

"Experiences of Nepalese Nurses on Caring Practice for Hospitalized Stroke Patients in Acute Stage"

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Abstract:

Introduction: The purpose of the study was to explore the experiences of Nepalese nurses on caring for hospitalized stroke in the acute stage. **Material and Methods:** A qualitative study was conducted among a purposefully selected sample of 16 registered nurses aged 24-55 years who were working in the neurology ward in a Teaching Hospital, Nepal. Focus group discussion using interview guidelines was used for data collection where the qualitative content analysis was used for data analysis. **Results:** The experiences of nurses regarding the deep understanding of caring for hospitalized stroke patients in the acute stage were characterized by three major themes: Perceived caring practice for the stroke patients, perceived barriers of caring practice for stroke patients, and ways to promote caring practice for stroke patients. **Conclusion:** The study suggests that there is a huge demand for a holistic approach to care for addressing the holistic needs of a person with a stroke. However, it was influenced by nurses caring behaviours and attitude, patient's health conditions, and their awareness of the disease as well as the organizational culture in the acute care setting. The provision of training about cultural-specific care through yoga integration in nursing might be the way to improve the caring practice of nurses for persons with stroke in the study setting.

Keywords: Caring, Nepalese nurses, Stroke in acute stage

1. INTRODUCTION:

An estimated 80 million people have had a stroke and 50 million people are affected by disability due to stroke worldwide (1). However, the prevalence of stroke is increasing faster in developing countries including Nepal (2, 3). Stroke patient experienced various problems related to physical, psychological and spiritual health and wellbeing that impacted negatively in functional ability and adjustment of life after having stroke (4, 5). Thus, it is crucial the healthcare team should consider a holistic model of care to optimize stroke outcomes.

In nursing practice, caring is the main essence and widely used concept as a guideline for providing holistic care that helps in meeting the holistic needs of the patient (6). Hence, effective nursing practice is based on the ability of the nurse on caring (7). However, nurse's personal and professional qualities (8), and caring behaviours, cultural belief, support, and time to be with patients (9, 10) may influence their caring practice. Similarly, inadequate staff, unsupportive organizational culture and poor work environment also limit nurses to provide holistic care (8). In addition, patients unmet needs also impacted in caring practice of the nurses (11).

In contrast, caring is more holistic while integrated with cultural practices because it is located in specific cultural context (12). Therefore it is necessary to get understanding about the caring situation of the nurses in the specific cultural context. However, there is dearth of study that explored the situation of caring practice of Nepalese nurses for person with stroke in acute stage. Hence, the study aimed to explore the Nepalese nurse's experiences about caring practice for stroke patients in the acute stage.

Material and Methods

Study design, setting and description of the participants

The qualitative approach was used for design of the study. The study took place in a neurology ward of a Teaching Hospital, Nepal. Purposively selected 16 nurses were participated in the study with inclusion criteria: being a registered nurse, working in a neurology ward for six months and willingness to participate in the study.

Ethical Consideration

The study was approved by Research Committee of Faculty of Nursing, Prince of Songkla University and Ethical board of Nepal Health Research Council (Reg. no. 471/2017). Written informed consent from each participant was obtained using informed consent form in Nepali language after explaining the purpose of the study, assuring voluntary participation as well as anonymity and confidentiality of the collected data.

Data collection

The data collection was done. Data collection was done in December 2017 to February 2018 through focus group discussion using semi-structured interview guide in Nepali language. It was continued until data saturation which was reached after conducting three focus group discussions with the same participants. A digital voice recorder was used to record the interviews.

Data analysis

Data analysis was guided by Elo & Kyngas (13) steps of inductive content analysis. First of all, the researcher (PI) transcribed all the audiotape recording of interviews. Secondly, transcripts were read several times to become deep in the data for selecting meaningful statement. Afterward, the researcher selected the unit of analysis and written down in the margins to describe all aspects of the content. Codes, categories, sub-themes and themes were developed and grouped them accordingly. For supporting the themes, the quotations were presented in the findings of the study.

Results

All the participants were female and Hindu with age range 24-55 years. Most of them (13) had a Bachelor degree in nursing education with 6 months to 15 years working experiences in the neurology ward. There were very few experienced nurses (3) with more than 10 years whereas five nurses were novice with less than one year. The study findings regarding experiences of nurses on caring for stroke patients revealed three main themes and related seven sub-themes and presented in table 1.

Table 1 The main themes and related categorical sub-themes

Themes	Sub-themes
Perceived caring practice for stroke patients.	- Responding to care needs through task-oriented care approach. - Experiences of non-caring nurse-patients relationship;
Perceived barriers of caring practice for stroke patients.	- Factors related to nurses: caring is difficult, complex and burden nurses workload; caring is insufficient and overlooked
	- Factors related to patients and family: Patients health conditions; inadequacy of guidance to the caregivers about stroke care
	- Factors related to organizational culture
Ways to improve caring practice for stroke patients	- provision of culturally sensitive care - provision of training on knowledge on caring for stroke

Perceived caring practice for stroke patients

The meaning of theme reflected the perception of nurses while providing care to the acutely ill stroke patients in the hospital. The two supportive sub-themes were emerged under this theme and as described as following.

Responding to care needs through task-oriented care approach. Nurses explored that care needs of the stroke patients were served through three ways as routine care, physical-oriented care (functional caring activities) and supportive care. However, nurses perceived that completing routing tasks is the major role as a nurse. A nurse stated:

I spent more time to accomplish the routine cares such as taking vital signs, medication and holding daily doctors round and carry out doctor's prescription.(N-10).

Likewise, nurses also provided care for meeting the physical needs of the stroke patients which were not included in routine. A nurse stated:

Beside routines, we are also spending our time for tackling the emergency that occurred any time in the unit. Such care also made us busy and rush in the unit. (N-11)

Non- caring nurse-patient relationship: Non-caring nurse-patient relationship reflected poor caring behaviours of nurses such as compassion, communication, confidence and love, and empathy while providing care to the stroke patients in acute stage. For instance, lack of compassion in caring was explored from unintentional expression of greeting of the nurses. A senior nurse has spoken as:

In fact, I do not have habit of greeting to all the patients. Sometimes, if I say hello, Namaste to the patients, they did not response and turned their head either side. Therefore, I do not want to say Namaste and hardly offer greeting to them.(N-2)

Perceived barriers of caring practice for stroke patients

Nurses explored their experiences about perceived barriers while providing nursing care to the acutely ill stroke patients in the hospital which were categorized into nurses related factors; patients and family related factors; and organizational culture.

Factors related to nurses: Nurses perceived some barriers for caring for stroke patients which were expressed during interviews. Having lack of updated knowledge and skills in stroke care was one of the common barriers for caring which was explored by almost all nurses in their verbatim. To support the statement, a nurse stated as below:

I am utilizing all the knowledge and skill what I have learnt in my study period in nursing foundation. I just provide general care because I haven't obtained any special training regarding stroke care. (N-6)

Lack of confidence was explored particularly by the novice nurses as a barrier for caring. A novice nurse explored as following:

I have only less experience about direct patients care. So, I felt hopeless and confusion while providing care to critical stroke patients. I also felt hesitation even in doing small task like IV infusion, taking vitals and so on because I have lack of confident in practical area. (N-7)

Factors related to patients and family. Patient's health conditions such as sudden onset physical problems and emotional distress were emerged as influencing factors of caring behaviours of the nurses. She stated as follows:

"In my experiences emotional distress is very high in patients because of getting sudden physical problems. They were cried, dropped their tear in front of us while we attempt to reassure and counsel to them. It made me puzzle and imposed hardness to provide care to them.(N-5)

Factors related to organizational culture: It meant caring practice also influenced by organizational support and working environment. In the study setting, nursing were working in a frantic environment and were under too much pressure to finish routines and medical order where medical treatment was given more priority for stroke management. Further, nurses faced hectic workload, and limited time, shortage of staff as well as scarce resources to provide care. Such working environment put them in machinery mode of care rather than a humanistic approach of care. Therefore, nurses overlooked and missed essential care to meet the needs of the patients. A nurse stated:

"Primarily, medical management is being provided to the stroke patients even we know that they need other management too. The available therapies in here are insufficient and not specific to stroke because of lack of providers. Therefore, we just focused on medical treatment that usually finish in the day of discharge.(N-3)

Ways to promote caring practice for stroke patients

Since there was poor nursing practice and supportive hospital policy, strategies and action plan to encourage nurses were not found for improving their practice and holistic health outcomes of the patients. It was evident that caring becomes more powerful if it integrated with spiritual practices even in acute stage. Thus, nurses were asked about their perception for the integration of yoga, a spiritual practice in their daily nursing practice. The perception about yoga and its integration in caring described as following.

All the nurses explored that they were familiar with the concept yoga and its benefits for health. Some of them use it in their daily life for religious conduct or health maintenance. Though, nurses were familiar with yoga practice and know its health benefits, they were reluctant to integrate it into clinical practice. This is because they never incorporated it in their clinical practice as well as having limited staffs, and busy scheduled work. They also might have lack of right knowledge, understanding and confidence to use it in clinical area. A nurse explored her perception about yoga integration in caring as:

Yoga integration in our practice is totally different program but I have quarries for its implementation part. I know it is good for patient's recovery if stroke patients can do it. In contrast, patients may feel difficulty for practicing yoga in their acute stage or it may not be possible to practice in hospital bed. I have also doubt that, it may put extra burden to us or make our routines more complex.(N-7)

Therefore, provision of knowledge and skills through training and coaching program to the nurses on stroke, caring and yoga for the stroke patients is necessary. Ultimately, such integrated form of caring definitely helps to improve the existing practice of nurses as well as achieve the positive health outcomes of person with stroke even in acute stage.

Discussion

In the current study, person oriented care for stroke was lacking in nursing practice. The finding resonates with the result of two studies (14, 15). A study conducted by Bagherian et al. revealed that caring as attending to simple and fulfil the basic needs of the patients. In contrast to the finding, a qualitative study conducted in Iran explored nurse perspectives of caring as a comprehensiveness and participation in care. Similarly, participants in a study of Yam and Rossiter (16) described caring as nurses' efforts to address physical, psychosocial and spiritual needs of patients and explaining nursing actions to the patient and family. Enns, and Sawatzky (17) described meaning of nursing as holistic care. Thus, the findings of the study confirmed that lack of holistic care for stroke patients in acute stage was found in the present study. Peterson-Burch et al. (7) also found about lack of holistic care for a person with stroke in acute care setting.

Similarly, non-caring nurse patient relationship was explored in the current study. This relationship was reflected poor caring behaviours of the nurses in the study setting such as lack of compassion, communication and attention with patients as well as negligence or overlooked in physical and mental caring. These findings were resonance with the previous studies (18, 19). Peretson et al. found poor caring relationship among nurse-patients-family which is essential to provide holistic care in acute care setting. In the acute care setting, good caring relationship facilitates to meet healthcare needs and optimize the sense of recovery for stroke patients. The findings of the present study regarding associated factors for poor job satisfaction and distress might be less experiences as most of them were novice, did not receive any training or continue professional education related to stroke care and caring behaviours but they had bachelor level education. These findings were also supported by the findings of the previous studies conducted in Nepal (20, 21) such as less experience and a lack of knowledge and skills that made them more suffering and unsatisfied in caring. Thus,

it can be discuss that nurses who obtained bachelor level education might be distressed or less satisfied and distress when they were unable to provide care as they wanted.

In the current study, three main influencing were emerged in caring to the acute stroke patients during hospitalization. Those findings were congruent with the previous. For instance, a study by Baatiema et al. explained about the health care professional barriers and enablers to provide care for stroke patients in acute care (23). Those factors were related to individual, health professional and patients related factors. Regarding the individual factors, uncaring behaviours of nurses such as confidence, communication and cultural belief along with ability of the nurse to establish the relationship and ways of communication with the patient and their families basically influenced nurses for providing care to the patients in acute care setting. Further, less time to be with patients, heavy workload, lack of knowledge and skills, inadequate nursing staffs, unsupportive organizational culture, and poor working environment along with medical model of care might also limit the nurses for providing caring to the patients (23, 24). These findings affirmed that nurses were distracted by above findings to provide caring in acute ill patients in the hospital setting.

Finally, present study explored the ways of improving caring practices for stroke patients through provision of culturally sensitive care as well as provision of knowledge and training on caring for stroke patients. Similar findings were reported in a qualitative study conducted in Indonesia (25) that provision of cultural specific care and training regarding caring and specific culture helps to improve nurses caring behaviours and establishing caring relationship as well as achieving the expected health outcomes among critically ill people in hospital setting. Regarding the yoga, a cultural practice could be integrated in caring for improvement of nurses caring practice as well as patient's outcomes. Previous studies revealed that yoga is a spiritual practice underpinning Hindu philosophy and cultural heritage of Nepal (26). It is also evident that yoga, a self-empowering body-mind therapy has the same guiding principle of nursing as it involves caring for a person holistically by achieving balance of mind-body-spirit among stroke patients (27). It can be concluded that the provision of cultural sensitive caring (incorporating yoga) could be suitable for improvement of caring practice as well as achievement of health outcomes of the stroke patients in acute stage.

Conclusion

The study explored the information about the phenomenon of caring practice of Nepalese for hospitalized stroke patients. There is an inadequate holistic approach in nursing practice. Likewise, nurses caring behaviours and attitude, patient's health condition, and their awareness on disease as well as organizational culture might influence caring behaviours and practice of the nurses in the study setting. Moreover, provision of cultural sensitive care as well as provision of knowledge and training could be helpful for the nurses to improve their caring practice as well as helped to achieve expected health of the stroke patients.

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