

**VISOKA ZDRAVSTVENA ŠOLA V CELJU**

**DIPLOMSKO DELO**

**VPLIV ČUSTEV NA KAKOVOST ŽIVLJENJA PACIENTOV PO  
MOŽGANSKI KAPI NA REHABILITACIJI**

**IMPACT OF EMOTIONS ON QUALITY OF THE LIVING OF THE  
PATIENTS AFTER THE STROKE ON REHABILITATION**

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## POVZETEK

**Uvod:** Čustva vplivajo na kakovost življenja pacienta, posebej v času rehabilitacije, ko mora biti pacient čustveno in mentalno stabilen. Premagovanje in prepoznavanje negativnih čustev in duševnih sprememb je velikega pomena, saj lahko oboje vpliva na uspešnost rehabilitacije, posledično pa na kakovost življenja pacienta. Z raziskavo smo želeli ugotoviti, kako čustva vplivajo na kakovost življenja pacienta na rehabilitaciji, katera pozitivna in negativna čustva so najbolj prisotna pri pacientu po možganski kapi, na kakšne načine pacienti premagujejo negativna čustva in spremembe v duševnosti in s katerimi posledicami se pacienti na rehabilitaciji najtežje soočajo.

**Metoda:** Uporabili smo kvalitativno metodo raziskovanja, metodo utemeljene teorije. Instrument raziskave je bil polstrukturiran intervju s 14 vprašanji. Vprašanja za intervju smo oblikovali na osnovi pregleda literature. Uporabili smo neslučajnostni, namenski vzorec. V intervjuju je sodelovalo pet pacientov po možganski kapi na rehabilitaciji, ki so izpolnjevali vnaprej postavljena vključitvena merila: bili so starejši od 40 let, prvič so preboleli možgansko kap, takoj po bolnišničnem zdravljenju so bili premeščeni v zdravilišče in bili so zmožni verbalnega komuniciranja. Vsi intervjuvani so podali informirano soglasje k sodelovanju v raziskavi.

**Rezultati:** Kvalitativna analiza besedila je pokazala, da se je življenje intervjuvanim pacientom po možganski kapi zelo spremenilo. Vsi pacienti so mnenja, da sta po možganski kapi najpogosteje prisotna žalost in strah. Skrbi jih, kaj bo z njimi v prihodnosti. Dva pacienta sta pozitivna glede zdravljenja, trije pa zaradi večjih posledic možganske kapi ne morejo odmisлити negativnih čustev, katera tudi slabše vplivajo na uspešnost rehabilitacije in izboljšano kakovost življenja.

**Razprava in sklep:** Ugotavljamo, da sta pri pacientih najbolj prisotna strah in žalost, kar posledično vpliva na nižjo kakovost življenja in uspešnost rehabilitacije pacienta. Za dvig kakovosti življenja in uspešnost rehabilitacije je odgovoren tudi pacient sam, ki zna prepoznati in sprejeti posledice možganske kapi, ter negovalni in rehabilitacijski tim. Pomembno vlogo imajo tudi svojci, ki so v času rehabilitacije pacientu v veliko oporo in pomoč. Vloga medicinskih sester je, da od pacienta s svojim znanjem in strokovnostjo pridobijo njegovo zaupanje, ga znajo poslušati in slišati ter jim pomagati izboljšati njegovo kakovost življenja v času bivanja na rehabilitaciji ter po njej, za kar pa je pomembno vseživljenjsko izobraževanje in strokovno izpopolnjevanje, ki s pomočjo zdravstveno vzgojnega dela izobražuje in pomaga pacientom in njihovim svojcem.

**Ključne besede:** možganska kap, kakovost življenja, rehabilitacija, čustva, pacient.

## SUMMARY

**Introduction:** A patient's life may be affected by emotions, in particularly within the course of his rehabilitation in which the patient should be both emotionally as well as mentally stable. Undoubtedly, the identification of negative emotions and emotional modifications and fighting with against them may be considered to be of a great importance, since the rehabilitation itself might suffer from their influence to a certain point, which consequently reflects on the quality of a patient's life. The research was oriented towards facts of feelings possibly affecting the patient's life in the phase of rehabilitation, which positive and negative emotions are considered the most common in case of a brain stroke, the patients' modes of fighting against negative emotions, the eventual changes of the patient's psyche, and which consequences make patients find most difficult to overcome during rehabilitation.

**Methods:** The method of grounded theory, a qualitative research method was involved. The research instrument was a 14-questions semi-structured interview, based on the literature overview. Furthermore, a non-fortuitous, purposive pattern was also involved. Five after-brain stroke survivors in the phase of rehabilitation took part in the interview, and were previously considered to match the take-in-part measures: aged over 40s, had their first experience with the stroke, were taken to the rehabilitation centre soon after being released from hospital, and were able to run a verbal communication. All of them granted their consent to be the part of the research.

**Results:** The qualitative text analysis proved the stroke survivors' life to have been suffering intensive modifications. The patients agreed upon sadness and fear to have been the most commonly present emotions. They got concerned about their future life. Two patients estimated the process of recovery to have been positive, while three patients suffering severe brain stroke consequences found it impossible to brush negative emotions aside, which at the same time have no beneficial contribution to a successful rehabilitation and contribution to the life quality improvement.

**Discussion and conclusion:** Fear and sadness are realised to be the most persistent emotions with the brain stroke survivors, and may have a serious effect on lowering the patient's life quality and successful rehabilitation, thus putting also the patient into the positions of self-responsibility for the upgrading of the life quality unless the patient is not able to identify and accept both the consequences of the stroke, and the rehabilitation work-team. In the course of rehabilitation, also the relatives may play an important role encouraging and supporting the survivor. Thanks to their knowledge and professionalism, nurses could gain the patient's faith by listening to him and hearing his words, and can help him rise the quality of his life during the rehabilitation and after its termination. For this reason, the importance of lifelong education and professional upgrading are more or less obvious, which can hand in hand with health-educational process be beneficial for patients and their relatives.

**Key words:** stroke, life quality, rehabilitation, emotions, patient