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

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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

Acute care:

• 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
Acute care

- Emergency care
- Trauma care & acute care surgery
- Critical care
- Prehospital care
- Urgent care
- Short-term stabilization

(WHO, 2013)
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: 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 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: What do the families experience?

• Comparative cross-sectional survey of family needs of critically injured trauma patients admitted to Intensive Care Units in South Africa

• Needs of families of trauma patients (in public and private hospitals) – on admission within first 24 hours and on Day 3 or transfer (whichever came first).

Results:
• 162 family members participated (114 from state & 48 private)
• A trend toward reporting increased needs
• Top domains were those of assurance and information

(Brysiewicz & Chipps, unpublished)
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 3 different countries highlighted:
  - Information needs (concerning a variety of issues)
  - Importance of attending to the psychological needs of the family
  - Increasing needs
  - 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!
References


Many thanks – questions?