



RESEARCH BRIEFING

'A healthy whole': Researching 'Care Through Family' in five South African paediatric care settings

Introduction

Most babies and children admitted to hospital in Africa will be accompanied for the duration of their stay by their mother, grandmother or another female family member. These mothers or family caregivers¹ often have important caring responsibilities in hospital. In addition to feeding, changing and comforting the child, it is common in many settings for mothers to play a role in monitoring their child's condition. Mothers also need to learn – quickly – how to meet their child's altered needs once they go home, and how to detect and where possible prevent further problems. The continuous presence of mothers alongside children in African hospitals reflects specific cultural norms and values. Expectations of mothers are high. Nurses trust mothers to cope, and their presence is seen as an important practical resource.

While superficially similar to the 'Family Centred Care' practices developed in, for example, the UK and America, the contexts are very different. As such, the World Health Organization has called for the development of best practice guidelines that support evidence based, safe nursing care in Africa. To be implemented effectively, guidelines and quality standards need to match the contexts and resources of the facilities where children's nurses work. Education programmes and clinical practices which are still largely based on European materials and traditional methods are not fit for purpose. Methods and models which are tailored to the professional and organisational cultures of Europe and America do not land well in Africa's nursing community. Very few models of nursing care have been developed that deliberately focus on achieving best outcomes in African settings.

Mothers are an important resource for hospitalised children in Africa. Many nurses know this, and organise nursing care accordingly. Because some of these practices are different to those that formal nursing education teaches nurses as ideal practice, and so this important role can become 'invisible'. This is a problem, because informal practice is difficult to identify, learn from or improve. Recognising this gap, this project aimed to work with nurses to describe and document their practice. Together, we are creating an African model of nursing care for hospitalised children which we call '*Care Through Family*'.

What we did

Nurse researchers from the Child Nurse Practice Development Initiative (CNPDI) worked with five teams of nurses to develop detailed descriptions of how nurses involve families in the care of their hospitalised child. We spent around a week with each team observing care and interviewing nurses and families to develop detailed descriptions of practice. We used visual research methods including graphic facilitation, sociograms and photographic elicitation to construct a detailed picture of routines, activities and environments. Holistic accounts of 'real' nursing practices were constructed through 1:1 and group interviews, exploring the underlying rationales and values. Comprehensive case study reports were produced for each setting and

¹ We found that the term 'mother' is often used by nurses to refer to the family member who accompanies the child in hospital, even when this is not the child's biological mother

reviewed by key nurse participants. Together, researchers and nurses developed statements reflecting the model of care.

Visual research methods

Visual methods are a promising research tool which offer advantages to working with nurses. They are an effective way to build trust and promote openness. They enable examination of 'real' as opposed to idealised practices, and so increase the participants' ownership of the research process. Visual methods have been shown to contribute to nurses' ability to bring about change resulting in improved care practices.

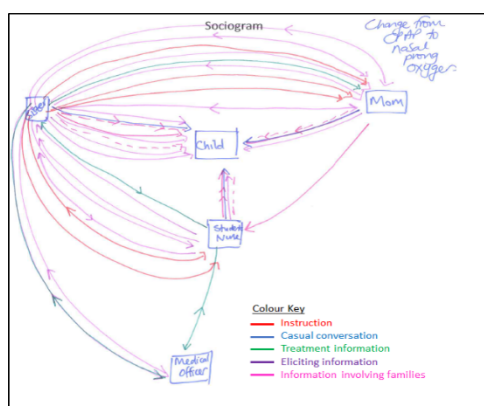


Figure 1: Sociogram

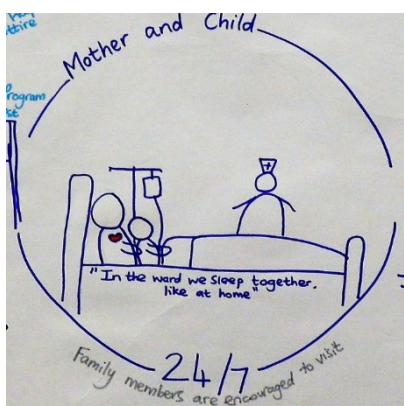


Figure 2: Graphic record

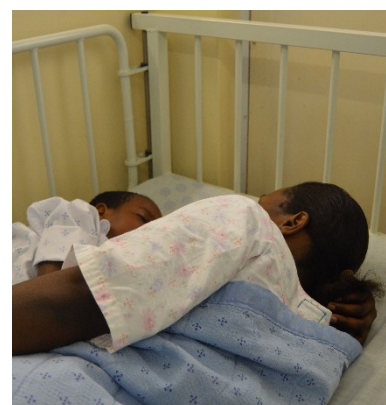







Figure 3: Ward observation. Co-sleeping

Where we worked

The settings where nursing practices were observed were:

-  A nurse-led programme for technology-dependent children at a tertiary paediatric hospital in the Western Cape
-  A neonatal unit at a secondary health facility in the Western Cape
-  A general paediatric ward in a tertiary hospital in Cape Town
-  A paediatric ward in a district hospital in a rural area in KwaZulu-Natal
-  An Intensive Care Unit (ICU) in a regional hospital in the Overberg District

What we learned

We found evidence of distinctive values and culturally-specific caring practices, including 'standing with mothers', 'promoting a healthy whole' (by minimising separation of the mother and child) and 'letting the mother be the nurse'. After analysis of the data we were able to construct a description of nursing practice in the form of a model of nursing care ordered around six themes. Each theme has a guiding principle, in the form of an illustrative statement reflecting the philosophies of care in the five sites, as identified below:

Continuity	The goal is to ensure that the mother's role in caring for the child continues with as little interruption as possible, with the exception of the medical event that has occurred. The normal place of care for the child is the home, and the family are their normal carers.
Presence	Policies and amenities are directed towards enabling the presence of mothers. Accommodation, space and amenities are organised to enable mothers' continuous presence.
Belief and trust	Nurses and mothers have innate confidence in mothers' abilities to learn and to cope, and high expectations about the speed at which they will become competent in new activities.
Psychological support and empathy	Enabling mothers to be physically and psychologically present and equipped to care involves empathetic practical and psychological support and the integration of social and psychological factors alongside physical care.
Mothers as a capable resource	Mothers are regarded as a resource within the healthcare system for their children in hospitals and at home by both nurses and mothers.
Sharing knowledge	The transmission of knowledge between nurses and mothers happens through 'being with' and 'being taught'. The process through which mothers become competent to manage the child's needs outside of hospital is dynamic, and responsive to the mother's individual situation and progress.

The purpose of this model is to enable nursing teams to reflect on their current practice. Up to five indicators have been developed for each theme to enable self-assessment. Indicators are based on an observable element of practice, and presented as a scorable description of what happens in the setting.

What next ?

The 'Care Through Family' model developed by CNPDI represents a rare, locally developed, and context-specific practice improvement tool which can be used and built on to improve outcomes for hospitalised children. As a programme, we intend to use the model to strengthen children's nursing education and clinical practice development at the CNPDI through:

Education: To work to best effect in African health systems, nurses must learn in ways that are aligned with local practice, and which allow them to give voice to deeply held local cultures of caring. The Care Through family model of nursing care will be integrated into the development and review of context and region-fit children's nursing curricula, equipping nurses to maximise the contribution of mothers in caring safely for hospitalised children.

Clinical practice development: We need to establish clinical practice units delivering evidence-based, context-specific and culturally-aligned nursing care to children, so that nurses can participate in and experience high-quality clinical learning that is aligned with classroom-based teaching. The Care Through Family model of nursing care makes it possible for nurses to identify and reflect on current care, providing a structured process through which teams can strengthen practice.

Two articles reporting on this research are due for publication in 2019. This wouldn't have been possible without the funding and support of the Vitol Foundation. Thank you.

"The descriptions were very accurate about what happens [here]. It was nice to have it in words. The philosophy is getting children home, back with their families."

Nurse leader

"We promote a healthy whole for the child. If the child is alone they cry, they do not eat, and so we allow the mothers to stay together with their child. It is easy to heal faster with a mother"

Nurse participant