

Stroke

Name

Institution

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Belasco, A. G. S., Diccini, S., & Rangel, E. S. S. (2013). Quality of life of patients with stroke rehabilitation. *Acta Paulista De Enfermagem*, 26, 2, 205-212.

In the beginning of the article, the author notices that there is increased frequency of stroke especially for adults, therefore, becoming the second-most killer. It is considered in the article as a major cause of inability of a person to perform properly. The study also found patients who had undergone stroke displayed greater compromise in the time following the stroke and improvement was shown in the recovery phase. The methods used in the research included analyzing 139 patients with strokes. Using three distinct questionnaires, the knowledge collection apparatus constitutes fiscal, socio-demographic, and therapeutic perspective of the ill. The study showed that the recovery of all-purpose and unique people recovering from stroke is diminished and related to day-to-day life limitation performing activities. The prevalence of dysphonic or hopeless traits, high levels of dependency on care providers, women, and increased number of strokes, decreased level of schooling, and increasing level of income-dependent persons adversely impeded the essentials. For example, in their explanation of female gender, the study shows that variables such as scarcity in body activities, the presence of despair or its characteristics and advanced age have multiple adverse effects. The study also found out that women are not as likely to suffer from stroke complications as compared to their male counterparts.

Kim, K., Kim, Y. M., & Kim, E. K. (2014). Correlation between the Activities of Daily Living of Stroke Patients in a Community Setting and Their Quality of Life. *Journal of Physical Therapy Science, 26*, 3, 417-9.

This article discusses the consequences of stroke. According to the authors, the condition is alike to cause long term illness that could cause damage to the body, impact how individual socialize with other people, and cause emotional harm as well. Ideally, the article affirms that social connection with other people worsen day by day for individuals suffering from stroke. They sufferer psychological distress. The core aim of this research paper is to establish the standard of living and the relation between the day-to-day experiences of people suffering from chronic stroke. Sixty eight patients diagnosed with stroke were analyzed using the analysis technique. Three questionnaires became troublesome for visiting patients or the subjects under review. The results of the Functional Independence Measure (FIM) revealed a crucial relation between day-to-day operations and quality of life. Social cognition and mobility are among the FIM artifacts that have seen an improved vital effect. Since majority of presiding studies focused much on the cross-sectional methodologies and long-term strategies to increase the accuracy, this study is comparatively ideal. Nonetheless, it can be argued that the day to day follow up used in the study pose many limitations because there are activities which cannot be accounted for during the day.

Tramonti, F., Fanciullacci, C., Giunti, G., Rossi, B., & Chisari, C. (2014). Functional status and quality of life of stroke survivors undergoing rehabilitation programs in a hospital setting. *Neurorehabilitation, 35*, 1, 1-7.

In the beginning of the article, the authors make it clear that stroke is serious condition that affects the patients not only by disorienting their cognitive functioning but also bodily and physical challenges. For example, the brain is significantly affected which means that other parts of the body functions inappropriately. According to the article, numerous scholars in various literatures related to stroke have evaluated the implicit consequences of rehabilitation of body operations in the past. In the evaluation of the effects on quality of life, these literatures have caused increased controversial impacts. The study aims to examine the relations between organizational circumstances and quality of life in rehabilitated taster sick people and to assess the role of suffering psychology, managing processes and social support. The study utilized 29 patients as the study samples. The patients were survives of stroke from the rehabilitation units. They were studied before being released. Questionnaires were used by the researchers to assess the operational capacity, and how they well-being was after recovery from stroke. The study showed that customized quality of life evaluations continued to be minimally affected by the organizational conditional advances largely following treatment. In addition, study data showed support for evidence that varying quality of life metrics and operating factors are not closely related to each other, whereas emotional distress, the management process and basic effect approaches are related.

Implications of nursing practice

Among other consequences of nursing care, is shown that nurses have a conservation role. This purpose is started by nurses to protect the physical and cognitive integrity of persons afflicted with stroke to discourage the condition from triggering incident effects. In this respect, nurses are entitled to retain traditional roles to inhibit difficulties and trauma as well as to fulfill

the key needs of patients. As a result of a stroke causing constipation and diet complications, nurses are often expected to minimize or eliminate traditional obstacles. Simply, a nurse is interpreted by the readings to have a preserving function for the healing of their patient.

The sources also imply that it is the roles of the nurses to initiate action, plans, and programs that could facilitate quicker and effective recover for stroke patients as well and mobilize their families keep themselves safe from stroke. Because stroke is a condition that is considered terrifying, there is a need to educate the patients suffering the problem as well as their families to make them optimistic towards recovery as well understand the side effects of the disease. They should be protected from stigmatization. Stroke patients and they families need help form nurse to reinterpret their conditions and they position in the community caused by their condition. They would be absolutely blank about how to treat the stroke in terms of treatment, therapy and the consequences, even whether they have recently experienced a stroke in the family. In this way, the job of nurses would be to reinterpret how to live in peace again.

Moreover, the articles assert that there is need for the nursing care to help the patients by not only consoling them, but also helping overcome the physical pain and agony they might be going through. This position requires the nurse to be very fond of the patient and their families and to clarify the characteristics of living a normal life again. In this light, nurses are expected to provide moral assistance and to be there and to acknowledge the struggles and pains that would ultimately be encountered by their close friends and family.

To conclude, it is clear from the texts that nursing practice is needed or has an integrative aspect to help patients respond to the skills and processes of new life and day-to-day living activities (ADLs). Integrating these tasks involves, among others, rehearsals, understudies and

continuing on. This section is broad in the sense that body or clinical counseling processes in patients' treatment and the transitional position in which nursing practice helps the stroke victim communicate the ADL mechanisms learned in practice rooms and preparation conditions to instances whereby mentoring is not the main issue of concern.

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