

A Nursing Approach Toward Family Caregivers of Older Patients Suffering from Stroke at Home

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DOI: <https://doi.org/10.52403/ijshr.20230205>

ABSTRACT

Older patients who have experienced a stroke often suffer from after-effects and stay at home for long periods of time while undergoing treatment. In order for patients to continue living at home, they need not only appropriate medical nursing care but also support from their families. This study examined nursing approaches for family caregivers to enable older patients who have experienced a stroke to continue living at home while being cared for by their families. The Japanese Ichushi-Web database was searched, and 58 studies were analyzed. Two findings were obtained. The first was that one of the success factors for home care is getting a good grasp of family caregiving ability. This consists of “understanding of the high significance of existence of the family caregivers” and “recognizing the need to maintain and improve good family relationships”. The second was to provide specific support to ensure family caregivers’ abilities that can help with continued home care. This consists of “providing knowledge about illness and disability and teaching appropriate caregiving skills”, “providing emotional support and decision-making support for family caregivers” and “strengthening multidisciplinary cooperation and effective use of social resources”. With the community-based integrated care system underway, the results of this study on securing family caregiving abilities may contribute to improving the quality of life of older patients suffering from stroke living at home.

Keywords: older patients with stroke, living at home, family caregiving ability, nursing approach

1. INTRODUCTION

Japan’s population is aging more rapidly than that of other advanced nations; the proportion of the population in the age group of 65 years and over is projected to reach 30.0% by 2025, 38.0% by 2055, and is expected to continue to increase in the future.^[1] As the baby boomer generation will be 75 years old or older by 2025, the establishment of a community-based integrated care system is being promoted so that the older adults can continue to live in their familiar neighborhoods and homes until the end of their lives. The number of individuals receiving medical treatment at home is expected to increase with time along with the number of households where family members provide home care to older people.^[2] Stroke is one of the main causative diseases requiring long-term care at home, and family caregivers of patients suffering stroke are often required to provide care day and night. The increased burden on caregivers is a cause of the breakdown of home care life.^[3] More than 70% of the public would prefer to receive care at home when they are in a position to receive care. However, the number of households providing care to older adults continues to increase due to the aging of the population, and the shift to nuclear families limits the number of family members who

can provide care. [4] Therefore, due to this shift in family structure and because older adults often require prolonged care, caring for older stroke patients can be burdensome and difficult to sustain. [5] Regarding the factors related to the care burden of family caregivers, Kashida et al. [6] identified that factors such as relationships that were not good with family members, gender, length of caregiving time, short duration of sleep, low health-related quality of life, poor mental health, few care collaborators and counsellors, low positive perception of care support, and few opportunities for social participation are associated with high care burden. They further stated that involvement of health care providers in enhancing family caregiving ability is necessary in reducing the caregiving burden on families. Therefore, it is significant to explore nursing approaches to secure family caregiving ability that will reduce the burden on caregiving families and help them carry out ongoing care. Older patients who have experienced a stroke often have to deal with the aftereffects of the stroke and spend long periods of time at home while receiving medical treatment. For them to continue living at home, it is extremely important that they receive the appropriate medical nursing care and strong support from their families. Therefore, enhancing nursing support for family caregivers caring for older patients with stroke at home can help maintain and improve patients' quality of life at home; at the same time, it can contribute to ensuring that family caregivers are able to continue providing care at home. [7] For this reason, we conducted a review of previous studies published in the Japanese Ichushi-Web database to explore the approaches of previous nursing interventions. The database allows users to comprehensively search for articles in medicine, dentistry, pharmacy, nursing science, and related fields in Japan. The purpose of this study was to analyze the results of previous studies of nursing

approaches for families caring for older patients suffering from stroke at home and to find insights into securing family caregiving ability.

2. METHODS

Relevant previous studies published were identified by searching the Ichushi-Web database (version 5) on March 31, 2022. The words "stroke", "older patient", "at home" and "family caregiver" were used as key words. The results were refined by selecting only studies that were "original articles" and "nursing articles". Of the 69 articles obtained from the search, 58 were included in the analysis, excluding two studies on a single person returning to their home that did not mention a caregiving family member, four studies that were unavailable, one study that was not related to family caregiving, two duplicate studies, and two studies conducted in countries other than Japan.

The selected literature was then analyzed from two perspectives: "literature attributes" such as author affiliation and the publication year, and "literature content analysis" based on the thematic question of "What nursing approach is used to ensure family caregiving ability?". The qualitative content analysis method was used. [8] Each paper was carefully read to extract descriptions that fit the theme, the descriptions necessary for the analysis were divided into semantic units of the context, and condensed semantic units were determined and coded. The subcategories were composed of codes with the same meaning, and categories were generated based on commonalities among the sub-categories. Researchers familiar with qualitative research ensured the validity of the data.

3. RESULTS

A total of 58 studies conducted from 1987 to 2021 were identified and analyzed (see Table 1). [1-58]

Table 1: The summary of selected bibliography of previous studies n=58

No	Research Title	Publication Status	First Author	Affiliation of First Author
1]	Home caring continuation factors for caregivers 75 or older who care for stroke patients	Journal of the Japanese Society for Home Care. 25(1):55-64,2021	Tajima.T	Hospital
2]	Resilience in wives caring for elderly stroke patient	J Jpn Red Cross Soc Nurs Sci. 21(1):45-53,2021	Okamoto.A	Nursing education institution
3]	An investigation on uncertainty in illness of family members of patient with cerebrovascular disease in acute and sub-acute phases	Tenri Medical University Minutes. 8(1):27-35,2020	Hayashi.M	Nursing education institution
4]	The process of decision making until family members of stroke patients decide home care	Journal if the Family Nursing study. 25(1):67-80,2019	Shimizu.S	Hospital
5]	Decision support for elderly patients and their families in the field of home care	Kidney and Dialysis. 88(1):126-128,2020	Ozaki.N	Visiting nurse station
6]	Efforts to reduce caregiver fatigue and continue home care-cooperation with psychiatric home visits	Health Hospital Medical Report. 43:45-47,2019	Kudo.A	Medical clinic
7]	Factors related to subjective well-being in home care patients with aftereffects of stroke	Journal of the Japanese Society for Medical Nursing Education. 28(1):1-10,2019	Yanagi.M	Nursing education institution
8]	The process of reconstructing the life of a family member with a stroke patient	Transactions of the Japanese Society of Nursing Science. 49:152-154,2019	Hoshi.T	Hospital
9]	Teaching medication to patients with complex communication difficulties due to motor aphasia and hearing loss	Tottori Clinical Medicine.9(2):116-119,2017	Arioka.Y	Medical Center
10]	Living conditions and thoughts of patients discharged home from Ward A and their primary caregivers	Kitami Red Cross Hospital Journal.6(1):22-26,2018	Endou.I	Hospital
11]	Short-term care facilities and home nursing establishment of a system for cooperation in end-of-life care	Journal of Akita Rural Medical Association. 60:6-10,2015	Dobashi.Y	Visiting nurse station
12]	A case study of home support for an elderly dialysis patient and her primary caregiver with mental illness	Journal of the Nagano Dialysis Research Society.39:88-90,2016	Yanagisawa.M	Hospital
13]	Effect of ward nurses' discharge support on chronic patients' recuperation post-discharge	Tohoku University Health Sciences Minutes.24(2):77-88,2015	Omori.Y	Administrative organ
14]	A review of literature on factors related to psychologic burden in caregivers of stroke patients identified via multivariate analysis	J,Jpn,Soc,Nurs.Health Care.16(2):6-14,2014	Ikenishi.K	Nursing education institution
15]	Insights from a case study of an elderly couple prevented from living apart	Okinawa Prefecture Nursing Research Society.30:9-12,2015	Ito.Y	Hospital
16]	The role of home-visit nurses in supporting home care	Best Nurse.26(7):66-68,2015	Ozawa.S	Visiting nurse station
17]	Through teaching the patient's family members who are caring for the patient for the first time	Kawasaki City Kawasaki Hospital Case Study.16:93-95,2014	Kato.R	Hospital
18]	Elderly PD patient with aphasia and dysphagia after stroke and full assistance	Kidney and Dialysis.77:93-94,2014	Noritsugu.M	Hospital
19]	The factors that influence where stroke patients with dysphagia should be released from the hospital	Bulletin of Ehime University of Medical Technology.9(1):11-16,2012	Nishimori.J	Nursing education institution
20]	Support for families tackling caregiving without quitting their jobs	Home Nursing and Care.18(8):657-661,2013	Sugimoto.M	Visiting nurse station
21]	Supporting home discharge of patients with various problems such as elderly care	Japan Society of Rehabilitation Nursing Academic Conference.24:163-165,2012	Iwasaki.Y	Rehabilitation Center

22]	Factors affecting home discharge of patients with feeding and swallowing disorders	Japan Society of Rehabilitation Nursing Academic Conference.24:102-105,2012	Nishimori.J	Nursing education institution
23]	A case report of homing care from long-term hospitalization	Medical Journal of Sunagawa City Hospital.22(1):111-113,2005	Sasaki.Y	Hospital
24]	The process of awareness development of disability among families who were providing care for patients with unilateral spatial neglect following cerebral stroke	Journal of the Japanese Society of Nursing Research.35(2):27-34,2012	Kuroda.M	Nursing education institution
25]	Assisted caring to support "living as one person".	Japan Society of Rehabilitation Nursing Academic Conference.23:166-169,2011	Fujiyama.T	Hospital
26]	Experiences of stroke patients' family members before discharge from convalescent rehabilitation wards	J Jpn Red Cross Soc Nurs Sci.11(2):21-28,2011	Hayashi.M	Nursing education institution
27]	Case reports and efforts to prevent disuse syndrome	Journal of the Japanese Association for Chronic Care.19(2):23-27,2011	Nakai.T	Hospital
28]	Survey of families of patients with higher-order brain dysfunction to understand disability	Japan Society of Rehabilitation Nursing Academic Conference.21:319-321,2009	Anami.C	Hospital
29]	Aiming to return home with elderly carers - What is needed in future community collaboration?	Japan Society of Rehabilitation Nursing Academic Conference.21:279-281,2009	Oda.K	Hospital
30]	The process of realizing home care for the wife of a first mild stroke patient who wishes to be cared for at home.	Journal of the Japanese Society of Emergency Nursing.11(1):12-22,2009	Hayashi.M	Nursing education institution
31]	Support for elderly patients and their families who have difficulty continuing care	Transactions of the Japanese Society of Nursing Science.39:60-62,2008	Yoshimura.M	Hospital
32]	Relationship between FIM assessment and discharge destination in a stroke recovery rehabilitation unit	Transactions of the Japanese Society of Nursing Science.39:6-8,2009	Narita.K	Stroke Center
33]	Approach to patients who were thought to be difficult to care for at home	International Journal of Rehabilitation Nursing.7(1):35-37,2008	Aliji.S	Rehabilitation Center
34]	The role of nursing care in the life situation of home stroke patients with higher cerebral dysfunction	Japan Society of Rehabilitation Nursing Academic Conference.20:49-51,2008	Miki.N	Hospital
35]	Analysis of factors contributing to prolonged hospitalization of stroke patients in remote islands	Goto Central Hospital Bulletin.10:61-64,2009	Kiyokawa.C	Hospital
36]	A case of home support for a patient with high medical dependency at the family's request	Transactions of the Japanese Society of Nursing Science.38:82-84,2008	Alhiru.H	Hospital
37]	Supports of elderly stroke survivors in need of nursing care and their families at home	Kochi Women's University Minutes.57:47-57,2008	Suidu.T	Nursing education institution
38]	Effective interventions for the discharge of patients on ventilators.	Transactions of the Japanese Society of	Morita.C	Hospital

		Nursing Science.38:14-16,2008		
39]	How patients and their families cope with the impact and changes in their lives caused by higher brain dysfunction as a sequela of stroke.	Journal of the Japanese Society for Neuroscience Nursing Research.30(1):93-96,2007	Toki.K	Nursing education institution
40]	Nursing challenges in tracking FIM in patients at home	Ajinkai Journal of Medical Research.39:134-136,2007	Uno.T	Hospital
41]	The changing housewife role and associated thoughts of stroke survivors.	Japanese Society of Rehabilitation Nursing.19:16-18,2007	Ishii.A	Nursing education institution
42]	Helping families with strong hospital dependency to leave hospital	Medical Journal of Aomori Kyoritsu Hospital.2:20-22,2006	Tanaka.M	Hospital
43]	Consideration of discharge support for patients requiring nursing care-Creation and use of discharge support systems-	Journal of the Akita Association of Rural Medicine.51(2):25-27,2006	Ogiwara.Y	Hospital
44]	Discharge destinations and associated factors for those who have difficulty in being discharged home from the regional core hospitals.	Bulletin of the Faculty of Health and Welfare, Okayama Prefectural University.12(1):11-20,2005	Katayama.Y	Nursing education institution
45]	Discharge planning process for patient and family to back home in the recovery rehabilitation ward	Journal of the Japanese Society for Nursing Research.29(1):97-105,2006	Ono.M	Nursing education institution
46]	Reliability and validity of the new assessment of the burden on caregivers (ABC-16) scale	Journal of the Japanese Geriatrics Society.42(2):209-213,2005	Iida.N	University Department of Sociology
47]	Health-related quality of life of carers of stroke patients at home	Stress science.18(3):137-143,2003	Kuroda.A	University of medical anthropology
48]	The impact of public long-term care insurance on the physical and psychological well-being of patients and the level of care burden on caregivers.	Bulletin of the Faculty of Health Sciences, Kobe University School of Medicine.19:15-25,2004	Kitahama.S	Rehabilitation colleges
49]	Research on the actual conditions of home care life and necessary assistance for patients with post-stroke sequelae.	Transactions of the Japanese Academy of Nursing.32:106-108,2001	Honda.F	Hospital
50]	Nursing care for elderly patients and their families to achieve discharge from hospital.	Clinical Nursing Care.29(2):282-286,2003	Amano.T	Hospital
51]	Care of an elderly stroke victim with post-operative delirium who self-injured her stoma	Journal of Tokai Stoma Rehabilitation Study Group.21(1):107-111,2001	Kamiya.N	Hospital
52]	Guidance for patients and families who are repeatedly admitted and discharged from hospital	Japanese Society of Rehabilitation. 12:144-146,2000	Tomihara.Y	Hospital
53]	Importance of family care-Through a case of advanced lung cancer with cerebral infarction and admission to the ICU-	Hospice and home care. 7(1):75-77,1999	Otsuka.C	Hospital
54]	Subjective well-being and family relationships of elderly stroke survivors at home	Tohoku Physiotherapy.11:22-26,1999	Kawaguchi.H	Health services facility
55]	Analysis of nursing care in the chronic phase of cerebrovascular disease-Through a case study of a patient with cerebral infarction home care-	Bulletin of the Junior College of Medical Technology, University of Tokushima. 6:123-130,1996	Ichihara.T	Nursing education institution

56]	Challenges for home nursing services and the roles of health workers, home nurses and home helpers	Bulletin of the Osaka College of Nursing.12(2):17-22,1990	Tsumura.C	University of Medicine and Public Health
57]	Analyses of factors affecting the change in ADL of post-infarct hemiplegic aged living at home	Jpn.Acad.Nurs.Sci.11(2): 44-54,1991	Fukaya.Y	Nursing education institution
58]	The reality of long-term care for the elderly with dementia and other conditions and measures to address them	St. Luke's Care University Minutes.13:22-36,1987	Iida. S	Nursing education institution

3.1 Characteristics of the Literature

During the 34-year period of interest, 52 (90%) of the studies were published after 2000. In total, 33 authors (57%) worked in medical institutions (e.g., hospitals, stroke

centers, and clinics), 20 authors (34%) worked in education institutions, 4 authors (7%) worked in visiting nurse stations, and 1 author (2%) worked in an administrative organization (see Table 2).

Table 2: Characteristics of literature n = 58		
1. Publication year	1) 1987~1999	6 (10%)
	2) 2000~2009	26 (45%)
	3) 2010~2021	26 (45%)
2. Affiliation of first author	1) Medical institution	33 (57%)
	2) Education institution	20 (34%)
	3) Visiting nurse station	4 (7%)
	4) Administrative organ	1 (2%)

3.2 Literature Content Analysis: Nursing Approach Toward Family Caregivers

From the 58 studies, 136 codes related to the nursing approach were extracted to assess family caregivers' abilities to care for

older patients with stroke at home. After a qualitative inductive analysis, the researchers classified the nursing approaches into two categories and five sub-categories (see Table 3 and Table 4).

Publication year of literature	Number of literature	Number of codes
1. 1987~1999	6	14
2. 2000~2009	26	64
3. 2010~2021	26	58

Categories	Sub-categories	Codes
1.[Get a good grasp of the family caregiving ability as one of the success factors for home care]	(1) Understand the high significance of existence of the family caregivers	Knowing the thoughts and feelings of families wishing to provide care at home (3)
		Knowing the Number of families and attribute of families providing care leading to living at home (8)
		Perceptions of family caregiving abilities needed for continued home care (12)
	(2) Recognize the need to maintain and improve good family relationships	Knowing the importance of relationships between older couples who care for each other with a sense of giving back and a strong sense of responsibility (4)
2.[Provide specific support to ensure family caregiving ability that lead to continued home care]	(1)Provide knowledge about illness and disability and teaching appropriate caregiving skills	Perceptions of the positive impact of caregiving families' confidence and satisfaction on the continuity of care at home (6)
		Awareness of the need for interventions to improve trust between family members as a basis for living at home (6)
	(2)Provide emotional support and decision-making support for family caregivers	Providing appropriate knowledge about the pathology, symptoms and problem behaviours of cerebrovascular disease (7)
		Guidance on specific care methods for family caregivers to ensure smooth and continuous care at home. (44)
		Reducing the anxiety of caregiving families so that they can continue to live at home with peace of mind for as long as possible (11)
		Decision-making support for home care in multidisciplinary cooperation with respect to values in line

		with the lives of elderly patients and family caregivers (6)
	(3)Ensure cooperation among multiple professions and effective use of social resources	Support for caregiving families at home through multidisciplinary cooperation and collaboration with other health facilities (16)
		Providing information on the health and welfare system and the use of social resources to reduce the burden on caregiving families (13)

3.2.1. Getting a good grasp of the family’s caregiving ability as one of the success factors for home care

This category consisted of two sub-categories based on 39 codes.

3.2.1.1 Understanding the high significance of the existence of family caregivers

This sub-category contained three codes. The first one was knowing the thoughts and feelings of families wishing to provide care at home. In a study about factors affecting home discharge of patients with feeding and swallowing disorders, it was indicated that a higher proportion of primary caregivers preferred home care and wished to be discharged home (Table 1).^[22] Furthermore, in another study, an older patient’s desire to live in his own familiar home and his daughter’s strong desire to provide home care enabled him to receive home care (Table 1).^[38] In a study with older carers, while providing discharge support to an elderly household with a patient with post-stroke sequelae and dementia, his wife’s desire to care for him at home was key to his discharge (Table 1).^[29] The second code was knowing the number of families and attributes of families providing care. In a survey conducted on home nursing services and the roles of both public health nurses and home care nurses, the results indicated that 43% of the respondents relied on their older spouses for home care (Table 1).^[56] In a survey based on factors related to the subjective well-being of older people during home care and in accordance with the presence or absence of posterior sequelae of a stroke, the morale score of the group with posterior sequelae was significantly higher for three- and two-generation households (Table 1).^[7] Factors related to discharge included the presence of one or more

caregiver or second caregiver as an indicator reflecting family caregiving ability (Table 1).^[33,36,44,55] The third code was perceptions of family caregiving abilities needed for continued home care. It is important to identify family caregiving strengths such as health status, caregiving burden, positive attitude, satisfaction, and affirmation in order to be able to provide continuous care (Table 1).^[1,34,46,47,52]

3.2.1.2 Recognize the need to maintain and improve good family relationships

This sub-category contained three codes. The first was knowing the importance of relationships between older couples who care for each other with a sense of giving back and a strong sense of responsibility. In a study of resilience in wives caring for older patients suffering from stroke, it was seen that wives looking after their husbands at home had a strong sense of responsibility (Table 1).^[2] In addition, the relationship between the elderly couple developed over a long period, and their shared life led to the continuation of home care (Table 1).^[21] In one study, specifically, the wife’s experience and wisdom in getting the hang of caregiving during the process of being responsible for caregiving at home helped the couple rebuild their relationship (Table 1).^[8] The second code was perceptions of the positive impact of caregiving families’ confidence in and satisfaction with the continuity of care at home. Families who received guidance during hospitalization not only experienced a reduction in anxiety but also gained an understanding of the patient’s self-care capabilities for home care (Table 1).^[25,40] The patients cared for by their second daughters became calmer and more responsive, displaying behaviors such as occasional nodding, which helped to increase the daughters’ confidence in

providing care at home (Table 1).^[42] Furthermore, in one study, the patient's increasing independence in activities of daily living (ADL) made her more prepared to review her role as a daughter-in-law and provide care (Table 1).^[50] The third code was awareness of the need for interventions to improve trust between family members as a basis for living at home. The importance of family acceptance is based on trust between the patient and their family (Table 1),^[41,53] and a good relationship with the family is necessary for patients' well-being (Table 1).^[54] Therefore, nursing intervention with a wife who spoke pessimistically about her husband showed a positive attitude towards home discharge (Table 1).^[27] In the process of assisting discharge, the nursing intervention was designed to keep the "sensitivity to family tension" capacity working at all times (Table 1).^[45]

3.2.2 Providing specific support to ensure the family's caregiving ability leads to continued home care

This category consists of three sub-categories based on 97 codes.

3.2.2.1 Providing knowledge about illness and disability and teaching appropriate care skills

This sub-category contained two codes. The first one was providing appropriate knowledge about the pathology, symptoms, and problem behaviors of cerebrovascular disease. Families caring for older patients suffering from stroke clearly lack knowledge of how to deal with mental symptoms and problem behaviors amidst uncertainty about illness and disability (Table 1).^[3,24,28,58] It is necessary to provide patients and their families with not only the necessary information and knowledge to return home but also with the appropriate skills required to address the anxiety factors of the family (Table 1).^[10,35] The second code was guidance on specific care methods for family caregivers to ensure smooth and continuous care at home. Discharge guidance to family caregivers was detailed,

such as positional changes, transfer, oral care, toilet care, and tube feeding management methods (Table 1).^[8,19,23,25] In addition, it was noted that early involvement is necessary for providing families with opportunities to observe rehabilitation and participate in care and effective implementation of overnight stays, to help them visualize life at home with a view to improving the patient's ADL, and to change their orientation (Table 1).^[17,26,30,32,35] It is also important to assess what the family is doing to build their confidence, including evaluating successes and discussing how situations could have been handled differently (Table 1).^[17,37] However, as the worsening of psychological burden on carers is associated with a decline in patients' ADL and cognitive function and a deterioration in carers' own health, support towards the realization of home care using a disability acceptance model is needed (Table 1).^[14,39] Furthermore, there was a lot of ongoing involvement with the caregiving family as post-discharge support, with an emphasis on their quality of life such as regular telephone consultations to resolve family problems and gaining a sense of security through improved communication with patient (Table 1).^[9,26,31,49] The ability to continue living at home was attributed to the family's willingness to acquire new techniques related to care (Table 1).^[18] Patients' ADL improved after discharge from the hospital when family caregivers showed appropriate caring behaviors (Table 1).^[57] Families who received guidance were able to realize the benefits of caregiving and were able to broaden their care without strain (Table 1).^[31]

3.2.2.2 Providing emotional and decision-making support to family caregivers

This sub-category contained two codes. The first one was reducing the anxiety of caregiving families so that patients could continue to live at home with peace of mind for as long as possible. In order to ensure that the patient could be cared for at home, the family's thoughts about discharge were

listened to and anxiety factors were identified from the time of admission (Table 1).^[10,15,17,26] In addition, informing families about the exchange of information using contact notes and providing them with a place to consult after discharge was helpful in reassuring them that they could provide care at home (Table 1).^[13,25] Ultimately, working alongside the patient's family and having the same goals facilitated discharge coordination (Table 1).^[23,43] The second code was decision-making support for home care in multidisciplinary cooperation with respect to values in line with the lives of older patients and family caregivers. Understanding the fluctuating emotions of the caregiving family and the complex and changing decision-making process, a shift to a less overwhelming method for the patient's family was implemented, and interventions were proactively implemented at the right time (Table 1).^[4,45] In decision-making support related to treatment choice, discussions with multidisciplinary home care providers were effective in respecting values that were relevant to the patient's and family's life; for example, the patient and family decided not to have dialysis (Table 1)^[5] or that the family decided not to prolong life, resuscitate, and so on. (Table 1).^[53]

3.2.2.3 Ensuring cooperation among multiple professions and using social resources effectively

This sub-category contained two codes. The first one was support for caregiving families at home through multidisciplinary cooperation and collaboration with other health facilities. The fact that each professional (e.g., private clinicians, nurses, medical social workers, care manager helpers) understood the other's role and that they were able to work side by side in the same position led to the continuation of home care and dialysis hospital visit (Table 1).^[11,12] In cooperation with the Department of Psychiatry, the burden on caregivers' families was reduced by holding conferences with other professionals (Table

1).^[6] Team-based home health care nursing also provided support to families who were able to address their caregiving needs without quitting their jobs (Table 1).^[20] Moreover, home care nurses realized that it was important for the entire team, especially the family, to engage in advance care planning (ACP) with end-of-life conditions in mind (Table 1).^[16] The second code was providing information on the health and welfare system and the use of social resources to reduce the burden on caregiving families. Early explanations about the long-term care insurance system and the use of social resources that take into account the environment at home led to a reduction in the burden on caregivers and the acquisition of a sense of well-being for the patients, which enabled them to continue living at home (Table 1).^[21,43,51,54] Caregivers using long-term care insurance services showed significantly greater psychological improvement in gaining a sense of security than non-users of such services (Table 1).^[48]

4. DISCUSSION

An analysis of 34 years of literature revealed that nursing support for caregiving families leads to continued home care for older patients who experienced a stroke. First, the literature characteristics indicated that the oldest literature was published in 1987. This was thought to reflect the history of the home-visit nursing system in response to social conditions. In Japan, the need for a home-visit nursing system was emphasized in 1987, and a home-visit nursing system for the elderly was legislated in 1992; in 1994, the Health Insurance Law was revised to create a home-visit nursing system for all persons.^[9-10] And then, an increase in the number of studies after implementation of the long-term care insurance system in 2000, especially after 2007, suggests a growing scholarly interest in families caring for older family caregivers due to the emergence of the world's first super-aged society, and further suggests that nursing is expected to play a role in ensuring that

family caregivers can provide effective care.^[11] In addition, as the community-based integrated care system was deepened and strengthened since 2018, there is greater need for family caregivers to help older adults continue to live at home.^[12] The most common affiliation of the first author was a hospital, indicating that a nursing approach of providing discharge support for family caregivers leading to home discharge was implemented actively.

Also, the study showed that the nursing approach to ensuring family caregiving ability resulted in a greater number of new codes as the years passed, and that the content of these codes tended to be more practical, social, and professional, including understanding the situation of the caring family, education and guidance on care techniques, decision-making support, intervention through multidisciplinary collaboration and provision of information for utilization of social resources, which lead to an uninterrupted life from the hospital to home and continued living at home.

Through a review of previous studies, two nursing approaches to ensuring family caregiving capacity were identified. Among these, “Guidance on specific care methods for family caregivers to ensure smooth and continuous care at home” was found to have the greatest weight, consisting of 44 codes. Thus, it can be said that teaching specific caregiving methods to family caregivers was considered important as a nursing intervention. By contrast, the number of codes capturing “Knowing the thoughts and feelings of families wishing to provide care at home” was the lowest. This suggests that listening to a family member’s feelings and understanding their needs may be more of a challenge. In caring for older adults, it is important to confirm patients’ wishes, including how they want to spend their final days. In recent years, with the promotion of home care in the community and the increasing number of older adults choosing their home as their final place of residence, there will be more opportunities to promote

ACP with a medical and care team in the home.^[13] At the same time, Nagano et al. argue that healthcare professionals involved in home healthcare need to understand the need to perform ACP and participate in the process of determining medical care that matches the values and wishes of the patient and family.^[14] Therefore, nursing intervention that respects the wishes of patients and their families is critical to enable older patients to remain at home as long as possible.

In a study of the influence of relevant factors among the structural factors associated with care capacity on the sense of care burden of family caregivers, the “capacity to see care positively”, “practical care skills” and the “capacity to utilize the assistance of others” were extracted as family caregiving abilities that lead to continuous caregiving performance.^[15] A conceptual analysis of the concept of transitional care for older adults suggested the following elements: “team care with collaboration among various professions”, “utilization of the strengths of older adults and family”, “comprehensive and integrated care” and “decision-making support for older adults and family”^[16] These results are consistent with those of this study.

Moreover, there were also suggestions from several studies to ensure family caregiving capacity through nursing approach. In a study with caregivers, three months after a patient had a stroke, identifying potential family caregivers during hospitalization and providing information on existing support programs for them was found to be important.^[17] Another study found that the nursing intervention allowed family caregivers to have hope in the face of adversity, to cope with difficulties with a “positive attitude unaffected by the swing of symptoms” and to “flexibly draw out the family’s strengths” that they had developed in their life together.^[18] Furthermore, home health nurses understood the problems faced by the families and their ability to overcome them, and worked in various ways to empower these families and improve their

caregiving abilities.^[19] However, because of caregiver abuse due to caregiver fatigue, we believe that professionals from diverse bases should continue to have a multifaceted view of patients and caregivers, explore the possibilities of support from various perspectives, and practice a seamless team approach while seeking consensus, which is the first step to prevent abuse by caregivers.^[20-21] These can improve caregiving family abilities needed to enable older patients suffering from stroke to continue to live safely and peacefully at home.

5. CONCLUSIONS

Through a literature review, the nursing approaches to ensure family caregiving ability for families caring for older patients suffering from stroke at home were identified. Getting a good grasp of the family caregiving ability as one of the success factors for home care, understanding the high significance of existence of the family caregivers, and recognizing the need to maintain and improve good family relationships are crucial. Moreover, providing specific support to ensure family caregiving ability, providing knowledge about illness and disability, teaching appropriate caregiving skills, providing emotional and decision-making support for family caregivers, and ensuring cooperation among multiple professions and effective use of social resources were important as well. As the need for home care increases in response to social conditions, a nursing approach to ensure family caregiving ability that improves the quality of life of older adults at home is required.

Declaration by Authors

Ethical Approval: Not Applicable

Acknowledgement: None

Source of Funding: This research was supported by the Japan Society for the Promotion of Science (KAKENHI, No.19K11198).

Conflict of Interest: The authors declare no conflict of interest.

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How to cite this article: Pingping Zhang, Masako Yano. A nursing approach toward family caregivers of older patients suffering from stroke at home. *International Journal of Science & Healthcare Research.* 2023; 8(2): 39-50.
DOI: <https://doi.org/10.52403/ijshr.20230205>
