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

- ‘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

- 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

- 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.)

- 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?

Thank you