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Patient Guardian: Concept Analysis

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Abstract:

Shortage of healthcare personnel in Malawi has posed great challenges to the health care delivery system. It is not possible for a few nurses to provide quality care to a large number of hospitalised patients. Patient guardians provide care to inpatients without the support of nurses. The purpose of this concept analysis was to clarify the concept of patient guardian in relation to their role in the healthcare delivery system. Walker and Avant's strategic method of concept analysis was used to analyse patient guardian concept. In this paper, a patient guardian has been defined as; usually a female family member or close friend, who is legally responsible for the intimate care of a patient who is unable to look after him or herself, by performing a wide range of activities of daily living for the patient and is recognised by the healthcare providers as an extension of the hospital support system but is not supported by the healthcare providers and lives on the hospital premises during the entire period of patient's hospitalisation. The empirical referents for a patient guardian are, a patient must be hospitalised and a family member who is legally capable of caring for the patient and willingly stays on the hospital premises during the entire period of hospitalisation. The role of patient guardians in the care of hospitalised patients needs to be clearly stipulated in order to bring a meaningful collaboration and partnership that will improve delivery of quality healthcare services in Malawi despite the shortage of nurses.

Keywords: patient guardian, concept analysis, family member

1. Introduction

1.1. Background and Significance

Shortage of healthcare personnel is one of the major causes of poor healthcare service delivery (Bradley et al., 2015a; Shangwa, 2015). Hoffman et al., (2012) stated that with a healthcare worker: patient ratio of 1:277 in 2008, Malawian hospitals were not equipped to offer quality healthcare services. WHO recommends a nurse: population ratio of 10: 10,000, whilst Malawi has a nurse: population ratio of 3.4:10,000(WHO, 2014). It is not possible for a few nurses to perform all the nursing duties to a large number of hospitalised patients (Bradley et al., 2015b). Evidence has shown that high nurse: patient ratio leads to omission of some nursing care due to time pressure, (Ball, Murrells, Rafferty, Morrow, & Griffiths, 2013). Shekelle, (2013), stipulated that there is a causal relationship between nurse staffing levels and in-patient mortality.

Various efforts have been made by the Government of Malawi and its development partners to increase the number of nurses in order to improve the standard of care in our hospitals. These, among others include training of lower cadre nurses(Muula, 2006), introduction of locum for nurses(Tambulasi, 2012) and improving working conditions of nurses (Schmiedeknecht et al., 2015). However, while some nurses are incorporated into the system some die, retire and leave the country. Therefore, there is need for urgent and drastic action to deal with the shortage of nurses to provide quality care to the nation. Healthcare providers in Malawi

recognise the involvement of family members, commonly known as patient guardians, in caring for inpatients as one way of reducing the burden of shortage of nurses.

The concept of allowing guardians to look after hospitalised patients is adopted from the Family Centred Care (FCC) approach. FCC is a partnership approach to healthcare decision making between the family and healthcare provider (Festini, 2014). FCC was initiated in developed countries following the increased awareness of the importance of psychosocial and developmental needs of children and the role of the family in promoting health and wellbeing of their children, (Pettoello-Mantovani, Campanozzi, Maiuri, & Giardino, 2009). The principles of FCC are information sharing, respect and honouring of differences, partnership and collaboration and negotiation, (Kuo et al., 2012).

1.2. Definition of Patient Guardian

The term patient guardian is defined differently depending on the context where one is. However, there is no established definition of patient guardian in literature that is specific to provision of care in a health facility in low income countries (Basu, Frescas, & Kiwelu, 2014). A patient guardian in the United States of America means a *legal decision maker for a patient* who is unable to express oneself or make healthcare decisions. In Africa, a patient guardian is a person who *helps a patient with medication compliance* specifically in regards to Direct Observation Treatment (DOT) for TB and HIV treatment (Basu et al., 2014). Basu et al., (2014) defined patient guardian, in the context of a healthcare facility in low income countries as *a patient's relative, friend or less frequent designated hospital employee, operating as an extension of patient's hospital care support system and recognised as such by healthcare providers. A patient guardian is intimately involved in patients care to supplement the overburdened healthcare system and lives on the hospital premises during the entire period of a patient's hospitalisation.*

Hoffman et al (2012) defined a hospital guardian as *primarily female family members* of patients, usually with *low literacy rate*, who *perform a wide range of daily tasks* in patient care from wound care to advocacy.

In midwifery, the term birth companion, (Kungwimba, Malata, Maluwa, & Chirwa, 2013) or supportive companion, (Banda, Kafulafula, Nyirenda, Taulo, & Kalilani, 2010) has been used to define *someone an antenatal mother knows, preferably a mother, sister, grandmother, aunt, mother-in law, friend or male partner* who has *accepted to stay in hospital with the mother during labour and delivery.*

1.3. Purpose

The purpose of this concept analysis is to clarify the concept of patient guardian in relation to their role in the healthcare delivery system.

1.4. Objectives

The objectives of this concept analysis are:

- To determine the internal structure of patient guardian and break it down to simpler elements
- To clarify the defining attributes of patient guardian
- To promote mutual understanding among colleagues concerning the concept, patient guardian
- To determine antecedents and consequences of patient guardian in the healthcare delivery system

2. Materials and Methods

This concept analysis was conducted using a step by step Walker and Avant's strategic method (Walker & Avant, 2005). The analysis will identify the concept patient guardian in relation to the role they play in the healthcare delivery system, determine the purpose of the analysis, identify all the uses of the term patient guardian, and determine the attributes and characteristics of a patient guardian. The analysis will also develop the model cases and additional cases, identify antecedents and consequences as well as empirical referents for the concept patient guardian, (Walker & Avant, 2005).

Articles were accessed from Google Scholar, PubMed, OpenDOAR, INASP and EIFL using the search term patient guardian, hospital guardian, and family centred care. Articles that contained information related to the involvement of family members in the care of hospitalised patients were chosen.

3. Results

3.1. Attributes of a Patient Guardian

Attributes are words or expressions that have frequently been used to describe the characteristics of the concept patient guardian, (Bouso et al., 2014). The following attributes have been identified from literature review:

3.1.1. A Female Family Member or Close Friend

Hoffman et al, (2012) found that all the guardians were the patient's relatives and 83% of the guardians were women. This is probably because culturally in Malawi caring for the sick is viewed as a woman's role.

3.1.2. Looks after Someone Unable to Look after Themselves

The patient guardian is responsible for caring for someone who is not capable of caring for him/herself due to illness. Banda et al., (2010) stipulated that a supportive companion protects the mother from physical and verbal abuse from the midwives.

3.1.3. Recognised by Healthcare Providers as Hospital Support System

Hoffman et al (2012) stipulated that nurses and physicians unanimously agreed that guardians are "... like eyes for the nurses". They recognise that guardians play an essential role in ensuring that patients' well-being is advocated for. They closely monitor the progress of the patient because they are fully involved in the care. The healthcare personnel rely very much on the information that they get from them in order to make decisions pertaining to patient management.

3.1.4. Intimately Involved in Patient Care

Guardians provide basic care to hospitalised patients to ensure that their activities of daily living are met despite little or no support from healthcare workers (Hoffman et al 2012).

3.1.5. Low Literacy Rate

Hoffman et al (2012) reported that 72% of guardians were illiterate.

3.1.6. Legally Responsible

The guardian takes legal responsibility of the patient in advocating for the patients well-being and she becomes the person responsible for decision making regarding treatment plan for the patient if the patient is incapacitated to make legal decisions regarding his or her own health.

3.1.7. Lives on Hospital Premises during the Entire Hospitalisation Period

A patient guardian is available to her patient during the entire period of admission and stays on the hospital premises, (Basu et al., 2014).

3.2. Operational Definition of Patient Guardian

In this paper, a patient guardian has been defined as; usually a female family member or close friend, sometimes with a low literacy rate, legally responsible for the intimate care of a patient who is unable to look after him or herself, by performing a wide range of activities of daily living for the patient and is recognised by the healthcare providers as an extension of the hospital support system but is not supported by the healthcare providers and lives on the hospital premises during the entire period of patient's hospitalisation.

3.3. Model Case

Michelle is admitted to a hospital for Total Abdominal Hysterectomy. Her mother, Mrs Phiri, an illiterate subsistence farmer, who stays in the village has willingly offered to look after her. Whilst in hospital, Mrs Phiri is not given any support from the nurses on what she is expected to do for Michelle and some of the items she might need to offer safe and quality care to Michelle, like gloves. The mother is legally responsible for the intimate care of Michelle and stays on the hospital premises during the entire hospitalization period. She helps Michelle to meet most of the activities of daily living by turning and bathing her and gives her all the oral medication. She is recognised by the healthcare providers as the contact for decision making for Michelle and as the person who can give them information on the progress of the disease.

3.4. Additional Cases

3.4.1. Borderline Case

Sarah is admitted to the hospital due to malaria. Her husband, Precious, who is an accountant at the bank stays on with her during the day to assist her with some activities of daily living and to make sure that she takes all the oral medication that she has been given but he goes back home at night. Sarah is legally responsible for her own care because she is capable of meeting most of the activities of daily living on her own. The healthcare providers recognise Precious as the contact person for decision making.

3.4.2. Related Case

Christabel is admitted to the hospital for surgery. She however does not have a close friend or family who can be her guardian. She therefore hires a private nurse to look after her during hospitalisation. The nurse is well conversant with the healthcare delivery system and is well conversant with the type of care Christabel needs to receive while in hospital. She ensures that all the activities of daily living are met. The other healthcare providers recognise the private nurse as part of the support system.

3.4.3. Contrary Case

Natasha is sick and requests her husband to escort her to the hospital. She is treated as an outpatient and she goes back home where she is being taken care of by her daughter who goes to school in the morning and comes home at lunch time, she helps her by bringing her water and food when she asks for it. Natasha is able to meet the activities of daily living without the assistance of her daughter.

3.4.4. Illegitimate Case

Lerato started feeling unwell when she was at work. She decided to go to the hospital for check-up. The doctor reviews her and performs some laboratory investigations and he told her to take a day off so that she can rest because all her results are normal. Lerato decides to go back to work because she has a report that she needs to submit before end of day.

3.5. Antecedents and Consequences for Patient Guardian

3.5.1. Antecedents for Patient Guardian

Antecedents are events, situations or phenomena that must occur prior to the patient guardian concept, (Bouso et al., 2014; Walker & Avant, 2005). One can only be a patient guardian when a sick family member is hospitalised. The patient guardian should willingly take legal responsibility for the care of the patient.

3.5.2. Consequences for Patient Guardian

Consequences are events or situations which result from occurrence of the patient guardian concept, (Bouso et al., 2014; Walker & Avant, 2005). There are various consequences associated with the concept of a patient guardian to the patient, the guardian and the healthcare service delivery system. The physical presence of a family member during hospitalisation offers psychosocial support to the patient. This ensures trust in the care that one receives and is assured that the care will be within his/her cultural and religious beliefs. This may enhance patient satisfaction with the care received. The patient guardian continues with the care after discharge. This will promote healing and reduces re-hospitalisation of patients due to complications that may arise from poor care after discharge from the hospital.

A patient guardian is an important asset to the overburdened healthcare system in Malawi because they complement nurses' duties in ensuring that patients' activities of daily living are met and help in administration of oral medication thereby reducing the workload for healthcare workers and improving treatment compliance by the patient (Basu et al., 2014). Banda et al., (2010) mentioned provision of reassurance to the labouring woman, assistance to the midwives, and provision of pain relief by rubbing the back and handling of uncooperative patients as some of the roles that supportive companions play in reducing midwives' workload in the labour ward.

On the other hand, the guardian has to take some days off from work (if they are working) to offer care to the hospitalised family member thereby affecting their economic productivity. This can be physically, socially and emotionally exhaustive for one individual to look after a patient without any training and support for the caring role, (Hoffman et al., 2012). Hence there are usually two or more family members at a time who take turns in caring for the hospitalised family member which may lead to overcrowding in the hospitals. It also affects other roles that they play at home like looking after children, (if she has any) and the other children probably miss school because their mother is a guardian at the hospital.

3.6. Empirical Referents

Empirical referents are critical attributes which by their existence demonstrate the occurrence of the patient guardian concept (Walker & Avant, 2005). A patient must be *hospitalised* and there should be a *willing family member* who is *legally capable of caring* for the patient and *stays on the hospital premises* during the entire period of hospitalisation.

3.6.1. Implications for Nursing Practice

In Malawi, it is culturally acceptable for family members to take responsibility of sick relatives. The burden of the shortage of nurses in Malawian hospitals has been greatly reduced due to the availability and willingness of family members to provide nursing care to inpatients. The nurses concentrate on aspects of care which cannot be performed by the guardians. The economic value of donated care offered by patient guardians to the healthcare delivery system is difficult to quantify but needs to be recognised. Patient guardians are therefore partners in the healthcare delivery system. However, the quality of care rendered by untrained and unsupervised family members to inpatients is questionable. The role of patient guardians in the care of hospitalised patients needs to be clearly stipulated in order to bring a meaningful collaboration and partnership that will improve delivery of quality healthcare services in Malawi despite the shortage of nurses.

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