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WHY DO WE SOMETIMES SAY NO? CONSENSUS ON THE ACCOMMODATION OF TRADITIONAL PRACTICES IN CRITICAL CARE UNIT

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Background: Patients admitted to critical care units receive specialised care based on modern science and technology. In these units doctors and nurses perceive western practices as superior to traditional practices. Conversely, South Africa comprises of diverse people (including nurses and doctors) and cultures, where up to 85% of the population believe in and make use of traditional practices when ill. Nurses are requested by patients and/or family members to incorporate traditional practices in the management of critically ill/dying patients. Some nurses do allow traditional practices, whilst others say no. Consensus should be reached on what should and what should not be accommodated.

Aim: Evaluate healthcare professionals accommodation of traditional practices in the critical care unit

Methods: Appreciative conversations with healthcare professionals and creative arts with nurses were used to collect data relating traditional practices accommodated in critical care units. Strategies were identified and consensus reached on which traditional practices should be accommodated in future.

Results: Healthcare professionals acknowledged that traditional practices are accommodated in a haphazard way and dependant on bedside nurses. Consensus was reached that traditional practices such as prayer, singing, religious symbols and rituals associated with dying are allowed by some nurses. In future traditional practices that are risk-free (e.g. topical application) and non-disruptive (healing session) should also be accommodated.

Conclusion: Healthcare professionals are required to develop cultural sensitivity and respect patients and/or families requests to allow traditional practices for the critically ill/dying patient. Accommodation of traditional practices should become an integral part of daily bedside nursing in critical care units. Traditional practices requested by patients and/or family members which cannot be accommodated should be discussed and re-negotiated to accommodate Western and traditional practices.

Biography

Prof T Heyns is a senior lecturer at University of Pretoria for past 19 years involved in the education and training of pre-graduate and post-graduate students. Her area of clinical expertise is Emergency Nursing Care. She has supervised post-graduate scholars to completion a total of 41 Masters and 3 PhD students.. Currently she is supervising 11 Masters and 10 PhD students. She is an external examiner at several national and international universities, has examined 25 Masters dissertations and 9 PhD thesis. She has presented at various National and International Conferences relating Trauma and Emergency care as well as Practice development in the Critical Care environment. She has 20 published article in National and International Journals and is a lead researcher in an International Practice development research project with NRF Funding. She is a Fellow of the Academia of Nursing in South Africa (FANSA), as well as the past president of the Emergency Nursing Society of South Africa.

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