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Strategies for Patient Families Integration in Caregiving: A Consensus Opinion

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***Abstract*—**There is no reservation on the outstanding contribution of patient families in restoration of hospitalised patients, hence their consideration as essential component of hospital ward regimen. The psychological and emotional support a patient requires has been found to be solely provided by the patient's family. However, consideration of their presence as one of the major functional requirements of an inpatient setting design have always been a source of disquiet, especially in developing countries where policies, norms and protocols of healthcare administration have no consideration for the patients' family. This have been a major challenge to the hospital ward facilities, a concern for the hospital administration and patient management. The study therefore is aimed at obtaining a consensus opinion on the best approach for family integration in the design of an inpatient setting. A one day visioning charrette involving Architects, Nurses, Medical Doctors, Healthcare assistants and representatives from the Patient families was conducted with the aim of arriving at a consensus opinion on practical design approach for sustainable family integration. Patient's family are found to be decisive character of hospital ward regimen that cannot be undermined. However, several challenges that impede family integration were identified and subsequently a recommendation for an ideal approach. This will serve as a guide to both architects and hospital management in implementing much desired Patient and Family Centred Care.

***Keywords*—**Caregiving, Inpatient setting, Integration, Patient Families,

I. Introduction

THE empirical evidence on the restorative benefits of familial caregiving for hospitalised relatives suggests that family should be an integral component of the hospital ward regimens and of course a vital component of healthcare facility design that cannot be undermined.

Empirically, well-being of any individual have been found to be strongly related his relationship with his family.[1]-[3]. This has been attributed to the role family members play in providing the psychological and emotional support a patient requires [4]-[6]. Similarly they have been found to be a potential resource that complement the shortfall of the nursing activities caused by shortage of nursing staff especially in developing countries [4], [7], [8]. This suggests that, family presence and participation in care requires a strategy that will allow family integration in hospital regimen. However, this have become a major challenge to the inpatient setting of hospital facilities [4], a concern for the hospital administration [8], and patient management [9], particularly in developing countries like Nigeria. Several contradicting opinions and models have been suggested by different stakeholders in healthcare design and management, yet, a perfect solution have not been arrived at. The proposals presented so far have been subjected to censure. Therefore, this study aims at seeking a consensus opinion of the stakeholders in healthcare management and design of healthcare environment on best possible option on strategies for family integration.

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II. Literature Review

A. Family and Patient Care

Please Even though, primary responsibility of a family have been associated with biological reproduction, providing emotional support, solidarity, socialization and organising of family roles and status within a given society, the family as well is a significant social context in which illness occurs and is cured. Scientifically, health and family relationship have been proven to be a dynamic one with each having a dramatic effect on another.

A family unit in a social context plays a fundamental role in determining how and where a sick family member should receive care. The extent of the role they plays overtime during the restorative process was found to depend on the nature and condition of the ailment [10], [11]. However, treatment of patients in a formal setting requires observance of formal hospital ward regimens which might be found to contradict the family expectations. This can be probably due to restrictions by meshing family functions, beliefs and habitual patterns [12], [13]. Therefore, achieving a successful restoration requires family's involvement in decision making from diagnosis, treatment to recuperation. This has been enshrined in Family and Patient Centred Care (FPCC) model. In addition, family remains a reliable source of vital information regarding medications, medical history, routines, and patient preferences.

Family relationships have been established to have strong correlations with person's emotional well-being and health. The nature of such family relationship influences individual's general well-being [14]. Sufficient levels of social support within families are found to be crucial in attaining individual happiness because several studies have identified family to be responsible for its individual member's wellbeing in all ramifications and vice-versa [1]. The effect of member's illness on the family can be easily noticed as the physical and psychological effect will be so glaring. This forces the family members to take up their obligatory social responsibilities of nursing which eventually distort family's everyday activities [15].

The patient family are very essential individuals who know

the patient best and are most suitable in supporting the patient throughout the hospitalization period. They are in a better position to notice any subtle changes in the patient's condition [16]. In addition to the family's role of providing the psychological and emotional support the patient requires, their contribution was always found to be augmentative to the formal caregiving in the hospital [17].

Therefore family caregivers are described as relatives, neighbours or friends who assist in providing assistance related to an underlying physical or mental disability without receiving any mode of payment for those services [9], [18], [19]. A patient family in this study therefore is any person identified by the patient as a family member due to varying relationship existing among individuals in different forms of family concepts.

B. Understanding Hospital Ward Setting

There are several functions and activities involved in healthcare service delivery. Each of them requires a befitting accommodation. Therefore, healthcare facilities are purposefully designed environments where healthcare services are provided to patients. Of the different components of a healthcare facilities, hospital ward is the most dominant [20]. It is a section of a healthcare facilities where patients spend most of their time during hospitalisation [21]. It is also considered as a clinical unit within a hospital in which patient's bed space is combined with clinical treatment space to provide a therapeutic environment. This environment creates conducive and convenient environment that provides effective and economic diagnosis, medical and nursing care and treatment to the hospitalised patients [22]. Similarly, it has been seen as an area that influences the healing process of patients, because that is where the patient is accommodated on admission to receive medical treatment, be prepared for surgery or recover after treatment [23].

Nursing responsibility in each of the ward settings is attended to, by a team of trained nurses and other healthcare personnel under the leadership of a matron who provide the necessary care a patients requires. Moreover, it is the team's responsibility to provide constant monitoring of the patients throughout the hospitalisation period. It is within the setting that doctors make daily routine of ward rounds where they review patients' medical plan [24].

Therefore, inpatient setting commonly termed as 'ward' can be said to be the most important zones in hospitals where the patients are managed. Perhaps, effective functioning of the ward can be achieved by taking into consideration activities carried out in the ward and understanding their relationship [20]. As such, its configuration and organisation has to be carefully made by paying attention to several design considerations in addition to patient management strategies necessary in achieving functional ward layout. This consists of privacy, observation, proximity to sanitary facilities, safety, calming atmosphere and social support among others [23].

Concern for family presence and participation in care is one of social support function that is an essential requirements of ward configuration. But how it can be achieved has always been an issue of concern among scholars and healthcare environment designers. This study therefore seek to sough for a consensus opinion of stakeholders on the best possible option in this regard.

III. Research Methodology

In arriving at the required results, the study employed the use of visioning charrette [25]. Charrette is a design-based, accelerated, collaborative brainstorming session carried out during the design period [25]. It involves the use of multidisciplinary teams to assist and enhance knowledge creation and sharing among participants through interacting and communicating with one another in identifying and solving problems [26]. The significance of multidisciplinary teams collaboration is not only limited to improvement in product and facility design, but is also essential in knowledge creation and sharing among teams thereby leading to more productive outcome [27].

Fig. 1 The programme organised in three sessions: (a) the preliminary session involves paper presentation, (b) the second session is a breakout session, while (c) the third one is the closing session; the photo shows Charrette's Session in Progress

The study employed Krueger framework analysis [28],

where principles of focus-group analysis was used in analyzing the data obtained. These principles are believed to be effective in managing large amount of qualitative data or the one that is complex in nature much more easily [29]. This method uses a thematic approach, it allows generation of themes from the research questions and as well, narratives of research participants [29].

Some principles of the framework analysis were considered appropriate in this study for the fact that there are quite a number of distinct and interconnected stages involving familiarisation, identifying a thematic framework, indexing, charting, mapping and interpretation [28].

IV. Results and Discussion

Information obtained during the brainstorming session was interpreted using the techniques of identifying themes [30] as shown in Table I. In all, four themes emerged and subsequently, the emerging patterns were grouped using clustering technique as a tactic in drawing conclusion [31]. This culminated into three domains; family integration, policy formulation and design consideration. Put together, an instrumental strategies that will ensure best practices in ensuring convenient family involvement in caring for their hospitalised relatives.

TABLE I
Thematic Analysis

Themes	Emerging Patterns	Domains
Family Care Actions	Family participation is essential Avoid nuisance Ensure smooth ward procedures	Integration
Policies and Protocols	Family presence Informal food provision Incompatible activities	Policy Review
Ward Setting	Space around the bed Insufficient facilities	Design Considerations
Challenges	Noise Infection Risk Privacy Compromise	

A. Family Care Actions in Nigerian Hospitals

While discussing the issue of family presence and participation in caring for hospitalised patients, several issues were raised. Majority of the participant agree to the need for the family involvement and participation in care because of the positive contribution. They see active patient family's involvement in Nigerian context as to be a necessity during hospitalisation period.

They further identified inadequate staffing, people's behaviour, attitude and beliefs among others as the major reasons warranting family participation in care. To this end, all the participants acknowledged the families contribution towards smooth operation of the caring system in some of the hospital procedures. Among the ward procedures highlighted include, procurement of drugs and other medical essentials, surveillance on patient's condition and providing information to the healthcare personnel when necessary. However, few among the healthcare personnel are holding a contrary opinion. They see family presence in the ward as a nuisance due to their in orderliness that makes the ward rowdy and spaces around the bed untidy and noisy as well.

Finally, while giving their consensus opinion on the nature and context of the familial caregiving in a hospital ward, the participants unanimously agree that family participation in caring for the hospitalised ones within Nigerian context w ensures effective hospital ward operations that cannot be undermined. On the other hand, they recommended the need for a framework that will ensure a harmonious working relationship with the healthcare personnel and as well their convenient integration into the healthcare setting with a defined role.

B. Healthcare Policies and Practices

Notwithstanding the significance of patient family presence and participation in care, the participants identified familial care actions that contravene the hospital policies and protocols. Some of them either infringe or are not encouraged by the hospital policies and regulations. Among them are family presence round the clock, supply of food from outside the hospital and cooking in the hospital premises. Others although necessary, but were seen as not compatible with the setting of the ward environment, for instance, religious attendances and some form of informal social interactions. To achieve compatibility with the hospital norms and protocols, the participants suggested the review of some hospital policies in order to consider the basic local realities.

To this end the participant unanimously consented to the need for formal consideration of family presence and integration of their care actions into the healthcare delivery protocols with a defined boundaries. Furthermore, they reiterated the need for formulation and strict enforcement of one patient-one family policy in order to maintain orderliness and conducive environment.

C. Ideal Ward Setting for Familial Caregiving

In suggesting the best possible ways to conveniently accommodate the family presence in the ward, the participants appraised the hospital ward facilities and family transaction spaces. They further evaluated the challenges in each of the areas and recommended how they should be improved.

- Spaces around the bed have been found to be the area mostly affected by the family presence. The participants raised concern on how un kept such spaces are and recommended that patient and family's personal belongings be stored away from the bedside. They also recommended the provision of adequate space for recliner chair for Patient Families' usage and other caring activities.
- Verandas and courtyards are used by the patient family's social interactions and other informal family activities due to lack of family facilities. Hence, a befitting and defined family spaces that will accommodate their other informal activities within a close proximity from the bed are thus recommended.
- Furthermore, patient welfare facilities that involves

pantry, sit-out terraces and courtyards in and around the ward are found not to be functional.

- Similarly, the toilet facilities in the wards are overstretched because they were meant for the patients use alone, hence recommended additional toilets that will cater for the increased population.
- The also identified that the hospital ward lack defined areas for domestic outdoor activities that has to do with washing and cooking.

They considered patient relative camp provided to accommodate the patient overnight stay and other family activities was as a futile effort.

D. The Challenges of Family Presence in a Hospital Ward

After assessing the significance of family presence and participation in care, proposing an ideal ward setting with the family presence, finally, some possible challenges that may arise in trying to fit in the patient family into the hospital setting are thus identified. In addition, possible solutions recommended.

- Noise: presence of patient families in the ward will certainly increase the noise level that will cause negative consequences on the patients. Therefore use of acoustic finishing materials and as well providing a day room where social interaction can take place is thus recommended.
- Infection: There is tendency of possible increase in infection rate in the ward. Apart from the quick spread of infection, families may possibly contact diseases. Therefore compartmentalisation of bed spaces is thus recommended. In addition storing of the patient and families personal belongings away from the bedside will ensure tidiness.
- Privacy: The family presence will result to compromise of privacy of their patients and the neighbouring patients as well. Therefore compartmentalisation of the bed spaces is believed to minimise the challenge.
- Ventilation Challenges: The increase in the population of the ward occupant might give rise to ventilation challenges when the ward is occupying twice the number it was designed to accommodate. They recommended design solution for this particular challenge.

V. Conclusion

In ensuring smooth hospital ward operations, family presence and participation in care has always been a vital component in Nigeria that cannot be undermined. However, if not properly organised, perhaps there is likelihood that their presence might have a negative consequences on the patient's wellbeing. Furthermore, some activities of the patient family even though necessary, were identified to contravene the hospital policies and protocols, as such, there is need for policy review that will ensures compatibility with the formal medical protocol. Finally, to make the ward setting compatible with the familial care actions, several possible challenges on the healthcare facilities were identified and ultimately possible design solution offered.

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