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A Synthesis of Family-Focused Care Research in Acute Care Settings in Africa

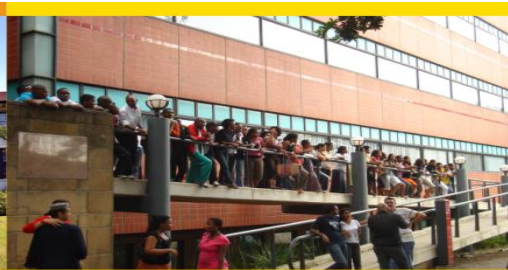
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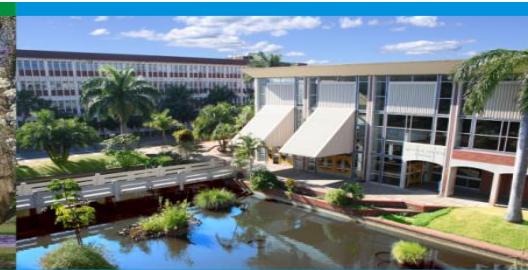
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Disclosures

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Family-focused care

- Health professionals provide care from the position of an "expert"
- Assessing, assisting and providing recommendations for the family as a unit to follow
- Much of the research work has been developed in the western world

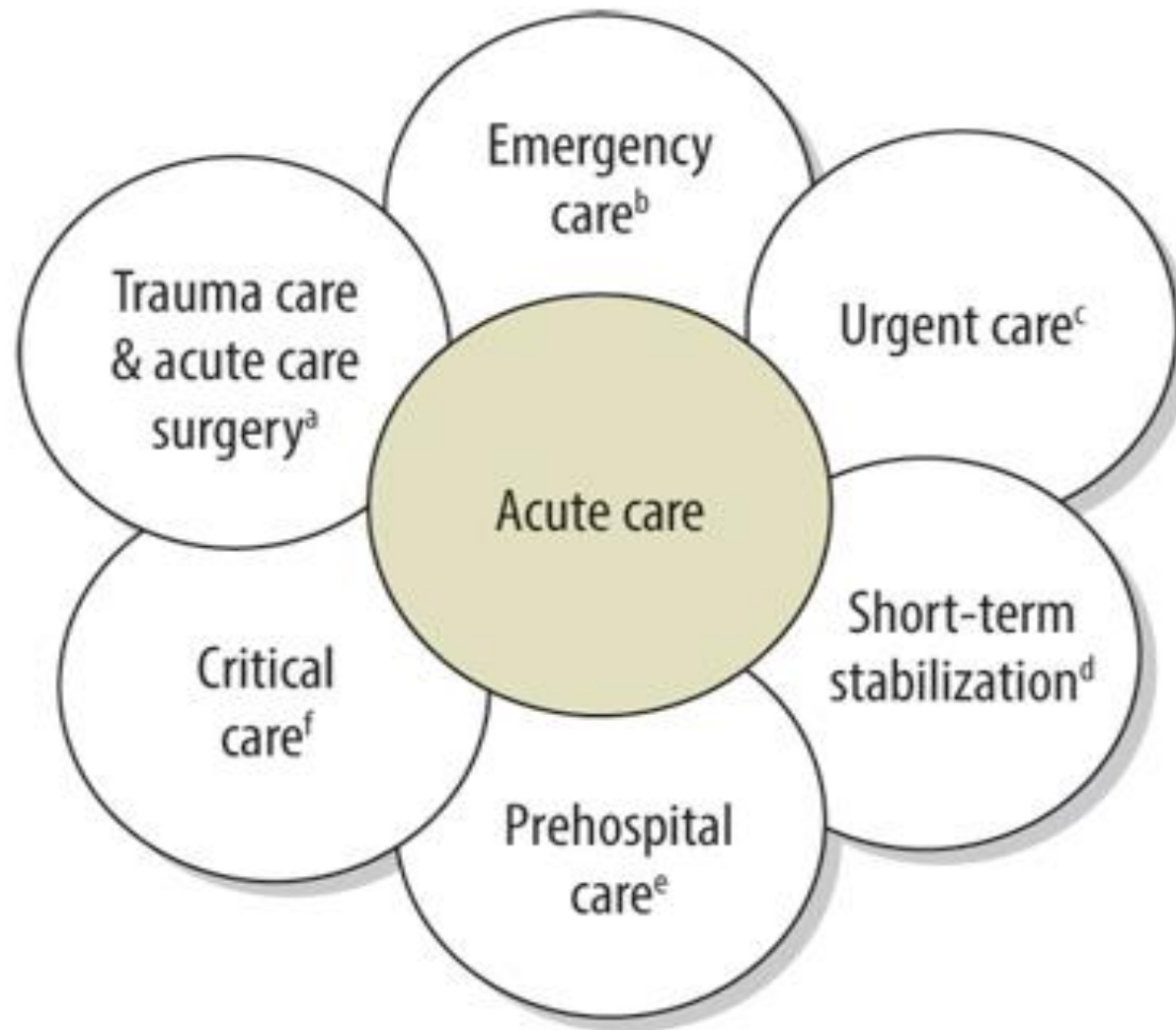
Is it appropriate and transferable to a resource constrained, multi-cultural environment such as Africa?



Purpose of the presentation

Provide a synthesis of findings from a targeted body of research directed towards family focused care in the acute care setting within Africa

- A comprehensive system based approach to time sensitive diseases
- Encompassing all health system components & care delivery platforms to diagnose, manage and treat injury and illness that may lead to death or disability without timely intervention
- This term includes a range of clinical health-care functions, including emergency medicine, trauma care, pre-hospital emergency care, acute care surgery, critical care, urgent care and short-term inpatient stabilization



Methods

- A synthesis of research findings from seven collaborative research studies conducted in South Africa, Rwanda and Sweden was undertaken in order to answer the following;
 - Who is the family?
 - What do the families experience?
 - What can nurses do to improve their experiences?
- The research settings included various acute care areas (neonatal ICU, trauma/surgical ICU) and involved families and nurses within these areas

Results: Who is the family?

- Confusion regarding the term "family" - can mean different things to different people
- International research collaboration between South Africa & Sweden to compare and contrast descriptions of "family" amongst Swedish and South African university nursing students



(Erlingsson & Brysiewicz, 2015).

Results: Who is the family?

- Qualitative content analysis study explored how 232 undergraduate and postgraduate nursing students defined & described who they considered to be members of their own families
- Families can be seen as people who are connected to one through:
 - **Ties of Kinship** (codes: lineage, legal connection)
 - **Ties of Love** (codes: caring, shared resources, personal support, shared special moments, constancy of family, trust and security, and being close)
 - **Ties of Influence** (codes: shared ideology & beliefs, grew up together, importance of place, duty, and people who have made a difference)
 - **Ties of Everyday Life** (codes: shared shelter and shared day-to-day living)
 - being **Tied by Slipknots** (this emphasised the fluidity and flux of families)

Results: Who is the family?

- The definitions were very similar between the two countries but a number of differences:
- South Africans placed much emphasis on family being someone who:
 - had the same surname,
 - was linked by having the same ancestors
 - and was someone who was an important resource - both physically and emotionally.
- Awareness of what is meant by the term *family* can assist nurses in their daily work through increasing understanding of the complexities surrounding this issue and encouraging cultural sensitivity and openness to patients' and families' views about who is a family member

Results: What do the families experience?

- Interviewing family members of critically ill patients in ICU & Trauma/Emergency Dept
- Two qualitative studies (Phenomenology & GT) in South Africa
- Families perspective:
 - Feeling invisible
 - Avoided and neglected by the health professionals
 - “unfeeling” and “cold” health professionals (Brysiewicz, 2008).



Results: What do the families experience?

- Grounded theory study: to enhance family focused care during critical illness
- Highlighted:
- Family focused care is a collaborative effort between health professionals & families - characterized by partnership and trust
- Strategies to enhance family care can only be successful if strategies to support the health professionals are also considered (De Beer & Brysiewicz, 2012)
- These studies also highlighted that caring for families can be made visible using *small, simple gestures* that do not necessarily require a great deal of resources or finances

Results: What do the families experience?

- Needs of family members admitted into an ICU in Rwanda, using the Critical Care Family Needs Inventory:
- Order of needs:
 - assurance, comfort, information, proximity & support
- Three additional needs:
 - Going outside the hospital to search for the prescribed medication
 - More space in the ICU to accommodate family members
Dedicated space near the ICU where family members could eat while waiting for news (Munyiginya & Brysiewicz, 2014)

Results: Needs of family members in NICU

- Having a new-born infant hospitalised in the neonatal intensive care unit (NICU) is an unexpected and stressful event for a family
- Study in Rwanda described and analysed parental perception of stress
- The Parental Stress Scale: Neonatal Intensive Care Unit:
 - Most stressful events:
 - Appearance & behaviour of the baby
 - Sights & sounds of NICU
- Parents needed to be prepared & educated

(Musabirema, Brysiewicz & Chipps, 2015)



Results: What can nurses do to improve their experiences?

- Systematic reviews in ICU and ED
- Establish the current status quo regarding in hospital interventions to address the psychosocial needs of families of critically ill patients:
 - Research within this area is limited
 - Paucity of interventional studies, which are methodologically rigorous, to evaluate the effectiveness of these interventions
- There was some support regarding the value of providing written communication to families (Brysiewicz & Chipps, 2006; Brysiewicz, Chipps & Alladina, 2008)

Results: What can nurses do to improve their experiences?

- Data from the seven studies spanning three different countries thus highlighted:
 - Information needs (concerning a variety of issues)
 - Importance of attending to the psychological needs of the family
 - Caring for families can be small, simple



Results: What can nurses do to improve their experiences?

- Families in ICU Study (FIS)
- A family intervention has been developed which includes:
 - written and culturally appropriate information as well as the implementation of a psychological first aid (PFA) programme
- PFA:
 - a supportive response to a person following a traumatic event, such as having your loved one admitted into an acute care area of the hospital,
 - strives to provide support to the person suffering from the event

Conclusion

- Providing family focused care within the acute care setting is challenging
- Addressing the needs of the family within this time constrained, often, resource constrained environment while remaining sensitive to cultural nuances adds to the difficulties
- Interventions need to be simple, time limited, cost effective as possible, culturally sensitive, informative and supportive

Still lots of work to be done!



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Many thanks – questions?

