do you recognize these problems?
If YES, how do you cope with them?
Did you get some help/ do you think you need some additional help?
Do you have any questions?
Do you want to get some deeper knowledge on you on the matter?

Communication

Communications is one of the outcomes of stroke and most patients suffer from aphasia hence problems to express themselves or understand. Stroke patient experiencing this problem need support and attention so that they do not feel isolated and sidelined. They need alternatives on how they can communicate for instance, use of charts, drawings, simple text and one word at a time.

Do you recognize these problems?
If YES, how do you cope with them?
Did you get some help/ do you think you need some additional help?
Do you have any questions?
Do you want to get some deeper knowledge on you on the matter?

Medication

Medication is part and parcel of stroke rehabilitation. Nurses have a role in directing the patients on their medication, For instance, side effects, when to take them, dosages and how regularly. Stroke patients might tend to forget to take their medication due to depression, tiredness, memory problems and therefore increasing the chances of complications that are likely to come up as failure to take medication therefore loosing the benefits of rehabilitation.

Do you recognize these problems?
If YES, how do you cope with them?
Did you get some help/ do you think you need some additional help?
Do you have any questions?
Do you want to get some deeper knowledge on you on the matter?

Diets and Nutrition.

Having proper nutrition promotes recovery and helps patients acquire nutrients to support immune system and prevents nutrition deficiency problems. They need education on healthy eating habits. Knowledge on nutrition enables them to plan diete to get enough carbohydrates, fats, proteins and vitamins. It is also worth telling the dangers of alcohol drinking and smoking. Stroke patients might have problems with diet because they give up with life or even when they are independent enough.

Do you recognize these problems?
If YES, how do you cope with them?
Did you get some help/ do you think you need some additional help?
Do you have any questions?
Do you want to get some deeper knowledge on you on the matter?