

The selected nursing interventions health and social care essay



INTRODUCTION

1. 1 BACKGROUND OF THE STUDY

Stroke is a worldwide health problem. It makes an important contribution to mortality, morbidity and disability in developed and developing countries. It is a chronic condition where it declines the health of the person. In recent years there is a shift towards the prevalence of non-communicable diseases which is gaining an increasing attention. Non-communicable diseases also known as chronic diseases are not passed from person to person. They are of long duration and generally slow progression. Stroke is viewed as a major health problem. All the age groups and all regions are affected by NCDs. NCDs equally affect low and middle income generating countries where nearly 70% of NCD deaths (29 million) occur. (WHO Global Statistics NCDs 2010) Stroke occurs when there is inadequate blood flow to a part of the brain or haemorrhage into the brain which results in death of the brain cells. Functions like movement, sensation or emotions that were controlled by the affected area of the brain are lost or impaired . The severity of the loss of function varies according to the location and extent of brain involved. Stroke is defined as an event caused by the interruption of the blood supply to the brain, usually because a blood vessel bursts or is blocked by a clot. This cuts off the supply of oxygen and nutrients, causing damage to the brain tissue (World Health Organization, 2007) The most common symptom of a stroke is sudden weakness or numbness of the face, arm, or leg, most often on one side of the body, occurring in 80% of the strokes. Other symptoms are confusion; difficulty in speaking or understanding the speech, difficulty in seeing with one or both eyes, difficulty in walking, giddiness, and loss in

balance or coordination, severe headache with unknown cause, fainting and unconsciousness. The effects of the stroke depend on which area of the brain is injured and how severely it is affected. A very severe stroke can even cause sudden death. Globally, it is stated that stroke is the third commonest cause of mortality and the fourth leading cause of disease burden (WHO, 2007). It makes an remarkable contribution to morbidity, mortality, and disability in the developed as well as in the developing countries. In the recent years, there has been advanced economical and demographic changes in the developing countries, as a result there is a change from communicable diseases towards chronic, non-communicable, related diseases (American Stroke Association, 2009) 15 million people suffer from stroke worldwide every year. Of these, 5 million deaths and 5 million people with permanently disabled. Hypertension contributes to more than 12. 7 million strokes worldwide. Europe has approximately 650, 000 stroke deaths every year. In developed countries, the incidence of stroke is declining, largely due to efforts to lower blood pressure and reduce smoking. However, the overall rate of stroke incidence remains high due to the aging of the population (World Health Organization, 2011). Stroke is the third leading cause of death in the United States. More than 141, 000 people die each year from stroke in the United States. Stroke is the leading cause of serious, long-term disability in the United States. Each year, approximately 790, 000 people suffer with stroke. About 600, 000 of these are first attacks, and 180, 000 are with re attacks. Stroke death rates are higher for African-Americans than for whites, even at younger ages. On average, someone in the United States has a stroke every 40 seconds . Stroke accounted for about one of every 16 deaths in the United States in 2006. Stroke mortality for 2005 was <https://assignbuster.com/the-selected-nursing-interventions-health-and-social-care-essay/>

137, 000 (US Center for Disease Control and Prevention, 2009). The prevalence of stroke is 55. 6per 100, 000 in all ages . 12% of stroke occur in the population aged <40 years. Approximately 20 million people each year will suffer from stroke and of these 5 million will not survive. Stroke is also a leading cause of functional dependence with 20% of survivors requiring hospitalized care after 3 months and 5%-30% being permanently disabled (South Asia Network for Chronic Diseases, 2009)Prevalence of stroke in India ranges from 40 to 270 per 1, 00, 000 population approximately, 12% of all stroke occurs in the population 40yrs of age. Stroke accounts for 2% of hospital registration, 1. 5% of medical registration and 9 to 30% of neurological admissions in major hospitals (ICMR, 2005). India by 2015 will report 1. 5 million cases of stroke yearly, at least one-third of them will be disabled. Stroke is a major cause for loss of life, limbs and speech in India, with the Indian Council of Medical Research estimating that in 2006, there were 9. 3 lakh cases of stroke and 6. 4 lakh deaths due to stroke in India, most of the people being less than 45 years old (Times of India, 2009). Prof. Dalal, a neurology expert from Leelavathy Hospital, Mumbai, on the inauguration of Fourth National Congress of Indian Stroke Association stated that in 2005 57 lakh people across the world died of stroke and two-third of them were from low and middle income countries, he said adding India accounted for more than 54 per cent of all deaths in 2005. Without successful intervention, mainly in villages, deaths due to stroke were estimated to increase by 18 per cent in the next 10 years (The Hindu, 2007). Globally, the stress on World Stroke Day, being observed on October 29, is on prevention of stroke, the second largest cause of mortality and commonest cause of disability. In the age group 41-60 years, 540 per 1, 00, <https://assignbuster.com/the-selected-nursing-interventions-health-and-social-care-essay/>

000 people will have a stroke, says Dr. Arjundas. Disability arising out of a stroke is likely to affect this group in their most productive years. If there are 20 million strokes a year, globally, 15 million survive, but 5 million of them are severely disabled, requiring extensive medical and rehabilitative care. With advances in treatment it is now possible to lower mortality and disability per cent. A dedicated stroke unit will go a long way in ensuring that patients survive and are also able to resume work in a short while (The Madras Neuro Trust, 2010). Psychosocial functioning includes feelings and the acting relationships with others, the ability to adapt and cope with stress, and the capacity to develop values and belief which is impacted by health and illness and may in turn affect physical health.

Psychosocial health includes five aspects (World Science Organization, 2007):

Emotional- The emotional dimension is subjective and includes one's feeling.

Social support- relationships with others that bring positive benefits to individuals. Family support where families are expected to provide the attention, love, and security that enable members to develop physically and emotionally, and to develop a self-identity. Self-esteem which refers to beliefs and feelings one holds about the self. Spiritual and belief patterns include one's relationship with a higher power or ideal, often demonstrated in religious practice, and a moral code learned from significant others, which enables one to determine right from wrong . People with stroke are not maintaining adequate involvement in physical activity for health and functional benefit . Stroke is considered to cause long term disability.

Generally the disability are paralysis or problems controlling movements

sensory disturbance including pain, problems using or understanding language problems with thinking, memory and emotional disturbances (American Stroke Association, 2010). The sudden change in self-image from an able-bodied independent person to a paralyzed dependent patient can be devastating . Many fear disability more than death. The dependence on others for such basic self-care task as feeding, grooming and toileting can lead to anxiety and depression. The uncertainty of the recovery process in the stroke patient adds to the frustration.

1. 2 SIGNIFICANCE AND NEED FOR THE STUDY

Stroke is considered to play a vital role in the mortality and morbidity among the adults posing serious, medical, psychological and social problems . An important fact to be known is that stroke does not always infarct, it destroys the body and mind alike. Behavioural and psychological symptoms associated with stroke are gaining increasing attention, the clients are put up in an emotional distress after stroke. Most of the clients are pushed to depressed state during the post stroke period. The increasing number of older adults and newer therapies suggest that there will be increase in the number of stroke survivors living with disabilities. Stroke rehabilitation aims at facilitating maximum psychosocial coping and adaptation by patient and family, preventing secondary disability by promoting community reintegration, including resumption of home, family, recreation and vocational activities, enhance quality of life in view of residual disability. American Heart Association (2007) published the recommendations of agency for health care policy and research, that depression is estimated to occur in 10% to 27% among stroke survivors. Their recommendation were

family members and involved others should be given information about stroke rehabilitation, valued leisure activities should be identified and encouraged, to implement interventions and prevent secondary disability and promote recovery. International Stroke Association (2008) reported that emotional and cognitive functioning may be affected. Common psychological difficulties include anxiety, depression, grief, frustration reduced emotional control and anger. Dorsey and Maca (2008) states in the study that currently morbidity and mortality rate after stroke are declining as a result of advance in medical care and technology. Despite this decline the physical, emotional, psychological effects of stroke remains devastating. Common problems include stress, social isolation and financial burden. Robinson. RB (2008) conducted a descriptive study to identify the incidence of depression among the acute stroke clients, findings revealed that 19.3% and 18.5% of stroke clients had major depression and minor depression in acute care settings. Grant (2007) conducted a qualitative study to explore the home care problems experienced by stroke clients after hospital discharge. The investigator identified four major problems death of stroke clients, poor family support, difficulty in meeting Activities of daily living and in receiving emotional and social support. Robinson RG, Murata Y, Shimoda K (2006)., conducted a descriptive study to assess the dimensions of social impairment and their effect on depression and recovery among patients with stroke, findings revealed an impaired relationship with the "close members" which limited the social activities. Fears of economic stability and limited social activity were associated with depression. These findings suggest that during the first few weeks following stroke social support and contact are essential needs of patients. Lanza (2006) reflecting on her personal experience of <https://assignbuster.com/the-selected-nursing-interventions-health-and-social-care-essay/>

recovering from stroke stated stroke caused paralysis and a fear of dying, it would be a horrible affliction, yet the biggest tragedy of stroke is that it affects the mind and have impact toward mental health. Wilma M. Hopman, Jane Verner (2006) stated in the study that limited data are available to assess the health related quality of life of stroke clients after the discharge. The data revealed that well-being after stroke is markedly impaired. The survivors had significantly lower physical functioning general health and mental health and they remained depressed. Adequate community support to be made available to facilitate reintegration of the patient into their family and social roles. Hackett et al., (2005) in the descriptive study among stroke survivors on incidence of psychological problems, found that approximately 1/3 of persons will experience clinically significant depression at following a stroke episode. Stroke as such not only has physical effects but also has psychosocial effects. The psychosocial outcomes of stroke are complex and have impact on mood, spiritual, social relationship and family life. The functional disabilities among the stroke survivors decline their self-esteem. The health care professionals address only the physical care needs and the psychosocial effects remain as an iceberg phenomena which has to be brought up to the top line, the professionals must focus on the client and the family as a whole. Integration of mental health services into general health services must be done by all the health care professionals. Disability, anxiety, depression are the most serious effects of stroke clients. The investigator also had observed the stroke clients during the advanced nursing practice clinical postings where the investigator had realized the need to enhance the psychosocial health which will help the clients to cope

up with the illness and maximize all opportunities for returning to an active productive lifestyle.

1. 3 STATEMENT OF THE PROBLEM

A pre- experimental study to assess the effectiveness of selected nursing interventions on psychosocial health among clients with stroke in a selected setting, Chennai.

1. 4 OBJECTIVES

To assess the pre and post test level of psychosocial health among clients with stroke. To assess the effectiveness of selected nursing interventions on the level of psychosocial health among clients with stroke. To associate the mean differed score of psychosocial health among clients with stroke with their selected demographic variables.

1. 5 OPERATIONAL DEFINITION

1. 5. 1 Effectiveness

refers to the outcome of selected nursing interventions on psychosocial health among the clients with stroke which is assessed using structured interview schedule.

1. 5. 2 Selected Nursing Interventions

refers to the nursing care interventions regarding psychosocial health for a client with stroke which includes emotional, self-esteem, spiritual, family and social aspects by using Emotional- demonstration of deep breathing exercise and divertional activity (listening to music) given for relaxation. Self-esteem- video clippings on ways to enhance self-esteem. Spiritual- motivating the

clients to do silent self prayer. Family- psychoeducation on family supportive modalities using flash cards. Social- group discussion conducted on social support and group activity (games like ludo. snake and ladder).

1. 5. 3 Psychosocial Health

refers to the stroke clients emotional, social, family, self esteem and spiritual aspects of psychosocial health where: Emotional is one's subjective feeling of wellness of stroke clients where they respond appropriately to upsetting events. Self-esteem is that how stroke clients view themselves respectfully. Spiritual is maintaining peace with oneself and others. Family is the affection, care and concern shown towards the stroke clients. Social is how the stroke clients relate themselves with others.

1. 5. 4 Clients with Stroke

Clients who are diagnosed with stroke resulting in paralysis or weakness of one side of the limbs and undergoing treatment as in-patient in the selected setting.

1. 6 ASSUMPTIONS

Clients with stroke may have inadequate psychosocial health. Provision of selected Nursing interventions may improve the level of psychosocial health among the clients with stroke.

1. 7 NULL HYPOTHESES

NH1: There is no significant difference between the pre and post test level of psychosocial health among clients with stroke at $p < 0.001$. NH2: There is no

significant association of mean differed score of psychosocial health among clients with stroke at $p < 0.01$.

1.8 DELIMITATION

The study is delimited to a period of 4 weeks.

1.9 CONCEPTUAL FRAMEWORK

A conceptual framework or model is made of concepts, which are the mental images of the phenomenon. A conceptual framework provides guidelines to proceed the study and to attain the objectives of the study based on the theory. It is the schematic representation of the activities, steps and action of the study. A conceptual framework is used in the research to guide the possible course of action or to present a preferred approach to an idea or thought. In view of explaining the concepts of the study, the investigator has adopted Hildegard E Peplau's interpersonal relationships model to conceptualize the research. Hildegard E Peplau's interpersonal relationships model is based on psychodynamic nursing, which applies principles of human relations to problems that arise at all levels of human experience. The four phases of interpersonal relationship are Orientation phase, Identification phase, Exploitation phase and Resolution phase. During these phases, the investigator assumes various roles such as teacher, resource person, counselor, leader, technical expert & guide. The phases are conceptualized as follows: In the Orientation phase, the participants express their felt need. The investigator conducts the interview by using structured interview schedule. The investigator and the participants then collaboratively clarify and define the existing problem. In this phase the investigator collects the demographic variables and assesses the pre test level of psychosocial

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health by using a structured interview schedule. In the Identification phase, the investigator and the participants set the goal mutually. The client develops interdependent or dependent relationship. To meet the goal of improved level of psychosocial health the investigator administer selected nursing interventions and the participants understand the interventions and responds by active participation in the interventions and develops an interdependent or dependent relationship with the investigator. The investigator assumes the roles such as teacher, resource person and guide. In the Exploitation phase, the investigator and the participants actively participate in the administration of selected nursing interventions. The investigator conducts a demonstration on deep breathing exercises, plays music for relaxation, involves the clients in group activity and group discussion, gives psycho education on family support modalities, video clippings on ways to enhance self esteem and motivate clients to do silent self prayer. The investigator assumes the roles such as guide, counselor, leader and technical expert. The Resolution phase is aimed at successful achievement of the goal. In this study the enhancement in the level of psychosocial health is assessed by same structured interview schedule. The positive outcome of enhanced level of psychosocial health will be further enhanced by inculcation of the selected nursing interventions and the negative outcome is the retention of pre test level of psychosocial health for which the selected nursing interventions would be further reinforced. The nurse investigator believes that the positive outcome will lead to the attainment of a positive health through the provision of regular interventions in future which will improve the optimal improvement in psychosocial health among the stroke clients.

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1. 10 OUTLINE OF THE REPORT

Chapter I : Dealt with introduction, background of the study, significance and need for the study, statement of the problem, objectives, operational definitions, assumptions, null hypotheses, delimitation and conceptual framework. Chapter II : Contains the review of literature related to the present study. Chapter III : Presents the methodology of the study and plan for data analysis. Chapter IV : Focuses on data analysis and interpretation. Chapter V : Enumerates the discussion and findings of the study. Chapter VI : Consist of summary, conclusion, implications, recommendations and limitations of the study. The study report ends with selected Bibliography and Appendices.