Leaving a Nursing Heart Print in Neurosurgical Patients and Families

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Objectives

- To illustrate how to develop relationships between nurses and family members of neurosurgical patients

- To analyze the factors relating to caregiver’s burdens when caring for patients with neurosurgical conditions

- To design a process that nurses could use to build caregiver’s resilience when caring for these patients
Statistics

% of Total Deaths

- Cancer: 29.7%
- Pneumonia: 19.4%
- IHD: 16.7%
- Stroke: 6.8%

(Ministry of Health, 2015)

Stroke

- Largest cause of long-term physical disability in Singapore and with a rapidly ageing population, the burden of stroke is expected to increase, posing challenges to the healthcare system and society

- Brain injury, due to its uncertainty of recovery, presents dramatic life altering changes to most families

(MOH, 2015)
Caregiver Stress in Stroke Survivors

- The families play certain role in the rehabilitation of their loved ones
- This process begins in acute care
- Meeting the emotional and informational needs of families is essential to helping them adapt in the aftermath of brain injury

(Camak, 2015)

Research on Caregiver Burden on Stroke Patients

“A Qualitative Study into Stroke Caregivers’ Educational Needs – Perspectives of Caregivers and Healthcare Professionals
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Stroke is often a life-changing event. Without new information, a person can be caught in a highly stressful state of unfamiliarity with the new reality. Misconceptions, anxiety, and fear can result in poor physical and emotional health. Caregiver depression has been estimated to be between 20–40%" in a study by King and...
Research on Caregiver Burden on Stroke Patients

(Kumar et. al., 2015)

Methods: Caregivers were assessed using Zarit burden interview schedule (ZBIS) and Coping checklist (CCL). A descriptive correlation design was used. The sample comprised 100 caregivers of the stroke survivors from selected community setting and outpatient department of different tertiary care hospitals at Punjab.

Results: The result revealed that level of burden reported by caregivers of stroke patient was high. The most coping strategies used by caregivers were acceptance, compensation, control, and social support. The most frequent response was "no burden" (28/28.0)

(Costa et. Al., 2015)

Results: There was a high prevalence of burden among caregivers (77.2%).
Factors affecting families coping with pressure

- Chaotic work environment
- Fragmented delivery system
- Patient acuity limited nurses’ abilities to care for families

(Yetman, 2008)

Case Study

- Mr. ABC, 53 years old Malay man
- Found unresponsive by wife and diagnosed with massive intracerebral haemorrhage
- Underwent EVD insertion and decompressive craniectomy
- Bed-bound, on NGT feeding and with a tracheostomy
- Signed “Do Not Resuscitate” (DNR) from SICU
- Stepped down to general ward
- Attempted to wean off tracheostomy once but failed
- Wife unable to cope with patient on tracheostomy
- Wife refused to take patient home
### What we face when encountered such cases

<table>
<thead>
<tr>
<th>Patient</th>
<th>Family</th>
<th>Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Communication problems</td>
<td>o Stress</td>
<td>o Eager to assist patient to recover</td>
</tr>
<tr>
<td>o Expressive aphasia</td>
<td>o Unable to cope with stroke</td>
<td>o Heavy work load due to frequent monitoring and nursing care</td>
</tr>
<tr>
<td>o Memory Loss</td>
<td>o Denial</td>
<td>o Faced with family’s emotional baggage</td>
</tr>
<tr>
<td>o One-sided Neglect</td>
<td>o Guilt</td>
<td></td>
</tr>
<tr>
<td>o Confuse</td>
<td>o Suffering</td>
<td></td>
</tr>
<tr>
<td>o Dependent</td>
<td>o Financial Problems</td>
<td></td>
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</tbody>
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### Fire on the Stove

**Perceived event**

**Actual event**
Resilience

- The ability to adapt to adverse conditions while maintaining a sense of purpose, balance, and positive mental and physical wellbeing
- The power to cope with adversity and adapt to challenges or change

(Limardi, Stievano, Rocco, Vellone, & Alvaro, 2016)

Building Caregiver Resilience

(Nursing Heart Print)

(Marriner & Téllez, 1983)
Building Caregiver Resilience: Assessment

Identify the stressor:
- View families as “one more patient”
- How involved is the family in caring for the patient
- What aspects of care are particularly challenging
- How does this admission affect their daily lives:
  - Time travel to the hospital
  - Time lost from work
  - Less time with other children
  - Expenses

Building Caregiver Resilience: Assessment

Our case study:
- Anxious
  - Fear of the unknown
- Sole bread winner of the family
- Have to juggle between patient care and work
- Not confident in bringing patient home who has a tracheostomy
Building Caregiver Resilience: Diagnosis

Utilize the assessment data gathered and interpret the findings.

Diagnosis of family response to patient's condition:

“unable to cope” with the situation

Building Caregiver Resilience: Diagnosis

Our case study:

- Ineffective coping related to newly diagnosed illness
- Patient is unable to wean off tracheostomy as he has excessive sputum
Building Caregiver Resilience: Planning

Create an action plan:
- Set realistic goals
- Educate family on all of the equipment being used on the patient
- Provide social support in the form of support groups, counselors
- Refer to the rehabilitation team to assess rehab potential

Building Caregiver Resilience: Planning

Our case study:
- Engage wife early in the care activities
- Aim to reduce frequency of suctioning by managing the secretion
- Plan to wean off tracheostomy once secretion decreases
- Initiate caregiver training to wife while awaiting for arrival of maid
Follow through the care plan that was developed:
- Reached out proactively to families
- Occupy family with care activities
- Use social “chitchat” to get to know the family
- Include family in the patient’s care
- Update family actively on relevant information
- Engage family in their emotional needs

Building Caregiver Resilience: Implementation (cont.)

Follow through the care plan that was developed:
- Assess and identify signs of family’s inability to cope
- Make a collaborative decision with medical team if patient is at risk of not being cared for at home
- Continue caregiver training until family is competent
Follow through the care plan that was developed:

- Document appropriately any sign of caregiver stress or any unusual behavior elicited by family
- Encourage family to take breaks
- Provide family with contact number for clarification if they have questions or want to check on the patient

Our case study:

- Weaning of tracheostomy was successful
- Wife was motivated to stay with patient and participated in care
- Caregiver training was completed over 1 week
- Maid application was successful but can only arrive in 2 weeks time
- Transitional care nurse was activated for follow up care while waiting for maid
Determine whether the goals set in the care plan have been met:
- Assess family’s coping ability at home with follow up call
- Feedback to the transitional care nurses of any assistance required by the family

Our case study:
- Wife claimed transitional care (TC) was helpful
- 2 weeks later the maid arrived and provided care
- TC stepped down
- Home nursing foundation was applied for continuity of care and regular home visits
Why healthcare professionals have to build caregiver resilience

Better patient outcomes

Reduce cost for family and hospital

Shorter length of stay

Patient and family will be more satisfied

Prevent readmissions

(Limardi, et. al., 2016)

Summary

Assessment
View family as “one more patient” and assess their coping ability

Diagnosis
Diagnose family response to patient condition

Planning
Set realistic goals

Implementation
Carry out the action plan and include families in patient care

Evaluation
Assess the coping ability and follow up with the family upon discharge
Take home messages

- Being a caregiver is meaningful, but takes a toll
- Important role for professionals besides caring for the patients, is to build resilience in caregivers
- With professional support, resilient caregiver will assist in patient’s wellness and recovery, and prevent readmission
- Building resilience leaves a Nursing Heart Print in patients and families

References


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THANK YOU