Nursing Stroke Patients in Greece in Austerity Times

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Abstract

One of the most demanding roles in nursing is that of the stroke specialist. Yet in Greece the average nurse often has to cope with these complex patient cases without the specialist expertise. A resume of the most recent essential evidence-based nursing interventions for stroke is provided as a means to empower both the specialist and non-specialist nurse. Discussion points include the extended role of the stroke nurse, present shortcomings, and the serious threat to our health care system due to prolonged austerity measures. Overall, it is vital that nurses in Greece retain a good grasp of the essential nursing skills required to deal confidently and effectively with stroke patients and families. This would ensure that the current financial crisis has not turned into a humanitarian one.

Key words: Stroke, nursing, austerity

Introduction

Contemporary stroke care in Greece is diverse and routinely assigned to neurological or medical wards. However, some attempts have been made to reach a degree of specialisation in stroke bays (SBs). The two SBs in Greece are situated only in the cities of Athens and Thessaloniki, hence the vast majority of patients are still admitted to neurology or medical wards (Rudolf et al., (2011).

For Greece, information on incidence of stroke and distribution of type of stroke was first collected in 1993 and published a few years afterwards Vemmos et al., (2000). Since then stroke studies have been rare, with publications to the international literature not exceeding a dozen. Gaps in the Greek literature and international literature include almost all aspects of stroke in the Greek population.

Thus, there is need for epidemiological studies to determine contemporary incidence and prevalence rates, sub-types of stroke and death rates, risk factors and prevention policies, rehabilitation services in terms of access costs and efficacy, studies examining the advantages and disadvantages of each ward type caring for stroke patients in terms of patients' progress, clinical outcomes and nursing care implications as well as studies exploring the attitudes and approaches of staff to stroke care to name a few.

Nursing care for stroke patients

Nurses caring for stroke patients in Greece face a number of unusual challenges especially for the uninitiated newly graduated nurse. Greece is the only country known to have a rota-system for hospital admissions. Although most Greeks are familiar with this arrangement whereby a patient, attending the Accident & Emergencies department, is admitted only to the hospital on duty, for stroke patients this can be a great disadvantage. Not all hospitals offer a high standard service for stroke treatment and those that do may not be on-call on the day a stroke strikes a patient. This puts a particular burden on nurses and requires you as a nurse to have the training and skills of a stroke specialist nurse. This is simple unattainable under the present economic restraints placed on Greece whereby nurses more than often have to cope with staff shortages.

When nursing a stroke patient, strong evidenced based recommendations i.e. Class I, Level A or B should be adhered to by nurses delivering routine care. To date, these include:

- Adequate training in the use of a validated stroke scale in order to assess accurately the patient's neurological state from admission to discharge.

- Blood pressure should be checked regularly, monitoring for systolic and diastolic BP exceeding >185mm Hg and >110mm Hg respectively.

- Patient's temperature should be monitored and chartered every four hours for first 72 hours and if ≥37.5º C, treated with paracetamol. Managed aggressively if >37.5º C.

- Glucose should also be monitored frequently in order to maintain normoglycaemia.

- Patients should be encouraged to sit upwards and to mobilize as soon as possible after the event. Early mobilisation is recommended to prevent complications such as aspiration pneumonia, Deep Vein Thrombosis and pressure ulcers

- Patients should remain nil by mouth until swallowing is assessed, including no oral medication. Early swallowing assessment should include the use of a standardised tool within 24 hours of admission.

- Oral dietary supplements are only recommended for non-dysphagic stroke patients who are malnourished.

- Assessment of bladder function should include monitoring of urinary retention via a bladder scanner or an in/out catheterisation and the recording of urinary frequency, volume, control and presence of dysuria.

- Frequent assessment of bowel function to determine persistent constipation or bowel incontinence.

- Active care management programmes should include patient education and ongoing monitoring which enhances the effectiveness of pharmacological treatments for post-stroke depression.

- Assessing for early signs of depression followed by appropriate treatment is associated with improved functional recovery among stroke survivors.

Those nursing stroke should be aware of some simple observations that can be easily overlooked, such as the importance of noticing when patients' are unable to swallow safely. Bouziana & Tziomalos (2011) argue that early recognition of malnutrition is crucial but is hampered by the absence of valid markers of malnutrition. Moreover, Greek nurses are not adequately trained and not always expected to notice swallowing problems. This is particularly important as malnutrition is associated with poor outcome in these patients (Prosser-Loose et al., 2011; Yoo et al., 2008). Instead, in patients with severe dysphagia there seems to be an overuse and unnecessarily prolonged use of alternative nutrition with a nasogastric tube or percutaneous endoscopic gastrostomy being the treatments of choice (Scharver et al., 2009).

The European economic crisis has been forcing policy makers to reassess health-care expenditure, and in many countries strict austerity measures on health expenditure have been implemented. In Greece, for example, hospital budgets were expected to be reduced by about 40%. Furthermore, and as with any cost-cutting measures in health care systems, the burden of austerity initially affects health care personnel and results in 'skeleton' staff.

However, focused nursing education, training and evidence-based knowledge updates are key attributes that enable neurological nurse specialists to provide optimum care (Christodoulou, 2012). In Greece, nurses tend to form closer relationships with stroke patients and their families. In this respect, nursing roles in team care may inspire and influence improved quality and continuity of care.

Routine stroke care should include valid assessments and systematic use of stroke scales. Yet, stroke care nurses around the world have been raising concerns about the use of assessment tools in stroke care which they find troublesome and time-consuming. There have been suggestions on the use of "slimer" alternative scales. Yet according to Nye et al., (2012) nurses in sophisticated health care systems should be

using customized versions of the NIHSS would provide the best alternative for detecting neurological change in a time-sensitive manner. This is particularly true for the Glasgow Coma Scale which if not used properly, substantially decreases the value of a structured neurological assessment, particularly in patients with low National Institutes of Health Stroke Scale scores (Aquilani et al., 2011; Summers et al., 2009).

However, this debate is far from current Greek clinical nursing care routinely delivered for stroke whereby scales are rarely used to assess or evaluate patient's state and outcomes.

Conclusions

As a general rule of thumb, one third of stroke patients will die within a week, one third will survive with considerable disability and the rest will go home unaided. Yet, the input of early sophisticated interventions and care are crucial as optimum statistics in stroke outcomes can be achieved. In this context, specialized and dedicated nursing is a valuable for improved patient outcomes.

Experienced specialist stroke nurses are a repository of knowledge within the multidisciplinary care team. They should be viewed not only as care providers but as an educational resource for all hospital staff. Given the appropriate training and education, stroke nurses in Greece could practice skills to identify psychological, social, and cultural needs of the stroke patient and their families.

Neurological nurses can not only help to streamline patient care, but also educate patients and families about specific stroke related disorders and in many cases prevent unnecessary hospital readmissions. In this respect, cuts to stroke specialist services could be costly.

It is therefore vital that all nurses in Greece have a good grasp of the essential nursing skills required to handle stroke events in order to ensure that as many stroke victims as possible have an improved chance of recovery and degree of independence.

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