



Cape Peninsula
University of Technology

CAREGIVERS' "KNOW HOW" OF DATA ELEMENTS IN SOUTH AFRICAN HOME- BASED HEALTHCARE

Siphokazi Tswane, Prof. R. De la Harpe,
Prof. M. Korpela and Izak van Zyl

Background to the Research Problem

- There is no standard approach - that is accessible indigenous knowledge base - for the capturing, implementation, and utilisation of data elements in home-based healthcare in South Africa.
 - This is particularly relevant to caregivers, who rely mostly on frameworks of indigenous knowledge in interpreting how they should provide a care service.
 - **Data Elements** form part of care records such as care plans, tally sheets, home-patient care records and caregiver home visit forms.
 - Data element is “a piece of information that separately adds meaning to a patient record” (Lorgan & Gorman, 2001).

- **Home-based healthcare (HBHC)**
 - is the provision of basic health services by caregivers (formal and informal) to people in their homes (WHO, 2004).
 - considered an alternative to the customary institutionalised care and intends to promote, restore, and maintain individuals' level of comfort, function and health, including care towards dignified death.
- **HBHC Caregivers** can semi-trained or informal carers providing basic nursing and palliative care to patients in their homes
- **Indigenous Knowledge (IK)**
 - is “the systematic body of knowledge acquired by local people through accumulation of experiences, informal experiences and intimate understanding of environment in a given culture” (Rajasakeran, 1992)
 - is the information base for a society, which facilitates communication and decision-making . seen as traditional knowledge unique to a given culture.
- Indigenous knowledge is “**local knowledge** that is unique to any given society or cultural group” (Aluma, 2004; Mwantimwa, 2008; Joranson, 2008; Chikonzo, 2006)

Research Question and objective

4

- ‘In what ways do caregivers from various communities interact with data elements when providing a care service?’
- Aim
 - To explore the relationships between, and approaches to, data elements in different HBHC providers in different communities
- Contribution
 - Useful for HBHC service providers and people who develop the services so that they can prepare caregiver training accordingly
 - Government can use it for HBHC electronic records
 - Caregivers from different areas can learn from other caregivers

Research Design

5

- Approval of the research proposal and ethics clearance
- Qualitative
- Interpretive case studies -
 - 3 communities in Western Cape and Eastern Cape Provinces
- Data Collection Methods
 - Semi-structured Interviews
 - Focus Groups
 - Participant Observation
 - Document Analysis
- Data Analysis and Interpretation
 - Identify themes
 - Hermeneutic

Findings

6

- Caregiver profile
 - ▣ Activities
 - ▣ Challenges
 - ▣ (Experienced and literate, inexperienced and literate, experienced and semi-literate & inexperienced and semi-literate)
- Forms used in various communities differ
- Forms used are from the different donors

Findings (cont.)

7

- Use and perception of data elements
 - ▣ Caregivers have difficulty in using some of the important data elements
 - ▣ Caregivers do not understand how some data elements are used because they are not used often
 - ▣ Language and literacy problem
 - ▣ Data elements not properly structured on forms
- Not “allowed” to use indigenous knowledge in some areas

Questions?

8

Thank you