Title research project: Decision making in critical medical situations (CMS) in hospitals within the context of an increasingly multicultural (patients/relatives and healthcare professionals) population.

Researcher: Rose-Lima Van Keer

Promoter: Prof.Dr.Johan Bilsen

Co-promoters: Prof.Dr.Reginald Deschepper, Prof.Dr.Luc Huyghens, Prof.Dr.Wim Distelmans

Introduction: As a result of societies' increased ethno-cultural diversity, healthcare professionals more often have to communicate with patients who have a different ethno-cultural background and their family members. There is scientific evidence that communication and decision making in CMS becomes more complex and challenging when involved actors have a different ethno-cultural background.

Aim: The aim of this study project is to describe the process of communication and decision making in CMS in hospitals within the context of an increasingly multicultural (patient/relatives/staff) population. CMS refer to acute medical situations. Special attention is given to the identification of obstacles and facilitating factors in the communication and decision making between actors with a different cultural background.

Methods: Literature review and qualitative ethnographic research methods. Ethnographic fieldwork is done in one intensive care unit of a multi-ethnic urban hospital in Belgium. Data are collected through negotiated interactive observation, in-depth interviews with patients, families and healthcare professionals and from patients' medical records.

Results: Communication between healthcare professionals and family members from ethnic-minority groups in acute CMS went wrong with regard to a number of themes (e.g. visits, families' bedside care activities, their claim to information and active involvement in end-of-life decision making) and several conflicts occurred. The obstacles during communication were essentially related to differences in actors' view on what constitutes 'good care' based on their different care approaches. Healthcare professionals' views on offering good care were predominantly based on a biomedical care model and were strengthened by the specific features of the critical care context whereas families' views on offering good care were based on a holistic care model and were reinforced by certain characteristics of families' ethno-familial care context, including e.g. families' different ethno-cultural background. However, ethno-cultural differentness between actors contributed to conflicts only in confrontation with a triggering context of critical care (e.g. regulatory frameworks, time pressure). Consequently, these conflicts between healthcare professionals and families' from ethnic minority groups in acute CSM cannot be reduced to interethnic conflicts as structural functional characteristics of critical care substantially contribute to the development of conflicts.

Publications:

Van Keer RL, Deschepper R, Francke A, Huyghens L, Bilsen J. Conflict tussen zorgverleners en families van een multi-etnische patiëntenpopulatie op de IC. Nederlands Tijdschrift voor Geneeskunde. 2016; 160:D119.

Van Keer RL, Deschepper R, Francke A, Huyghens L, Bilsen J. Staff-family conflict in a multi-ethnic intensive care unit. Critical Care. 2016;20, Suppl.2: 179-180.

Van Keer RL. Intensive Suffering. Intensive Care Medicine. 2016;42:277. doi: 10.1007/s00134-015-3977-9. Epub 2015 Jul 21

Van Keer RL, Deschepper R, Francke A, Huyghens L, Bilsen J. Conflicts between healthcare professionals and families of a multi-ethnic patient population during critical care: an ethnographic study. Critical Care. 2015;19:441 doi: 10.1186/s13054-015-1158-4.

Van Keer RL, Deschepper R, Huyghens L, Distelmans W, Bilsen J. Dealing with cultural diversity during the process of communication and decision-making in the ICU: a literature review. Critical Care. 18: 24.