The thesis entitled ‘A Community-based and Family-centered Care Approach for Stroke Survivors in Wuhan City of China’

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Abstract

Stroke is a leading cause of residual disability. Many stroke survivors have to be dependent on their family members, leading to increasing burdens of care after discharge home. This study aimed to explore the kinds of care issues encountered by families living with stroke in Wuhan, China, the different ways in which they deal with these issues, and how such differences impact on the well-being of the families.

Yin’s multiple-case (embedded) study design was used. Underpinning this inquiry process was replication logic, in which each family was seen as a single case analogous to a single experiment, and multiple cases were analogous to replicating the study in different families. A protocol that materialized the study proposition was used to guide data collection. The embedded units within each case comprised stroke-related disability, care issues, perceived burdens, coping resources and caring work. The case study was conducted prospectively, so that each family was visited at four time points over a period of six months after discharge. Cases were selected according to the predicted patterns based on the proposition. Eighteen families, including both stroke survivors and their family caregivers, were recruited from three comprehensive hospitals in Wuhan city. Data collection began when the stroke survivors were due to be discharged, and thereafter at one week, one month, three months and six months after discharge, in the survivors’ homes. Multiple sources of data were collected over time, including demographic and socio-economic data, the Short Portable Mental Status Questionnaire (SPMSQ), the Barthel Index (ADLs), the Instrumental Activities of Daily Living (I-ADL), the Self Evaluation of General Health (SEGH) and The Center for Epidemiologic Studies Depression Scale (CES-D). At each home visit, field observations and semi-structured interviews with the stroke survivors and family caregivers were conducted. A pilot study of two cases was conducted to refine the study protocol prior to the main study of 18 families.

Overall analysis revealed that optimal family well-being was characterized by (a) mobilization of positive personal coping resources in dealing with stroke-related disability and daily care hassles, (b) realignment of personal competence in activities of daily living, (c) harmonization of intra-familial relationship, and (d) active and proactive management of care issues. Families who failed in part or in whole to maintain these four features were considered as having functional or dysfunctional well-being. Of the 18 families, seven were able to maintain optimal family well-being.
and one remained functional during the study period. Ten families had their family well-being changed over time, with eight families experiencing negative change and two families positive change. The results are informative in enabling nurses to derive culturally-sensitive and community-based care strategies to help families living with stroke in Wuhan, China.