journal homepage: http://kont.zsf.jcu.cz
DOI: 10.32725/kont.2021.037

KONTAKT / Journal of nursing and social sciences related to health and illness

Editorial

Interdisciplinary care of people after a brain stroke

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This special thematic issue of this journal reflects various concepts and approaches to solving people's life situations after a brain stroke (BS). It offers many different perspectives, but they all lead to one goal – to increase the life competencies and quality of life of people after BS.

The term BS has several commonly used synonyms, such as cerebral vascular accident, stroke, cerebral infarction, brain attack, etc. The diagnostic category of "stroke" includes a wide range of damage to brain tissue, which is caused by a disorder of its blood supply. Brain strokes are a heterogeneous group of diseases characterised by an acute condition requiring urgent medical attention. There are two primary forms of BS: ischemic BS (iBS) and haemorrhagic BS (hBS). The basis of iBS is the occlusion of the cerebral artery (a cerebral infarction, which usually occurs due to thrombosis or embolism); hBS is caused by the rupture of a blood vessel and subsequent bleeding from a cerebral vessel. Regardless of the cause of cerebral haemorrhage, BS is a devastating vascular disease; worldwide it ranks second to third in terms of the most common non-traumatic causes of death (WHO, 2021). It is widely believed that BS only endangers the elderly, but this is not the case. BS does not bypass any age group, including children (Andrade et al., 2016; Niemiec et al., 2017).

The severity of the consequences of BS (from mild functional disorders to apallic syndrome) depends on the damaged brain part, to what extent it was damaged, and how long after the attack medical care was provided. In the case of a quick professional intervention, there may be no consequences after BS. The effects of BS on the life of a person and their surroundings can be short-term to permanent. There are various degrees of movement, speech, attention, memory, visual disorders, etc. How a person renews their life competencies after BS is significantly related to their internal and external environmental conditions. External conditions include both formal and informal levels of assistance, care and support to return to health or in order to maintain dignified living conditions in the event of lasting severe consequences.

After BS, experts from various professions – health professionals, social workers, special pedagogues and others – enter the life of a person and their loved ones. The use of specialised field interventions contributes to increasing or maintaining the level of human life competencies after BS. This effect is more influential if individual experts purposefully and systematically cooperate with a person's loved ones.

From the point of view of theory and practice, we find ourselves in the field of interdisciplinarity – a vital concept of this special issue. The term "interdisciplinarity" is often confused with other meanings, especially "multidisciplinarity" or "transdisciplinarity" (Choi and Pak, 2006; Milková, 1996: 443–444; Nicolescu, 2014). Sociological optics define interdisciplinarity more generally: *"Interdisciplinarity – a term used to define scientific work, i.e., research activities involving two or more scientific disciplines. [...] The adjective 'interdisciplinary' refers to the interaction between two or more different disciplines. Their relationship can vary from a simple exchange of ideas to the mutual integration of concepts, methodologies, procedures or terminology."* (Milková, 1996: 443)

Kohoutek (2021) understands interdisciplinarity more dynamically, i.e., as a *"method of interconnection and active cooperation among sciences to achieve an integrated and synergistic result in theory and practice, science and research"*. Choi and Pak (2006) reflect on the similarities and differences in the meanings of these terms. While multidisciplinarity (the authors say) *"draws on the knowledge of different disciplines, but remains within their boundaries, interdisciplinarity analyses, synthesises and harmonises the links between disciplines into a coordinated and coherent whole"*. Based on this thesis, the theoretical concept and practical model of interventions in the context of working with people with severe health disorders cannot be neglected – its essential tool is interdisciplinary co-operation, and, in the Czech Republic, it is known as "coordinated rehabilitation" (Krhutová, 2017; Pfeiffer, 2014; Švestková, 2020).

Švestková (2020: 21) defines coordinated rehabilitation as a process that is implemented by various rehabilitation means: *"Coordinated rehabilitation is a continuous and complex activity carried out with the help of rehabilitation, whose basic task is to mitigate the direct and indirect consequences of long-term adverse health as much as possible. These consequences significantly reduce or completely prevent the social inclusion of people with disabilities. Coordinated rehabilitation is a process that aims to enable people with disabilities to achieve or maintain an optimal physical, sensory, intellectual, mental and social level of function, and to*

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http://doi.org/10.32725/kont.2021.037

Submitted: 2021-08-09 • Accepted: 2021-08-13 • Prepublished online: 2021-08-23
KONTAKT 23/3: 147–148 • EISSN 1804-7122 • ISSN 1212-4117
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provide them with the means and support to achieve greater independence."

Among the means of rehabilitation, the author includes rehabilitation in health care, including ergodiagnostics, social rehabilitation, occupational rehabilitation and educational rehabilitation (Švestková, 2020). Their purpose is a synergistic effect in terms of practical solutions to the living situation of people with disabilities and the maximum possible appreciation and effective spending of funds on health, social, educational systems and employment (Švestková, 2020). The background of coordinated rehabilitation can undoubtedly be identified in the individual articles of this special issue of this journal. The topic of interdisciplinarity regarding care for people after BS in the Czech Republic is systematically and so far most comprehensively dealt with in a unique publication by the group of authors entitled "Social work in the system of coordinated rehabilitation for clients after acquired brain damage (mainly BS) with special attention to social intervention, physiotherapy, occupational therapy and other selected professions" (Vacková et al., 2020).

Interdisciplinarity is challenging. However, it has the potential to bridge the hypercomplexity of specialisations, which arise as an unintended consequence of the differentiation between science and practice. Hubík (1999: 197) reflects the contemporary fragmentation of knowledge and the risks associated with the loss of interdisciplinary communication: *"Specialization has gradually transformed the knowledge of reality into a conglomerate of often unrelated specialised knowledge, for which reality exists only as a partial section of actual reality, a fragment. So, modern specialised knowledge creates 'not quite real' reality and very real risks. Due to the relentless progress of specialisation and the loss of communication between individual specialisations, more and more things remain 'in between' and therefore 'outside' the field of knowledge."*

The author reminds us of something that cannot be consciously overlooked – the necessity (not just the possibility) of interdisciplinary connections of knowledge and skills that create opportunities for creative solutions to complex problems. The optics of one practical field or one scientific discipline are inadequate for addressing the complexity of possibilities and obstacles that people encounter (and not only after BS). The ability to look at situations, obstacles and challenges related to health, illness or disability and the possibilities of solving them from different perspectives presupposes the ability to leave behind comfort, stereotypes, and isolated solutions, and replacing these with the courage to embark on the difficult path of an integrated approach. I believe that this special issue of the KONTAKT journal can contribute to this journey.

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