

# Nursing roles and functions addressing relatives during in-hospital rehabilitation following stroke.

## Care needs and involvement

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### Rationale

Health authorities expect relatives to be at disposal to convey the knowledge of every day life and to provide emotional as well as practical support in relation to patients with stroke.

### Aim

A description of nurses' experienced roles and functions addressing the relatives of patients with stroke during in-hospital rehabilitation using a phenomenological hermeneutic approach. Focus group interviews of 19 randomly selected nurses from three different hospital settings were interpreted.

### Findings - Four themes occurred:

#### Changed lives of relatives:

It is essential that relatives are not viewed as an attachment to the patient.

*"It's of extreme importance for the wife or whoever it is that you get to talk about their feelings".*

#### Time for the relatives:

The nurses may find it difficult to meet the needs of the relatives, and it may completely shift the focus away from the patient.

*"I spent more time talking with the relative about her frustrations ..... and suddenly it was all about her, and not about the patient".*

#### Non-cooperating relatives:

Both the relatives and the patient need care.

*"It was really, really difficult, both to provide care to a patient in crisis and a relative in crisis and it does not make the situation better for her father".*

It is important to involve the relatives and establish cooperation around the patient, but it is not always possible: *"It is an important partner (relatives), if they want to (be involved)... But we cannot force them".*

#### Shared life after stroke:

The importance of a shared process was emphasized. Nurses inform, teach and talk with the patient and the relatives at the same time to facilitate a mutual understanding.

*"If anyone can get them into the process somehow..... They need to talk about it, if they are to have a life together".*

### Conclusion

Nurses experienced their roles and functions addressing relatives after stroke as crucial, challenging and multifaceted. Despite a health care system driven by rationales of economic efficiency entangle by a grey area between a biomedical and a holistic understanding of the subject they acknowledge and address the relatives' vulnerability during in-hospital rehabilitation characterised by an existential threat to the physical as

well as the shared life. This mirror a concern to the patient, as the possibilities in the stroke survivor's rehabilitation process depend on how the relatives are involved, as well as their willingness and ability to provide support and care. The focus on the needs of relatives considering their expected future role was experienced as conflicting with restricting time frames and a health care system focusing on the individual patient.