



Best Practice

Evidence based information sheets for health professionals

The psychosocial spiritual experience of elderly individuals recovering from stroke

Recommendations

- Be sensitive to and acknowledge the overwhelming sense of terror and fear experienced in the early period. **(Grade A)**
- Facilitate all aspects of connection with family and friends as well as spiritual connection and be alert to signs of isolation in the recovery period. **(Grade A)**
- Recognise the huge amount of work, both psychological and physical that is involved in reconstruction of a life and consider a plan of care. **(Grade A)**
- Consider ways in which the healthcare system, healthcare routines and practices support or do not support elderly persons who are recovering from stroke. **(Grade B)**
- Provide opportunities for elderly persons recovering from a stroke to discuss their perceptions of improvement/progress and how their life has changed. **(Grade B)**

Information Source

This Best Practice information sheet has been derived from a systematic review including 27 studies². The review considered interpretive studies that reported the experiences of elderly individuals with stroke including, but not limited to, designs such as phenomenology, grounded theory and ethnography. The systematic review report is available from Wiley Interscience at www3.interscience.wiley.com and via the Joanna Briggs Institute at www.joannabriggs.edu.au

Background

Stroke is a major cause of death and disability and the risk of stroke increases with age. As elderly individuals are often left with some form of permanent disability, many studies have focused on functional recovery and physical rehabilitation.^{3,4} Less attention has been given to the psychosocial and spiritual experience of an individual who is recovering from stroke. Previous research has suggested that health professionals lack understanding of how patients experience, interpret and manage recovery after stroke.^{5,6} A wide range of issues related to the experience of stroke from the perspective of the patient have been identified in the research

literature. These issues include discontinuity with a previous way of life,³ loss of control and fear of relapse,⁶ disruptions in sense of self and experience of time,⁴ loss and helplessness,⁷ connection/disconnection and independence/dependence,⁸ hope and hopelessness⁹ and communication.¹⁰ In this best practice sheet we focus on qualitative evidence on the short and long-term recovery process from the perspective of the elderly person, with the intent of assessing the evidence that would guide nursing practice.

Objectives

The purpose of this Best Practice Information Sheet is to synthesise the best available evidence on the psychosocial spiritual experience of elderly individuals recovering from stroke.

Grades of Recommendation

These Grades of Recommendation have been based on the JBI-developed 2006 *Grades of Meaningfulness*¹

Grade A Strong support that merits application

Grade B Moderate support that warrants consideration of application

Grade C Not supported

Type of participants

This review included studies whose participants were adults, mean age 65 years and older, in any setting, who had experienced a minimum of one stroke. Experiences must have been reported by the stroke survivors themselves. Family and caregiver experiences were excluded.

Phenomena of interest

Studies were included if the focus of the study was a description of the participant's experience in response to a particular intervention. Experiences were self-reported. Studies that described the participant's experience of recovering from stroke where no intervention had been introduced were also included. Reports from family and caregivers were excluded.

Type of outcome measures

Types of outcomes considered in the review included sense of hope/hopelessness, connection/disconnection with others, disruptions in sense of self and experience of time, loss, independence/dependence, discontinuity with previous way of life, sense of control.

Quality of the research

All included papers were assessed by two independent researchers. Evaluation criteria included congruity between philosophical perspective and research methodology, research questions and methods, data collection and methods, analysis and interpretation, congruity of the participants' voices and the statements of the researchers and ethics. Disagreement was resolved through discussion with a third reviewer. Levels of evidence were indicated for the findings retrieved from the original research reports. None of the 165 findings were unsupported, 35 were labelled as credible and 130 as unequivocal. However, a direct link between these findings and the categories reported in the review was absent. It is therefore not appropriate to assign a level of evidence to the recommendations made.

Findings

Meta-synthesis of studies included in the review generated four synthesised findings. These synthesised findings were derived from 165 original study findings, subsequently aggregated into 20 categories. The attribution of the findings to a category appears not to be mutually exclusive. Findings are presented in Figure 1.

Connectedness

Having a connection with others was important during the recovery process. This included connections with friends and family, health professionals and spirituality.

Post stroke difficulties with communication and social activities could lead to a sense of isolation. Elderly individuals recovering from stroke found their relationships with others could be challenging or consoling.

Although relationships with health professionals were generally positive during the recovery process, some elderly individuals perceived a lack of respect. A respectful approach from health professionals was important to those who experienced a stroke.

For those who grew up with a spiritual tradition found prayer to be a source of strength and a sense of confidence about the future.

Reconstructing life

There is considerable physical and psychological work involved in reconstructing the lives of individuals who have experienced a stroke.

Adapting to changes in physical functioning, new environments and participating in life activities was challenging and individuals had to develop strategies to adapt to their new life, often by re-learning and becoming active in their own care. Coping with physical disabilities involved taking more time to complete daily activities and frequently, the use of physical aids.

This work involves drawing on their sense of hope and inner strength or drawing on other attitudes that assist in recovery.

Life-altering event

Stroke survivors perceive the stroke as having life altering consequences and many perceive the event as a discontinuity in their lives, although those with co-morbidities or previous strokes may view it as one event in an ongoing life. For most however, the contrast is made with their previous life and they describe the changes as profound. The changes identified range from a difference in the way they walk to their sense of self and identity.

Stroke survivors underwent many transitions when returning home from hospital or rehabilitation settings. This included having to deal with disabilities, which might involve accepting that they had to find new ways of doing things or that they may require care from others.

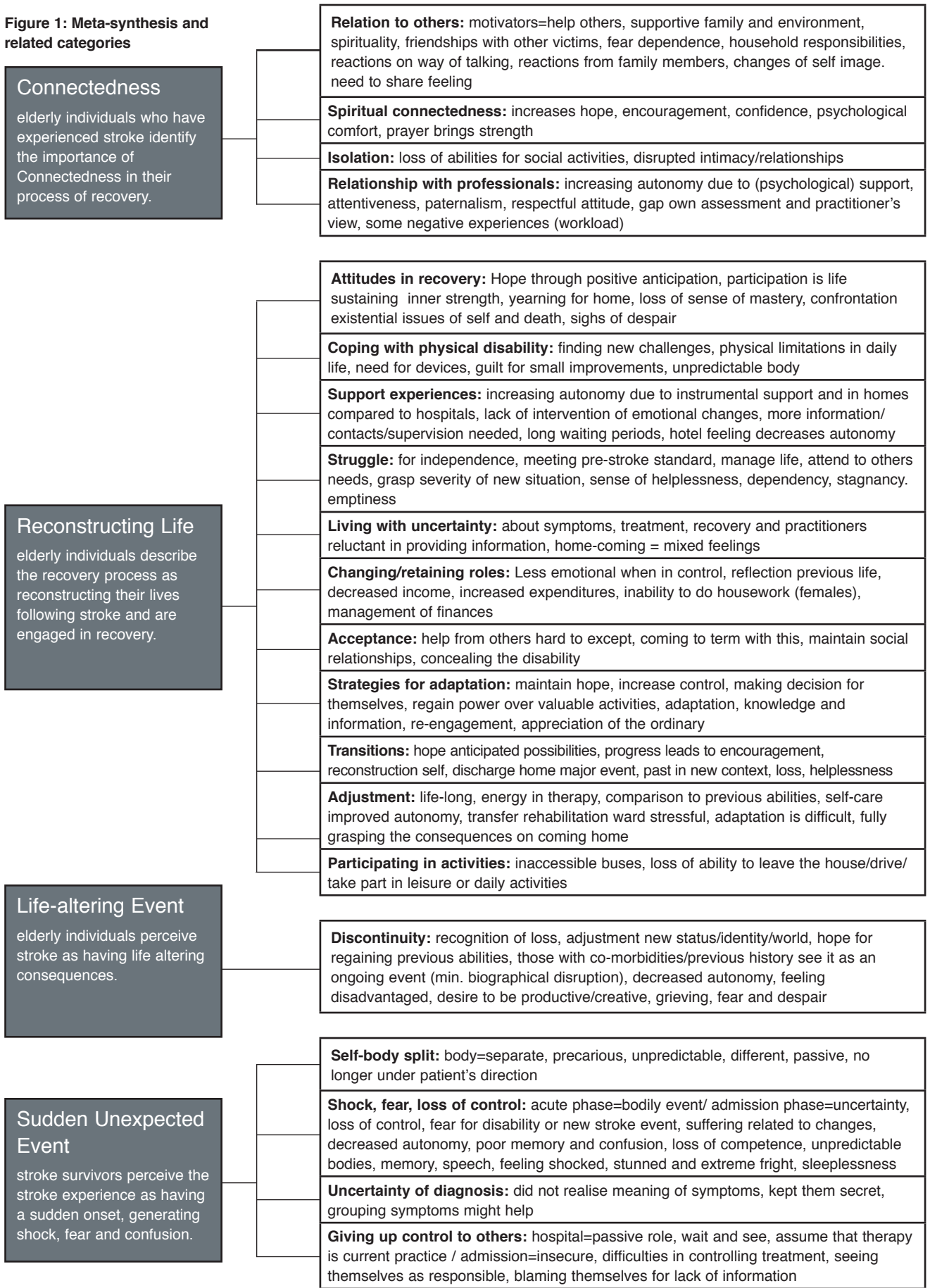
Sudden unexpected event

The sense of stroke as a sudden unexpected event was evidence in the findings of studies in which elderly persons described the onset of stroke and their perceptions, thoughts and feelings during this early period. Patient uncertainty about symptoms often led to delays in diagnosis and treatment. The sudden onset of physical and mental changes were shocking, frightening and confusing. Individuals described the experience as 'terrifying' and described themselves as 'totally disabled' during this time.

Conclusion

The onset and early period following a stroke is a confusing and terrifying experience that is life altering for most individuals. The period of recovery involves considerable psychological and physical work for elderly individuals in order to reconstruct their lives. Connectedness to others and to spirituality is important during recovery.

Figure 1: Meta-synthesis and related categories



Acknowledgments

This Best Practice information sheet was developed by the Joanna Briggs Institute with assistance of an expert review panel.

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In addition this Best Practice information sheet has been reviewed by nominees of International Joanna Briggs Collaborating Centres.

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This *Best Practice* information sheet presents the best available evidence on this topic. Implications for practice are made with an expectation that health professionals will utilise this evidence with consideration of their context, their client's preference and their clinical judgement.¹²




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Published by
Blackwell Publishing

WILEY-
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