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Home Care of a Stroke Patient

Leaflet for Family Members

Bachelor's Thesis

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ABSTRACT

KEMI-TORNIO UNIVERSITY OF APPLIED SCIENCES

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HOME CARE OF A STROKE PATIENT LEAFLET FOR FAMILY MEMBERS

Bachelor's Thesis, 38 pages with 2 appendices

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It is known that strokes are more common in elderly people. Almost three-fourths of all strokes occur in people 65 years of age or over. A stroke may be frightening to both the patient and family. It helps to remember that stroke survivors usually have at least some spontaneous recovery or natural healing, and often recover further with rehabilitation.

The purpose of our bachelor's thesis is to produce a leaflet for family members. Our leaflet is about stroke rehabilitation at home. Its aim is to help the person who has had a stroke to achieve the best possible recovery. It helps people with strokes and their families to get the most out of rehabilitation. Rehabilitation works best when stroke survivors and their families work together as a team. For this reason, both stroke survivors and family members are encouraged to read all parts of the leaflet.

CONTENT

1. INTRODUCTION.....	4
2. NEEDS OF STROKE PATIENT.....	6
2.1 Stroke conceptions.....	6
2.2 Need theories	7
Virginia Henderson's Need Theory.....	7
Maslow's Hierarchy Need Theory.....	8
Roper-Logan-Tierney.....	9
2.3 Challenges in the needs of a stroke patient.....	10
Physiological needs.....	10
Safety needs.....	13
Belongingness and love needs.....	13
Esteem needs.....	13
2.4 Family's role in the care of a stroke patient.....	15
2.5 Supporting a family.....	17
Home care.....	17
Social support.....	18
3. PROJECT TASK.....	19
4. IMPLEMENTATION OF THE PROJECT.....	20
4.1Data collection method.....	20
4.2Data analysis.....	21
4.3 Interviews	22
4.3.1Contents of interview.....	22
4.3.2Main results of the interview.....	26
4.4DISCUSSION.....	26
REFERENCES	27
APPENDCES	34

1. INTRODUCTION

According to statistics, the number of people living in Finland in 2010 aged between 60 to 90+ years was 1,307,327 with a projected rise of 23% by the year 2020. The information detects that the problem of aging of is quite serious in Finland. Throughout the developed world the numbers and proportions of elderly people are growing rapidly. In 1991, those aged at least 65 years accounted for 13.6% of the population in Finland, and this percentage rose to 16,7% by 2010 (Statistics Finland,1993.) Finland has one of the most rapidly ageing populations in Europe, with 17.2% of the population currently aged above 65 years, and the portion is increasing to 25.1% by year 2030, that is a 50% increase. (Meretoja, Kasta, Roine, Juntunen, Linna, Hillbom, Marttlla, Eirilä, Rissanen, Sivenius & Häkkinen 2011.)

Stroke is the second leading cause of death worldwide after coronary heart disease, accounting for 10% of all deaths. Stroke is also the most common cause of disability in elderly people. In Finland, there are about 14,000 stroke patients, and 20% of them suffer from hemorrhagic stroke. Besides, stroke is an expensive disease, and the amount of strokes will double in next 20 years. (Nikupaavo 2007.)

There are many different factors causing paralysis, but they all are related to nerve damage. Paralysis-causing nerve damage occurs inside of the brain, inside of the spinal cord, also known as the peripheral nervous system. Finland faces a rapidly growing number of stroke patients. Stroke care should be organized in an optimal way to satisfy future increases in demand. (Meretoja et al 2011.)

The nursing care of stroke patients is really important for recovery, especially in home care aspect. The purpose of home care is to provide for the needs of the patient so as to allow the patient to remain living at home, regardless of age or disability. A patient may require home care services which may involve house hold management services,

such as cooking, cleaning as well as home care services such as skilled care. Some patients require home health aides or personal care attendants to help them with activities of daily living (ADL). Most patients prefer to stay in their own homes, rather than in a hospital setting, depending on the patient's living status and relationships with others. (Joanne 2012.)

Our project work aims at finding out and describing how to provide treatment to stroke patients in home care. During the period of practical training at an elderly care institution we came across a lot of partly long-term bedridden elderly people, whose health had rapidly deteriorated. Therefore, after their hospitalization ends, the family carers should offer more comprehensive home care for patients in order to promote their recovery.

The purpose of our bachelor's thesis is to produce a leaflet for the family members about home care of long-term elderly people with stroke. These stroke patients are partly bedridden. First we define some concepts in the topic in order to offer understanding to readers what the research project is about. The term "elderly people" here refers to those who had been in hospital, and aged over sixty-five years. And the term "long-term partly bedridden" refers to those suffering from the stroke.

The reasons why we chose this topic is because we believe that good homecare has some substantial role to play in patients' health and well-being after the hospital care. And the aim of the producing a leaflet is to improved home care for stroke patients in their everyday life. We are interested in home care of the elderly people, and partly bedridden patients are common group in nursing field. Taking care of elderly patients is a complex process which requires patience, focus and comprehension of what they need both physically and psychologically. Lastly, in our point of view, offering better care at home is better for the patient's rehabilitation, life and recovery.

2 NEEDS OF STROKE PATIENT

2.1 Stroke

Stroke could be counted as the most common reason of paralysis. It is the situation in which certain part of the brain stops functioning properly, sometimes causing long-lasting or even permanent damage. Because specific areas of the brain control certain muscles in the body, it is common among stroke victims to lose muscle control or become paralyzed on only one side of the body. The face is a common area affected by stroke—it is fairly common that a stroke victim becomes paralyzed on one side of his or her face. (Monti 2012).

A stroke is a condition where a blood clot or ruptured artery or blood vessel interrupts blood flow to an area of the brain. A lack of oxygen and glucose (sugar) flowing to the brain leads to the death of brain cells and brain damage, often resulting in impairment in speech, movement, and memory. The two main types of stroke include ischemic stroke and hemorrhagic stroke. Ischemic stroke accounts for about 75% of all strokes and occurs when a blood clot, or thrombus, forms that blocks blood flow to part of the brain. If a blood clot forms somewhere in the body and breaks off to become free-floating, it is called an embolus. A hemorrhagic stroke occurs when a blood vessel on the brain's surface ruptures and fills the space between the brain and skull with blood (subarachnoid hemorrhage) or when a defective artery in the brain bursts and fills the surrounding tissue with blood (cerebral hemorrhage). Both result in a lack of blood flow to the brain and a buildup of blood that puts too much pressure on the brain. (Crosta 2009).

Anyone can suffer from stroke. Although many risk factors for stroke are out of our control, several can be kept in line through proper nutrition and medical care. Risk factors of stroke involves many medical phenomenon. Typically, if a person who is over age 55, and if stroke exists in his/hers family history, physically s/he has high

blood pressure and high cholesterol, then the person mentioned will easily affected by stroke. Besides, smoking cigarettes, diabetes, obesity and overweight, cardiovascular disease and a previous stroke or transient ischemic attack also lead patient into a danger situation. Furthermore, the high levels of homocysteine, birth control use or other hormone therapy, cocaine use and heavy use of alcohol are the regular risk factors of stroke as well. (Crosta 2009).

The outcome after a stroke depends on where the stroke occurs and how much of the brain is affected. Smaller strokes may result in minor problems, such as weakness in an arm or leg. Larger strokes may lead to paralysis or death. Many stroke patients are left with weakness on one side of the body, aphasia, incontinence, and bladder problems. (Crosta 2009).

2.2 Need theories

There occur changes in the life and the needs of the patients who have had stroke. We present theories a human need as a foundation for treatment of stroke patient.

There are many kinds of theories about human needs. The theories were selected which can support our Bachelor's thesis project. the Abraham Maslow's Hierarchy Need Theory (1946), Virginia Henderson's Need Theory (1967), and The Elements of Nursing - a model for nursing based on a model of living by Nancy Roper & Winifred Logan & Alison Tierney (1990).

Virginia Henderson's Need Theory

The majority of components from this theory totally corresponds with our research regarding to the home care of stroke patients. This theory is Virginia Henderson's personal experience and was summarized from her practice and education. She emphasized that the patient's independence has a significant role after their

hospitalization. According to the basic needs of human being, the theory categorized nursing activities into 14 components. As a consequence, the patient could keep improving independence ability when back at home. It describes the nurses or the other helpers who assist the patients, what they can do for patients ,what help they can offer for patients, what they can work with patients, in order to develop their personal progress which could divided as recovery and health. (Audrey 2008)

In the figure 2, there are the components of Virginia Henderson's theory.

The first nine components are related to physiological needs. The tenth and fourteenth are both belonging to psychological fields of communicating and learning. The eleventh component is mental and moral. The twelfth and thirteenth components are sociologically oriented to occupation and recreation. The following paragraph 3.1 is intending to select some components from this theory, combine with information we have got from literature, for instance, complications, physiological, psychological.

There is a theory of motivation known as the hierarchy of needs theory which created by Abraham Maslow. (Figure 1) It took into account plenty of factors which people aspire to in order to reach their expected goals. Maslow's hierarchy of needs is most frequently displayed as a pyramid. The lowest levels of the pyramid are made up of the most essential needs, while the more complex needs are located at the top of the pyramid. Needs at the bottom of pyramid are basic physical requirements containing the need for food, water, sleep and warmth. Once these lower-level needs have been met, people can move forward on to the next level of needs, which are mainly related to safety and security. (Cherry 2012.)

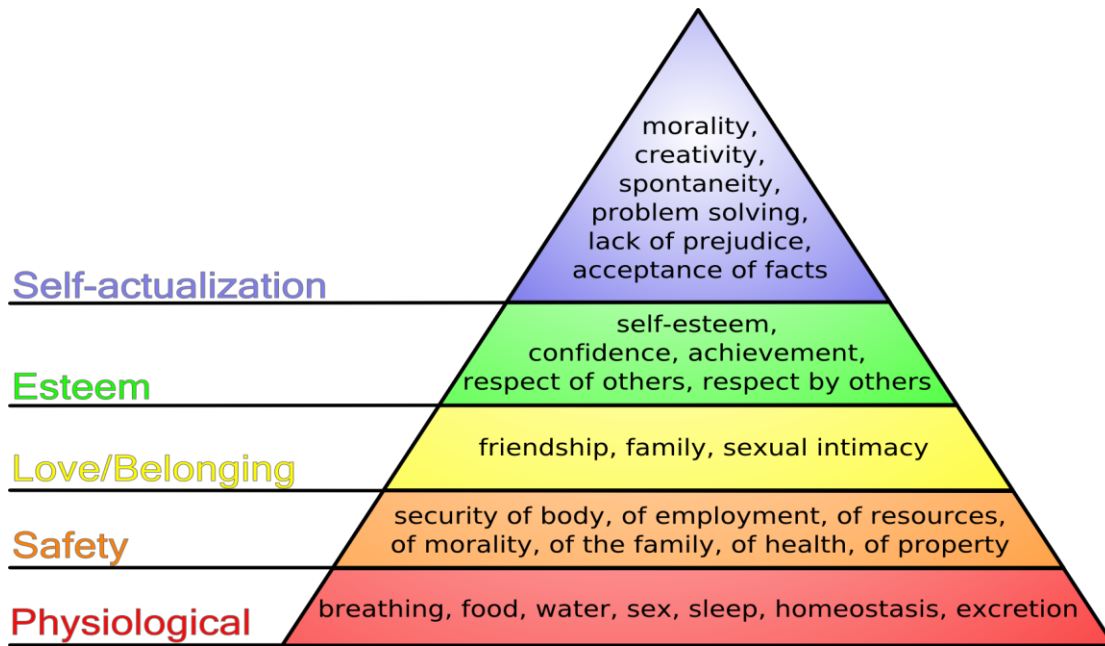


Figure 1 Abraham Maslow Hierarchy of Needs

We have combined Henderson's need theory and Roper-Logan-Tierney's The Elements of Nursing a model for nursing based on a model of living essentially for beginning students. It is not a comprehensive text in the sense of covering all aspects of nursing knowledge and practice required in the course of a basic education programme, rather, it encourages a logical mode of thinking about nursing in the framework of model for nursing. It has been extended to include, 'a model for nursing based on a model of living'. (Roper & Tierney 1990.)

If we compare Maslow's Hierarchy of Needs theory, Virginia Henderson's Need Theory and The Elements of Nursing a model for nursing based on a model of living, they seem to have a lot in common and are useful from the point of view of home nursing, too. (Figure 2)

Maslow	Henderson	Roper-Logan-Tierney
Physiological Needs	Breathe normally. Eat and drink adequately. Eliminate by all avenues elimination. Move and maintain desirable postures. Sleep and rest. Select suitable clothing. Maintain body temperature. Keep the body clean and well groomed and protect the integument	Breathing. Eat and drink. Eliminating. Personal cleansing and dressing. Controlling body temperature. Sleeping.
Safety Needs	Avoid environmental dangers and avoid injuring others.	Maintaining a safe environment. Mobilising
Belongingness And love Needs	Communicate with others Worship according to one's faith.	Communicating. Expressing sexuality.
Esteem Needs	Work at something providing a sense of accomplishment. Play or participate in various forms of recreation. Learn, discover, or satisfy the curiosity	Working and playing.

Figure 2 Comparison of Henderson, Maslow's Hierarchy of Needs and Roper-Logan-Tierney.

2.3 Challenges in the need of a stroke patient

Physiological Needs

The first daily activity is breathing. The ability to do this is vital since by this action the cells of the body will receive from the air. (Roper & Tierney 1990, 23) .There are two kinds of problems, which frequently take place with patients. The first problem is that the bedridden patients are weak, their immunity, resistance is decreased, and the defense of lungs is reduced as well, therefore, the patients could easily get pneumonia. After the meal, the mouth wash may be needed in order to keep clean wet the oral cavity in order to prevent dental ulcer and other complications. Due to long-term bedridden condition, the secretion of respiratory tract will be hard to be spitted. Reducing the time of lying, change the position of sitting and lying regularly could be able to avoid this kind of situation. The second important thing is to keep the dryness and ventilation of the patients' room, to encourage patients keeps having practice of deep breath in order to training their lungs functionalities. (Kimberly 2012.)

Eating and drinking are crucial to bedridden patients. When a stroke causes damage to these muscles or nerves, swallowing problems can develop (Tolen 2012).Family members should feed the patients slowly, and eat by patients as frequent as possible. Therefore the diet issues, important and providing the reasonable nutrition could strengthen the resistance and promote recovery of patients. There is a standard that indicates that the diet of patients should contain high protein, low fat, high vitamin and adequate water, moreover, because of long-term bedridden, the patients have fewer activities, peristalsis could be decreased, thus it is extremely easy to get constipation, as the result, the fibers food should be added regularly as well. It is advised to take smaller meals but more times, the small volume food which contains high calories could increase the assimilation of nutrition. Family members or patients themselves should pay attention to the position when patients are eating diet. (Parr 2012.)

It is important to keep the paralyzed patients moving throughout the day. Setting up regulation and frequently change of their position is the one of the most efficient ways

of preventing pressure ulcers. Generally, people who are bedridden will need to have changed their position at least once per two hours in order to prevent thrombus. Their limbs must be exercised carefully according to physiotherapists' instructions. The family members could carry the patients to the wheelchair at least once 15-30 minutes as well. The massage may be needed. It is important for patient to have ways to relax and regroup. Massage can be beneficial for the long-term bedridden elderly patients.

(Koretz &Eslami 2012.)

Sleeping and resting can be affected by a number of environmental factors. In human beings there is a 24-hour rhythm of sleeping and waking. Without adequate sleep people suffer discomfort and distress, and a variety of ill-effects result from accrued sleep deprivation. (Roper & Tierney 1990, 24) There are several elements or kind of factors which could affect the quality of sleeping, for example, the sleep environment should be comfortable, because the room temperature, light and noise may affect the ability to fall asleep and to remain asleep. Thus, the room should be kept cool, quite dark and peaceful. (Roper & Tierney 1990, 321.)

Selecting suitable clothes to dress, and undressing are important manifestation of self-image and self-esteem. (Roper & Tierney 1990, 212) People have a social responsibility to ensure cleanliness of body and clothing. The clothing not only fulfills the function of protection of the body but also reflects important aspects of culture and tradition. (Roper & Tierney 1990, 23) The old patients are inconvenient to have activities due to long-term bedridden. The family members should give priority to the clothes which are loose and comfortable for patients. They should also purchase comfortable sweats, pyajamas, yoga pants and t-shirts to give to the patients (Patterson 2012). Moreover, they should have also respect of the elderly patients' privacies and personal opinions, on the bases of their living habits and hobbies. (Roper & Tierney 1990, 202.)

Keeping the body clean and well groomed and protecting the integument must be a daily routine. The long-term bedridden elderly people should pay attention to their personal hygiene. Because a pressure ulcer is one of the most common complications which could easily happened to long-term bedridden patients. Skin should be kept clean and dry. Because the wet skin is more easily getting damage from sustained pressure. Skin of patients should be checked regularly for any signal of pressure ulcers. Usually it begins as an area of red, unbroken skin that feels warm and spongy or alternatively hard to the touch. The family members should specially pay attention to skin where could easily getting pressure ulcers, for instance, shoulder, spinous processes, sacrum, ischial tuberosity, heel, side of foot. (Roper & Tierney 1990, 219). Generally you can prevent the infected skin getting worse, by keeping it clean and ignore as much pressure as you can until it has healed. Using some items that could helps family members to reduce the pressure sore-- pillows, sheepskin, foam padding, and powders from any medical supply stores. The family members could make a plan that turn over the patients regularly; provide the massage to the parts where get pressures and keep skin clean, ask patients to do some appropriate activities, so that could increase blood circulation and prevent the occurs of thrombus in the same time.(1990, 222-223). The acquisition of assistive devices such as a wheelchair, a shower chair, and so on, can be requested at a local home care office. The needs survey assessment is usually carried out by a physiotherapist or an occupational therapist in cooperation other specialists available.

Safety Needs

Dangers in the environment and injuring others must be avoided. The safety of the environment is also important. Family members should be aware of safety performance when they are selecting facilities for the patients. For instance a bed should be equipped with side rails to prevent falling down, also the height of bed need to be suitable that patients could easily getting in and out. Some patients' mood is not stable; sometimes they behavior could be extreme in a negative way. (Roper &

Tierney 1990, 321.)

Belongingness and love Needs and Esteem Needs

Man is essentially is a social being and spends the major part of each day communication with other people in one way or another. Communication with others in expressing emotions, needs, fears, or opinions. The activity of communication is therefore an integral part of all human behavior. (Roper & Tierney 1990, 101) As it mentioned above, pain can accompany a stroke. Numbness and pain can also alternate in the same area as the brain is having difficulty communicating with nerves in a certain area (Jennifer 2012). The patients could simply get anxious and fearful due to mental pressures and little knowledge of treatment, this may result that they become taciturn, grumpy, refuse to eat drugs, and could not sleep well, even apathetic sometimes. According to the previous information, family members should accompany them as usual in order to keep positive mentality which could affect the patients in a good way. Family members and friends should be talked about what is going on in the life. In order to encourage learning, they can watch educational programs and read some magazines together that could and try to fulfill the requests of patients as satisfied as possible, encourage them as much as they can, then the life of patients could full of hope and joy. (Grace 2012.)

Aphasia is quite common among stroke patients. Aphasia is communication impairment. It affects the ability to use and understand spoken and written language. The terms aphasia and dysphasia mean the same thing. Aphasia is common after stroke, brain injury and some brain illnesses. Aphasia treatment is an extremely important aspect of life after a stroke which has affected someone's ability to speak. (Vega 2008.)

Play or participation in various forms of recreation are necessary between the family members and patients. Depression, negative feelings and social isolation symptoms

are far more common among frail older persons living in nursing homes than among their community dwelling counterparts (Abrams et al. 1992). Recreation can make the patients in a state of relax. So family members could invite some relatives to visit patients, and it is important to celebrate festivals, birthdays, even go for a programme occasionally. And then patients could feel that they are still connected to by many people. The family members could take patients to go out with wheelchair if the health situation of patients is in a positive way, keep them in a pleasure mood. Also the gathering could be held in order to strengthen the emotional communication between patients and family members. (Jaywant, 2008.)

2.4 Family's role in the care of stroke patient

The effects of a stroke, which can lead to paralysis, weakness, lack of balance and coordination and difficulty with speech and thinking, usually prevent patients from being able to care for themselves. In many kinds of situations, stroke patients require assistance from professional home health aides, relatives and friends. Those preparing to take the role of caregiver should familiarize themselves with the steps necessary for creating a physical and social environment that will promote the patient's recovery and safety. (Nikolai 2012.)

The most important thing is emotional and physical support, and involvement with what the stroke patient is going through. The stroke patient may need lots of help with exercises designed to relearn how to walk. There are many professionals who could instruct or teach family members in the specific types of therapy regarding to the needs of individual stroke patients. For instance, the stroke patients may need plenty of help with exercises if they have leg weakness or paralysis, because the specially designed exercises could help patients to relearn how to walk. Besides, if the speech is affected due to stroke complications, speech therapists could guide family members how to use professional techniques to reconstruct or recover the languages skills of patients. (Vered 2010.)

There are many benefits of having a loved one cared for in the patients' own home instead of care being provided in a nursing care facility or a group home. Most elderly people are cared for at home by a primary caregiver such as a spouse, child or friend in combination with the assistance of a home care agency. In the process of home care, it will be assured that individuals are screened and qualified to enter the home and are provided directed care (Boehlke 2009). For example, when nutrition and exercise are needed regularly, exercise programs can be implemented in home care, and the healthy and nutritional meals can be offered as well. Besides, home care could also provide individual one-on-one care to stroke patients. Individual care can benefit the elderly by offering them hope and happiness. If necessary, the family members can get the support from hospital, health center and home care service. (Wakeland 2011.)

A stroke can raise numerous ethical dilemmas for patients, families, and health care providers. Stroke sequelae often include depression and anxiety. In addition to sadness and anhedonia, people with depression often experience feelings such as hopelessness and worthlessness. Poststroke depression and anxiety are frequently debilitating and can affect individuals' emotional functioning, cognitive abilities, and adjustment. (Mukherjee & Levin & Heller 2006.)

Family members do not have adequate sympathy to patients and understanding to what kind of situation the elderly patients are facing. Due to lack of these skills family members and helpers may feel anxious or just simply fulfill the routine when they are taking care of elderly patients. (Teeri & Leino-Kilpi & Välimäki 2006.)

There are some possibilities that stroke patients do not know how to express their own needs and wishes. They are not able to select or ask for food, home care time in different phases, home care content (for example, chatting with them, sleeping time, entertaining) on the bases of their own wishes.(Teeri & Leino-Kilpi & Välimäki 2006.)

Due to insufficient information about daily nursing skills and knowledge, family members may do not always explain what they were doing, for example, to some patients who have problems with their hearing and seeing. Also family members and helpers do not realize their health condition. Moreover, the relatives of patients are also wondering to get more initiative from the sides of family members. (Teeri & Leino-Kilpi & Välimäki 2006.)

2.5 Supporting a family

Home nursing and home services have been administratively combined into home care. Home nursing is the provision of health care services in the client's home. Home service support services help older persons cope with everyday functions.(Soini 2006.)

Home care is a form of health care service provided where a patient lives. Patients can receive home care services whether they live in their own homes, with or without family members, or in an assisted living facility. The purpose of home care is to promote, maintain, or restore a patient's health and reduce the effects of disease or disability. (Joanne 2012.)

After a stroke, muscles may not remember how to perform actions that were once simple, like sitting and walking. A stroke patient will need to relearn these skills with the help of physical therapy. Physical therapy retrains muscles and reminds them how to work together again. Physical therapy focuses on getting the stroke patient to use limbs that have been weakened or paralyzed by the stroke. It involves using and strengthening the muscles, even before the patient can do this on their own, also involves working with family members and caregivers. (Rodriguez 2009.)

Speech therapy is frequently recommended for stroke survivors who have a communication disorder known as aphasia, which refers to difficulty producing or

processing language. Speech therapy also can help with dysphagia, which refers to difficulty swallowing due to dysfunction of the muscles of the mouth and throat. (Vega 2007.)

Social support is the physical and emotional comfort received from family, friends, and the community. Feeling a valued part of the lives of others is important to a stroke patient's sense of well-being and recovery.

The social support for the stroke patients can be divided into five main aspects. In emotional support aspect, it provides the feeling that patients are valued, they have been listened to about emotional concerns. The second aspect is sharing points of view, thus the patients can learn how other people have coped with a similar situation, specifically, their own perspective on a problem can be offered to patients. The third aspect is defined as feedback. If the feedback is honest which is intended to help, then the feedback can be received from other people who were facing same situation as stroke patients are. The fourth aspect mainly involves functional help, for example, patients could get physical or organizational help in performing the tasks of everyday life, such as helping the patients get dressed or prepare food, or providing transportation. The last aspect relates to information support, for instance leaflet offers the helpful information from the people we know.

Leaflets are for delivering useful, reusable information. Leaflets may seem suitable for audiences who do not read much or well. Well-written material will always enable people to make more informed judgments quickly. Furthermore as people can take your leaflet home with them, it means they have more time to absorb to your message and to keep a visual reminder of it. If it is crammed with text, people will not read it. Instead, aim for clarity, strong argument and quality. When designing a leaflet, you are expressing yourself not only with words but also with pictures and graphics. How you present these pictures and graphics will also contribute to the way readers perceive their importance (Bhaswara 2012).

Our leaflet was created by following the requirements of leaflet design. The leaflet we created could provide some information to family members, the information is mostly relates to the methods of caring stroke patients, the content of information were collected from the theoretical background and interviews to experienced nurses. Furthermore, concern with the persuasion, comprehensibility and concision of our leaflet, the leaflet was expressed in a simple way combined with related images about stroke patients, because the pictures could help to get our message across.

Support for informal care consists of the social and health care services provided for the person being cared for and of the care fee paid to and support and leave provided for the carer. An informal carer can be the next-of-kin or someone else close to the person being cared for. The care fee paid to the informal carer is a minimum of EUR 300 per month. If the carer is prevented from paid employment during a transition period involving exceptionally intensive care, the care fee is at least EUR 600 per month. The care fee is taxable income. An informal carer who has entered into an agreement with the municipal authority accrues pension during the care. The municipal authority also takes out accident insurance for the carer. (Soini 2006.)

3. PROJECT TASK

A project is an endeavour in which human, material and financial resources are organized in a novel way, to undertake a unique scope of work, of given specification, within constraints of cost and time, so as to achieve beneficial change defined by quantitative and qualitative objectives. (Turner 1993.)

The questions for our project work:

What is the focal point when family members are taking care of patients?

Our project work aims at finding out and describing how to provide treatment to stroke patients in home care. The purpose of our bachelor's thesis is to produce a leaflet for the family members about home care of long-term elderly people with stroke.

In our project we will use literature and previous research results and interview, to get all the necessary data. On the bases of the findings from the literature and answers to the interviews we can find out what kind of a leaflet family members need about home care of partly bedridden stroke patients. We can figure out what the leaflet is to family members about home care. At the end, we can therefore draw a conclusion what factors could probably affect patients' recovery of long-term home care.

The results of the project are a leaflet providing informational support for the members of the family.

4. IMPLEMENTATION OF THE PROJECT

4.1 Data collection method

Materials are gathered from literature and previous research. A literature review is a part of a research proposal, a section in a completed research study report, and can also be part of a journal article where it is sometimes called the introduction (Moule & Goodman 2009,138). Researchers must measure, observe or record data using specific techniques in order to answer their research questions. The selection of appropriate data collection tools is therefore a key part of the research process. (Moule & Goodman 2009, 288) We have used also an theme interview, because many

questions can be asked about a given topic giving considerable flexibility to the analysis. Interview could be a very useful technique for collecting data which would probably not be accessible using techniques such as observation.

In our point of view, we think that the theme interview method is the most efficient and suitable. A theme interview typically involves several interviewers who gather at the same place, at the same time, in order to get a broader perspective on the interviewees experience, skills, and personality (Bolar 2001). Because chosen nurses always contact and stay with patients, thus they have really good understanding with medical history of patients, Moreover interviewed nurses are able generally to speak English to communicate with foreign people which is more in favor of our research.

An interview is a social event with usually two participants. Also, our interview was organized in a private room at their convenience. An audio tape recording was used as assistance in collecting of the material. The duration of our interview was about 20 to 30 minutes. The interviewer has written notes in addition to recording, as there are often many factors in the situation which cannot be seen or heard from the tape.

The data information was collected from the nursing staff, and the nurses were additionally asked questions about their current job and on the basis of their nursing experience and language skills. The interview was held in a private residential home with the permission of the head nurse. Two nurses were interviewed by us. The nurses we interviewed have worked in this elderly care institution. The participants have working experience with long-term bedridden elderly people suffering from stroke. The nurses were selected by the head nurse on the basis of their nursing experience and language skills. The aim of interview was to get some fundamental information about nursing needs of stroke patients, to find out the importance and assistance of correct way of home care for paralysis patients during their daily life. During that half an hour, there were some questions which relate to our research purposes concerning how to offer better home care for long-term bedridden patients, the questions of

interview were asked as in the previous paragraph, and recorded in a hard disk. Our interview questions relate to primary home care methods used in treatment. We had one main question and one sub question to the nurses working in nursing care of long-time bedridden people in a residential home for the elderly. (See appendix 1).

4.2 Data analysis

The analysis of qualitative data should be embedded in the research process, often integral to the period of data collection. This allows the process of analysis to be reflexive and iterative (Moule & Goodman 2009, 345).

Content analysis is the most frequently used in qualitative research in nursing care field. Moreover, content analysis is the simplest form of data processing. It is a process that involves labeling the data for retrieval (Moule & Goodman 2009, 349). Basically, content analysis contains exploring data, reducing the data by the process of “coding”, which means coding is one where the researcher is retrieving data, which can then be organized into categories and themes or conclusion-drawing.

After the interview, the answers were reviewed and analyzed combined with literature and personal opinions. In our research, the method of data analysis was the summary of the answers to the theme interview.

4.3 Interviews

4.3.1 Content of interview

The main contents of interviews are presented here about essential information for family members

The most regular reasons for the long term bedridden elderly people

The most common reasons are some kind of paralysis, or for some patients that their legs do not hold and they might not have even the strength to stay seated. Sometimes they can have blood pressure problems, they might get higher or lower blood pressure when they are getting up, they can faint almost every time. Of course if a patient is long time at bed, this problem will just get worse.

Treatments normally used for the stroke patients

Basic care is taking care of skin hygiene, nutrition, and medicines. The wash for patients will be needed, and the specific washing paper and cream could be found in any drugstore. The area to be scrubbed involves back, shoulder, all limbs, ears, face, especially canthus, and some private parts of patients. As family members perform duties such as suppositories for bowel movement or other personal care, be matter of fact and relaxed. After urinating or having a bowel movement, then the area needs to be kept clean and dry. Generally a family member can recommend creams to help protect the skin. It will be better if family members could use warm water to help patient washing up, it could help the blood circulation. Cleaning oral cavity every morning is really important. If a patient has a wound, the family members need to be aware of infection. If it is necessary the nails also could be trimmed. The position of patient needs to be changed once every two hours due to long-term bedridden condition, also the clothes need to be loose and comfortable instead of tight. The bed mattress and the pillow for patient are good for blood circulation and the pressing could be easily avoided as well. The bed with side rails should be selected by patients' relatives, in order to prevent falls. Also the bed should be soft and neat, the bed sheet should be dry, and the daily necessities (glasses, watch, radio, comb, small mirror, spittoon etc.) could be settled around the bed. The family members can use a wheelchair to carry out patients in order to improving their limbs activities. They must follow the requests strictly or list from doctor. When helping patients to do some

available exercise, the process needs to be managed carefully. Physical touch and relaxed conversation promote emotional health.

The food for patients could be either delivered by some organization or made by family members. The water and snacks should be kept in a place where the patients are easily able to reach. If a patient does not have any appetite to eat anything, family members should call the doctor in order to get some suggestions, and inject nutritive transfusion if it is necessary. There are several ways to solve this problem, for instance, asking special diet supply extra nutrition like vitamins.

Common existing physical problems among patients

The breathing difficulties exist due to long-term bedridden condition, and the small oxygen cylinder will be necessary in their home. The cleanliness and dryness of skin is important for preventing bedsores, too. Long-term bedridden elderly patients are easily constipated if they remain in bed, it is a frequently met symptom in clinical care. The patients eat less food due to the reducing of enterogastric peristalsis and decreasing appetite, they do not always realize what they need to drink. The family members should provide food which includes plant cellulose fibres, and to ensure the enterogastric peristalsis. They can encourage the patient to do a bit available exercise, for example, the patient lies on the back, raises legs and lifts buttocks. This exercise could help reduce the constipation. If the food and daily cares could not regard to the better situation of patients, the family members are able to give drugs. If the patients have been bedridden for a long-term, it could cause the reducing of patients' immunity and resistance. The defense of respiratory tract and lungs may get negative influence that patients are hard to spit, it may cause pneumonia, in all, the inside of room should be regularly aired to refresh the air in order to keep suitable temperature and humidity.

The psychological problems among patients

The facilities in family should be convenient for patients, easy for their activities, full of life interest. The harmony and warmness of family can make patients realize the care and support from family relatives, and easily establish the confidence of their illness. The family members should be aware of any negative stimulation. Because the patients could easily have loneliness and depression, their mood may have big contrast. Some of them are thinking of suicide, and some of them have great irascibility. As the consequence, the family members need to pay attention to even a petty action, for example, the limbs of patients have been moved a bit, then family members should immediately ask patient what they are going to do. In order to prevent their depression, family members also need to talk with patient whether they are going to respond or not. Reading aloud some news or magazines is a good way to help patients prevent from depression, and also try to invite some friends or neighbors to come over in patients' home. If patients could only seeing family members all the time, they may feel they have renounced the world, so those friends and neighbors could help patient reach good mood and joy of life.

Family members giving drugs to the patients

The family members are able to give medicines to the patients, but they need strictly follow the list which is given by the doctor or the nurse, and get the medicines from the pharmacy. If the patients have some problems with defecation and they eliminate out of regulation, it is possible that a family member could give medicines by themselves regarding to this kind of situation. Moreover, at the hospital nurses can teach patients or family members how to inject heparin, and then they can do it by themselves at home. If a patient is long-term bedridden, they usually get anti-thrombosis medication by mouth. If the bed rest is temporary then they usually get heparin injections.

Family members managing in emergency situation

The family members should call their doctor for suggestions or call the emergency department of hospital immediately. But it will be nice if family members could educate themselves previously. They should talk to their doctors and therapists, also ask more questions and learn some knowledge relating to the home care of bedridden patients.

4.3.2 Main results of the interview

Our interview for the project was carried out on the basis of both physical and psychological aspects of stroke patients. Firstly, in the physical aspect, we have got information about the essential nursing care which is suitable for family members. It involves what the family members need to focus or pay attention to in order to approve the recovery of patients, how to manage the emergency situation, too. In psychological aspect, the information we got from interview is the psychological issues after a person got disease; also how family members for instance could handle those issues. Through the interview, we have combined literature and created a leaflet especially for patients' family members who are playing the role as carer, the purpose of this leaflet is to provide the correct way of taking care of stroke patients in order to help their recovery. (See appendix 2)

4.4 DISCUSSION

Through a plenty of literature exploration and theme interview, the research question was well covered. Our research question aims to find the focal points when family members are taking care of stroke patients. In order to answer this question, we have selected several relevant literature, and combine with the results from interview of experienced nurses, the aspects of Physiological needs, Safety needs, Belongingness and Love needs, and Esteem needs were suggested as the focal points that family members should be aware of. In conclusion, on the basis of literatures and theme

interview to experienced nurses, the answer of research question was clarified both theoretically and practically.

There are many experience which were achieved during this research. For example, we realized that caring a patient not only contains medical treatment or physical care, but also involves the psychological caring in some specific cases. For instance, prevention a patient from depression is important. The research output of our project is a leaflet, and the main user group of this leaflet is family members. The family member can get a lot of useful information about caring stroke patients. The content is well organized as to comprehensibility, thus family members can easily understand it without medical knowledge or nursing experience. Besides, the content of leaflet was written through published literatures and the theme interview of experienced nurses, the reliability of the research was well covered.

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Concern with the questions during the team interview it could be divided as following:

1. Essential information for family members about home care:

What are main points need to be taken into account during home care process for long term bedridden elderly people? (Physical wellbeing and Psychological wellbeing)

Additional questions

- What do you think that the most regular reasons for the long term bedridden elderly people?
- What kind of treatments do you normally use for the paralysis patients?
- What are common physical problems which could easily exist for patients?
- Are family members able to give drugs to the patients?
- How could family members manage emergency situations?

Care for Stroke patient



**What can Family Carers do to enhance the Recovery of a Stroke
Patient at home?**

Personal care at home

Remember to keep the patients moving throughout the day.

Change the position at least once per two hours.

Give the clothes which are loose and comfortable.

Exercise her/his limbs according to the therapists 'instructions.

Keep the dryness and cleanliness in the area of the skin.

Use warm water to help patient warming up (especially canthus and private parts).

Be aware of the wounds and infections.

Encourage the patient practice to deep breath.

Encourage the patient to eat smaller portions (75 to 100 gram maximum) more often throughout the day. Cut out fried or greasy foods, and encourage to eat high-fiber foods.



Living at home

Speak slowly and clearly, using simple sentences.

Encourage your patient to use nonverbal communication.

Be a good listener and avoid talking down to the patient.

Learn all you can about stroke. Understanding the illness makes you more empathetic toward the patient and increases your communication skills with them.

Keep the person's mind active. Talk to the person about what's going on in the lives of family members and friends.

Write a daily log of necessary medications, exercises and home-care specialist's visits.

Pay attention to the patients' emotions, needs, fears, pains and opinions.



Emergency at home

Call the doctor for suggestions.

Make the phone call to the hospital, health center and home care service.

Phone number:

Hospital	(016) 243 120
Health center	(016) 243 120.
Home care service	050 314 6497.
Emergency call	112

