The Hopkins Centre

Research for Rehabilitation and Resilience

Introduction

With an ageing population and improving acute care, increasing numbers of Australians are surviving stroke¹. However, b 87% of stroke survivors face limitations to their activities of daily living², and over 30% are under 65 years of age³, and potentially face decades living with the effects of their stroke.

Self-management skills after stroke: What is the role of the hospital stroke team? Kylie Bower & Carly Gomura Princess Alexandra Hospital Adjunct Research Fellows, Griffith University

Purpose

A program of research is planned to explore how self-management is conceptualised in a hospital service, which elements are currently evident, and whether there is value or feasibility in incorporating any other aspects of self-management. The links between these self-management components and those existing in community services will also be considered.





Planned studies

Acute

Rehab

Day

Hospital

MDT

interviews

MDT

interviews

Study one: staff perspectives across hospital stroke services

To help stroke survivors navigate life after stroke, Stroke Guidelines recommend the use of generic or stroke-specific selfmanagement programs in the community⁴. However, there is currently little literature exploring the impact of incorporating aspects of self-management into hospital services. Recent research recommends that: 'Research is required to explore a new model of stroke self management which is integrated across secondary, primary and community care and adopts a whole systems approach.' (Parke et al 2015, p 20)

Methods

A descriptive, qualitative design will be used across 2 studies.

Purposive sampling will be used to recruit staff (study 1), stroke survivors and carers (study 2) across three hospital stroke programs at the Princess Alexandra Hospital: the acute stroke unit, geriatric and rehabilitation unit, and the day hospital service.

Semi-structured focus groups and interviews will explore elements of selfmanagement represented in figure 1. Interviews will be recorded, transcribed and thematic analysis will be used to identify key themes.

How do / could you impart this?

What is self-management?

How do / could you impart this?

What is self-management?

What is self-management? MDT interviews How do / could you impart this?

Study two: patient / carer perspectives across hospital stroke services

> Reflections on self-management interventions in the acute service.

 Reflections on self-management interventions in acute and inpatient rehabilitation services.

Reflections on self-management interventions in acute, rehabilitation and day hospital services.

Reflections on self-management interventions across hospital and community experiences.

Progress

Partnership developed with Griffith

University School of Occupational Therapy.

Ethics application commenced for study

Medical self management

e.g. adherence to medication

behaviours

Emotional self management behaviours e.g. managing depression

We expect to better understand how hospital stroke services contribute to a stroke survivor's self-management journey.

Expected Results

We also hope to identify whether any changes to the hospital stroke services could optimise self-management outcomes for stroke survivors.

(Parke et al, 2015) Acquisition of core self-management skills **Provision of**

Figure 1: Model of self-management to be explored in study 1 and 2

effective selfmanagement support

Problem solving Decision making Resource utilisation 3. Forming a patient/professional relationship 4. Taking action 5.

self-efficacy

Enactment of skills

mediated by

Role self management behaviours

e.g. adopting new, realistic hobbies

Feedback from behaviours can modify feelings of self-efficacy and skill utilisation

Literature Cited

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- 5. Parke, H., Epiphaniou, E., Pearce, G., Taylor, S., Sheikh, A., Griffiths, C., Pinnock, H. (2015). Selfmanagement support interventions for stroke survivors: A systematic meta-review. PLoS ONE, 10(7).

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