KEMI-TORNIO UNIVERSITY OF APPLIED SCIENCES
HEALTH CARE UNIT

HEALTH CARE PROVIDERS' PERCEPTIONS ABOUT PROVIDING EMOTIONAL SUPPORT FOR STROKE PATIENTS

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ABSTRACT

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Title of the Research: Health Care Providers' Perceptions about Providing Emotional Support for Stroke Patients

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Stroke is one of the major diseases which leads to lasting disability. It is the fourth common cause of deaths in Finland and a major cause of long lasting illness and mortality worldwide in industrialized countries. The purpose of this research is to determine health care providers' perceptions about providing emotional support for stroke patients. This research aims to produce information whereby health care providers' rehabilitative working method would be improved in the area of emotional support for stroke patients.

The theoretical framework of the research consists events of stroke, stroke patients' possible emotional difficulties, emotional support administration focused on nursing interventions and rehabilitative working method in a care setting.

The research is made with qualitative researching method and results are analyzed with content analysis by using inductive fundamental. The data is collected by theme interview from health care providers (n=3).

Results of the research produced three main categories about health care providers' perceptions of emotional support for stroke patients. The categories are called cognitive caring skills, social caring skills and emotional caring skills. The results emphasized that health care providers have need for diverse skills to provide emotional support for stroke patients to achieve effective outcomes.

Keywords: Stroke, Emotional Support, Rehabilitative Working Method

TIIVISTELMÄ

KEMI-TORNION AMMATTIKORKEAKOULU

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Opinnäytetyön nimi: Hoitohenkilökunnan käsityksiä emotionaalisen tuen antamisesta aivohalvauspotilaille

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Aivohalvaus on yksi merkittävimpiä sairauksia, joka voi johtaa pysyvään vammautumiseen. Aivohalvaus on neljänneksi yleisin kuolinsyy Suomessa ja yksi merkittävimmistä syistä sairastumiseen tai kuolemaan maailmanlaajuisesti kehittyneissä maissa. Tämän opinnäytetyön tarkoituksena on tutkia hoitohenkilökunnan käsityksiä emotionaalisen tuen antamisesta aivohalvauspotilaille. Opinnäytetyön tavoitteena on tuottaa tietoa, joka voisi kehittää hoitohenkilökunnan kuntouttavaa työotetta emotionaalisen tuen alueella.

Teoreettinen viitekehys koostuu aivohalvauksen merkityksestä, aivohalvaus potilaiden emotionaalisista ongelmista, emotionaalisen tuen antamisesta yhtenä hoitomuotona, sekä kuntouttavasta työotteesta hoitotyössä.

Opinnäytetyön tutkimusmenetelmänä on käytetty laadullista tutkimusta ja tutkimuksen tulokset on analysoitu käyttäen induktiivista analyysimenetelmää. Tutkimustieto on saatu teemahaastatteluiden avulla, joihin on osallistunut hoitohenkilökuntaa (n=3).

Tutkimustulokset tuottivat kolme pääkategoriaa hoitohenkilökunnan käsityksistä, mitä emotionaalisen tuen antaminen aivohalvauspotilaille tarkoittaa. Nämä kategoriat ovat kognitiiviset hoitotaidot, sosiaaliset hoitotaidot, sekä emotionaaliset hoitotaidot. Tuloksissa korostui, että hoitohenkilökunta tarvitsee monenlaisia hoitotaitoja emotionaalisen tuen antamiseksi monipuolisesti ja tehokkaasti aivohalvauspotilaille.

Avainsanat: Aivohalvaus, emotionaalinen tukeminen, kuntouttava työote

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1 INTRODUCTION

Research concerning stroke is a conglomerate involving individuals of every race. Stroke is one of the major problems causing lasting disability which leads to the loss of quality of life. It is the fourth common cause of deaths in Finland as well as a major cause of long lasting illness and mortality worldwide in industrialized countries. (The European Stroke Initiative Executive Committee and the EUSI Writing Committee, 2003; 312). A large number of the Finnish population is aging which increases the risk of stroke. Effective prevention of the stroke is extremely to ensure. (Lindberg & Sairanen & Häppölä & Kaarisalo & Numminen & Peurala & Poutiainen & Roine & Sivenius & Syvänne & Vitakmaa & Vuorela, 2011.)

Statistics shows that strokes are a serious problem currently. During the year 2007 strokes affected 14600 people in Finland approximately 5000 people die from strokes every year. Every fourth person suffering from the disease is under pension age and about every third person suffers lasting disability. In the year 2009, the Finnish population had approximately 82 000 stroke rehabilitators. (Lindberg & al 2011.)

Due to the need for hospitalisation, strokes have a significant cost in public health. Lindberg etc. (2011) have shown increasing number of strokes year by year, which gives new challenges to municipalities and society as a whole. The challenges are increasingly evident when considering the effect of the illness in individuals. The brain is the most important organ in the body and is important in controlling the following: movements, thoughts, vision, hearing, different abilities, moods and many other things, which make people who they are. When the supply of blood is interrupted to the brain, the outcome can be serious. When the population understands the tragic outcomes in individuals and challenges in continuing care, the importance of prevention, fast, efficient care and good post stroke rehabilitation becomes evident. (Caplan L. 2006, 1 – 2.)

Stroke patients' rehabilitation needs are poorly understood and researched which brings up a great need for widening information in the area (Jäkälä, 2011). People experience

strokes individually but the effect, for example insecurity and changed life condition, is generalised. (Hallila 2003, 10). Additionally, post stroke depression and other mood disorders are common amongst those who suffer from the disease. The changes in mood possibly increase mortality, complicate disability, lengthen hospital stay and reduce the quality of life. (Ownend B.S. & Whyte S. & Desborough T. & Crimmins D. & Markus R. Levi C. Sturm J.W. 2006. 429–434.)

The purpose of this thesis is to research health care provider's perceptions about providing emotional support for stroke patients. This research aims to produce information whereby health provider's rehabilitative working method would be improved in the area of emotional support for stroke patients. Improved knowledge increases understanding and quality of care whereby health care providers may improve their ability to meet the patient's needs. The motivation for the research comes from researcher's interest and will to increase general knowledge and understanding in the areas of mental health.

The stroke patient in this research is a patient who has had a stroke and continues recovering in a health center. A post stroke situation involves, in most cases, rehabilitation for rest of the patient's life. Patients participate in a process of comprehensive rehabilitation. If the patient has aversion against the process of recovery, health care providers are needed to motivate and spur the patient on as it is their responsibility. Health care providers consist of multi professional team which consist of nurses, practical nurses and physiotherapists in this research.

The idea of this research came up at the Pudasjärvi Health Center at an education conference given to health care providers 2008-2009 concerning rehabilitation. The aim of the program was to form perceptions about rehabilitation as an interdisciplinary and multidisciplinary phenomenon, multi-professional team work and service organisation in the community. (Veijola 2008.) This research about health care provider's perceptions about providing emotional support for stroke patients is to better the information package to the health center of Pudasjärvi.

2 STROKE AND EMOTIONAL SUPPORT FOR STROKE PATIENTS

2.1 Stroke

A stroke is a common term for cerebral infarction, cerebral haemorrhage and subarachnoid haemorrhage. Cerebral infarction is a condition of sudden arterial blockage in the brain in which oxygen flow has been reduced or excluded. The changes lead to fast and severe injury. The blockage is most commonly caused by a clot in a constricted artery but can also result from a blood clot which comes from the heart or the carotid artery. (Lindberg & al 2011.)

Cerebral haemorrhage involves bleeding when a blood vessel in the brain has developed a bump called an aneurysm. Aneurysms can be developed by a congenital weak spot in a brain vessel that can then rupture. (Mustajoki 2010). The rupture then allows blood flow into the brain tissue and usually into deeper parts of the brain. Haemorrhages can quickly lead into life-threatening situations. Subarachnoid haemorrhaging, on the other hand, involves bleeding into the subarachnoid space in the brain. (Baer & Durward 2004, 80.)

The risk of having a stroke increases with age over 70 years, obesity, diabetes or high blood pressure. In addition, problems in the heart such as coronary artery disease, complete arrhythmia by atrial fibrillation, heart infarction, congestive heart failure, displipidemia and genetic factors also increase risks. People who experience a stroke earlier in life, have a high possibility of experiencing a second stroke. Other factors are related to lifestyle habits such as smoking, heavy use of alcohol and lack of exercise. (Lindberg et al 2011.)

2.2 Stroke Patients' Emotional Health Problems

A stroke causes gradually changing and stable changes in an individuals' ability to function. People experience the losses individually, but for all the changes caused by a stroke precipitant some form of crisis. As a natural human experience after great losses, these changes deeply affect emotional well-being. The changes in emotional areas can be caused by changes in the brain and in transmitting substances establishing systems certain areas of brains. (Powell 2005, 105; Lindberg & al 2011; Palomäki & Öhman & Koskinen, 2001, 542-543).

Emotions are viewed as a complex phenomenon by theorists. Emotions include different components which generate activity in the brain and nervous system. The components are physiological functions which take care of the intensity and duration of the feelings; expressive behaviours which serve communicative and socio-motivational functions; and subjective experiences that influence cognitive behaviours. Some theorists explain that emotions also involve cognition, an appraisal or cognitive-evaluative process which abreact the emotions and affect to the subjective experience of the emotion. Emotion is influenced by what people understand, learn and remember. Additionally, emotion is involved in the development of empathic, altruistic and moral behaviour and is an important component of the basic characteristics. (Encyclopaedia Britannica 2007, 127, 130.)

The brain is the control center of emotions and behaviours. The brain controls most of the activities of the human body and is sensitive to changes. Stroke damage somehow changes, emotions and behaviours of individuals and sadly this is not always recognized. Additionally, if mood and behavioural disorders are unrecognized and mistreated it will impact the patient's recovery process. This fact remarkably increases the need for emotional support given to stroke patients. (Kuikka & Pulliainen & Hänninen 2002; Williams & Perry & Watkins 2010, 205-206). Chart 1 is a summary of factors on emotional problems in stroke patients.

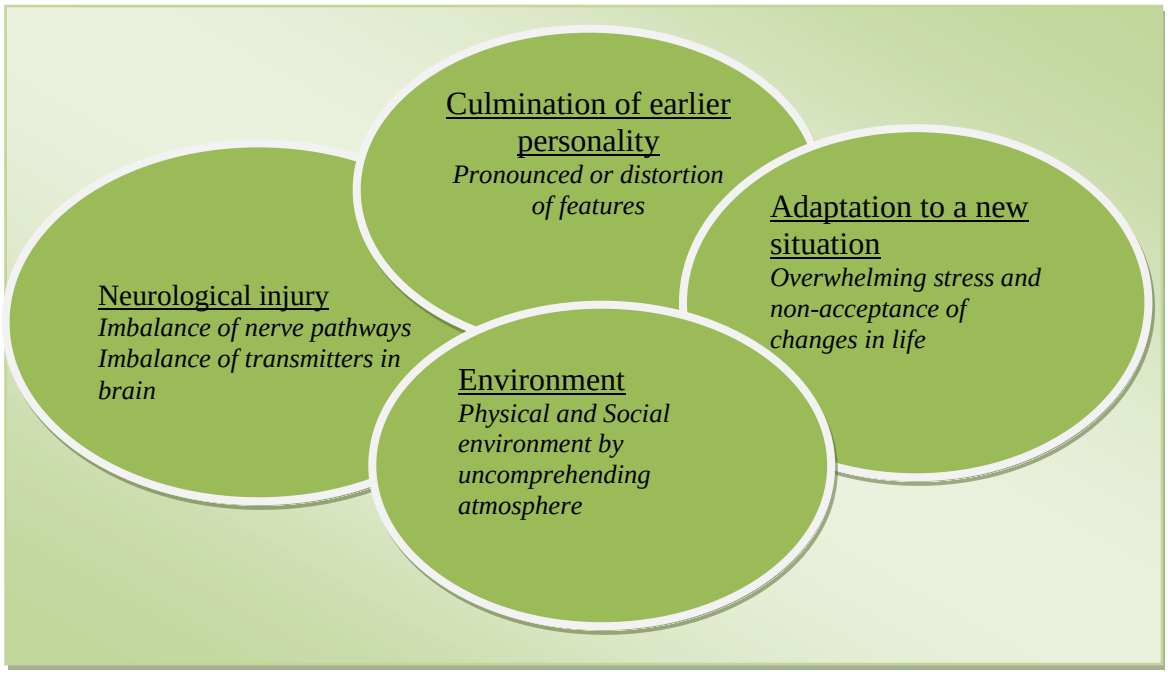


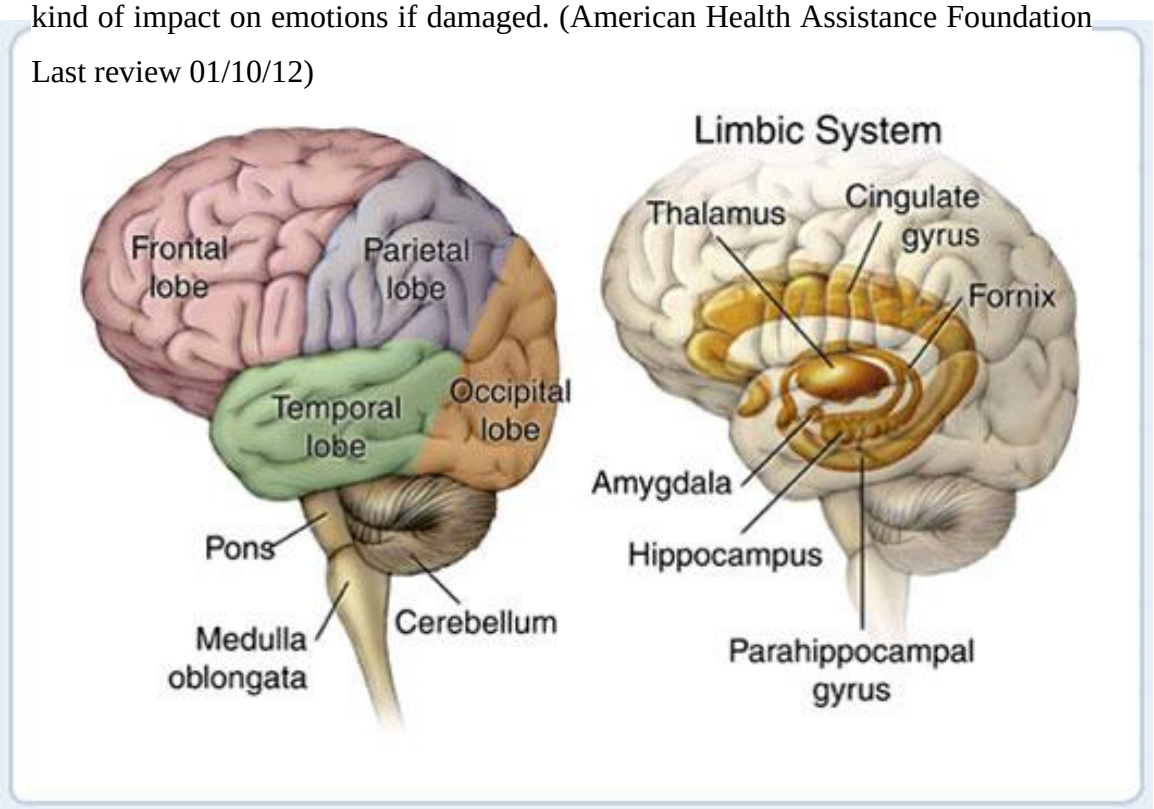
Chart 1. Factors which have an impact on stroke patients' emotional health (Körkkö 2012.)

Emotional problems occur by neurological injury, adaptation to new situations and a culmination of earlier personality and environment, as seen in chart 1 above. Neurological injury induces different levels of changes into emotions, motivation, self – control and sexual arousal. Stroke patients with emotional problems have to relearn control over their own emotions. (Powell T 2005, 106-109.)

The impact of **neurological injury** on an individual's emotions depends on the location of the damage in the brain. Different areas in the brain are responsible for varied tasks and emotions. The brain is divided into two cerebral hemispheres and each hemisphere controls the functioning of the opposite side of the body. An individual has a dominant and a non-dominant hemisphere. The non-dominant hemisphere is thought to have control on emotions and recognition of faces. However, other researchers have shown that both hemispheres control emotions but the right hemisphere is more involved in processing negative emotions and the left hemisphere is more involved in processing positive emotions. (Encyclopaedia Britannica 2007, 31, 125; Heilman 2002, 79.)

The cerebrum is the largest part of the brain and is divided into four different lobes: frontal lobe, temporal lobe, occipital lobe and parietal lobe. The frontal lobe and the temporal lobe have impact on emotions. The *frontal lobe* controls cognition which includes speech, planning and problem solving abilities of an individual. The prefrontal cortex is located in the frontal lobe and it controls the inhibition of action, self-restraint, mood and development of moral and ethical aspects of an individual. (Encyclopaedia Britannica 2007, 32.) The lobes and a limbic system of brains are seen in a figure 1.

Figure 1. Brain lobes. Most of the brain parts shown in the pictures have some kind of impact on emotions if damaged. (American Health Assistance Foundation Last review 01/10/12)



Clinical cases and researches have shown that the medial *temporal lobe* of the brain may have an impact on hypo-emotionality and behavioural disturbances of patients. Additionally, damage in the temporal-parietal region may have an impact on the recognition of facial expressions, different emotions and decision making abilities (Levin & Grafman 2000, 47-48; Heilman 2002, 63). Studies have shown that stimulation of certain regions of the temporal lobe creates feelings of fear and dread,

isolation, loneliness, disgust, depression, anxiety, ecstasy and guilt (Encyclopaedia Britannica 2007, 124).

The diencephalon is located at the top of the brainstem. It consists of the epithalamus, thalamus, hypothalamus and the sub thalamus. It plays a role in the limbic system as well. The *hypothalamus* controls sexual arousal, pleasure, pain, hunger, and various other functions. The hypothalamus, together with the regions of the cerebral hemispheres above and below midbrain, has an impact on emotional expression and behaviour. The *subthalamic nucleus,* which is the main part of *subthalamus*, has been shown to produce violent movement disorder when damaged. The *limbic lobe*, located in the medial surface of each cerebral hemisphere, is involved with involuntary and voluntary behavioural activities. (Encyclopaedia Britannica 2007; 27, 34, 39.)

Other brain areas which affect emotions are the *amygdale, cingulated gyrus, septal region and* the *reticular activating system***.** The amygdale processes emotions like fear and anxiety and plays an important role in emotional activation (Heilman 2002, 73-74). The cingulated gyrus processes conscious, emotional experiences (American Health Assistance Foundation 2012, referential date: 23.03.2012.) Additionally the septal region of the brain, located below the rostrum of the corpus callosum, is responsible for producing feelings of pleasure, optimism, euphoria and happiness. The reticular activating system (RAS) is a system responsible for the communication between the cerebrum, hypothalamus and thalamus which keeps them active and alert. The system takes information entering the brain and transmits the significant information into the consciousness of the individual (Encyclopaedia Britannica 2007; 24, 126.)

Other factors which can impact emotions for stroke patients may be present. **Adaptation to a new situation** can cause great stress, which makes it difficult for stroke victims to accept new changes and limitation. With the stress of the situation strongly present, powerful frustrations and emotional feelings can surge up. Damages incurred by stroke become more evident to patients as they begin to slowly understand their new limits in life. The situation may never improve to the point that it was before the disease (Powell 2005, 106-109.) Patients may experience great confusion and

tearfulness at the onset of stroke rehabilitation, especially when the patient is thinking about future. New limitations in life may worry the patient. Patient may be anxious about roles and responsibilities in changed life situation. For example, the patient may worry about who takes care of the children at home or how the spouse will manage with all the new requirements in life. (Williams & al. 2010, 206.)

A culmination of earlier personality can show up in different behavioural problems which were under control earlier: for example increased alcohol usage with a patient who has previously drank alcohol occasionally. **Environmental factors** may carry the patient forward or passivate the patient from recovery. Social environment consists of social relationships, relatives, friends and health care providers. Physical environmental factors consist of the place where the patient is present. When people around do not understand emotional changes of the patient, the environmental factors can be rather frustrating and depressing to the rehabilitator when trying to make progress. (Powell 2005, 106-109.)

Stroke patients experience emotional problems with a wide range of feelings. These feelings can be difficult for relatives and health care providers to understand when the changes that take place include: anger, selfishness, impulsive actions, instability of feelings and inappropriate behaviour toward family members. Other problems may include lack of understanding and knowledge, flatness of feelings or feeling of boredom and agitation, apathy and lack of motivation, depression, anxiety, inflexibility possessiveness and sexual problems. One patient rarely experiences all of the problems and some patients may not have any of them. The problems are unique for each individual. Health care providers have a great responsibility to be aware of possible changes in emotions. Therefore they should provide possibilities to the patient to express his own thoughts and feelings and to support the stroke patient´s well-being. (Powell 2005, 105-142.)

2.3 Emotional Support Administration Focused On Nursing Interventions

According to ICN, nurses are responsible in this way:

> "*Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles. (International Council of Nurses 2010, read at 13.11.2011.)"*

Among health care providers, these many responsibilities are not simple to accomplish. West et al. (2005) has made some interesting discoveries via studying health care providers' feelings about their work. The researchers found that health care providers felt overworked with not enough time to completely accomplish work and essential tasks. As a result, they did not have enough time to give e.g. emotional support for their patients.

Care of patients goes through phases called the nursing process. The process is patient centered and aims for comprehensive patient care. The process progresses cyclically, through phases, in which many levels may be involved at the same time. The nursing process is used to achieve individualized care as well as help identify personal health status including the needs and resources of patients. The focus in the nursing process is on problem solving, decision making and critical thinking. (Kozier & Erb's 2010, 178-180.)

The process starts with assessment of the patient's needs. In the assessment phase proper data is collected, organized, validated and documented. Nursing diagnosis is the second phase of the nursing process. The diagnosing phase consists of analyzing the collected data to identify the patient's needs. The patient's health problems are then

documented to formulate a care plan. (Kozier & Erb's 2010, 180-183, 200; Gardner 2003, 7-9 .)

The planning phase determines how to meet the needs and provide comprehensive, individualized and effective care for the patient. Additionally, it consists of determining ways to support the patient's strengths and to implement nursing interventions to achieve the best possible outcome. The implementation phase is about carrying out the set plan. (Kozier & Erb's 2010, 180-181, 215, 237.)

Health care providers implement the nursing plan using helping methods. The methods can be divided to visible and invisible. Visible helping methods are facts which are seen with eyes for example feeding, helping a patient dress or providing a massage. This research is concentrating more on invisible helping methods which are counselling, guiding, supporting, encouragement, listening, providing time, acceptance, trust and contiguity. (Kassara & Palokoski & Holmia & Murtonen & Lipponen & Ketola & Hietala 2005.)

The evaluation is the last phase of nursing process. Evaluation is about assessing the effectiveness of the care. The care plan is updated to meet patient's needs more effectively. The measurements are documented in the patient's records to help with further assessment, diagnosis, planning, implementation and evaluation of the patient (Kozier & Erb's 2010, 181, 240; Gardner 2003, 7-9.)

Support can be given in every caring situation to promote the patients well-being, life happiness and motivation for recovery. Emotional support is about allowing patients to feel free; help to recognize and cope with feelings. Support consists of being present, listening to and discussing the feelings of the patient. In addition, emotional support is about encouragement, empathy, trust, respect and creating hope and understanding. (Lipinkoski & Routasalo 2001, 259).

Additionally, individuality and equity of the care are parts of the process. The changes are always personal, as the attitude towards these changes varies by values, personal

nature and life situation. For some people the changes can be really complicated while others can be really calm and accepting of the situation. (Kuikka & al 2002.) The aim of emotional support is about understanding and responding to patients' needs, and supporting a stable, emotional life (Palomäki & al. 2001, 400-403). Emotional support increases feelings of security and decreases anxiety. This support does not require any special interventions, usually listening and being present is often enough. (Heiskanen 2000, 60; Eriksson & Kuuppelomäki 2000, 141.)

Additionally, in emotional support for stroke patients, a relationship between the health care provider and the patient is important for the patient's well-being and recovery. A helping relationship focuses on the needs of a patient. The helping relationship aims in assisting a patient with managing problems and becoming self -reliant in everyday living. The helping relationship is based on trust, acceptance and respect between the health care provider and the patient. (Kozier & Erb's 2010, 475.)

Emotional support for stroke patients is a part of a comprehensive rehabilitation process. The success of the interventions depends on the understanding of supportive work, the level of psychological changes in individuals and the acceptance against a changed life situation (Beaumont 2004, 467-468). Changed emotions, which are mostly negative feelings, can cause aversion against rehabilitation. This supports the need for an increase in the promoting and supporting of an individual's mental health status. Supportive and understanding caregiving, can provide a good beginning for the rehabilitation process and promotes patient's motivation to the process of recovery, which can affect the rest of patient's life. (Powell 2005, 105; Lindberg & al 2011; Palomäki & al 2001, 542-543.)

2.4 Rehabilitative Working Method in a Care

The main starting point in a stroke patient's rehabilitation is the ability of the brain to reform. In the healing of the brain, the neural network and synapses regenerate. This is possible by continuous and repetitious activities by the patient (Virsu 1991, 78–80). The

rehabilitative working method consists of comprehensive rehabilitation via motor learning, movement control, emotional support and psychosocial support. The rehabilitative working method with stroke patients is in effect when working providers make the patient use the affected part of brain in different situations. If the patient has hemi-paresis on the left side and may not give any attention for that side of the body, health care providers give food, talk and promote other actions that activate the left side so that the patient have to realise there is another side of the body left, too (Lindberg & al 2011.)

Music is one influential method which helps to give satisfaction to patients. It has been researched to be a remarkable part in supporting the emotions of stroke patients. Music widely activates the brains' nerve net which can momentarily improve feelings and decrease stress. Providing stroke patients the possibility to listen to their favourite music prevents depression during first post stroke months. (Särkämö 2011.)

Post stroke symptoms have a great influence on the stroke patient´s ability to function. Hemi-paresis is the most common symptom along with aphasia, cognitive disturbances, speech defects, memory/perception disturbances and emotional problems such as depression and inefficiency. Additionally, strokes can cause so called one-side-neglected symptoms causing the patient to forget or ignore the objects and people on the other side. Comprehensive rehabilitation is given to this patient-group by a multi-professional team consisting of physicians, physiotherapists, operational therapists, speech-language pathologists, neuropsychologists, nurses, social workers and rehabilitative therapists. (Lindberg & al 2011; Palomäki & al 2001, 542-543.)

Comprehensive rehabilitation improves the functional abilities of stroke patients and has an influence, in all of cases, regardless of age and neurological deficit. Additionally, not depending on the age or stage of the patient, the length of care shortens; the stage of damage eases and the quality of life increases, which decreases long-term patient care costs. Prolonged immobilization and hemi paresis develops a risk of deep venous thrombosis and pulmonary embolism. Approximately 80% of stroke victims may benefit from inpatient or outpatient stroke rehabilitation and outcomes are researched to

be more effective the earlier the rehabilitation is started. (The European Stroke Initiative Executive Committee and the EUSI Writing Committee, 2003; 317.) The outcomes show the meaning and importance of systematic rehabilitation needs. Unfortunately in Finland, only 15-20% of stroke patients get continued multi-professional rehabilitation after they are diagnosed with the disease. Elderly patients especially have great difficulties in receiving rehabilitation. Municipalities, together with The Social Insurance Institution of Finland (Kela), are responsible for the rehabilitation of patients in later stages of care. (Jäkälä 2011.)

3 A PURPOSE AND A TASK OF THE RESEARCH

As Bui (2009, 103) explain, purpose is an adequate, deeper and exact description of the research. The purpose of a research is prescribed by using clear, simple and short explanation about the researched subject. The purpose in practical level is to develope and improves nursing action through better knowledge which is got through research as Brockopp & Hastings-Tolsma (2003, 16-17) mentions. The purpose of this research was to describe health care providers' perceptions about providing emotional support for stroke patients. The aim of a research indicates the benefits to the researcher and to researched targets. This research aimed to produce information whereby health care provider's rehabilitative working methods would be improved in the area of emotional support for stroke patients.

Tasks of the research:

> What are health care providers' perceptions about providing emotional support for stroke patients?

4 IMPLEMENTATION OF THE RESEARCH

The purpose of qualitative research is to understand conceptions, experiences and thoughts of people towards a certain aspect. Additionally, beliefs and attitudes are connected to qualitative researching methods. A qualitative research can have several approaches of which can give new perspectives or deepen understanding of the researched aspect. (Kankkunen & al 2009, 49-50.)

As Heikkinen & al (2008, 149-150) mention, development of practical knowledge is made whole by connecting tacit knowledge. Tacit knowledge can be defined as an individual's personal knowledge, which increases through experiments and one's own personal information about life and work. Additionally, tacit knowledge can be understood as knowledge which cannot be defined by words or learned from books, but can be defined as the internal wisdom of an individual which leads health care providers to make decisions in practise (Moule & Goodman 2009, 19-20; Choo 2002, 269).

This research is qualitative because the data is about health care providers' tacit knowledge and perceptions about giving emotional support for stroke patients. The researcher has a great desire to understand more about the emotional support methods in nursing practise. These aspects cannot be researched by quantitative measurements because the purpose is not to research concrete and measured aspects. Through a qualitative researching method the researcher has the possibility to get answers to the research problems and tasks.

Qualitative research is a comprehensive data collection method in which the data is collected from real situations, and the examination targets are often people. The researcher's own observations and discussions, together with those of the subjects, are more reliable than quantitative measurements when researchers focus on people and their thoughts, opinions and conceptions. (Hirsjärvi & al 2007, 160.) As Hirsjärvi & al (2004, 20-25) highlights, research is conducted to find new solutions for problems which do not get figured out through everyday thinking processes or to find new data about the researched subject.

4.1. Data collection

Data was collected in this research by means of theme interviews. A theme interview is one of the qualitative data collection methods. Theme interview is made through themes and topics of the researched aspect beforehand and they are leading the interview. (Hirsjärvi et al 2004, 195-197.) The researcher prepared the frame for the theme interview (appendix 1) before the implementation of the interviews. The frame of the interview was accepted by the supervisors of this research in late December of 2011. The themes were chose by the researcher via her preliminary knowledge and discussion with personnel being conversant with the researched aspect.

The interview enabled a fluent guided discussion when the focus slips away from the researched subject or when the researcher wants to deepen or clarify concept. Additionally, in an interview the researcher can utilise participants' facial expressions and tone changes, which gives more information about the researched aspects rather than use of a simple questionnaire. Interviewing is often chosen as a researching method in order to see participants as subjects. (Hirsjärvi et al 2007, 200.)

For this research, three (3) nursing professionals were interviewed in Pudasjärvi health center acute care unit. Criteria for participation in the research was 10 years working experience within the nursing career, care experience with stroke patients and commitment to a course of rehabilitation promotion working method in nursing. Participation for this research was voluntary and all the participants gave their consent. The researcher offered the possibility for participants to decline to take part. The head nurse of the acute unit asked nursing providers to participate in the research and she got three voluntary participants.

The interview was in a quiet and safe environment and the researcher tried to create a relaxed atmosphere as possible. The interview was conducted through calm questioning with discussions about the theme questions. The framework with the themes (appendix 1) was given to the interviewed person at the beginning of the interview. The interviews were done in the head nurses’s working room because it was the quietest and calmest

place in the unit. The interviews were recorded thoroughly and the participants were informed about it. The recording of the interviews caused nervousness for some of the participants but this passed as the interview proceeded and their anxiety did not disturb outcomes of the interviews.

4.2 Data analysis

In this research is used analysing method called content analysis. Analyzing the collected data from the interviews is provided and the recorded data is transcribed to a computer word by word. This simplifies the process to find the needed information from the interviews (Hirsjärvi & al 2007, 216-217). While this research is made about health care providers' perceptions, the answers can be varied and complicated to analyze. The written interviews are gone through with a systematic analyzing process to condense long text, making many words into few. This helps to verify, arrange and organize order to ease the analytical process. The process is based on rules of coding. (Pope & Mays & Popay 2007, 109; Berg 1995, 174-175.)

The research was analyzed with content analysis by using an inductive fundamental frame, which means that the information is taken from interviews. The purpose of content analysis is to summarise the research material to one entirety. The summary can then be generalised (chart 2). An inductive processing method is generally used when any previous theory, knowledge or observation is not guiding the research. A purpose of inductive method is to make conclusions on the grounds of collected data. (Kankkunen & al 2009, 134-135.)

The analyzing process progresses in phases: in the beginning the collected data is simplified, then classified and then brought into abstract form in the end. The simplifying involves coding expressions which are connected correctly to the research problem where essential information to the research is extracted from the collected data. The grouping phase is finding connections between simplified conceptions for describing the data. The data is then classified into schemes. The abstraction phase

forms descriptions about the researched subject by using the collected conceptions. In this phase subcategories are made from words and sentences which are connected to a same theme. On the grounds of these categories the researcher connects subcategories to upper categories. The upper categories can be connected in the end to one main category which generalizes the whole research (chart 2) (Kankkunen & al 2009, 134-135.)

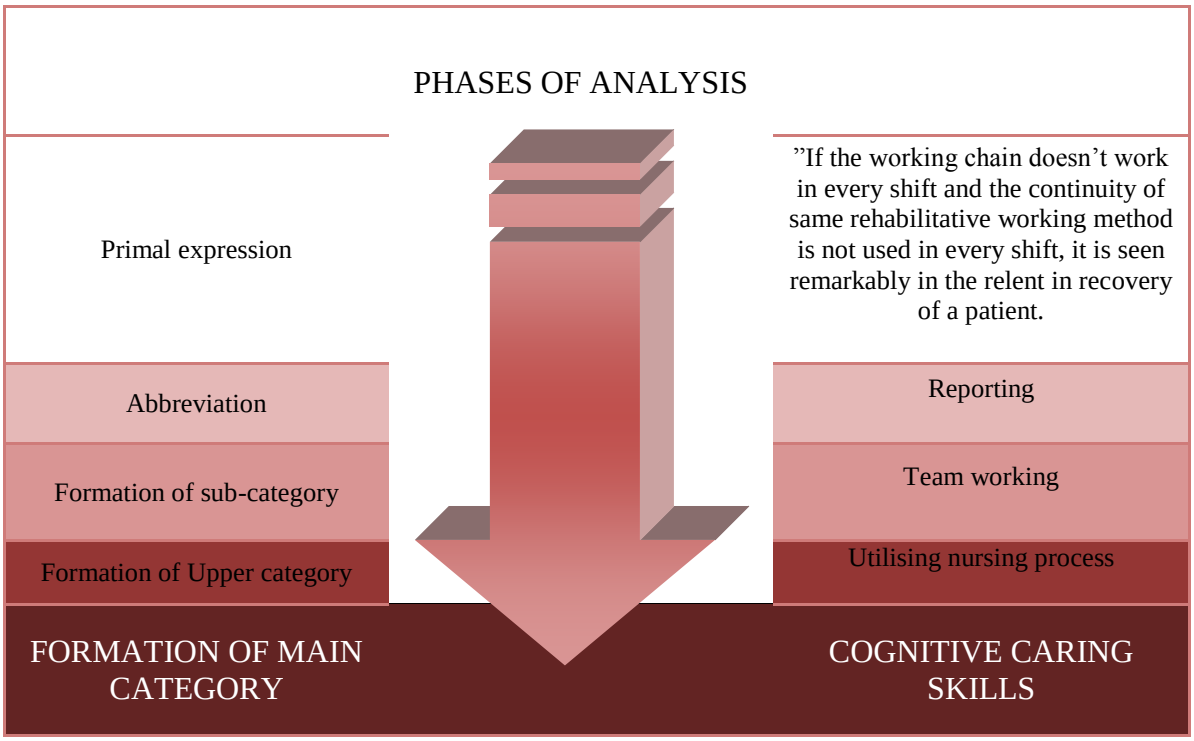


Chart 2. Steps of content analysis with inductive fundamental. (Körkkö 2012.)

4.3 Phases of the research

The idea of the research was originated in the beginning of February 2011, after which the research process got started. Working on the research plan continued until January of 2012, when the research plan was approved. The researcher was in contact with the head nurse of the acute unit in Pudasjärvi Health Center during the spring 2011. The researcher conveyed the plan of performing the research in the emergency unit and about the conviction to interview 3-5 people from the staff that are in a nursing career. The plan was to have the research completed in the beginning of the year 2012. Because of a tight schedule and other responsibilities of the researcher, the research plan

approval was prolonged. Additionally, interviews were held in a tight schedule in late December of 2011 because of situational arrangements of resources within the unit. Therefore the researcher did the interviews with separated acceptance from supervisors already before the official approval of the research plan.

The interviews created 18 pages of written text with font size 12, font type Times New Roman and line spacing 1, 5. The interviews were transcribed to a computer word for word in the beginning of January 2012. The texts were saved to a USB- stick and to the researcher's computer so that only the researcher was able to open the folders. After transcription, the records were destroyed. These actions were done to keep the confidentiality of the participants. In simplifying the data, only the most important information was taken from the text. After the first simplification, the number of written pages decreased to nine, from eighteen. This phase consisted of simplifying the data and connecting similarities from the different interviews (chart 1).

Data collection and analysis can partially happen consequentially. During the data collection, as the researcher is processing the data, some analysis may happen as well. (Kylmä & Juvakka 2007, 110-111.) The researcher started working on the analysis process already before the interviews were all completed. Similarities in the experiences and thoughts of the participants partially triggered classification in the researcher's mind already during the interviews. The interviews accompanied and supported each other.

Processing the analysis phase continued from the January of 2012 until October of 2012. The analysis of the interviews created categories from which the researcher realized that the other research task did not match the outcomes directly. Therefore, the researcher developed the tasks of the research to better match and continued the analysis process carefully keeping the research tasks in mind at all times. During the autumn of 2012 the researcher realized that the research was too wide and included actually two different researched areas in it. The researcher talked with her supervisors who were having a same opinion. The researcher decided to delete from the work other research problem and text which were written and researched releasing on that problem. The

research became more clear and easier to understand after the changes. Additionally aim and purpose of the research became more specific.

Progression of the research went forward step by step during the spring of 2012. The abstract, analysis, results of the analysis, ethical considerations and discussion parts were revised in April of 2012 and the last preparations were done in the fall of 2012. The research was finally presented in November 20th of 2012 and was graded on the same day by the supervisors.

5 RESULTS ABOUT HEALTH CARE PROVIDER'S PERCEPTIONS OF PROVIDING EMOTIONAL SUPPORT FOR STROKE PATIENTS

The purpose of this research was to determine health care provider's perceptions about providing emotional support for stroke patients. This research aims to produce information whereby health provider's rehabilitative working method would be improved in the area of emotional support for stroke patients. The research was conducted at the Pudasjärvi health center via qualitative researching methods through theme interviews. Three (n=3) health care providers from the short term unit took part in the interviews which then produced three main categories about perceptions of providing emotional support to stroke patients.

The three main categories have upper categories and subcategories. The main categories are: health care provider's cognitive caring skills (chart 3), health care provider's social caring skills (chart 4) and health care provider's emotional caring skills (chart 5). The main categories are thoroughly explained below via head categories and subcategories.

In this research the results include all the phases. All together the phases are called as Nursing Process. The process has five phases called: assessment, diagnosis, plan, implementation and evaluation.

5.1 Health Care Provider's Cognitive Caring Skills

The main category about health care provider's cognitive caring skills (chart 3) is created by two upper categories called **utilizing nursing process** and **counseling a patient and relatives by health care providers**. The health care providers emphasized the meaning of knowledge in a nursing career. In their opinion, all caring starts from having knowledge about different caring methods. This can be gained through education, practice or so called tacit knowledge. Heikkinen & Syrjälä (2008, 149-150) describes tacit knowledge as health care providers' personal knowledge which is built through experiments and own personal information about life and work.

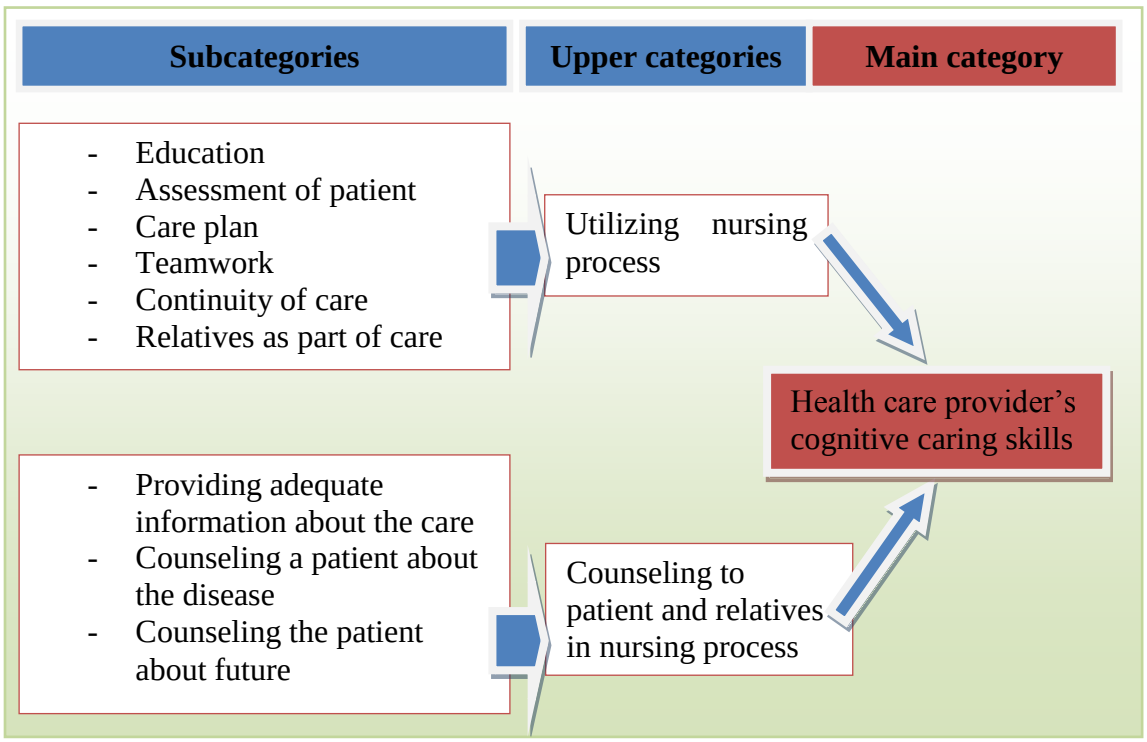


Chart 3. Health care provider's cognitive caring skills when providing emotional support for stroke patients (Körkkö 2012).

The nursing care providers considered utilizing the nursing process to be an important part of the care. The upper category called **utilizing the nursing process** consists of the subcategories: *education, assessment of patient, care plan, teamwork, continuity of care and relatives as part of care.*

The health care providers explained the importance of having knowledge about caring methods. The information is often received through education. *Education* is about updating one's own knowledge in order to have adequate information to provide optimal care for patients. Education and updating caring skills improves the quality of provided care. The health care providers felt that education encouraged them to use diverse caring methods and rehabilitative working methods more effectively. Education gives the same baseline and goals into the work of health providers in all professions. One of the health care providers emphasized that education has given confidence to his own nursing career. Education and updating training have diversified and widened the

working skills and practices. However, the health care providers felt that they would need further training in emotional support area in the future.

> *"I feel that availability of education for whole health care working groups is significant so that everybody would have same knowledge in practice… ("Sen koen tärkiäksi että koulutus olis saatavilla koko työryhmälle, että kaikki voisivat ottaa ne opit samallalailla käytännössä käyttöön.")*

> *"I would work differently and less for the patient's best well-being if I didn't receive education. Education provides diversity, confidence and courage into the patient's rehabilitative working method."*
> *("Toimisin erilailla vähemmän potilaan hyväksi varmasti, jos en olisi saanut koulutusta. Se tuo monipuolisuutta, varmuutta ja uskallusta siihen potilaan kuntouttavaan työotteeseen.")*

Assessment of patient is seen as a fundamental factor to start the caring process of patients. To provide care, knowledge is required about the stroke patient's disease, condition and ways in which to provide care and rehabilitation for the patient. This care starts when a patient comes to the health center. Stroke patients usually come from the Oulu University Hospital (OYS) to continue recovery. OYS always sends adequate information about the patient, including diagnosis and the condition up to the moment of transfer. The health care providers in the unit analyze how to go forward with the patient by material from OYS but also through examining the patient using their own assessment skills after patient has arrived to the unit.

> *"Very first we go through all information: diagnosis and what is the phase in patient's recovery and what kind of problems and needs the patient has. Then we measure… movements and patients own resources- what he can do by himself and where he needs help, tutoring and encouragement. Emotional need is also evaluated- that patient may have depression and we have to consider that side too. Emotional needs of patient come evident usually after couple days of taking care of same patient while we learn*

> *about the what kind of the patient is and how he/she is feeling the situation."*
> *("Ensimmäisenähän me sitten katotaan kaikki, esim. diagnoosi ja että mikä vaihe on potilaan kuntoutuksessa, mitä ongelmia potilaalla on ja millaisia tarpeita. Niistä sitten lähdettään katsomaan, että, no sitä liikkumista, ja omia voimavaroja ja että mitä se potilas pystyy ite tekemään, missä tarvii apua, ohjausta, kannustusta. Psyykkinen tarve on myös, että potilaalla voi olla masennusta ja seki puoli pittää ottaa huomioon, ja se tulee yleensä esille ku on useampana päivänä hoitanut samaa potilasta, niin huomaa ja oppii tuntemaan, että mitä sillä puolella on sitten tapahtunut. miten potilas tämän tilanteen kokee")*

Besides having knowledge how to provide good care, the care needs to be planned to achieve optimal caring results. A *care plan* and good documentation enables common interventions between all health care providers who are participating in the care. Mental health needs of stroke patients are surveyed together with other needs to plan the care before implementation.

> *"Health care providers should have shared aims and shared treatments, encouragement and helping methods, the meaning of documentation is emphasized in this… Anyhow, the care plan works out quite well in our unit along with documentations and other things which are followed and looked at"*
> *("Hoitajilla pitäisi olla yhteinen tavoite ja yhteiset hoitotoimenpiteet, kannustamiset ja avustamiset, kirjaamisen merkityshän siinä korostuu… Aika hyvin meillä kuitenki se hoitosuunnitelma pelittää ja kirjaamiset ja niitähän siinä seurataan ja katotaan")*

The health care providers emphasized the purpose of *team work*. Patients trust the workers ability to provide professional care because they have been educated. In the opinion of the health care providers, the patients' emotional and psychological condition is enhanced if professionals from different professions are providing care for

them, especially from rehabilitative point of view. The health care providers emphasized the importance of physiotherapists for stroke patients because patients know that physiotherapist have working tools which can improve their recovery. Additionally, the health care providers explained that mental health workers and speech therapists give therapy for stroke patients if it is a recommendation from the rehabilitation center in Oulu.

> *"It feels like physiotherapists are almost God-like because the patients knows that a physiotherapist is a professional who can make the situation better and can significantly help in recovery. The whole working team cooperates in every shift and, in my opinion, team work has a real significant meaning in all of this."*
> *("Fysioterapeutti tuntuu olevan kuin puoli jumalaa, kun nämä potilaat tietävät että terapeutti on ammattilainen joka hallihtee sen tilanteen ja pystyy auttamaan siinä kuntoutumisessa merkittävästi. Koko työyhteisöhän se tekee yhteistyötä koko tiimin voimalla joka vuorossa, että minusta tiimityöllä on tässä todella suuri merkitys.")*

During the implementation phase of care, *continuity of care* is one significant factor in patient security and extremely important for the patient's recovery process. As the health care providers explained, the rehabilitation process is not as effective if the caring methods are well known and not used in every working shift. For example, a patient who is depressed does not get better immediately but, instead, may need time, support and empathy during a day. Documentation and reporting secures the continuum of the care.

> *"If the caring chain doesn't work and if the same rehabilitative working method is not used in every shift, it is significantly seen that the recovery of the patient gets slower. In this situation documentation is highlighted, again."*

(”Jos se ketju ei toimi ja joka työvuorossa ei tehdä sitä samaa kuntouttavaa työtä niin se näkyy merkittävästi potilaiden kuntoutumisen hidastumisena. Siinä se raportointi korostuu taas.”)

To meet the best possible outcomes in the care, it is really important for *relatives* to be *part of the care.* The health care providers thought that the purpose of the patient's relatives is never over emphasized. They prescribe relatives as an important part of care in multiple ways. Relatives know about the patient's background and therefore can be defined as the patient's personal assistances. Relatives can conceivably recognize the changing moods of the patient. Additionally, they can support the wellbeing of the patient and give their knowledge about the patient for use of the multi-professional team.

“We also perceive networks of the patient, relatives or near ones who would visit, and try to consider them as part of the care… When relatives and health care professionals work together for a common goal, the outcome is surely the best possible.”
(”Huomioidaan myös tukijoukkoja, että onko omaisia, läheisiä, jotka käypi ja miten ne vois ottaa siihen hoitoon mukkaan… kun omaiset ja hoitajat puhaltavat yhteen hiileen potilaan parhaaksi niin se lopputuloskin on varmasti se paras mahdollinen.”)

The second upper category of cognitive caring skills is called the **counseling of the patient and relatives in the nursing process**. This head category includes subcategories called *providing adequate information about the care, counseling patient about the disease* and *counseling patient about future outlook.*

The health care providers explained the fundamentals of *providing adequate information about the care*. Many times the patient or relatives do not understand why caring interventions are made with certain methods. Correct information about care helps the patient and relatives to understand and participate in the caring processes.

> *"We hope patient and relatives would understand our goals in care. We try to get patients, as independently as possible, to use their own resources. And that health care providers do not do everything for the patient, and that it is not about bullying or being lazy."*
> *("Että saadaan potilas ja potilaan omaiset myös ymmärtämään, että mitä sillä ajetaan takkaa, että laitetaan potilas ite tekemään mahollisimman palio asioita. Ja että hoitajat ei tee kaikkia asioita puolesta, että se ei oo laiskuutta tai potilaan kiusaamista.")*

Counseling a patient about the disease is one important responsibility of a nursing career. Patients have the right to know about their condition and the changes in their condition. Stroke patients are not always able to immediately intake the information which they receive. They may need counseling about the disease over and over. Information concerning the disease and new life situation provides a new basis to the patient from where to start the healing process. These patients need lots of support and encouragement in the beginning of the recovery in order to have motivation to participate in rehabilitation.

> *"The disease can be something to which the patient has never heard of or met before in their circle of acquaintances. In these situations the patient needs quite a lot of guidance about the disease."*
> *("Se voi olla potilaalle myös sellainen asia josta ei ole koskaan aikaisemmin kuullut tai ei ole kohdannut asiaa lähipiirissä niin monesti potilaat kaipaavat sitä tietoa siitä sairaudesta aika paljon.")*

Stroke patients are often unsure about their future and need *counseling about future outlooks*. Health care providers can describe examples about earlier patients who have healed from a similar situation. The health care providers explained that rehabilitation helps most of their patients to heal at least little, whereas some patients benefit considerably from rehabilitative care. Future outlooks gives motivation into the care and provides feelings of hope and security to patients.

”I motivate the patients through speaking and telling of earlier examples of how somebody else has recovered from the same situation although it has been really hard process.
(”Puhumisen kautta minä ite motivoin potilaita, ja kertomalla esimerkkejä että millälailla joku toinen on selvinnyt eteenpäin samasta tilanteesta, vaikka se onkin todella rankka prosessi.”)

5.2 Health Care Provider’s Social Caring Skills

The main category called health care provider’s social caring skills (chart 4) is divided to three upper categories: **supporting network, providing stimulus activities** to patients and having **good interaction between health care provider and patient**. Besides health care providers, relatives and friends can also be seen as support providers to the patient. The health care providers emphasized the significant meaning of individualized work in all interviews. Social caring skills become evident in caring situations, for example, while providing delightful activities for patients or while providing support or advice for patient and relatives. The social caring skills of health care providers are in use during implementation phase of the nursing process.

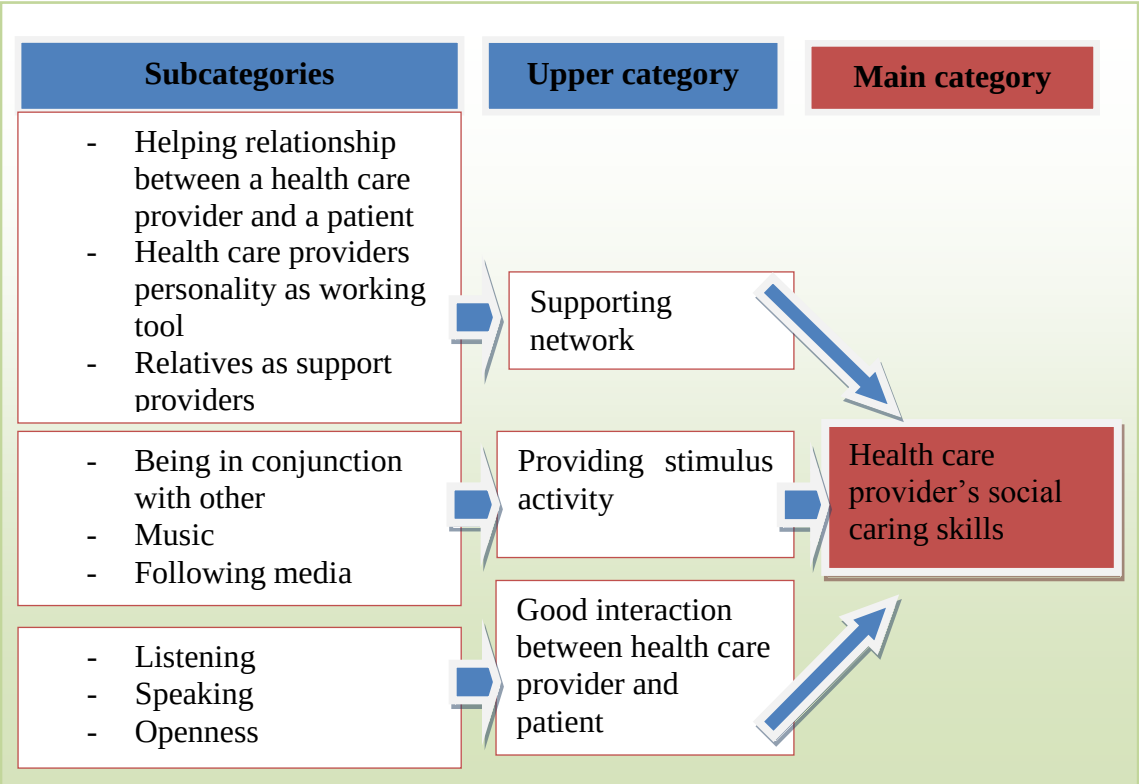


Chart 4. Prescription about health care provider's social caring skills in providing emotional support for stroke patients (Körkkö 2012.)

A helping relationship between health care providers and a patient has a positive influence to the provided care. Health care providers are professionals who can take care of illnesses and can encourage the patient in care. The participants in the interview explained about the importance of health care providers to the emotional health status of patients. A familiar worker and trusting relationship develops an open environment.

> *"Patients recognize whether or not the faces are familiar when a health care provider comes to the room. Familiar health care providers and a familiar caring situation provides feelings of security. But they can also show their negative feelings to the familiar worker. Many times it has clearly helped the patient and improved their day when a health care provider has listened to and accepted situations and feelings of the patient."*

> *(”Kyllä sen tajuaa kun sinne huoneeseen menee, jos on tuttu hoitaja tai ei oo tuttu hoitaja. Tuttu hoitaja, tuttu hoito tilanne luo turvallisuuden tunteen. Ne pystyy myös kiukuttelemaan… Monesti se on ihan selkeästi jo auttanu sitä potilasta ja parantanu sitä potilaan päivää, että hoitaja on kuullu ja hyväksyny sen tilanteen ja ne tunteet.”)*

The health care providers relayed that h*ealth care providers' personality* can be seen *as a working tool* in nursing care. In the opinion of the health care providers, emotional support for stroke patients is many times given by means of the providers own personality. For example, some workers have to think of how to provide emotional support because it does not come naturally for them. Those workers may need more education and information about the methods on how to provide emotional support, contrary to other workers, who naturally go into the situations and provide overall care without thinking about it.

> *”Providing mental support for patients is natural for me, it is part of my personality, I go into situations naturally. I still think of the patient and what the patient would like and how could I comfort this patient.”*
> *(”Psyykkisen tuen antaminen on minulle luontaista, minun persoonaa, minä meen luontaisesti matkaan täysiä niihin tilanteisiin. Aina sitä kuitenki ajattellee sitä ihmistä että mistä se tykkää ja millälailla sitä voi lohduttaa.”)*

Relatives as part of the supporting network were emphasized in every interview. The conclusions of the participants were completely unanimous. Relatives know the patient's background and they can quickly recognize mood changes. They have the ability to uplift the feelings of patients just by being present. Additionally, for the patient, relatives are something familiar in an exhausting life situation and it increases feelings of security.

> *”The purpose of relatives is that immediately the mood picks up when familiar people visit. If a patient has been really tired in the morning and*

relatives come, it seems that the patient is immediately livelier. And certainly when relatives are helping, those patients start off easier than patients whose relatives don't visit them."

("Omaisten merkitys on, että mieli piristyy kun käy tuttuja siinä lähellä, heti mieliala kohenee. Jos aamusta on ollu kovasti väsyny ja siihen tulee omaisia niin heti näyttää että potilas on virkeämpi ja tosiaan kun on omaisia auttamassa, niin lähtevät helpommin liikkeelle kuin potilaat joilla ei niin niitä läheisiä käy siellä katsomassa.")

Stimulus activity is the second upper category of social support skills and is defined as different types of activities which may improve the patients' wellbeing and emotional health status. Health care providers can support patients' sociality, emotional health and prevent e.g. depression via different types of activities. Patients have individual interests. There are many types of activities such as *being in conjunction with others, music and following media.*

Suitable and interesting stimulus activities are not always easy to find for a certain patient. To find the interests of a patient, the health care provider and the patient need to understand each other. That is not always easy because stroke patients are not always able to talk because of damages in certain areas of the brain. *Being in conjunction with others* is about being together with other people in a day room. Discussing about own interests increases the mood of a patient. The patient's interests are not always known by health care providers but can be figured out through discussions with patient and relatives.

"It is a large challenge to learn what the patient likes to do or listen to. For example, if the patient wants to listen to the radio or to go into the day room where there are other patients. Some patients absolutely do not want to go there. Then we need to try think of activities that can be done in their room. It is really important to find a common language."

("Se on suuri haaste että nii opitaan tuntemaan ja tietämään, mitä potilas tykkäis tehä tai kuunnella, haluaako kuunnella radiota tai lähteä muitten joukkoon tuonne aulaan, että joku ei missään tapauksessa halua mennä.

Sitte pittää koittaa miettiä virikkeitä sinne huoneeseen, yhteisen kielen löytäminen on todella tärkeä asia.")

"Background information is good to know so that there would be a possibility to discuss things of interest with the patient, e.g. family."
("Taustatietoja on hyvä saada selville, että voi keskustella sitte niistä kiinnostavista asioista, jos tiedetään että hänellä on joku tällainen kiinnostuksen kohde taikka hänen perhe tai jokin josta voidaan etsiä näitä yhteisiä asioita.")

Music has been researched to be as one influential method to provide satisfaction to patients. It has been researched to be a remarkable part of supporting the emotions of stroke patients. (Särkämö 2011.) The health care providers agreed on the effect of music. Music can be about singing or listening to music from the radio or a CD-player.

"Singing has a wonderfully significant purpose and it is an incredible working tool. Singing requires bravery. However, when there are familiar songs, elderly patients start singing along and they forget insecurities."
("Laulamisella on ihmeellisen suuri merkitys ja se on mahtava työväline. Se vaatii kuitenkin rohkeutta. Kun on vanhoja tuttuja lauluja, niin monesti ne vanhukset lähtee mukkaan laulamaan ja silloin se turvattomuus unohtuu.")

Media can be followed by listening to the radio, watching TV or reading newspapers. People commonly like to follow media and often it is a stimulating activity to stroke patients because it is something familiar to do. Following media provides a rest from one's own thoughts and it stimulates the brain.

"The mood of the patient would improve a little when exposed to radio, TV, or even if it would a little moment to read newspapers and follow news that what has happened around the world. And then if the patient is

in that kind of phase that he can get up and to move around then he isn't stuck in his own little room."
(*"Radio, televisio, tai vaikka jos hetken aikaa lukis päivän lehtiä ja uutisia että mitä on tapahtunut maailmalla, saatais potilasta vähäsen piristymään. Ja sitten jos potilas on sellaisessa vaiheessa että pystyy lähtemään liikkeelle että ei jäähä sinne ommaan pieneen kolloon.")*

Good interaction between the health care provider and a patient is the third upper category of social working skills and it plays a key role in the emotional support for stroke patients. In the description of the health care providers, *discussing, listening, talking and being open* are important working tools in providing emotional support for stroke patients. Supporting and understanding interaction provides a good basis for the rehabilitation process and promotes patient's motivation to the process of recovery, which can last for the rest of the patient's life.

"Supporting patients emotionally comes up in all interactions."
("Kaikessa vuorovaikutuksessahan se psyykkinen tukeminen tulee esille.")

"Certainly that requires time, to listen if there are worries and then to discuss about everything. Being open is important in both ways."
("Tosiaan antaa aikaa, kuuntelee jos on huolia ja voi keskustella asiasta kuin asiasta. Avoimuus on tärkeää molemmin puolin.")

There is need for silence too, but commonly patients sigh and wish that I talk to and discuss with them."
("Hiljaisuutta myös tarvitaan, mutta yleensä potilaat kaipaavat, että niille jutellaan ja heidän kanssaan keskustellaan.")

During more difficult periods in the patient's recovery, the patient receives support and encouragement via discussions with a health care provider about feelings. Many times patients feel depression or exhaustion about their new life situation and the dramatic changes that come with it. Often they really need understanding and comfort to be

uplifted. Unfortunately health care providers rarely have time to give support and time to one patient as they always have other responsibilities to continue with.

> *”Many times these patients’ moods are really down. In order to prevent the bad feelings and to help move forward, the feelings need to be gone through with discussion, even if you feel the moment isn’t right, you can negotiate it. Through health care providers’ discussions, the patient would get strength, help and support towards wellbeing.”*
> *(”Näillä potilailla mieli monesti todella matalalla, että mitä tehä että ehkäsis sitä huonoa oloa tai mikä sitte auttais siitä etteenpäin. Käyvä se puhumalla läpi, että vaikka tällä hetkellä tämä tuntuu aivan kauhialta, mutta tästäkin voi selvitä. Sieltä vois saaja sitä voimaa sille ihmiselle, apua ja tukea potilaan hyvinvointiin ja motivoitumiseen, hoitajien keskustelujen kautta.”)*

5.3 Health Care Provider’s Emotional Caring Skills

The health care providers explained that emotional support for stroke patients is fundamentally about health care provider’s skills to provide emotional care (chart 5). The care can be given in every caring situation with a good attitude and an empathetic working method. Like the results, Hedlund & Ronne-Engstom & Ekskelius & Carlsson (2008, 407) describes, emotional caring skills are considered to be important in patient care. They describe emotional caring skills to be about establishing hope and encouragement. Emotional caring skills are in use during caring situations and are part of the implementation phase of the nursing process.

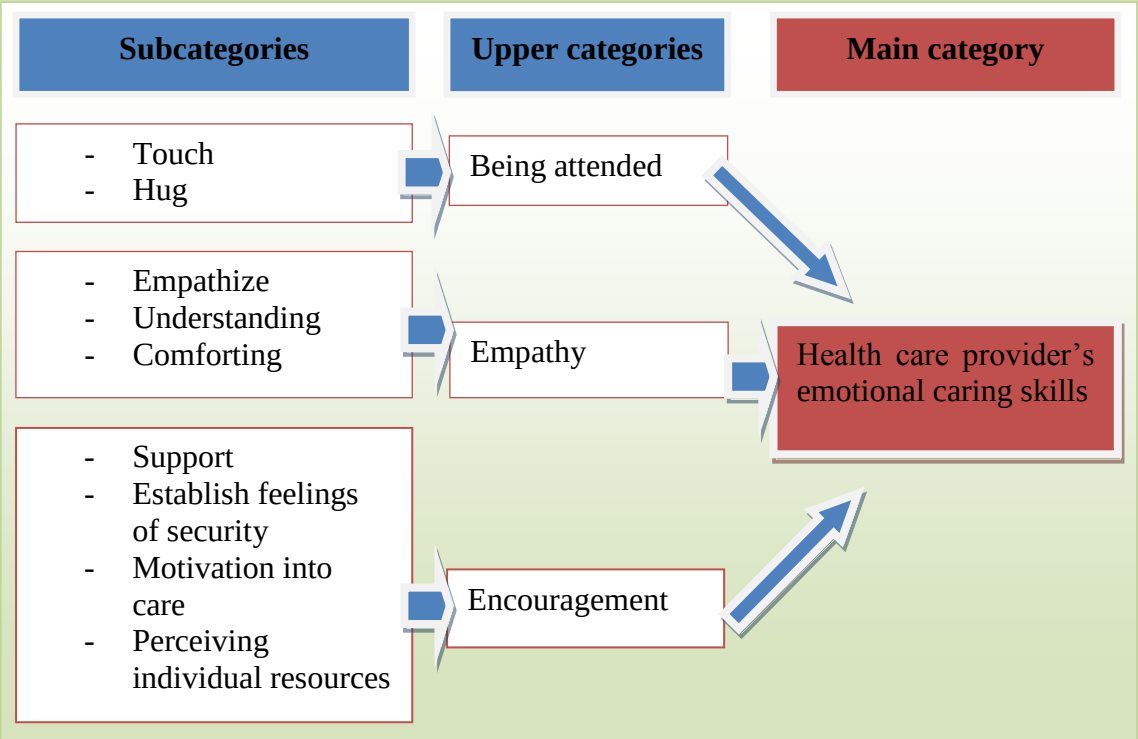


Chart 5. Health care provider's emotional caring skills in providing emotional support for stroke patients (Körkkö 2012.)

Being attended is the first upper category of emotional caring skills and it is defined as attending for the patient physically. It is about *touching and giving a hug*. The health care providers felt that physically being attended and concretely touching, calms patients down and gives comfort for them. Additionally, the health care providers explained that they have to be careful with being physically near a patient. Some patients may get good benefits from a hug when it is given in the right situation; where as other patients may feel that hugging is more of an intrusive action. Physically being near is not always natural for every worker and patient. It requires trust in the relationship. Being physically attended to, without touching or hugging, is about supporting stroke patients emotionally, as well.

> *"Methods of providing emotional support are touching and even hugging, but with hugging we need to really careful. I can take it if somebody gives a hug to me but otherwise I need to be really careful. Patients get feelings of security from a hug."*

(”Psyykkisen tukemisen antomuotoja on koskettaminen ja jopa halaaminen, mutta siinä pitää olla tosi tarkka. Minä kestän, jos joku tulee halaamaan, mutta sitten taas toisinpäin pitää olla tosi varovainen. Siinä näkee, että niille tulee semmonen turvallisuuden tunne.”)

In emotional support a significant working tool is **empathy** which is the second upper category of emotional caring skills**.** Empathy is about *empathizing, understanding* and *comforting* the patient. In emotional situations, accepting bad feelings of a patient, listening to worries and being present without intermitting the patient, allows the possibility for the patient to process his own feelings and life situation. Difficult feelings may often be hard to meet for health care providers.

” Sometimes, when I have heard and accepted the situation and feelings of a patient, it has clearly helped and improved the day. If a patient has a bad day, I kind of accept it and listen to the patient - you now have that kind of situation, I understand you.”
(”Monesti se on ihan selkeästi jo auttanu sitä potilasta ja parantanu sitä potilaan päivää että on kuullu ja hyväksyny sen tilanteen ja ne tunteet. Jos potilaalla on huono päivä niin minä tavallaan yleensä hyväksyn sen ja kuulen sitä potilasta, että sulla on nyt tämmönen ja että ymmärrän sua.”)

Encouragement is the third upper category of emotional caring skills. Encouragement is about *support, establishing hope, motivation* and *perceiving individual resources* in care. These working tools can be used in every working situation when in contact with patient. *Support* can be give, for example, through encouraging words to patients.

”To attend and talk as long as the patient needs and it is about commending the patient, like you would to a little child, that it is incredible that you have come so far. It may sound silly for outsiders who haven’t dealt with these kinds of situations, but it is not.
(”Olla ite siinä läsnä, niin pitkään ku se tarvii sitä läsnäoloa ja puhumista ja sitä kehumista niinku pikkulapselle että mahtavaa että sinä taas oot

> *edistynyt kovasti. Se saattaa kuulostaa hassulta ulkopuoliselle, joka ei ole kohdannut tällaisia tilanteita, mutta ei se oo.")*

The health care providers commented often about the meaning of *establishing security*. Security should be like an aim in the beginning of the care. When the patient trusts the health care providers and feels secure, caring situations, apart from the cooperation with health care providers, is easier.

> *"Stroke patients are really lost, especially dementic patients. Then it is especially significant to make the contact situations secure."*
> *("Aivohalvauspotilaat ovat todella hukassa itsensä kanssa. Silloin erityisesti se kontakti tilanteiden luominen turvalliseksi on tosi tärkeää")*

Motivation in care has been mentioned many times. The health care providers explained that the recovery process can not to be made without motivating the patients in care. It is about encouraging the patients to participate in the care, so that they use the physical resources that they instinctively have, which can be called *perceiving individual resources. Perceiving individual resources* is explained by the health care providers as physical development. Encouraging patients to make themselves continuously practice individually, improves the recovery and rehabilitation process. Even a little sign of physical recovery motivates patients to continue and emotional health status increases positively.

> *Maybe the emotional support is about standing by the patient… and supporting, encouraging and motivation and it is about creating feelings of security. So that patients would start using their own resources."*
> *("Ehkä emotionaalinen tukeminen on semmosta tukemista ja motivoimista ja se on semmosta toivon luomista tavallaan ja että niitä omia voimavaroja alkais käyttämään.")*

6 CONCLUSION

The analysis from the interviews produced three head categories on perceptions about providing emotional support for stroke patients: cognitive caring skills (chart 3), social caring skills (chart 4) and emotional caring skills (chart 5). Health care providers should give emotional support to patients in all these levels. The levels are directly connected to each other (chart 6).

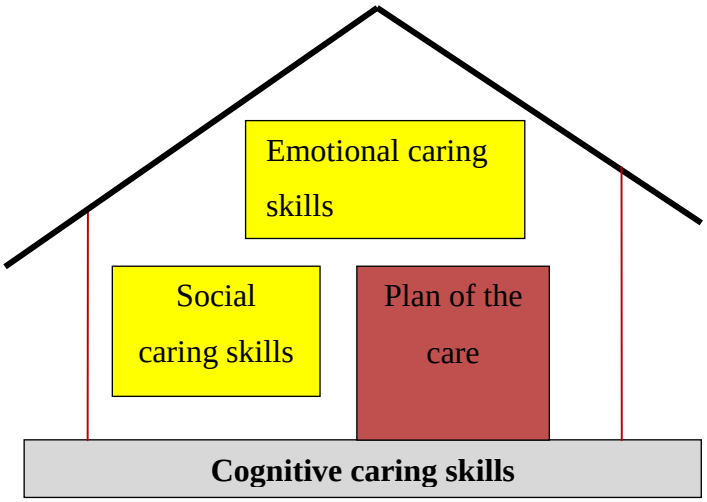


Chart 6: Comprehensive emotional support for stroke patients (Körkkö 2012.)

The foundation of the support is the knowledge of how to provide emotional support to stroke patients. The foundation can be called as *cognitive caring skills*. The health care providers need to have knowledge about the methods which provide emotional support to effectively care for stroke patients. As all of the interviews indicated, cognitive caring skills are important knowledge for health care providers to provide good quality care. Without cognitive caring skills, administration of care and rehabilitation is inadequate. The researcher has drawn a conclusion that cognitive caring skills become evident in nursing process' steps: assessment, diagnosis and planning.

Planning of care is like the door into the house. A patient's needs have to be measured to find a holistic overview of the patient. With this information, the health care

providers can make a plan in regards to needs and interventions. When the care is planned and the emotional and rehabilitation needs of the patient have been surveyed, the emotional support and rehabilitation can be provided. Individuality of patients is essential to perceive for providing successful care. Knowledge of the patient's former and present situation, together with multi-professional team working, leads to opening the door of the house.

Inside the house are windows which describe the implementation of emotional support to stroke patients. The implementation consists of *social caring skills* and *emotional caring skills* which both include the rehabilitation process of patient. As chart 4 describes, social caring skills are in use by all health care providers. Health care providers can utilise different stimulus activities and develop their own interaction skills with patients. According to chart 5, emotional support skills are about attending, empathy and encouragement. Emotional caring skills, on the other hand, are more about attitudinal and personal abilities of health care providers. Every health care providers' own personality and skills impact their emotional support and caring work. However, emotional support skills can be developed and improved. These skills can be owned through cognitive knowledge and tacit knowledge (see pages 19, 25).

The health care providers have valuable information about the implementation of emotional support for stroke patients as the house model suggests and results of the interviews describes. The results showed that health care providers have good knowledge on stroke patients' emotional health problems, influence of environmental factors and adapting to a new situation which has been explained in the theory part of the research (see pages 9, 12.) Additionally, culmination to earlier personality was mentioned in the interviews, but this appeared to be less of a knowledgeable area. However, in other hand the problems caused by neurological injury were more unfamiliar area. The health care providers knew that injury may have some kind of effect on stroke patients' emotional health status but they did not know how to describe or explain it. They knew more about the neurological injury impact on the rehabilitation process. Their wish was to receive more information and education on the emotional support area for stroke patients.

The Ministry of Social Affairs and Health of Finland has developed a concept on expertise caring requirements for health care providers. Surprisingly the results in this research are quite similar to the skills which the Ministry of Social Affairs and Health describes. In the concept they describe essential aspects required for practising health care professions. The concept describes that nursing providers should have emotional-social skills to provide good care. Emotional-social skills consists of good relationship skills, supporting individual recovery of patients, rehabilitation, understanding the meaning of relatives in patient care, respecting patient and relatives, guidance and education to patient and relatives, motivating them into care, multi-professional team working and safety of care. Other aspects in the concept were cognitive skills and the ability to think, which consisted of care planning, implementation and assessment; care which is based on researched knowledge and documentation of own work. Personal skills requirements included empathy, friendliness and accountability. (Terveydenhuollon ammattihenkilöiden neuvottelukunta 2000, 23-24.) As the results shows in chart 3, chart 4 and chart 5, the results have lots of similarities. The participants in the interviews truly had comprehensive knowledge on how to concretely include these requirements into patient care.

7 ETHICAL EVALUATION

Research is conducted by following certain rules and requirements. Sociologist Robert Merton has represented thoughts about the requirements through four phases. Research has to be done without using the researcher's own opinions, the information needs to be impartial and it should include international knowledge. Additionally, research is always presented for critical and public estimation of the scientific community before publishing (Hirsjärvi & al 2004, 20-25.) These phases have been considered in this research.

Ethical considerations should be contemplated during the researching process. Reliability of the research is secured by using diversified scientific material. Material which is used in this research has been taken from reliable and, mostly, recent references. Some references are older, but the information of these references is still valid in current times. The topic of the research has not been widely researched but still there was enough material available for this research. All material which is needed for this research have been collected and transferred to the research by researcher's own words without plagiarism or own opinions.

Data collection happened throughout the interviews. The participants (n=3) participated in this research voluntarily. To respect the participants, the anonymity of participants in the interviews has been ensured. The interviews were conducted in a silent and peaceful atmosphere. The interviews were not disturbed by outsiders and only the interviewer and participant were present. The interviews were recorded to an MP3-player in order to contain all possible information from the interviews. The participants were informed about the recording and one of the participants mentioned that the recording was a little disturbing for her during the interview, but while she was considering the themes, she forgot about it. It is possible that, without the recording, the participant would have been more relaxed and maybe the amount of information would have been increased. In order to secure the anonymity of the participants, the recorded data was stored only in the researcher's USB-stick and computer and was only listened to by the researcher.

Recorded data was destroyed after the data was transcribed word by word to researcher's computer.

As this was the researcher's first attempt at research, the ability to conduct interviews was not well developed before implementation of the interviews. The researcher's ability to interview was developing step by step during the interviews and if the researcher would have conducted the very first interview with current skills, the results would have been broader.

The results part of this thesis has direct citations from the interviews. Pudasjärvi is a little town in Finland. The might be a danger that somebody from the town would recognise some of the participants from the text. That is why there are no allusions or numbers in the citations. This is made to secure the anonymity of the participants. The direct citations are written in English and Finnish to increase the reliability of the translations. The process of forming the results has been looked at by two supervisors of this research which increases the reliability. The supervisors have helped the researcher forward and provided deep, leading guidance not only in the analysis phase but throughout whole researching process.

This research process has gone through a critical thinking process in its entirety. The outcomes of this research are reported truthfully without any enhancements or having own opinions included in the results. The outcomes have received critical feedback before they have been reported. The research has been made by explaining all the steps thoroughly in the text (Hirsjärvi & al 2004, 25-27.)

8 DISCUSSION

Unlike many other everyday activities in health care careers, emotional support is not something concrete. The emotional support is an important part of health care not only for stroke patients but for all patient groups. The researcher believes that this research can provide benefits, especially in the Pudasjärvi acute unit. Additionally, the research has lots of information which can have benefit all health care career areas. Emotional support is not something unique in one disease area but is important working tool in all health care providing areas. However, stroke patients are a little different case in providing emotional support because of problems caused via neurological injury. Emotional health problems which change the nature of a patient are more difficult to understand and rehabilitate than other emotional problems. This fact increases the importance of the theory part of this research especially when the results of the interviews showed that the health care providers do not have such a clear understanding of emotional health problems caused via neurological injury. Additionally, good mood and caring for the emotional status of patients improves faster recovery. Therefore, the researcher considers and highlights the meaning of emotional support through this research.

The theory and results of the research are closely connected to each others. The interviewed health care providers had a broad overview and knowledge about providing emotional support for stroke patients. The interviews gave more broad information about stroke patients' emotional support in care than the researcher researched before interviews. However, after results were done, the researcher had requirement to continue to search more information on the nursing phases of care.

Perpetration of this research has been the very first to the researcher. Therefore phases of the research required plenty of time and energy from the researcher. Additionally lots of resources were required from the two supervisors whereas they provided understanding, patient and excellent guidance for the researcher in this research. In the beginning of the process it seemed that there was not much information concerning

stroke patient's emotional support. As the research process continued, the amount of found information increased, too.

The researcher's own learning experiences have been deepened by information on emotional support and strokes. The research evolved slowly through a period which lasted over a year. The researcher has worked on the research momentarily for couple days in one time and then continued again in another time. The researcher feels that the research process has been relaxing but also a really informative, eye-opening experience. Perpetration of interviews was an interesting and exciting experience. The interviews presented new overviews about the researched topic. Also, from the research, the researcher found concrete and broad information on providing emotional support to stroke patients. The researcher believes to benefit from this new knowledge in her own nursing career in the future. Additionally, the interviews developed the researcher's confidence in conducting future interviews. The researcher experienced the interviews as really pleasant learning experiences.

As the topic concerning emotional support and rehabilitation is not so broadly researched, this area has many types of further study possibilities. For example, further study on the development of an information package for health care providers about emotional support methods for stroke patients. Another interesting researching area would be the purpose of relatives in a patient's rehabilitation process. Music was also emphasized in the results of the research. One topic could be the purpose of music therapy for the mental health status of a certain patient group. This research could be carried forward by interviewing patients who have recovered from a stroke and how they have received emotional support from health care providers. Additionally, this research would be continued through further interviews to deepen the information. Challenges and possibilities in providing emotional support for some patient group can be a possibility, too. This research has been informative and interesting area and that is why there would be a numerous of possibilities for further researches.

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APPENDIX

Appendix 1 1 (2). Theme interview

THEME INTERVIEW

Theme 1

In your opinion, what is comprehensive rehabilitation of a stroke patient

- *What does comprehensive rehabilitation include*
- *How does the comprehensive rehabilitation implementation happen in practise*
- *Which methods of the rehabilitation process of a patient are improved when a stroke patient arrives to the unit*
- *How much do you know about the stroke patient's background when a patient comes to the unit and how is the information used in practise*

Theme 2

What is emotional support of a stroke patient and what is the purpose of emotional support in your opinion

- *What does emotional support to a stroke patient mean*
- *In which ways is the emotional support seen in practise*

Theme 3

What kind of challenges and possibilities have you meet in providing emotional support for stroke patients

- *What facts are important to take into account while providing emotional support for stroke patient*
- *What kind of feelings do you meet in providing emotional support for stroke patients*
- *What does providing emotional support for stroke patients mean for you*

Appendix 1 2 (2).

Theme 4

What kind of thoughts come into your mind about a stroke and its changes to a patient

- *What does a stroke mean*
- *What kind of changes a stroke can cause to a patient, in which areas the changes can occur (physical, emotional, social and cognitive changes)*

Theme 5

What kind of information and education have you received about strokes in your work place

- *What kind of information have you received about neurological injury caused by stroke and its' changes to patient's emotions*
- *Do you have enough education about the effect of neurological injury to a patient*
- *What kind of further education may you need about stroke patients*

Background information:

1. The length of the health care providers experience in the health care field
2. Has the health care provider attended a course called "rehabilitative working method in nursing career"

Appendix 2. Agreement form of the research

Kemi Tornion ammattikorkeakoulu

OPINNÄYTETYÖN HANKKEISTUSSOPIMUS

Kemi-Tornion ammattikorkeakoulu ja alla mainittu toimeksiantaja sopivat tällä sopimuksella opiskelijatyönä tehtävän hankkeistetun opinnäytetyön tekemisestä.

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Opinnäytetyön tekijä(t) (nimi, koulutusohjema, yhteystiedot)
MAIJA KÖRKKÖ, DEGREE PROGRAMME IN NURSING, HEALTH CARE UNIT MERIKATU 8 AS 23, 94100 KEMI

Opiskelijanatyönä tehtävän opinnäytetyön tiedot:	
Opinnäytetyön nimi/aihe	EMOTIONAL SUPPORT FOR STROKE PATIENTS: Health Care Providers' Perceptions and Experiences about Giving Emotional Support for Stroke Patients
Työn aikataulu	Kevät 2011 - Kevät 2012
Opinnäytetyöstä aiheutuvista kustannuksista vastaa	TUTKIJA ITSE VASTAA
Tulosten salassapidosta sovitaan seuraavaa	TUTKIMUS ETIIKAN MUKAISESTI HAASTATELTAVIEN ANONYYMITEETTI SUOJATAAN

Opinnäytetyön hankkeistusta koskevat tiedot:

☐ Toimeksiantaja maksaa joko ammattikorkeakoululle tai opiskelijalle työn tekemisestä ja tästä on kirjallisesti sovittu ennen opinnäytetyön aloittamista.

☐ Opinnäytetyön ohjaukseen osallistuu nimetty työelämän edustaja ja tästä on kirjallisesti sovittu ennen opinnäytetyön aloittamista.

☒ Toimeksiantajan tarkoituksena on hyödyntää opinnäytetyön tuloksia.

Jos tähän sopimukseen tulee muutoksia, on se jokaisen osapuolen uudelleen hyväksyttävä ja allekirjoitettava.

Tämä sopimus on tehty kappaleena, yksi jokaiselle sopijaosapuolelle.

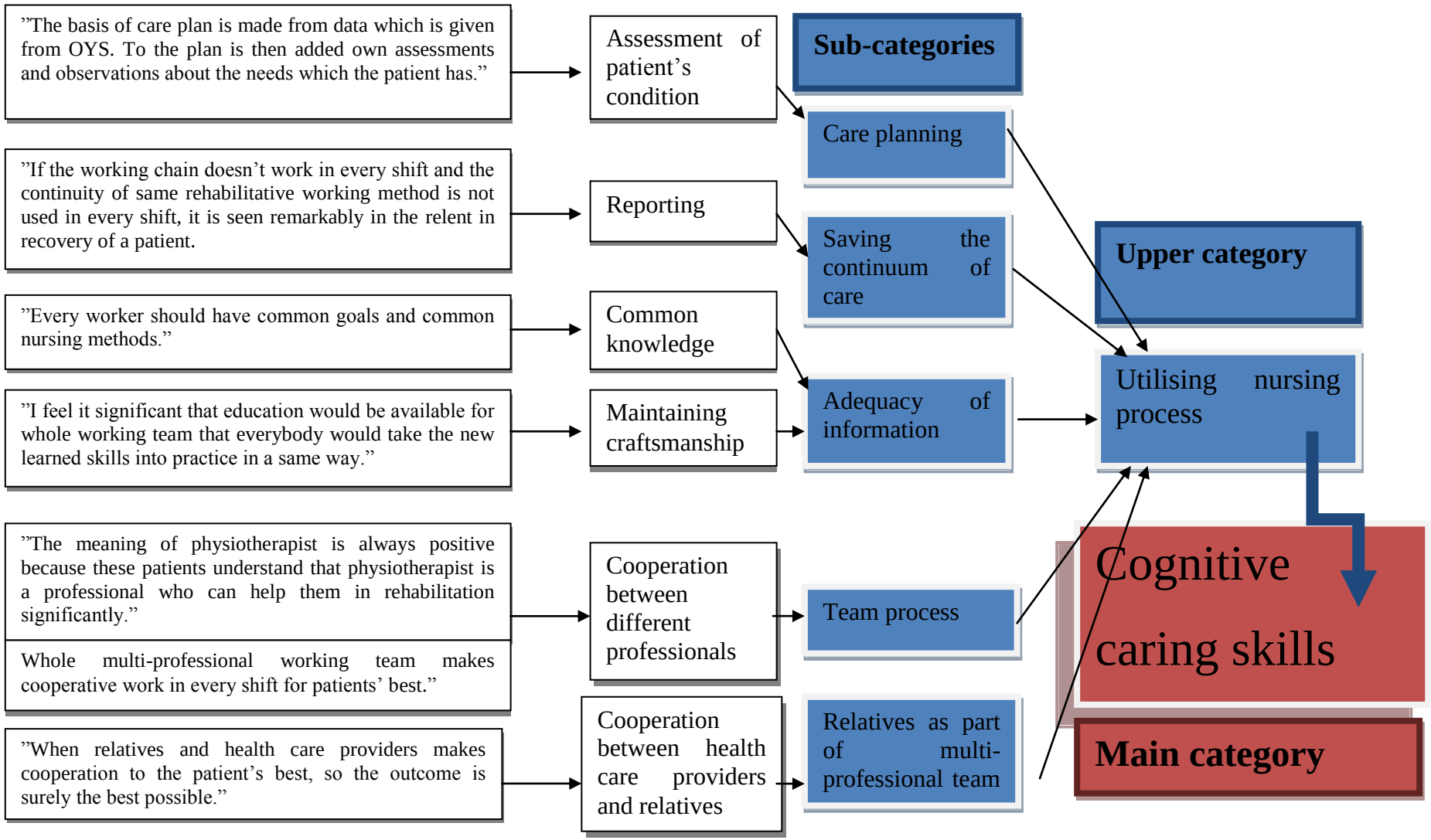
Paikka Aika 17/02 2012

Anne Puro
AMK:n edustaja

HANNU HONKANEN
Toimeksiantajan edustaja

Opinnäytetyön tekijä(t)

Appendix 3 1 (2) Phases of analysis of Multi-professional team working in head category Cognitive caring skills (Körkkö 2012.)



Appendix 3 2 (2). Phases of analysis of Health care providers counselling to patient and relatives in head category Cognitive caring skills (Körkkö 2012.)