



Introduction

- Stroke is a family event, causing a wide range of physical, psychological and social consequences that involves adaptation of social and family roles (Burton, 2000)
- 450,000 people live with the consequences of stroke, and is the single largest cause of disability needing assistance with daily living activities. Stroke care costs the NHS about £2.8 billion a year in direct care costs – more than the cost of treating coronary heart disease – and costs the wider economy some £1.8 billion more in lost productivity and disability (National Audit Office, 2005)
- Nearly 90% of stroke care is provided by family or friends, and the annual informal care costs are around £2.4 billion.
- A recent national survey of stroke services has indicated that there are fundamental challenges for family involvement (Picker Institute 2006)
- 30% of family carers receive inadequate information
- Nearly 41% of patients said they had not received enough help and support with emotional issues that affected them since leaving hospital
- AIM: The aim of this study is to examine the impact of stroke on marital relationship functioning.

Conceptual Framework

- The physical and mental health protection effects of close, personal relationships within the context of marriage have been widely documented (Kiecolt-Glaser & Newton, 2001)
- Benefits appear to be significantly greater for men than women.
- Conversely, if long-term relationships facilitate the health of both partners, then the strain on marital functioning through a health catastrophe such as stroke may compound the consequences of the disease.
- A lack of family engagement can upset the rehabilitation process leading to long-term hospitalization and poor outcome.

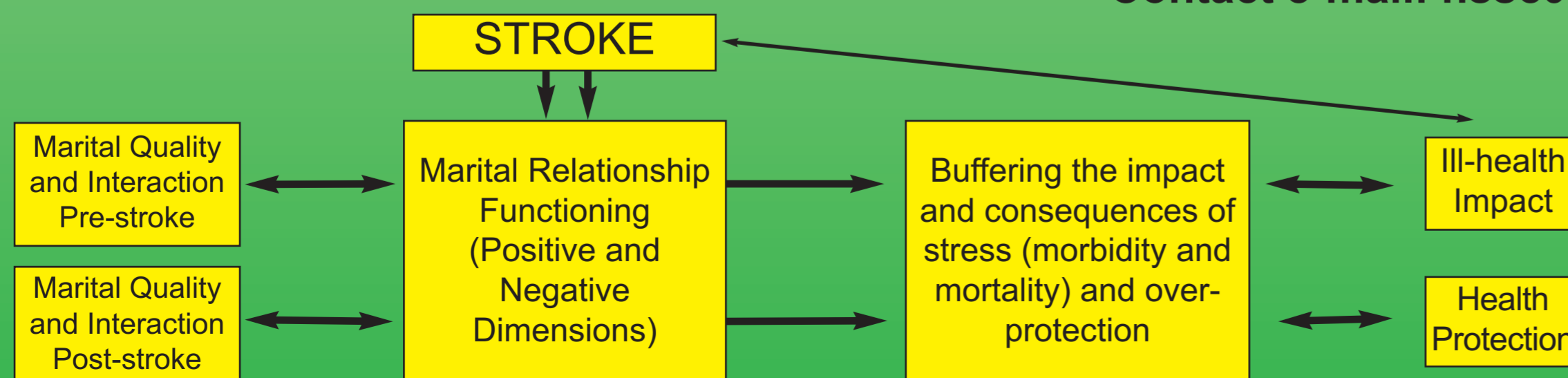


Figure 1: Conceptual Framework of Marital Relationships Post-stroke (based on Kiecolt-Glaser & Newton, 2001)

STROKE

A

FAMILY AFFAIR

Study Design

- Qualitative Interviews with 12 couples in their homes, 6 months post stroke
- Face-to-face interviews based on the McMaster Family Assessment Device [FAD] (Epstein et al 1993).
- The following 6 dimensions have been identified and consistently linked with healthy family functioning:
 - problem-solving
 - communications
 - family roles
 - affective responsiveness
 - affective involvement, and
 - behaviour control
- The interviews could be described as sensitive

Further Progress as a result of the First-into-Research Support

Welsh Assembly Government Social Care Studentship Award
2010 – 2013

‘Supporting Families Affected by Stroke’
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Conclusion

- To date 5 couples have been interviewed and a preliminary analysis using ATLAS.ti has been conducted.
- Following each interview a detailed de-brief was completed to record personal thoughts about the interview using Spradley’s Domain Analysis (positional reflexivity)
- Initial judgments from the data do point to emotional and relationship issues in stroke survivors and their spouses six months post-stroke, which is inadequately addressed by health and social care services
- There are unresolved emotional issues which do impact on the health of both stroke survivor and family carer, even if the physical and/or cognitive impairment is not regarded as medically severe.

References:

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An Exploratory Study Examining the Impact of Stroke on Spousal Relationships



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