Background

- Stroke recovery is long-term and demanding. It is important to optimise stroke survivors’ capability to manage their own health after stroke.
- Self-management refers to an individual’s active participation in managing their symptoms, treatment, physical and psychosocial impact consequent to a chronic illness (Barlow et al., 2002).
- Previous systematic reviews showed potential benefits of self-management programs.
- Designing these programs based on a theory is important to enable more systematic development and implementation, and to inform the selection of outcome indicators. It also helps predicting and explaining the mechanism of change in target behaviours or the relationship between the interventions and outcomes (Craig et al., 2008).

Methods

The development of the program is divided into two phases.

Phase I: Conduct of a systematic review

- To assess the best available research evidence regarding the effectiveness of community-based stroke self-management programs underpinned by a theoretical framework.
- All randomised controlled trials (RCTs) examining effectiveness of a theory-based stroke self-management program for community-dwelling adult stroke survivors were included.
- A three-step approach was adopted to identify all relevant published and unpublished studies in English or Chinese.

Phase II: Development of a stroke self-management program

- To develop a theory-based nurse-led stroke self-management program for community-dwelling stroke survivors based on the review findings.

Results

Phase I: Results of the systematic review

- Three RCTs (n=306 community-dwelling stroke survivors) published in English were based, self-efficacy enhancing stroke self-management program for community-dwelling stroke survivors and one in the US (Lo et al., 2013).
- The results showed that Bandura’s self-efficacy theory was adopted in the three studies to underpin the stroke self-management programs.
- Significant improvement in quality of life and self-efficacy among stroke survivors after receiving the program was reported.
- However some of the included studies did not measure stroke survivors’ changes in self-efficacy.
- Description about strategies to enhance stroke survivors’ self-efficacy in performing stroke self-management behaviours were limited.

Phase II: Development of a stroke self-management program

- The program is designed based on Bandura’s self-efficacy and management programs underpinned by a theoretical framework.
- All randomised controlled trials (RCTs) examining effectiveness of a theory-based stroke self-management program for community-dwelling adult stroke survivors were included.
- A three-step approach was adopted to identify all relevant published and unpublished studies in English or Chinese.

Aim

The aim of this paper is to illustrate the design and development of a nurse-led, evidence-based, self-efficacy enhancing stroke self-management program for community-dwelling stroke survivors.

Methods

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Phase II: Development of a stroke self-management program

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Figure 3. Elements of effective stroke self-management

- Video clips about experience sharing by 15 stroke survivors who have successfully managed their condition post-stroke have been developed to provide vicarious experience (Figure 4).
- Stroke survivors’ outcome expectation of performing stroke self-management behaviours will be assessed to tailor-make the strategies to enhance their participation in self-management.

Selected video contents

- Getting goals - Enhancing confidence
- ‘How you perceive things will determine the level of performance that you can attain’; ‘Never give up’, he had a stroke when he was young, he faces his stroke positively.
- He sets goals for himself every week. He sees his improvement gradually, and his confidence is enhanced.

Discussion and Conclusion

- A prospective, single-blinded, randomised controlled trial will be conducted to evaluate the effectiveness of the new stroke self-management program on promoting recovery of Chinese community-dwelling stroke survivors.
- The primary outcomes include self-efficacy and outcome expectation of participating in stroke self-management behaviours.
- The secondary outcomes include level of participation in stroke self-management behaviours, health-related quality of life, depressive symptoms, and community reintegration.

Figure 4. Examples of video snapshots

- A program booklet has been developed to supplement the program (Figure 5).

Figure 5. Contents of the program brochure

- Written sharing by stroke survivors
- Introduction about the videos
- Record of the goal and action plans developed
- Written sharing by stroke survivors

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References