

# Annotated bibliography: nursing care of patient with stroke



This annotated bibliography will discuss three pieces of literatures, which include a Department of health policy. Demonstrating an understanding of the chosen articles with the use of additional literatures to analyse identify and explore learning and how it will influence the nursing care of patient with stroke. Furthermore, the analysis of how the literature search was performed, the database used, search term used, the inclusion and exclusion criteria, the findings and exploration of why the literature was chosen will be identified.

### Search Strategy

Database such as CINAHL plus, British Nursing Index and Department of Health policy was utilised to acquire relevant articles and guideline relating to stroke (Achterberg, Schoonhoven & Grol, 2008). This was searched using keywords such as; “ self- care CVA”, “ self-care management”, with the use of the Boolean operator “ OR”, “ AND “ and “ IN” which helped expand and narrow the search criteria (Petersen, 2010). To carry out the first search the keywords “ self-care management” was inserted and it came up with 1878 hits, again Boolean operator “ OR” was used to refine the search. However the hits were large at 40361 hits, the Boolean operator “ IN” was inserted which gave less than 1657 hits. Moreover, when the search keywords “ self-care stroke” was inserted to the database it came up with 1831 hits, however when the Boolean operator “ AND” was added the number of hits had reduced to 51.

To further narrow the search to get minimum and relevant information relating to stroke, the writer used the advance search tools by limiting the

search to UK only, publications dates within 6 years and excluding international. As a result of this, the first article had 30 results, second article had 500 results and the third article had 321 results. From this, the writer read 10 abstracts each from the articles that were more suitable for the research. From the ten abstract read, the writer was able to come to conclusion by choosing 1 article from each search as it contains appropriate information regarding nursing care for patient with stroke.

However the policy was found using the DoH website as the database used to find the other articles were not appropriate for finding a guideline. This was search using keywords “ SELF MANAGEMENT FOR STROKE”, in which gave the writer suitable information relating to stroke and how it influence nursing care (reference)

### Annotated Article 1

Joice, S. (2012). Self-Management following Stroke. *Nursing Standard*, 26 (22), 39-46

In this article the author defines the concept of self-management and describes psychological theories and emerging behaviour change techniques that nurses can use to promote positive self-care in patients who have had a stroke (McCabe & Timmins, 2013). They identify the importance that nurses are in the main position to combine a wide range of behaviour change techniques that can be modify to different patients (Egan, 2009). They also identify the importance of nurses creating a therapeutic relationship through communication as it enhances the delivery of care provided (Palmer, 2000).

Additionally, by providing useful communication between the nurse and

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patient it encourages them to take more interest in their condition and develop greater understanding and confidence in self-care management (McCabe & Timmins, 2013).

Many authors such as Burnard (2003), Barrett, Komaromy, Robb and Rodger (2004) and Bach and Grant (2011) agree that communication is the most important therapeutic skill compulsory for nurses. Whilst Schuster (2000) highlights that nurses must also be able to appreciate non-verbal communication, through eye contact and touch, as it is a crucial method to creating a rapport and trusting relationship with their patient before verbal communication commences.

The article also identified the challenges nurses face when delivering self-management after stroke, as different policies, authors or researchers may not use same definition of self-management (Newman, Steed Mulligan & 2009). Therefore, nurses have to interpret documents and apply them in different environment. Lorig & Holman (2003) supports that self-management is poorly theorised, which means lack of knowledge restrict both the nurses and patients from facilitating self-care management (White, Duncan and Baumle, 2011)

Although it identifies the importance of individual's attitudes and beliefs towards recovery and response to rehabilitation, the attitudes and beliefs of the nurse also plays a role (Young and Forster, 2007). However Daniel, Grendall & Wilkins (2008) states the importance of valuing people's attitude and beliefs as it determines their motivation to participate in self-care.

Therefore nurses have to be sensitive to that fact that all patients share different beliefs regarding health care issues. (Barker, 2009)

The overall article highlighted the importance of nurse's usage of different behaviour change techniques to promote positive self-management after stroke. It also identifies nurses as the main provider in promoting self-care to patients and their families in order to improve the outcome.

### Annotated Article 2

Rowat, A. (2011). Malnutrition and Dehydration after Stroke. *Nursing Standard*, 26 (14), 42-46

The aim of the article was to encourage nurses to identify the frequency and causes of malnutrition and dehydration, consider the complications it can cause and to be aware of the feeding strategies. They identify that patient presented with stroke should be assessed within the first 48 hours and swallowing should be assessed before giving any food, fluid or oral medication (NICE, 2008).

They identify the video-fluoroscopy test used to observe the patient swallowing process. However the test is not practical for assessing patient with stroke as they are unable to sit independently as well as endure movement of their head (Rowe & D'Antonio, 2005, Jacobsson et al, 2000). Although the video-fluoroscopy is used to detect dysphagia, it is believed to be an unreliable source as it does not identify how the patient should be fed when they return to the ward (Clayton, Jack, Ryall, Tran, Hilal & Gosney 2006).

The use of different trials carried out by Dennis, Lewis & Warlow (2005) supports decisions about feeding patients after stroke as it illustrates the significance of enteral tube feeding reducing risks of death at 6months. The article also identifies alternative evaluation tool; Fibre optic Endoscopic Evaluation of Swallowing (FEES) has been developed as it can be used at the bedside to establish the movement of fluid and food in the larynx (Ramsey, Smithard & Kalra, 2003). However it still requires a skilled operator to administer the swallowing test, therefore the person administering the tests must receive sufficient education and training in order to carry out the test accurately (Rodgers, 2005).

It identifies the importance of nurses using the Malnutrition Universal Screening Tool as it is a valid and reliable nutritional screening tool used in hospital setting, as high number of patient with stroke experience malnutrition (NICE, 2008). However the tool is not specific to stroke and would not identify reasons the patient is malnourished, but it enables the nurses to identify the patients who need to refer to speech and language therapist (Hickson, 2006).

The overall article informs nurses of the common complication arising from stroke and the tools used to examine. It also identifies the importance of teamwork between nurses and speech and language therapy in maintaining the nutrition and hydration status of the patient after stroke.

#### Annotated Policy

Department of Health. (2007). National Stroke Strategy. London: HMSO

The strategy has been put in place as it provide a quality framework against which local services can secure improvements to stroke services and address health inequalities involving stroke within ten years, provide advice, guidance and support for commissioners, strategic health authorities, the voluntary sector and social care, in the planning, development and monitoring of services; and inform the expectations of those affected by stroke and their families, by providing a guide to high-quality health and social care services.

The Department of Health (2007) established a national strategy for stroke facilities in England. According to DoH (2007), almost 110, 000 people under the age of 65 in England have a stroke yearly and 20-30% of those people pass away within a month. They identified Stroke as the main cause of disability within adults and costing the NHS and economy £7 billion yearly as suggested by (Leatherman, Sutherland & Airoidi 2008). The DoH developed the strategy as a result of an evidence based practice (Keele, 2011), which suggest what needs to be done by recommending nurses to use the care pathway to deliver an effective care to patients with stroke (Barker, 2013).

The policy was implemented to remodel the services provided to the patients, ensuring they receive the best care using resources available. However due to some nurses lack of knowledge, it could limit the resources being used effectively (Rodgers, 2005).

Although the policy supports the involvement of patients and family with stroke by involving them in care planning (Benner, Kyriakidis & Stannard, 2011). However the policy identifies that this can prove to be less effective

when communicating with the patient due to either physical disability or limited communication as a result of the severity of their stroke (DoH, 2007). Therefore the policy identifies how to interact effectively with the patient by maintaining their dignity (Masters, 2014).

Overall the policy highlights the important of nurses being updated frequently on different tools available to use when caring for their patient. This ensures the patients receive an up-to-date care and restricts their stay in hospital.

To conclude, the writer has demonstrated understanding of the articles and policy chosen, by using literatures to analyse and explore further reading concerning how it influences the nursing care of the stroke patient. This has equipped the writer on how effective high quality care should be delivered to patients effectively.

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