



A novel health professional-led stroke self-management intervention: an evaluation study

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BACKGROUND

Elderly people represent the majority of stroke cases worldwide. Stroke will often involve physical, psychological, cognitive and behavioral difficulties which may increase the risk of reduced self-management. Post-stroke sequelae frequently lead to a more isolated life. Restricted social relations render older individuals with stroke an especially vulnerable group, especially in terms of social reintegration. Reintegration into the community post-stroke largely depends on support from the family. However, close relatives are at risk of becoming overburdened.

PURPOSE

The main aim of the study is to evaluate the feasibility and acceptability of the active components of a novel health professional-led stroke self-management intervention, supporting elderly stroke individuals and their informal caregivers to regain an active and meaningful life.

THE INTERVENTION

The intervention started two weeks before discharge from hospital. During a period of nine months post-discharge, the stroke patients were offered eight self-management sessions of 45-60 minutes duration by a physiotherapist or an occupational therapist.

METHODS

A process evaluation of the design and testing of complex intervention – a professional-led self-management support intervention – was carried out according to the Medical Research Council. The process evaluation included interviews of four older stroke survivors (65+) and their informal caregivers, an occupational therapist, a physiotherapist and the two researchers developing the concept of the intervention. The developers of the intervention were interviewed before testing the intervention. The stroke individuals, informal caregivers and health professionals that performed the intervention were interviewed six months after discharge.

FINDINGS

The findings revealed six themes as active and important components in professional-led self-management support intervention: 1) Individual approach, 2) A good relation, 3) Communication, 4) Pedagogical tools, 5) Involvement of relatives and network, 6) Transferability. These themes were described by the informants to have high priority in self-management support intervention and encouraged the elderly stroke individuals and their informal caregivers to active reflection and to take the initiative and responsibility. The interaction with health professionals, the stroke individual and informal caregiver led to transformative learning and increased or resumed active life-style. Furthermore, it strengthened the relationship between stroke individual and informal caregiver.

SYNTHESIS OF THE FINDINGS

