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Full Length Article

The conceptualization of family care during critical illness in KwaZulu-Natal, South Africa

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ABSTRACT

Introduction: In recent years there has been a movement to promote patients as partners in their care; however this may not always be possible as in the case of critically ill patients, who are often sedated and mechanically ventilated. This results in family members being involved in the care of the patient. To date, this type of care has been represented by three dominant theoretical conceptualizations and frameworks one of which is family centered care; however there is a lack of consensus on the definition of family centered care. Hence the objective of this study was to explore the meaning of family care within a South African context.

Methodology: This study adopted a qualitative approach and a grounded theory research design by Strauss and Corbin (1990). Participants from two hospitals: one private and one public were selected to participate in the study. There was a total of 31 participants (family members, intensive care nurses and doctors) who volunteered to participate in the study. Data collection included in-depth individual interviews. Open, axial and selective coding was conducted to analyse data. Nvivo data analysis software was used to assist with the data analysis.

Findings: The findings of this study revealed that family care is conceptualized as togetherness, partnership, respect and dignity.

Conclusion: During a critical illness, patients' families fulfil an additional essential role for patients who may be unconscious or unable to communicate or make decisions. FMs not only provide vital support to their loved one, but also become the "voice" of the patient.

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1. Introduction

In recent years there has been a movement to promote patients as partners in their own care; however this may not

always be possible as in the case of critically ill patients, who are often sedated and mechanically ventilated. This results, in the family members (FMs) being included in partnerships with health care professionals (HCPs), providing care to

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critically ill patients. To date, this type of care has been represented by three dominant theoretical conceptualizations and frameworks for families namely: family as a context; family as a unit and family as a system (Segaric & Hall, 2005, p. 211; Wright & Leahey, 2000, p. 10). Family as a context is operationalized in family centered care (FCC) models of practice, however FCC seems to be at a cross roads today. Fundamental misunderstandings persist about what is FCC, how to implement FCC and how to determine the family-centeredness of care. Health care needs cannot be met unless greater understanding is achieved by HCPs. A consensus definition of FCC practices and actions has not been achieved to date even though considerable agreement has been achieved on FCC principles (Kuo et al., 2012, p. 297). Majority of research around FCC has been completed internationally however there is limited research within critical care in the South African context, hence this article reports on the conceptualization of family centered care (within the South African context and more specifically during critical illness. Critical illness often occurs within).

2. Background

Critical illness often occurs without any warning, giving patients and their families no time to prepare themselves (Söderstrom, Saveman, Hagberg, 2009, p. 251). Sudden hospitalization, especially into an intensive care unit (ICU), is unexpected and the family faces the possibility that their loved one may die or be severely disabled (Brysiewicz & Bhengu, 2010, p. 42). These psychological repercussions of critical illness may reduce the families' ability to cope with the situation (Hickman & Douglas, 2010, p. 81).

Health care professionals are well placed to provide psychosocial support and specific illness related information to (FMs) following the patient (Chien, Chiu, Lam, & Ip, 2006, p. 40). HCPs can be proactive in their approach to family care. They can do much to improve communication and decrease anxiety and depression in family members (McAdam & Puntillo, 2009, p. 200). Research studies have been conducted in the USA, England, Sweden and Finland on support provided to FMs in ICUs, and although these have been predominantly quantitative studies (Bailey, Sabbagh, Loiselle, Boileau, & McVey, 2010, p. 114; McAdam & Puntillo, 2009, p. 201; Ágárd & Harder, 2007, p. 172; Takman & Severinsson, 2006, p. 121; Auerbach et al., 2005, p. 203), there has been a growing interest in qualitative studies in these countries. However, in Africa, more particularly South Africa, this area of family research is relatively under-researched. Irlam and Bruce (2002:28) conducted a literature review on the attitudes and knowledge of nurses on family care in paediatric and neonatal units in the Gauteng Province of South Africa. This study revealed that family care is difficult to define, mainly due to the lack of consensus about its meaning. Additionally, the diverse societal contexts within which family care is applied further complicate its definition. Irlam and Bruce (2002:28) proposed that a family centered model for the South African context needs to be developed with the focus on parent participation. Brysiewicz and Chipps (2006:68), both South African nursing researchers, conducted

a review of the effectiveness of international in-hospital psychosocial intervention programmes for family members of critically ill patients and concluded that attempts to assist family members within an ICU are worthwhile. They proposed further investigations to ensure the development of culturally appropriate interventions, especially in the South African context. This is echoed by Saloojee, Rosenbaum, Westaway and Stewart (2009:23), who also suggests that there is a lack of family centered care research within South Africa, especially in resource-constrained settings and cross-cultural environments.

The South African health care system comprises of public and private health care sectors, with delivery of services shifting from a curative hospital based approach to a comprehensive primary health care approach. Only 16% of a 52.98 million South Africans are covered by medical insurances and are served by the private sector with the remaining 84% being served by the public sector (Naidoo, 2012, p. 149). The public sector is funded by taxpayers' money and consumes 40% of the South African health care expenditure (De Beer, Brysiewicz & Bhengu, 2011: 6). Efforts to redirect services to primary health care have resulted in limited resources for critical care (De Beer et al., 2011: 6). In addition to this, South Africa is challenged by an acute shortage of ICU trained nurses. The shortage of skilled nurses has resulted in nurses working more than the recommended hours resulting in them being exhausted, with a decreased level of alertness and low morale (De Beer et al., 2011:8).

South Africa is a country of diverse racial and ethnic groups; all having different religions, languages and cultures. The patient population in the health care facilities is predominantly black African. Traditionally, African beliefs are predicated on principles such as value of collective interest of the group and the traditional African person cannot exist alone: "his identity is totally embedded in his collective existence" (Van den Berg, 2006, p. 43). The involvement of traditional sources of community support, such as traditional healers, and chiefs are vital in dealing with death and crises, as well as cultural traditions for handling major life events. It is, therefore, significant for HCPs to understand their culture and provide culturally appropriate care for patients (Brysiewicz & Bhengu, 2010, p. 50). In addition Brysiewicz and Bhengu (2010:42), also suggest that because health care units adopt a biomedical culture, HCPs should be aware of the health-illness beliefs of their patients and reflect on how these interact with the health care system. As a result of this, the researchers embarked on a research study that aimed to explore the meaning of family care within a South African context. There are various definitions for caring for families in the international scene among which are family nursing, family systems nursing and family centered care.

3. Aim of study

The aim of the study was to explore and describe the conceptualisation of family care during critical illness in Kwa-Zulu-Natal.

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