Patients in stroke units have better outcomes, but receive less personal nursing care


QUESTION: Which aspects of the process of care help to explain the improved outcomes of patients treated in stroke units?

Design
Case study of 3 care settings for stroke patients.

Setting
An elderly care unit (ECU), a general medical ward (GMW), and a stroke unit in teaching hospitals in the same city in the UK.

Participants
Nurses, physiotherapists (PTs), occupational therapists (OTs), and consulting physicians were observed caring for patients with stroke.

Methods
Using a qualitative non-participant observation method, the researcher recorded full descriptions of everything she saw and heard. Meetings and observation periods were conducted throughout the week, primarily during ward rounds, multidisciplinary team meetings, therapy sessions and assessments, and general activity on early and late shifts during a 2–3 month period in each setting. Observation included 40 hours at both the ECU and GMW, and 66 hours at the stroke unit. Data were content analysed by setting, then by event or activity, and then compared among the 3 settings.

Main findings
The philosophy of stroke rehabilitation is that nurses liaise with therapists about patients’ treatment, then help patients to apply what they learn to daily ward activities. Relationships and functioning between nurses and patients, nurses and therapists, and among multidisciplinary teams were observed in terms of the extent to which this philosophy was applied in practice.

Interactions between nurses and patients in the GMW were observed to be kind, but often “standardised and impersonal,” and patients’ independence was rarely encouraged. In the stroke unit, patients were sometimes observed to be ignored, and work was sometimes done “on” rather than “with” a patient. Nurses in the ECU often encouraged patients to do grooming activities independently, and were observed to be “gentle, warm, respectful, and attentive” in their interactions with patients. These nurses also showed a tendency toward “emotional labour”—the giving of oneself in a more personal, rather than standardised way.

Observed communication between nurses and therapists in the ECU was “mutually respectful and full of interest for the patient.” Nurses had worked in the ECU for a long time, so therapists had given them individualised training sessions. PTs communicated with nurses who they felt would use the information and follow a rehabilitation philosophy. In the GMW, therapists reported that rehabilitation was considered secondary to getting a patient medically stable. In the stroke unit, tension was observed between nurses and therapists, and further observation suggested a relationship in which therapists expected nurses to carry out orders rather than to work together.

In the ECU, weekly multidisciplinary team meetings were led by a consultant and focused on practical issues related to patient discharge. Team members were not forthcoming with information during meetings, and therapists did not feel meetings were useful for exchanging information about patients. In the stroke unit, multidisciplinary team meetings were also led by a consultant and focused on rehabilitation and patients’ goals. PTs and OTs participated more in meetings than consultants, and nurses contributed least and were least comfortable. On the GMW “little formalised communication between the professions” was observed. Different therapists did not work well together and no multidisciplinary team meetings were held.

Conclusion
Improved outcomes in patients treated for stroke may be attributed to the following benefits (found in an elderly care unit and stroke unit): less institutional units, several activities for patients, addressing carers’ needs, good communication among therapists, and being headed by a consultant respected by the multidisciplinary team.