

02

Care fosters a sense of belonging and connection



PEOPLE FEEL COMFORTABLE IN THE PHYSICAL ENVIRONMENT OF CARE, FEELING WELCOME IN THERAPEUTIC SPACES THAT ARE DESIGNED FOR THEM.

PEOPLE ARE CONNECTED WITH OTHERS WITH STROKE, BUILDING RELATIONSHIPS WITH OTHERS LIKE THEM, NAVIGATING SIMILAR EXPERIENCES.

Introduction

Care fosters a sense of belonging and connection

"The time in hospital, you actually kind of built up a whānau there."

Person with stroke, Māori

A sense of belonging and connection appears invaluable for people with stroke. It involves a sense of physical belonging - where people are comfortable in the spaces of stroke care - and a sense of relational belonging - where people are connected with others like them, navigating similar experiences.

When this aspect of care is working well services provide welcoming, comfortable and age-appropriate environments for people with stroke. Timely transfers to stroke specific care, and minimising the frequency with which people are moved between services can support a sense of belonging. Services offer people with stroke and whānau facilitated connections with others, for example through peer support or community groups, or simply through introductions on the ward. Connecting with other people with stroke can help people navigate life after stroke, support them to recognise their strengths, and help them maintain hope for the future. It can also provide an opportunity to support others, a critical component of well-being. Whānau Māori are offered connections with other whānau Māori. Services create space for people with stroke and whānau to draw on supports outside of formal services that provide a wider sense of connection and belonging that can last long-term.

Fostering belonging and connections

An example of a positive approach to fostering a sense of belonging and connection

For Wiremu, well-being is holistic. It includes wairua, his identity as Māori, and social connection. He attends a gym where there is a strong focus on social connection and participating in the community, as well as having the opportunity for physical exercise. This has been hugely influential in his recovery.

“Those social aspects of your life are included in every... I mean the physical part is one thing but the wairua stuff we get when we go there and bullshit each other and challenge each other to achieving things. But then they help you step back out into the community by doing things that you may or may not have done before. So, they went fishing just recently. We just do different things, we go for a picnic or a barbeque somewhere and those, you know, things that you kind of have started to exclude out of your life because you can't do them, yourself anyway.”

The gym has provided a connection with others who are also navigating the impacts of stroke and other forms of brain injury. This has given Wiremu a sense of belonging, an ongoing connection with the stroke whānau he built on the hospital ward. It has also presented an opportunity to support others.

“Going to the gym and it's set up around people similar to me. The ones who were in the hospital were also going to the gym because we let each other know that it existed and then how to access funding for it and that sort of stuff. So, having that component was a big part of it because it meant that you didn't get dumped out of hospital and suddenly, you're alone again. Because the time in hospital, you actually kind of built up a whānau there and then to step away from that, you're totally isolated again.”

The focus not only on physical recovery, but social connection and community participation has been healing for Wiremu.

“Being able to participate in those things helps with your wairua and...your inner battery, it charges your battery...It doesn't mean that you're gonna be a rocket scientist again, but it allows you to participate.”

Wiremu's sister agrees.

“They don't have to put lycra on, they would just go along in whatever they were comfy in...Like it's a very sociable sporty, it's actually really nice. Like I can call in there [and say] “Yeah yeah I've come to make sure you guys are working properly!” You know? It's just a family, it's a very much a family feel to it.”

Recommended actions

- Services provide a welcoming, age-appropriate environment for people with stroke.
- Staff welcome people and their whānau into comfortable and inviting therapeutic spaces.
- People see themselves reflected in the environment around them.
- Te ao Māori is reflected in the physical service environment and in care practices and processes.
- Healthcare professionals minimise the frequency with which people are moved between services.
- People are offered facilitated connections with others impacted by stroke, for example through peer support or community groups, or simply through introductions on the ward.
- Whānau Māori are offered a connection with other whānau.

Fostering belonging and connections



“

"The community team ended up getting another one of their clients, because he was a young guy like my husband, similar stories, and they had their gym sessions together. And that was good for him because he needs to see people and it's always good for him to chat to someone that kind of understands, they've lived similar things, frustrations and that."

Family member, Pākehā

“

My mates from hospital. They're like whānau to me... Cause you know, we've been there...it made me feel like it's not just me...I'm one of the many."

Person with stroke, Māori

“

"It's lots of fun when we're together because we acknowledge each other's confusion sometimes, but we don't have to justify it. You know, we just sit there and crack up and laugh and it's fun and I think that's the healing part for me personally, so I don't have to justify and explain myself. That's the part that's really really healing."

Person with stroke, Māori

Fostering belonging and connections

What people described when they perceived they did not belong, or did not connect with others with stroke:

- People with stroke do not have a welcoming physical space where they can feel settled.
- There is little reflection of te ao Māori in clinical spaces.
- The environment is confronting or isolating, where there is little in common with others.
- People are frequently transferred between services.
- Care feels like a 'one size fits all' approach.
- There are few opportunities to connect with others impacted by stroke.
- Whānau Māori feel isolated with little connection to other whānau within the service.

“

"It was just after hearing that I'd had a stroke and I thought, just to have, it was frustrating the fact that, I think it was just there wasn't a room, I didn't have a room to myself and a sense of belonging...I thought am I just an 'assessment'?"

Pacific person with stroke

“All of them that I was with at the hospital when I was doing the painting therapy thing had all had some sort of brain operation or something that happened, but they were all Pākehā and we're just different, you know, and while I enjoyed it, it was funny. I don't know how to explain it."

Person with stroke, Māori

”

Fostering belonging and connections

An example of where there were missed opportunities to foster a sense of belonging and connections with others with stroke

When Peter had a stroke, he spent several days in the assessment unit of the hospital before being admitted to a ward. While he understood this was due to the capacity of the ward, he couldn't help but feel unimportant and excluded from care.

"It was just after hearing that I'd had a stroke, and I thought, just to have... I think it was just there wasn't a room, I didn't have a room to myself and a sense of belonging...I thought am I just an 'assessment'?"

Peter was coming to terms with the news that he had had a stroke while feeling almost forgotten, left in limbo in the assessment unit.

"It felt strange because I had been in hospital before, but that's the first time I've had to wait in the assessment area for the amount of days that I did, so I just thought 'oh maybe I am not important?' Or along those lines, 'ok so I had a stroke, and I am just going to stay in this assessment room.' It was not knowing."

Eventually Peter was admitted, and subsequently spent several months in rehabilitation. However, this also felt like a space where he did not belong. Based within an older person's ward, this was difficult to come to terms with as a young man.

"I was in the aged caring unit with people who were about 80 years old, you know, old people. That was horrible, I hated it, I hated it, and I was just desperate to get out of there. I was depressed, yeah."



Reflecting on practice

These questions offer a focus for healthcare professionals and stroke teams to reflect on and discuss to clarify and strengthen practices that prioritising relationships and connecting as people

- How do you ensure that all people with stroke, their whānau and friends feel welcome and supported in your service?
- How does the name of the service reflect who uses the service? What messages does it convey about who is welcome and who the service is designed for?
- Does the physical environment of your service reflect the culture and identities of the people who may use your service?
- If your service is not stroke-specific:
 - Can people and whānau connect with others with stroke?
 - Does the physical environment help them feel that they are welcome and belong? For instance, is information about stroke visible and easy to access?
- How do you offer people with stroke and whānau connections with others? Do the physical spaces in the service promote connections amongst patients and whānau?
- In community settings, how are people supported to connect with others with stroke?
- How are Māori supported to connect with other Māori? How could this be supported?
- How are people with aphasia supported to connect with others with aphasia? How could this be supported?
- Are there opportunities for people to connect with others with stroke who are further in their recovery journey? What might a peer support/peer visiting programme look like in your service?
- What relationships do you have with community or other providers that may support the people that access your service and provide a sense of belonging after they leave your service?
- How does your service ensure that healthcare professionals feel that they belong in the stroke team?

Actions to enhance care

These are examples of actions suggested by people with lived experience of stroke and healthcare professionals in the research.

Systems level actions

- Work with Māori to determine how whānau can feel a sense of connection and belonging when accessing healthcare.
- Review funding models to minimise inequities in service provision, e.g. across different age groups, noting that there are significant differences in funding and care options depending on age which can result in a people feeling they are in services not designed for them, or be unable to access services, and between people impacted by accidents vs health conditions.
- Increase availability of age appropriate, dignified supported living options for people of all age groups.

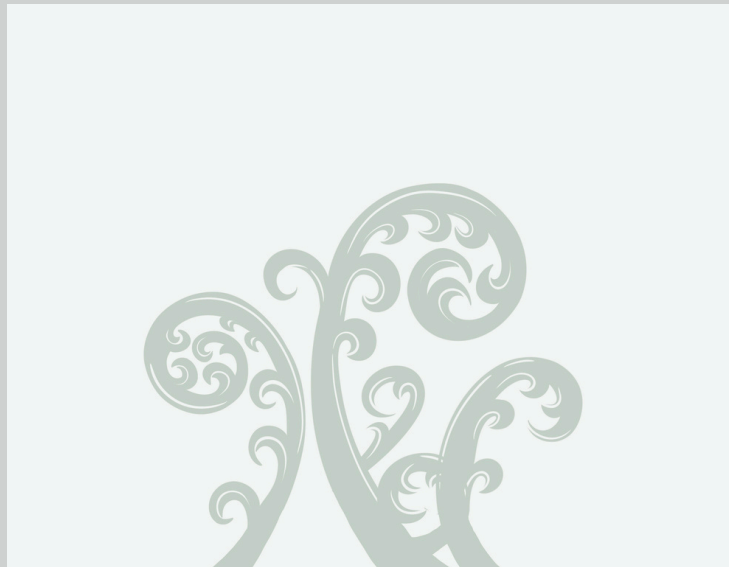
Service level actions

- Consider how the name of the service conveys who the service is designed for.
- Co-locate people of similar ages when in inpatient or group settings.
- In services not specific to stroke, consider co-locating people with stroke.
- Make information about stroke and support services visible and available.
- Provide access to interpreters.
- Help people know how the ward and/or service work so they can feel a sense of familiarity.
- Consider how the physical environment might provide opportunities for people with stroke and whānau to connect together, outside of clinical spaces such as therapy gyms or shared bedrooms.
- Explore opportunities to provide services in supportive environments, such as Marae, community spaces, or inviting, relaxed clinical spaces where appropriate.
- Build relationships with Kaupapa Māori therapy programmes and services.
- Develop peer support programs for people and whānau impacted by stroke.
- Offer people with stroke resources that share the progress and journeys of other stroke survivors, for example through written or audio stories.
- Build connections with community organisations that may offer opportunities for connection with others with similar experiences beyond formal stroke services.
- Foster a sense of cohesion and belonging within the team.

Actions to enhance care

Healthcare professional actions

- As healthcare professionals, consider how you welcome people into 'your' space of stroke services. Consider how you show manaakitanga, care that upholds the mana of everyone and extends the gift of hospitality.
- Introduce yourself and your colleagues to people and whānau so they feel welcome and know who different people are.
- If working in an inpatient setting, encourage people to bring personally meaningful items in to help them feel comfortable in the space.
- Offer introductions between people and whānau impacted by stroke in the service.
- In assessment and rehabilitation, draw on information and resources that reflect a diverse range of cultures and languages, appropriate for the people you work with.
- Get to know community service providers, organisations or groups in your area that might benefit people with stroke and whānau. Have their details available to pass on to people and whānau.
- Provide therapy in personally meaningful contexts where possible.



This quality framework has been developed from a four year study of well-being after stroke led by Associate Professor Felicity Bright. Research was completed by Felicity Bright, Claire Ibell-Roberts, and Bobbie-Jo Wilson.

This booklet summarises one of eight domains of high quality care to support well-being and is designed to help stroke services and healthcare professionals reflect on current practice and identify areas for future development.

Full details and further supporting material, can be found at cpcr.aut.ac.nz.

This research was funded by the Health Research Council of New Zealand.

This work is licensed under a [Creative Commons BY-NC-ND 4.0 license](https://creativecommons.org/licenses/by-nc-nd/4.0/).

Contact

For questions, comments or feedback, please contact:

Associate Professor Felicity Bright
felicity.bright@aut.ac.nz