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Exploration of Illness Representation Dimensions and Coping Strategies in the Acute Phase of Stroke

Introduction

Rapid comprehensive assessment and treatment of stroke, including the commencement of rehabilitation in the hyper acute phase has positively impacted on patient outcomes (Brooke et al. 2010; Cohen et al. 2010). The Common Sense Model of Self-Regulation identifies Illness Representation Dimensions (IRD), which impact on coping strategies and health outcomes (Leventhal, Meyer and Nerenz 1980). However, IRD have not been explored in the hyper acute phase of stroke since the development of stroke as a medical emergency.

Aim

The exploration of IRD and coping strategies within the first 10 days following an acute stroke.

Methods

Data were collected from a purposive sample (n=6) from a London Acute Stroke Unit. Semi-structured interviews, based on an interview schedule developed from published literature, a clinical nurse specialist and a stroke patient, were completed during October – December 2012. Thematic analysis was then completed.

Results

All participants spoke about their experience of stroke using the IRD of identity, consequences and control/cure, two participants referred to a timeline of the impact of their stroke, one participant actively searched for the cause of their stroke. Four participant applied problem-focused strategies, which included active involvement in rehabilitation, and two participants applied emotion-focused coping and discussed the futility of the rehabilitation process.

Discussion

Illness representation dimensions, problem-focused and emotion-focused coping strategies were identified in the hyper acute phase of stroke. Healthcare professionals need to understand these constructs in order to support patients in cognitively processing their stroke and identifying patients who are developing emotion-focused strategies that may negatively impact on their rehabilitation progress.