

## **Exploring Nurses' Experience of Managing Attention and Mood in Post-Stroke Patients: A Qualitative Study**

**Tri Suraning Wulandari, Suhartini Ismail**

Faculty of Medicine, Universitas Diponegoro, Semarang, Indonesia  
*Corresponding Email: woelancahya@yahoo.com*

Submitted: 06-09-2018 Accepted: 07-05-2019 Published: 01-08-2019

### **Abstract**

Attention is an important aspect of cognitive development in the perspective of information processing, whereas mood is an affective aspect relating to expectations about positive or negative feelings. Decreased attention and mood in post-stroke patients can cause instability, cognitive impairment, and long-term rehabilitation. These impacts affect the patients' activity daily living (ADL). Priority of post stroke patient care in hospital was priority on physical problem rather than psychological, social and spiritual problems. Nurses as caregivers in the hospitals should understand in manage bio-psycho-socio-cultural-spiritual problems in post-stroke patients. This descriptive study that used a descriptive qualitative research was conducted to describe the barrier of managing attention and mood in post stroke from the perspective of nurses. This research was a pilot study using qualitative design and involved six nurses at Temanggung General Hospital, Indonesia. The data collection was carried out using in-depth semi-structured interviews. The data analyzed using inductive content analysis. Five themes emerging from data included the nurse's focus on the physical problem, lack of awareness to manage attention and mood, unavailability of early assessment for attention and mood, family participation in nursing care and lack of information about the interventions in handling attention and mood. The initial assessment of attention and mood greatly encourages nurses to provide alternative or complementary nursing that can be administered in the hospital. Nurses' understanding of knowledge and skills are essential to prevent the impact of reduced attention and mood. The management of attention and mood should be supported by all professional health providers, and facilities in hospitals, as well as the role of the family.

**Keywords:** Attention and mood, management of attention and mood, stroke patients.

## Introduction

The majority of Indonesians prefer to use government hospitals because the insurance provided by the Indonesian Government can only be used in government hospitals. Nurses as one of health workers in the hospitals play an important role in the effort to achieve health development goals (Kandou, 2015). The success of health care depends on the participation of nurses in providing quality nursing care. One of the attempts to provide quality nursing care and maintain patient safety is by applying the Standard Operating Procedure (SOP) in carrying out nursing actions. But the fact is that currently nurses in hospitals have not all implemented Standard Operating Procedures (SOP). This is evidenced from the results of the study that a total of 42 (100%) nurses at PKU Muhammadiyah Gombong hospital were not dutiful in applying SOP in carrying out nursing actions due to lack of socialization and evaluation of SOP at the hospital (Mutiana, 2014).

Stroke is one of conditions that requires hospitalization due to neurological damage. The neurologic damage of stroke causes both physical and psychological problems. According to the American Heart Association (AHA), physical problems in the form of disability in stroke patients remain dominant in the last decade. There are currently 3.8 million women and 3 million men living with stroke-related disabilities (Davis & Lockhart, 2016), whereas cognitive and affective disorders triple in post-stroke. Attention is part of the cognitive while mood is part of the affective mood is part of the affective.

Reduced attention in post stroke patients is characterized by the difficulty of concentrating and answering questions. Reduced attention affects disease recovery, instability, and poor performance degradation (Hyndman, Pickering, & Ashburn, 2007), can be predicted in functional recovery within the next 2 years (Robertson, Ridgeway, Greenfield, & Parr, 2007), affects function cognitive, among others, the ability to analyze, interpret, plan, organize and implement complex information (Hasra & Munayang, 2014). These affect the Activity Daily Living (ADL) (Hyndman et al., 2007).

Reduced mood in post-stroke patient is characterized by irritability syndrome, loss of interest, and concentration difficulties, as well as mood depression. Mood decline in post stroke patients refers to changes or emotional abnormalities that occur as a result of stress due to physical paralysis, which is also estimated due to the inability to use limbs maximally, the inability to communicate so that the post-stroke patients change or make adjustments when communicating (Lee, Seo, & Shim, 2017). The impact of mood reduction is the long-term rehabilitation and adjustment processes (Donnellan, Hickey, Hevey, & Neill, 2010), decreased cognitive abilities, dysphagia, low-level participation in daily activities Living (ADL), and social isolation (Hasra & Munayang, 2014). the higher the stroke level of stroke patients, the higher the level of dependence especially in ADL in stroke patients (Ratnasari & Solechan, 2012).

The low awareness of stroke risk factors, the lack of recognition of signs and symptoms of stroke, the impact of decreased attention and mood, not optimal stroke services and low adherence to therapy programs for prevention of recurrent stroke are problems that are common in stroke services in Indonesia (Irbantoro, 2016). therefore, comprehensive service development is needed . This comprehensive stroke unit aims to prevent more disabilities and deaths among stroke patients (Natasia et al., 2014).

Therefore, a qualitative study on nurses' experience in dealing with attention mood problems in post-stroke patients needs to be conducted. It aims to find out the nurses' responses in handling attention problems and mood of patients treated in Regency General Hospital Temanggung

## Method

This research is a qualitative study employing the phenomenology approach. Data were collected from 6 nurses' interviews by selecting criteria. The criteria for nurses are between the ages of 20 and 40, men and women, have work experience in the room care of stroke patients of at least 2 years, graduates of Diploma 3 or undergraduate degrees. Interviews were conducted in

the discussion room at Flamboyan II, Temanggung Hospital. Before conducting an interview by giving a few questions, the researcher explained the informed consent, after the nurse agreed to become a research sample, it continued to fill demographic data. Voice recorder in cellphone was a tool for recapitulating the results of interviews, then the transcripts were made to determine the topic of this research.

The data collection was done by using semi structured interviews. The questions given to the participants include:

- 1) What is your experience with regard to nursing problems that arise in post-stroke?
- 2) What is the priority?
- 3) Do you know the definition of attention and how do signs and symptoms reduce attention of stroke patients?
- 4) Do you know the definition, signs and symptoms decrease mood in stroke patients?
- 5) How was your experience in treating patients with attention and mood disorders in post-stroke patients?
- 6) Is there an assessment format available to assess attention and mood?
- 7) What do you do when you meet a patient with attention and mood problems?
- 8) Do nurses use intervention to address the attention and mood derived from the results of the study?

### Data Analysis

The content analysis guided by Elo and Kyngas (2008) was used to analyze the data. To ensure the trustworthiness, the researcher followed the inductive content analysis process. Started with open coding, all notes and heading were written in the text while reading it. The written material was read thoroughly, and as many headings as necessary were written down in the margins to describe all aspects of the content. The headings were gathered from the margins on to coding sheets, and categories were freely generated. After open coding, the list of categories was grouped under higher order headings and collapsed the similarly into broader higher-order categories. Finally, major themes were identified through interpretation as inductive content analysis. The use of quotation was presented in the findings of the study to support the themes.

### Results

This research reveals 5 themes, which include the nurses' focus on the physical problem, lack of awareness in managing attention and mood, unavailability of early assessment for attention and mood, family participation in nursing care, and lack of information about the interventions in handling attention and mood. The initial assessment of attention and mood greatly encourages nurses to provide alternative or complementary nursing that can be administered in the hospital.

#### Theme 1: The nurses' focus on the physical problem

Experience is an event that has actually been experienced by individuals. Disclosure of experiences in narrative means expressing or exposing an event or experience that has been experienced in the order of time of occurrence. The following are the participants' statements related to problems that often occur among post stroke patients:

Physical problems identified from the interview:

"Most strokes experience weakness of the extremities, verbal communication, decubitus that occurs from the home. Usually, decubitus arise from home and is not treated with care and taken to the hospital already in a severe condition"

Psychological problems identified from the interview:

"Often the patient is afraid of not being able to heal, refusing his illness, dismissing God not as patient as if giving such a pain, angry without cause, even if anyone comes suspected"

Five nurses mentioned that physical problems in hospitals were more prioritized rather than psychological. This is expressed by the nurse mentioning the first handling of physical problems:

"Stroke patients have motion problems we usually do over baring. We can help when we do good activities to meet the needs of personal hygiene, collaboration with physiotherapy. Physiotherapy comes only one time. Usually, afternoon nurses do ROM to patients "

While handling psychological problems:  
"Usually when we see an angry patient, we

let her in first so angry finish first, but to approach the family's habits at home patients if pain like this. If it is not angry just give advice to patients by motivating patients “

Four participants said that dealing with physical problems was a priority over psychological problems.

“Physical problems take precedence, because the frequent patients in the hospital, their his psychological problems are disrupted due to physical problems. Yes, we always use SOPs during the course of action to the patient, but usually for ROM, oral hygiene or the other “

### **Theme 2: Lack of awareness to manage the attention and mood**

Nurses understand that the concept of attention and mood in post stroke patients will be understood from the understanding, signs and symptoms, and how to deal with the problem.

“From my experience, patients who have passed a stroke often have attention problems, confusion, sometimes disorientation. The purpose of the attention can be interpreted as possible. I know if you experience that we invite communication to be more focused and should be more patient “.

### **Theme 3: unavailability of early assessment for attention and mood**

Psychological treatment of post-stroke patients can be done through appropriate assessments. Screening is a brief assessment using a tool that has been validated along with a clinical judgment to decide whether someone needs to be assessed further, monitored, or given access to psychological treatment. Nurses in the hospital have done the assessment according to the standard in hospital, but in the assessment did not assess attention and mood.

Summaries presented during the interview related to this theme are:

“We always use Standard Operating Procedures (SOP) when performing actions to patients. SOP in book form. The book is about 10 years. SOP of hospital nursing action overcome frequent physical problems, but is not available early assessment for attention and mood. So we never did ”

### **Theme 4: Family participation in nursing care**

The family role in patient care either in hospital or after returning from hospital.

Summaries presented during the interview related to this theme are:

“Nurses here perform routine nursing actions in the hospital, priority on physical problems, but usually if we have problems related to psychological problems more approach to the family and let the patient in a stable emotional state, just after doing roughly the patient's good new mood we communicate to the patient”

### **Theme 5: lack of information about the interventions in handling attention and mood**

The handling of patients to overcome the attention and mood of patients in the hospital has not been done by nurses. However, much research on how to overcome attention and mood is very significant. The results of the research literature to address attention are Attention Process Training / APT, overcoming mood with motivational interview, attention and mood with NRE, overcoming cognitive and mood with natural interaction, listening to music and overcoming psychophysiology with aroma massage and foot bath.

Summaries presented during the interview related to this theme are:

“In hospitals there is never any intervention you mentioned. Here, it is only normal to perform nursing actions to overcome physical problems. Listening to music can become a therapy, but it has not been applied in the room here”

## **Discussion**

Nurses working in stroke space hospitals have different perceptions of how to deal with attention and mood problems among post-stroke patients. Individual perception can be different, because the stimulus received by each individual is not the same. The acceptance of such responses will differ depending on the individual response (Braund, 2008). Feelings, ability to think, experiences owned by individuals are not the same. Thus, in perceiving stimulus,

each individual is different (Kozier, 2010). From the explanation, it can be said that the difference in perspective is a natural thing which happened.

Some nurses see how to deal with post-stroke nursing problems as a parenting activity that starts from assessment to evaluation by taking into account the principle of the human wholeness whole dimension called holistic. This view is gained on the basis of the knowledge they have gained while studying. This is in accordance with the concept as explained by Betty Newman in his holism concept, that man is a unified whole consisting of bio-psycho-socio-cultural-spiritual (Kozier, 2010).

The application of holistic principles to patients in the hospital has not been fully met, especially psychological problems, proved in this study that if the patient experiences symptoms of nurse mood reduction indirectly overcome it but the nurse lets the patient until the patient is cooperative with the nurse. This will result in decreased quality of nursing services in hospitals, this is in accordance with the results of research indicates that there is a significant influence between therapeutic communication on nurse service quality (Prismeiningrum, 2015). The quality of patient care depends on the care giver's ability to communicate with each other (Afriyani, 2011).

This was supported by the research of Ristianingsih et al., 2014 stating that nurses must implement the principle of holistic nursing care that includes biopsychosocio and spiritual. And from the results of observations in this study nurses have a perception of the implementation of spiritual actions are not the nurses' responsibility in full because there is already a spiritual guide at the hospital. So that it can be said that nurses do not carry out holistic nursing. The need and spiritual care in carrying out the nursing process proved to be very accommodating both in terms of philosophy and practice. Therapeutic relationships are intertwined with the provision of appropriate spiritual care. (Azizah, 2008).

Supporting research also from Roatib et al. (2007) which states that the older the age and the higher the education shows the less

motivation of nurses in applying therapeutic communication in the work phase. Though therapeutic communication is the most essential element in the treatment process, it is not only a supplementation. Therapeutic communication is influential in the healing process and at the same time forming new links. This is because in achieving the healing process nurses do not rely solely on medical action. Therefore therapeutic communication has an important role in achieving patient recovery that requires spiritual/emotional encouragement through approaches to patients with communication, especially in tone of voice, expression.

Approach to the family is done by the nurse when the patient shows the attitude of refusing to the nurse is evidenced by when the patient sees the mosquito, refuses, nurses approached the family. The family plays a role in determining how care or care is needed by a sick family member. Empirically it can be said that the health of family members and the quality of family life becomes highly correlated or significant. Families occupy positions among individuals and communities, so by providing health services to families, nurses get two benefits at once. The first advantage is to meet individual needs, and the second advantage is to meet the needs of society (Luthfa, Lukman, & Sari, 2016).

The magnitude of the family's role toward sick family members can also be explored in this study. The presence of a family that accompanies and helps, especially when the patient is sick can ease the patient's burden. This shows that the family acts as family care giver for the patient. Active family involvement is a functional family form and can provide optimal support in care, especially on the daily problems of the patient (Afriyani, 2011).

Early assessment of cognitive impairment is particularly important at the early diagnostic stage, whereas in the mood it also needs to be done routinely about one month after the stroke or just before the hospital's release if faster. The second assessment was given about 6 weeks after resignation or about three months after the stroke with further assessment given at 6 and 12 months

to detect long-term problems that exist.

Management of patients during hospital post-stroke between physical overcome is usually move position, doing wound care dekubitus, move the body parts of paralysis. while for attention and mood problem only approach to family. Whereas the results showed great results with some of these interventions. These interventions include Attention Process Training / APT, Motivational Interview (MI), listening of music, and the Natural Restorative Environment (NRE).

Attention process training (APT) is an intervention that reduces attention deficits after traumatic brain injury. The study was conducted in post-stroke patients, aiming to evaluate the effectiveness of APT in increasing attention and broader outcomes in stroke patients 6 months after stroke. Assessment results are done at 5 weeks and 6 months after randomization. The results showed that APT intervention resulted in a much greater increase of attention than in the control group or who received the standard from the hospital (Barker et al., 2013).

Motivational Interview (MI) is a speech-based therapy that has been applied to many health problems that require behavioral change but can also support adjustment. Studies of post-stroke patients in the intervention group received up to four sessions of 30 to 60 minutes of MI. In the early sessions, therapists set the agenda so that patients talk about their adjustment to stroke and current concerns. The results indicate that motivational interviews are significant to mood and reduce mortality 12 months post stroke (Watkins et al., 2011).

While the intervention with the handling of wider music that overcome the mood and post stroke cognitive. The musical intervention in this research is to provide music with their own portable CD player and music CD with any music genre. The results of this study indicate that recovery in verbal memory and focused attention areas increased significantly in the intervention group and not in the control group (Sa et al., 2008). These findings suggest that for the first time listening to music during the early stroke stage can improve cognitive recovery

and prevent deterioration.

Whereas the results show that the natural environment is very influential on the feelings. More specifically, attention serves as a basic process involved in understanding the world and organizing thoughts and feelings (Berman, Jonides, & Kaplan, 2008). Poor attention has been shown to be associated with a decrease in performance in daily instructional activities of daily life (Hyndman et al., 2007). The increased demand for attention can deplete artificial neural networks and cause inadequate attention function (Cimprich & Ronis, 2013). The results of the review indicate that the environment can lead to the restoration of attention requiring mental effort (voluntary attention). Exposure to the natural environment can provide an attraction to restore one's attention from mental fatigue (Lindern & Lymeus, 2016). According to the Attention Restoration Theory (ART), interacting with environments containing inherently attractive stimuli calls for only voluntary attention, thus enabling directional attention mechanisms to be an opportunity to recharge (Berman et al., 2012). That is, the need for attention directed at such an environment is minimized, and attention is captured in a bottom-up by the features of the environment itself. Thus, after interacting with the natural environment, individuals perform better on tasks that depend on the ability of focused attention.

## Conclusion

This preliminary study yielded five themes; all of which have interrelationships. The understanding of nurses in dealing with attention and post-stroke mood should be owned by nurses in the hospital. There is a decrease in attention and mood. Nurses need a family role as family care giver for patients. Active family involvement is a functional family form and can provide optimal support in care, especially on the day-to-day issues experienced by the patient. The availability of preliminary assessment of attention and mood issues and use of research results to address attention and mood in post-stroke patients is required by hospital nurses to

prevent unexpected events.

## References

- Berman, M. G., Kross, E., Krpan, K. M., Askren, M. K., Burson, A., Deldin, P. J., ... Jonides, J. (2012). Interacting with nature improves cognition and affect for individuals with depression. *Journal of Affective Disorders, 140*(3), 300–305. <https://doi.org/10.1016/j.jad.2012.03.012>
- Braund, M. J. (2008). The structures of perception: An ecological perspective. *Kritike, 2*(1), 123–144. <https://doi.org/10.3860/krit.v2i1.574>
- Davis, C., & Lockhart, L. (2016). Update: Stroke guidelines. *Nursing Management, 47*(2), 24–33. <https://doi.org/10.1097/01.NUMA.0000480697.42505.97>
- Donnellan, C., Hickey, A., Hevey, D., & Neill, D. O. (2010). *Effect of mood symptoms on recovery one year after stroke*, 1288–1295. <https://doi.org/10.1002/gps.2482>
- Hasra, Indha Wardhani P.L. Herdy Munayang, L. F. J. K. (2014). *Prevalensi gangguan fungsi kognitif dan depresi pada pasien stroke di Iriana F BLU RSUP Prof. Dr.R.D.Kandao, Manado, (The Prevalence of Cognitive Function Disorders and Depression in Stroke Patients at Iriana F BLU Prof. Dr.R.D.Kandao, Manado)*. Skripsi. <https://doi.org/10.35790/ecl.2.1.2014.3616>
- Hyndman, D., Pickering, R. M., & Ashburn, A. (2007). The influence of attention deficits on functional recovery post stroke during the first 12 months after discharge from hospital. *Journal of Neurology, Neurosurgery & Psychiatry, 79*(6), 656–663. <https://doi.org/10.1136/jnnp.2007.125609>
- Kandou, P. R. D. (2015). Hubungan Perilaku Perawat Dengan Pendokumentasian Asuhan Keperawatan Di Cardiovascular and Brain, (The Relationship between Nurse Behavior and Nursing Care Documentation in Cardiovascular and Brain). *E-Journal Keperawatan (E-Kp)*, 3, 1–9.
- Kozier, B. (2010). *Foundamentals of Nursing*, 1, 1163–1219. Retrieved from [http://eprints.jcu.edu.au/16419/2/16419\\_Berman\\_et\\_al\\_2010\\_Front\\_pages.pdf](http://eprints.jcu.edu.au/16419/2/16419_Berman_et_al_2010_Front_pages.pdf)
- Lee, J. H., Seo, E. K., & Shim, J. S. (2017). The effects of aroma massage and foot bath on psychophysiological response in stroke patients, 1292–1296. *Journal of Physical Therapy Science, 29*(8), 1292–1296. <https://doi.org/10.1589/jpts.29.1292>
- Pepy Ratnasari, S. P. K., & Solechan. (2012). *Hubungan antara tingkat ketergantungan activity daily living dengan depresi pada pasien stroke di RSUD Tugurejo Semarang, (Relationship between Dependency Level of Daily Living Activity with Depression in Stroke Patients at Tugurejo Hospital Semarang)*. skripsi. jpkeperawatandd120046.
- Robertson, I. H., Ridgeway, V., Greenfield, E., & Parr, A. (2007). Motor recovery after stroke depends on intact sustained attention: A 2-year follow-up study. *Neuropsychology, 11*(2), 290–295. <https://doi.org/10.1037/0894-4105.11.2.290>