

Transition in Stroke Patients: Conceptual Analysis

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Abstract- Stroke patients experienced the event of non-disable person to disable one. After having a stroke, they got many changes. Physical, social, emotional and spiritual adjustment needs to be addressed for the stroke patients. They underwent transition during recovery and rehabilitation process. This conceptual analysis is important to reveal the basic element of the transition concept in stroke patients make definitions and terminology associated with it. There were several themes that associated with the concept of transition in stroke patients, such as changes in the temporal order of life (daily routines and activities), change in sense of self and the experience of time, change in connectedness, and change in community integration. This concept analysis will help nurses or health provider during taking care of stroke patient to make the best service for them. The model presented here may useful for nurses and other health professional to develop intervention programs to promote quality of life of stroke patients.

Keyword: transition, stroke patients, rehabilitation, conceptual analysis.

I. INTRODUCTION

Become a stroke patient was an inconvenient experience from non disable person to disable one. Sudden physical changes among acute stroke patients influence to another aspect both psychosocial and spiritual aspect. Depression rates still occurred between 20 and 42% in the first 3 months after stroke onset [1], [2], [3]. Rehabilitation of stroke begins from hospital to home or community setting. The stroke patient becomes a dependent person due to their disability. Person with stroke are discharged home and live for at least 5 years post stroke, and got continuing care by caregivers [4]. Caregivers play an important role in assisting stroke patients who need long-term care to sustain independent living in their homes and communities. Living with stroke needs some adjustment of stroke patients. After having a stroke, they got many changes. Physical, social, emotional and spiritual adjustment needs to be addressed for the stroke patients. A long period of rehabilitation of stroke should be considered by a health worker because the health status of stroke patient can increase or decrease depending on how they can cope the problems. Changes in the temporal of life are related to functional impairments and disruption and, the survivors are struggling with establishing routines in their day and coping with an amount of idle time at 1 month post discharge [5].

A transition is a passage from one life phase, condition, or status to another and is embedded in the context of a particular social situation [6]. The transition in rehabilitation of the stroke patients is characterized by two main circumstances:

When receiving rehabilitation they are in a transitional status from a non-disabled to a disabled state; and second, as a result of an illness event (i.e., stroke) that has affected their ability to function in their community and society [7]. The stroke patient received several interventions during the rehabilitation process. However, the focus of inpatient rehabilitation is often on the acquisition of motor skills in order to improve functional abilities, with little attention to enabling the client to regain former roles and meaningful activities or to the emotional and social implications inherent in the changed body after stroke [8], [9].

This conceptual analysis is important to reveal the basic element of the transition concept in stroke patients make definitions and terminology associated with it. Concept analysis can be used in refining ambiguous concept in a theory and it helps clarify those vague concepts that are prevalent in nursing practice [10]. The purpose of this article is to report an analysis of the concept of transition among stroke patients.

II. CONCEPT ANALYSIS OF TRANSITION IN STROKE PATIENT

This article used Walker and Avant [10] as a method to guide this study. There are eight steps of Walker and Avant [10] analysis. Data collection was collected from several sources such as a cumulative index of nursing, allied health literature (CINAHL), Ovid, Science direct, and Medline. The key word used in this study such as "transition stroke patient", "transition stroke", "transition experience of stroke". All studies were searched from 1999 to 2012. Twelve relevant articles were retrieved and used for analysis to see the meaning, related concepts, attribute, and antecedent or consequences of transition in stroke patients.

In the step 1 was selected concept, it has stated already. Step 2 was determining the purpose of analysis. It has mentioned in the introductory part. The remaining steps are described below.

A. Step 3: Identifying Uses of the Concept

Several ways were used to identify the concept of transition in stroke patients. This concept was also used by other discipline such medicines. According to Webster's third international dictionary [11] the word "transition" refers to a passage or movement from one state, condition of place to another. According to the Oxford Dictionary [12] the word "transition" refers to the process or a period of changing from one state or condition to another. From nursing perspectives the term of "transition" refers to a passage from one life phase,

condition, or status to another, is a multiple concept embracing the element of the process, time span, and perception [13].

In summary, commonality of definition of transition is a passage or process of change not only from one state or condition to another, but also from one life phase or status to another that involves multiple concept include the element of the process, time span, and perception.

B. Step 4: Determining the Defining Attributes

Determining attribute of transition in stroke patient obtained from literature that fit with the concept. To determine the attributes by the list of the characteristic that is most frequently associated with the concept [10]. The theme that associated with the concept of transition in stroke patients as described below:

1) Change in the temporal order of life (daily routines and activities)

Changing in the temporal order of life is often disrupted among stroke patients. The transition from hospital to home involves adjustments to change in activity daily lives (ADLs) [14]. The stroke patients rely on family to meet their needs or ADLs. Those routine activities or care was including the inability to shave, button a shirt, put on pants, get out bed, or taking a shower. This inability to conduct ADLs associated with the disruption of the physical aspect of stroke patients. The stroke patients need to adapt with the physical recovery after stroke onset in all aspects of an individual's life [15]. The physical effects of a stroke can be extremely varied, and have been shown to depend principally on the site of the precipitating cerebral incident [16]. Transitions involve change, whereas not all change is related to transition [17].

2) Change in sense of self and the experience of time.

After getting stroke the most common following discharge was a disruption in a person's ability to construct self, more than two thirds of stroke survivors experienced disruption or changes in the sense of self [5]. There is a connection between disruption of the physical and the sense of self. The illness or injury interrupts of the body can change the understanding of self [18]. This attribute supported by Rittman [14] stated that chronic illness have largely overlooked the significance of time shaping one's sense of self. Illness becomes a significant marker in a person's life to build a new self relation with the illness. A study showed that stroke challenged existing assumption about the identity, self concept, and role capability [19]. Stroke has also influenced to the managing of time. Most survivors manage the time as ways to maximize favorable outcomes hoping that their functional status will improve and the quality of their life will be enhanced [14].

3) Change in connectedness

The attribute of connectedness was reflecting on stroke patient experience during the transition following discharge. The continuum of connectedness and isolation was consisted of five domains such as (1) availability of other, (2) support from other, (3) interact with others and the community, (4)

ability to contribute, (5) the ability to engage in intimate relation [5]. Among stroke patient during transition period also felt isolated as Christopher & Burton [15] stated that they were isolated or stuck in a cage in the hospital and their home and this feeling were accompanied by feelings of frustration and anger.

4) Change in community integration

The community integration associated with community activities that occur outside the home environment. In the general transition of stroke patient indicate that one month following discharge was a period of adjustment and participation in the activity outside [5]. This changing was an effect of stroke to the social life. As mentioned by Christopher & Burton [15] stated that among stroke survivor balances in family and social networks were disrupted, and had difficulties in contributing to social and family life.

C. Step 5: Constructing a Model Case

This model case of transition in stroke patient will give an example of that demonstrated all the defining attribute of the concept [10]. A model case of transition in stroke patients as presented below.

Model case

Mr. A. 50 year old married male, who had been working as a government officer for 20 years. At present he was an active officer prior to having a stroke. He lived with his family with 4 children. All children had already grown up. He got hemiplegic on the left side due to stroke since one week hospitalization. During at the hospital, he accompanied by a caregiver and his family came occasionally. He got into difficulty in providing activity daily living and depending on others. Every day he stayed in his bed and cannot go to anywhere by himself. This disable condition tends to be depressed, hopeless, and isolated. His job was totally stopped and he cannot meet with his friend, however sometimes his friend came to see him at the hospital. After about 30 days he discharged from the hospital to his home. However, he still had the remaining impact of stroke, such as he can walk normally like before he got a stroke. Crutch was used to help him for walking. He still frustrated with his condition. He needs some time to recover from stroke and conduct some activities with the community such as social activity.

This model case illustrated the attribute of transition in stroke patient since at the hospital to the home setting. It was beneficial to make a clear understanding of the transition concept in practice. Mr. A got many effects of stroke from non-disable to disable person, cannot conduct activity daily living by himself, depending on others, and changing in psychosocial and spiritual.

D. Step 6: Constructing Borderline and Contrary Cases

Borderline case is that example that contains most of defining attribute of the concepts but not all of them, whereas the contrary case is a clear example of not the concept [10].

The following examples presented the border case and contrary case for the concept of transition in stroke patients.

1) *Borderline case*

Mr B. 33 year old married male had 2 children. He has just admitted to the hospital due to weakness on his left side, felt numb, and become loss of sensation. During hospitalization Mr. B. accompanied by his wife. He was a young businessman that had many activities along the day. Since he got stroke he have to reschedule his plan. It was making him terribly because he always stayed on the bed. Sometime felt depressed and stressful. He cannot easily connect with his friend, and his customer of his business. Fortunately, he just stayed at the hospital for two weeks. His progress was very good so the doctor decides him to discharge early in his home. At the home Mr. B. still can do an activity by himself no longer assistance from his wife. He can contact with his friend, his client, and his community.

In this borderline case Mr. B got some effect of the stroke. He got changed in his body and psychosocial aspect. However, his progress was very well, so he can do activity daily living by his self. The case showed that not all attribute of the transition in stroke patient appear, just some of the attribute Mr. B have it during hospitalization phase.

2) *Contrary case*

Mr. C 60 year old married male had two children. He admitted to the hospital due to ischemic stroke. He just retired from a government officer. During at the hospital, he accompanies by his wife and his children. He got hemiplegic of the left side of his body and it made his isolated at the bed. All his need was supported by others. He has a belief that what happening to him was a test from God. So he accepted everything included the disability. He looks calm, no stress, and depression. His relatives and his friend was coming to visit him regularly. He had no problem with connecting with people. After he discharged from hospital to home, he used crutch for walking. Gradually, he can join his activity with the community again.

This case, obviously showed that Mr. C can handle his problem. He felt that the problem was a test from God and he can accept it. Although Mr. C got an effect of stroke, but he still can manage the problem so the attribute of transition not clearly appear.

E. Step 7: Identifying Antecedents and Consequences

The antecedent factors associated with transition in stroke patients consist of three domains such as the primary support background, the stroke survivor illness, and social environment. Those of domain as described as follows.

The primary support background influenced to the stroke patient underwent a transition phase. Those elements are physical health, survivor-primary support relationship, employment status, gender, age, race, socioeconomic status [20]. The transition was influenced by their socioeconomic status, gender, context, and attitudes toward health and illness [21]. Transition conditions involve patient characteristics including age, gender, race, socioeconomic status, and living alone [22].

The stroke survivor illness influenced to the transition process. Those are prior stroke, co-morbidity, cognition-communication [20]. The nature of the transition involves hospitalization factors, including planned or prior admissions and length of hospital stay [22].

Social environment was an important element in helping stroke patient to recover. Family functioning found a positive correlation with successful home care [23]. Both unhealthy family functioning [24] and healthy family functioning [25] have been reported after care-giving for 6 months and 3 years.

Three consequences are considered from the concept of transition in stroke patient, such as subjective well-being, role mastery, and well-being relationship [26]. The successful transition is marked by a sense of well-being. Subjective well-being during transition includes effect and managing one's emotions [27] as well as a sense of dignity [28], personal integrity [29], and quality of life [28].

Role mastery denotes achievement of skilled role performance and comfort with the behavior required in the new situation. Mastery has several components, including competence [30], [31], which entails knowledge or cognitive skill, decision-making, and psychomotor skills, and self-confidence [30], [32].

Well-being in one's relationships indicates that a successful transition is happening. Disagreements or family disruption may occur during a transition [27], however, when the process moves toward a successful conclusion, the well-being of family relationships is restored or promoted. Relationship well-being has been conceptualized in terms of family adaptation [33].

A proposed definition and model of transition in stroke patients

This new perspective of transition in stroke patient views as a stroke survivor from hospital to home or community setting. The definition of transition in stroke patient is the process of change in life includes the temporal order of life (daily routines and activities), sense of self and the experience of time, connectedness, and community integration. The propose model concept of transition in stroke patient as shown in figure 1.

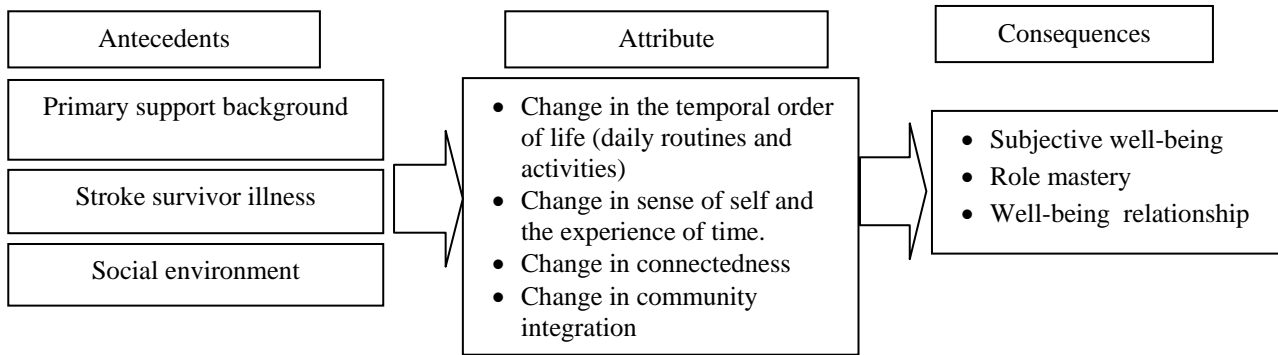


Figure 1 Model concept of transition in stroke patient

F. Step 8: Defining empirical referents

Defining empirical referents are the final step for defining attribute in a concept analysis. This step is useful in practice because it provides a clear description to determine the existence of the concept in particular clients [10]. The empirical referents of transition have been developed in many disciplines. Sitlington, Neubert, & Leconte [34], they conducted a transition assessment on the position of the division on career development and Transition. This assessment tries to help an individual with disability to have experience appropriate, meaningful, and effective assessment activities that will enhance their personal growth and quality of life as they transition to postsecondary working, education, and living environments.

In nursing, the transition has been developed by Meleis [13] as a transition theory. She proposed that transition was one of the concepts central to the discipline of nursing. Three types of transitions relevant to nursing were identified: Developmental, situational, and health-illness [6]. Transition in stroke patients is a specific part of the health-illness transition, and stroke patient has a unique characteristic so it need to be explored more in practice.

III. CONCLUSION AND IMPLICATIONS FOR NURSING PRACTICE

The using of transition theory can be used in any situation of life, such as developmental, situational, and health illness. Those concepts are still broad for the clinical practice. Therefore the concept of transition in stroke patients is one of the concepts of transition theory try to make specific in practice situations. The finding from the concept analysis indicated that the attribute of transition in stroke patient focus on the changing process of the stroke patients, such as changes in the temporal order of life (daily routines and activities), change in sense of self and the experience of time, change in connectedness, and change in community integration. In addition, Primary support background, Stroke survivor illness, and Social environment identified as antecedent to generate the transition in stroke patients. The optimization process of transition in stroke patient will enhance the stroke patients to

adapt their transition by subjective well-being, role mastery, and well-being relationship.

The implication of the finding may benefit for nurse practitioner that faced the problem of stroke patient in a transition period. This concept analysis will help nurses or health provider during taking care of stroke patient to make the best service for them. The model presented here may useful for nurses and other health professional to develop intervention programs to promote quality of life of stroke patients.

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