

Family-Focused Nursing Research in WHO Afro-Region Member States: A Scoping Review

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Abstract

Although family nursing research has become an important focus for over the past 20 years, the evolution and extent of family nursing research in the World Health Organization (WHO) Afro-regions is less explored. The purpose of this scoping review was to map the evidence of family-focused nursing research using the Joanna Briggs Institute Scoping Review methodology. A systematic electronic search of articles was carried out for the period January 1, 2000 to December 31, 2020. The review process culminated in 85 articles, evidencing an increase in publications particularly in 2019 ($n = 12$). Eighteen countries were involved, with the Southern African region contributing 52% of the studies. Family members were predominantly described as parents, siblings, and children, with the most focused area of study being family experiences ($n = 52$). The majority of studies ($n = 59$) used qualitative methodologies. Despite the recent increase in family-focused nursing research in the WHO Afro-regions, further qualitative research, including more complex methodologies and interventions are still required to build contextualized evidence-based family-focused nursing.

Keywords

Africa, family, family nursing, family nursing research, scoping review

Societal norms and values of many African nations are rooted in the philosophy of *Ubuntu* that holds central that a person is a person because of other people; encompassing respect for humanity, compassion, prioritizing the interests of the most vulnerable, and including community solidarity (De Beer & Brysiewicz, 2016; Radebe & Phooko, 2017). Such an ideology highlights the importance of the community and family in the African context. This is particularly relevant in health care settings where the family often has to assume a role of providing care to their ill family member (Muliira & Kizza, 2019). Unfortunately, in the African health care setting, the concept of family-focused nursing is not well developed.

Globally, families have undergone structural changes due to poverty, migration, war and environmental factors, leading to their altered functioning and well-being (Castelli, 2018; Makiwane et al., 2017). The current global context of rapid technological, social, and economic changes (Ikamari & Agwanda, 2020; Luttik et al., 2020; Russell, 2020) has influenced how nurses and other health care professionals engage with families. Moreover, diseases like Covid-19 have resulted in psychological stress, social isolation, and disruptions in family life processes and functioning (Feinberg et al., 2022; Lebow, 2020). The family, conceptualized as “a group of individuals bound by strong emotional ties, a sense

of belonging, and a passion for being involved in one another’s lives” (Wright & Bell, 2021, p. 61), need to overcome these challenges in attempting to care for their loved ones (Deatrick, 2017; Muzondo, 2021). This review adopts the definition of family as a system bound by biological (genetic), legal (adoption, guardianship and marriage), and sociological (friends and neighbors) ties (Erlingsson & Brysiewicz, 2015; Makiwane & Kaunda, 2018).

In light of the significance of the family, in settings where the family remains under-recognized, a shift is required to expand nursing care from being predominantly patient focused to include both the patient and their family (Østergaard & Wagner, 2014). Family-focused nursing becomes fundamental in integrating nursing care with the family as a whole and individually in health and illness contexts (International Family Nursing Association [IFNA], 2013) as positive outcomes are associated with nurse-family engagement during patients’ health care episodes. These

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outcomes include; fewer diagnostic tests and adverse events, decreased use of health services, shorter length of hospital stay, overall improvement in health literacy, and improved self-care in chronic disease management, clinical decision-making, and patient safety (Goodridge et al., 2018; Jazieh et al., 2018). However, the implementation and sustainability of effectively providing family-focused care in health care settings is complex and continues to be a global challenge for family-focused nurses (Duhamel, 2017). In addition, the current Covid-19 pandemic has challenged the maintenance of family relationships in health care contexts. Regulations of social isolation and distancing have meant minimal family interaction and engagement (Jarvis et al., 2021), with adverse effects (Montauk & Kuhl, 2020).

The 1950s witnessed the start of nursing research about family phenomena (Feetham, 1984), with an increase in the 1980s leading to the first International Family Nursing Conference in 1988 in Calgary, Alberta, Canada; the launch of the *Journal of Family Nursing* (SAGE Publications) in 1995 (Hanson, 2005); and the establishment of the IFNA in 2009. For more than 30 years, family nursing researchers have been building a knowledge base of families' experiences of health and illness, including family-focused assessment and intervention (Bell, 2017; Duhamel, 2017). As current changes in family life continue to unfold, so too emerges the need for ongoing innovation in methods and strategies when conducting family nursing research (Russell, 2020). However, in Africa, this is a challenge as family nursing practice is not recognized as a nursing specialty, resulting in a lack of a common definition of family and family-focused nursing, including no formal integration of family constructs into nurse education programs (Imanipour & Kiwanuka, 2020; Irinoye et al., 2006).

The extent of research studies in this area emanating from Africa is not clear. However, it is suggested that many aspects of family-focused nursing research in Africa still need to be explored; thus, the need to coalesce and synthesize the existing body of evidence. In this regard, a scoping review was deemed necessary to map and examine available literature on family nursing research in the WHO Afro-region member states by answering the following five questions: (a) What are the publication trends and the distribution of family nursing research? (b) What type of designs (methodology) has been used to explore family nursing research? (c) Which family member(s) was involved? (d) What are the focus conditions? (e) What is the family nursing research focus?

Methods

The Joanna Briggs Institute (JBI) Scoping Review Methodology (Khalil et al., 2020), dictated the development of the review protocol, that was registered on June 26, 2020 with the Open Science Framework (<https://osf.io/j972b>). The Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews' (PRISMA-ScR) checklist guided the reporting of this scoping review (Tricco et al., 2018).

Eligibility Criteria

The JBI framework, including Population, Concept, Context (PCC) defined key inclusion and exclusion criteria (see Table 1) (Khalil et al., 2020). In addition, articles published from 2000 to 2020, in English, and authored or co-authored by a nurse determined eligibility. Published articles were limited to English as it is the main medium of publication in the WHO Afro-region member states (Plonski et al., 2013), and this also matched the team's language skills. The use of gray literature in this scoping review was limited to completed dissertations and theses to increase the review's comprehensiveness of available evidence (Paez, 2017). This is essential as in Africa completed dissertations or theses are not always converted into publications.

Search Terms

Table 2 presents the search terms used to identify published and unpublished articles from a number of electronic data bases and search engines for the scoping review.

Search Strategy

Using the identified search terms in Table 2, a three-stage search strategy was followed. The Boolean operator "AND" narrowed the search into more focused and productive results for nursing, midwifery and research, while the operator "OR" broadened the search for the PCC. Relevant wild cards and truncations accounted for spelling and plural variations in the different databases and search engines. The initial preliminary search was conducted with two databases (PubMed and CINAHL) and using the title and abstract of retrieved articles and their index terms, discussion was held with all three reviewers to further refine the search terms.

The second search was conducted from March 26 to March 31, 2021 using all identified keywords and index terms and included the databases: AJOL, CINAHL, MEDLINE, PubMed, Sabinet, Scopus, and Web of Science, the metadata base EBSCO host, and the search engines Google and Google Scholar. Furthermore, a search of gray literature of completed unpublished academic outputs (theses and dissertations) discussing family nursing research in the WHO Afro-region was carried out by initially searching the ProQuest Dissertation and Theses Global (PQDT), then search engines Google and Google Scholar. Finally, subject area experts were consulted regarding research being conducted, as well as theses and dissertations focused on family nursing.

The third step of the search strategy involved hand searching the reference lists of the 85 identified articles for additional sources that included published and gray literature. All searches were saved in the reference manager, EndNote, and exported into the Systematic Reviews Web App (Beta) Rayyan (Ouzzani et al., 2016). An expert librarian was consulted to assist with all stages of the search strategy as well as for assistance in sourcing articles for full-text screening (McGowan et al., 2016).

Table 1. Population, Concept, Context (PCC), Inclusion, and Exclusion Criteria.

| PCC and type of evidence inclusion | Defining characteristics |
|------------------------------------|--|
| Population | Family caregivers, caregivers, primary caregivers, female caregivers, informal caregivers, parents, spouses, siblings, bereaved caregivers, families, relatives, grandmothers, grandparents, next of kin, significant others |
| Concept | Caregiving, family caring, family-centered, family collaboration, family concepts, family engagement, family experiences, family-focused, family needs, family nursing, family oriented, family research, family systems, family nursing research, nursing, and midwifery |
| Context | The 46 countries listed within the WHO Afro-region member states (sub-Saharan Africa, Southern Africa, Central Africa, West Africa, East Africa, Mauritius, Seychelles, and Madagascar), in the context of any nursing health system or health care setting, such as in hospital, clinics primary health care, community and primary health care |
| Type of evidence | Quantitative, qualitative, and mixed-methods study designs that addressed family phenomena/family-focused nursing in the 46 WHO Afro-region member states Review articles including but not limited to systematic, meta-analysis, narrative, integrative and scoping reviews Gray literature sources including academic outputs (theses and dissertations) |
| Exclusion criteria | Defining characteristics |
| Reasons for exclusions | Publications before 2000 Articles written in languages other than English Articles from the WHO region of the Americas, South-East Asia region, European region, Eastern Mediterranean region and Western Pacific region Articles written by health care professionals which do not include a nurse as an author Articles with heterogeneous population where family members contribute less than 50% of the sample size Articles with multicountry collaboration research where WHO Afro-region countries are less than 50% of the included countries Review protocols labeled as incomplete research |

Note. WHO = World Health Organization.

Table 2. Medical Subject Headings (MeSH) and Search Terms.

| Types | Search terms |
|--------------------------------|--|
| Medical subject headings terms | Family, family nursing, family research, family nursing research, Africa |
| Combination of search terms | ((Family or primary caregivers or female caregivers, or informal caregivers, or parents, or spouses, or siblings, or relatives, grandmothers, or grandparents, or next of kin, or significant others) OR (family-oriented family needs, family systems, family-focused, family engagement, family centered, family caregivers, family caring, family experiences, family concepts))) AND ((nursing and research or midwifery and research))) AND (OR (Africa, WHO Afro-region, sub-Saharan Africa, Southern Africa, Central Africa, West Africa, East Africa, Mauritius, Seychelles and Madagascar))) AND (January 1, 2000 to December 31, 2020) |

Note. WHO = World Health Organization.

Source of Evidence Selection

All duplicates were removed ($n = 331$) and recommendations made by subject area experts allowed for the identification of further articles ($n = 7$). At the first-level screening, two of the reviewers (GC and MAJ) using Rayyan (Ouzzani et al., 2016), screened all the titles and abstracts obtained from the search ($n = 249$) against the eligibility criteria. Piloting the selection process involved blinding for the first 15 articles with the same two reviewers (GC and MAJ).

The level of disagreement was high with discrepancies emanating from an unclear Population and Context; however, this was resolved in consultation with the third reviewer (PB). The definition of family was further clarified leading to a redefining of the population to include informal caregivers,

relatives, and significant others, with the exclusion of formal (paid) caregivers. The context of the WHO Afro-region states was further clarified to include the North, East, South, and West African countries as well as the islands of Seychelles, Madagascar, Mauritius, and Comoros.

Subsequently through blinding, the reviewers (GC and MAJ) independently continued with the selection process, followed by a discussion where disagreements, mainly concerning the concept of caregiving, resulted in its inclusion in the PCC. The second-level screening of full-text articles ($n = 163$) was carried out independently by two reviewers (GC and MAJ) and the final articles for inclusion were selected ($n = 85$) (Figure 1). The third reviewer (PB) reviewed and verified all the selected articles.

Data Extraction Process

The team developed a charting table to record the key information extracted from the sources, namely: WHO Afro-region, country of study, author(s), year of publication, research design, setting, sample size, sampling strategy, family member(s) involved, and focus condition (Table 3). Charting of data was revised and modified to meet the review questions until all three reviewers reached a consensus.

Analysis of Evidence

The evidence was analyzed and represented through graphs (Figure 2), maps (Figures 3 and 4), and a synthesis table (Table 3). First, frequency counts of the number of articles published per annum from 2000 to 2020 identified family nursing research's distribution and publication trends, specific countries, research designs/approaches used, and family concepts explored in the studies. After that, a descriptive summary presents a narrative of the results as they align with the five review questions. The scoping review followed the JBI methodology, hence it does not require appraising the methodological quality of the studies (Khalil et al., 2020; Peters et al., 2015).

Results

Search Results

The PRISMA-ScR flowchart (Figure 1) shows that the initial search revealed a total of 573 articles and ultimately resulted in 85 articles meeting the criteria for inclusion (Table 3).

Publication Trends of Family Nursing Research in the WHO Afro-Region

Figure 2 depicts the number of articles published in English in the WHO Afro-region from 2000 to 2020. The year 2019 had the most publications ($n = 12$) and 2002 lacked any studies or reports on family nursing research. The identified articles were published in 36 different journals ($n = 81$) and gray literature through theses and dissertations ($n = 4$). A South African nursing journal, *Curationis* ($n = 14$), was the journal most represented, while the majority of authors ($n = 64$) were affiliated with an academic institution. Psychologists, social workers, public health specialists, and medical doctors were other health care professionals involved in collaboration with family nurse researchers within and outside African academic institutions (United States, Finland, Australia, and Sweden).

Distribution of Family Nursing Research

Single-country research involving families emanated from only 32% ($n = 15$) of the 47 WHO Afro-region member states, with the highest number of publications from Southern

African-based studies ($n = 44$, 51.8%). The majority of these were from South Africa ($n = 32$, 37.6%), and the lowest from the Central African region ($n = 2$, 2.4%) (Figure 3; Table 3). The North African countries were not represented because they do not belong to the WHO Afro-region member states, and none of the island countries (Comores, Madagascar, Mauritius, and Seychelles) showed evidence of family-focused nursing research (Figure 3). Five studies involved a range of multicountries and showed the greatest involvement of Uganda ($n = 4$), followed by Malawi ($n = 3$) and Tanzania ($n = 3$) (see Figure 4; Table 3).

Using the classification of the Organisation for Economic Cooperation and Development (OECD), middle-income countries, namely, Botswana, Ghana, Namibia, Kenya, and South Africa contributed more than half of the studies ($n = 48$, 56.5%). Moreover, the Southern Africa region (mainly South Africa) offers doctoral programs that accommodate students from within Central, Eastern, and Western WHO Afro-member states. A difference was noted between the focus of the research settings used by the non-African authors, as primarily end of life care (hospices and home), compared with African authors whose studies were more often located within hospital settings.

Types of Designs (Methodology) for Family Nursing Research

Predominantly, the selected articles employed qualitative methodologies ($n = 59$) over quantitative ($n = 20$), with fewer reviews ($n = 5$), and mixed-methods studies ($n = 1$). The most common study designs noted for qualitative studies was descriptive ($n = 21$), followed by phenomenology ($n = 18$), explorative descriptive ($n = 11$), grounded theory ($n = 4$), ethnography ($n = 3$), and two case studies. The most employed quantitative design was a descriptive cross-sectional survey, accounting for 15 of the 20 quantitative studies, with intervention studies (quasi-experimental) least represented ($n = 2$). Five reviews (scoping, integrative, narrative, qualitative meta-synthesis, and systematic) synthesized evidence for family-focused nursing (Table 3). Many studies ($n = 48$) were carried out in different departments of hospital settings with others including the community ($n = 11$), primary health care facilities ($n = 10$), and home-based care contexts ($n = 9$) (Table 3).

Family Member(s) Involved and Focus Health Conditions

The majority of studies ($n = 80$) included a definition of family (who makes up the family) to include parents, legal guardian or next of kin, maternal or paternal relatives, neighbors, close friends, and significant others; however, the conceptualization of family (what is family) was not

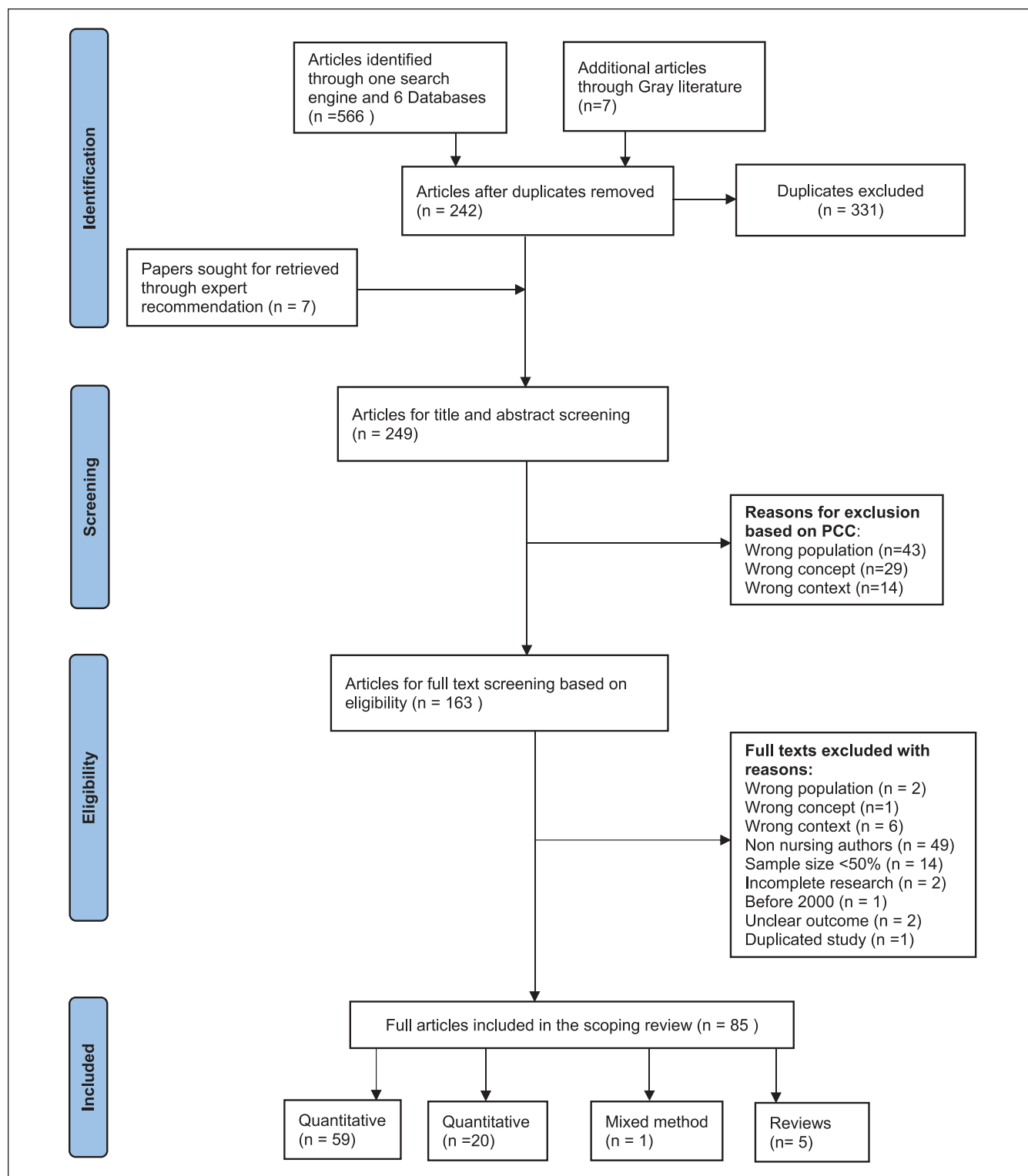


Figure 1. PRISMA-ScR Flow Chart for Selection of Articles on Family Nursing

addressed. In line with the adopted definition of family in this review, members involved were predominantly parents, spouses, and adult children. Additional members included siblings, grandparents, relatives (unspecified), neighbors,

and friends. The families were caring for members with the following focus conditions: HIV/AIDS ($n = 14$), mental illness ($n = 12$), cancers ($n = 8$), hospitalized critical illnesses ($n = 8$), and kidney diseases ($n = 4$) (Table 3).

Table 3. Synthesized Evidence of Family Nursing Articles According to WHO Afro-Region Member States (n = 85).

| Country of study | Author, year of publication | Research design | Setting | Sample (n) /sampling | Family member(s) involved | Focus condition |
|--|--|--|---|---|--|--|
| Central African region (single-country studies) (n = 2, 2.4%) Democratic Republic of Congo(n = 2, 2.4%) | Nkosi et al. (2006) Matua & Van der Wal (2015) | Qualitative descriptive Phenomenology | Home-based care Community | 12/purposive 7/purposive, convenience and criterion | Spouses Spouse, adult children and relatives | HIV/AIDS Ebola |
| East African region (single-country studies) (n = 22, 25.9%) Ethiopia (n = 4, 4.7%) | Biru et al. (2015) Biru et al. (2017) | Phenomenology Prospective cohort | PHC facility PHC facility | 21/purposive 306/purposive | Parents, grandfathers, and relatives Parents, legal guardians, sibling, and extended family member | HIV/AIDS HIV/AIDS |
| | Biru et al. (2018) Aga et al. (2009) | Phenomenology Ethnography | PHC facility Home-based care | 18/purposive 12/Purposive | Parents and relatives Mother, spouse, daughter, sibling, and friend | HIV/AIDS HIV/AIDS |
| **Kenya (n = 2, 2.4%) | Okumu et al. (2017) Mugoya et al. (2020) | Descriptive cross-sectional survey Descriptive cross-sectional survey | Hospital, pediatric oncology ward Disability health care | 62/purposive 247/not stated | Parents Parents, spouses, and relatives | Cancer Disabilities |
| Malawi (n = 4, 4.7%) | Kulunga et al. (2012) Chorwe- Sungani et al. (2015) Gondwe et al. (2017) Phiri et al. (2020) | Qualitative exploratory descriptive Qualitative descriptive Qualitative descriptive Qualitative descriptive | Hospital, labor ward Hospital, mental health ward Hospital, pediatric ward Hospital, pediatric ward | 20/purposive 10/purposive 12/purposive 20/not stated | Fathers Immediate family Mothers Parents | Birth of child Mental illness Respiratory distress Conditions requiring medical or surgical interventions |
| Mozambique (n = 1, 1.2%) | Söderbäck & Christensson (2008) | Cross-sectional survey | Hospital, pediatric ward | 100/random sampling | Parents, grandmothers and sibling | Conditions requiring medical, surgical, or emergency interventions |
| Rwanda (n = 3, 3.5%) | Munyiginya and Brysiewicz (2014) Musabirema et al. (2015) Nkuranyabazizi (2019) Nkuranyabazizi et al. (2021) Pallangyo & Mayers (2009) | Quantitative exploratory Descriptive survey Phenomenology Qualitative descriptive | Hospital, ICU Hospital, NICU Hospital, renal unit PHC facility | 40/convenience 110/census 12/purposive 8/purposive | Blood relative and significant other Parents Parents, siblings, adult child, spouse, and friend Siblings, neighbors, children, and partners | Critical illness Critical illness End-stage renal disease HIV/AIDS |
| | Outwater et al. (2012) Iseselo et al. (2016) Shimpuku et al. (2018) | Ethnography Qualitative descriptive Quasi experimental | Hospital, mortuary Hospital, OPD of mental health and substance abuse PHC facility | 30/convenience 14/purposive 96/purposive | Father, uncle, stepfather, cousin, sibling, and friend Parents and children Spouses, children, relatives, neighbors, and significant others Parent, sibling, and extended family member | Homicide Mental illness Antenatal care |
| Uganda (n = 4, 4.7%) | Olwit et al. (2015) Olwit et al. (2018) Matovu et al. (2019) Mullira & Kizza (2019) | Qualitative descriptive Qualitative descriptive Grounded theory Cross-sectional survey | Hospital, mental health ward Hospital, sickle aaaa clinic Community Hospital, OPD, wards and home-based care | 8/purposive 12/purposive 32/purposive 284/not stated | Parents and guardians Grandparents Spouse, child, neighbor, relatives, and friends | Mental illness Sickle aaaaa disease HIV/AIDS Cancer |
| Southern African region (single-country studies) (n=44, 51.8%) **Botswana (n = 7, 8.2%) | Phaladze (2001) Lindsey et al. (2003) Seloilwe (2006) | Narrative review Qualitative descriptive Grounded theory | Desk top review Home-based care Hospital, mental health ward | Not applicable 35/convenience 30/convenience | Mothers, grandmothers, and sibling Mothers, spouse, grandmothers, sibling, uncle, and daughter in law Spouses, adult children, grandmothers, and relatives | HIV/AIDS Chronic illnesses Mental illness |

(continued)

Table 3. (continued)

| Country of study | Author, year of publication | Research design | Setting | Sample (n) /sampling | Family member(s) involved | Focus condition |
|--------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------|--|--|
| **Namibia (n = 4, 4.7%) | Ledola-Motana (2007) | Phenomenology | Hospital, NICU | 8/convenience | Mothers | Critical illness |
| | Ncube (2011) | Phenomenology | Hospital, neonatal ward | 8/purposive | Mothers | Prematurity complications |
| | Philips & Lazenby (2013) | Qualitative descriptive | Hospital, hospice | 28/not stated | Parents, spouse, adult child, sibling, and significant others | End of life/dying |
| | Shaibu (2013) | Qualitative descriptive | Home-based care | 12/purposive | Grandmothers | Orphans |
| **South Africa (n = 32, 37.6%) | Leuning et al. (2000) | Ethnography | Home-based care | 11/purposive | Grandchildren and adult children | Elderly |
| | Ntswane & Van Rhy (2007) | Phenomenology | Community | 12/purposive | Mothers | Intellectual disability |
| | Amakali & Small (2013) | Phenomenology | Rural community | 5/purposive | Parents | Heart disease |
| | Hamukwaya (2019) | Cross-sectional survey | Hospital, ICU | 130/simple random sampling | Parent, spouse, children, siblings, and grandchildren | Critical illness |
| | Davhana-Maselesele (2005) | Phenomenology | Community | purposive | Spouses | Death |
| | Ramath (2007) | Cross-sectional survey | Hospital, ICU | 44/convenience | Friends | Critical illness |
| | Brysiewicz (2008) | Phenomenology | Bereavement support group | 5/purposive | Parents and spouse | Death |
| | Verwey et al. (2008) | Phenomenology | Hospital, pediatric unit | 22/purposive | Parents | Conditions requiring medical or surgical interventions |
| | Mavundla et al. (2009) | Qualitative explorative descriptive | PHC facility | 8/purposive, convenience | Parents, spouse, and siblings | Mental illness |
| | Mhaule et al. (2009) | Qualitative explorative descriptive | Rural community | 12/purposive | Parents, adult child, siblings, and significant others | Mental illness |
| | Tshillo & Davhana-Maselesele (2009) | Qualitative descriptive | Home-based care | 12/purposive | Mothers, spouses, and grandmothers | HIV/AIDS |
| | Majumdar & Mazaleni (2010) | Qualitative explorative descriptive | Community | 9/not stated | Immediate female family | HIV/AIDS |
| | Roets et al. (2012) | Phenomenology | Community | 20/purposive | Parents and grandparents | Teenage pregnancies |
| | Sukumani et al. (2012) | Cross-sectional survey | Hospital, pediatric ICU | 62/census | Mothers | Critical illness |
| | Bejane et al. (2013) | Qualitative descriptive | PHC facility | 8/purposive | Parents, adult children, and grandmother | Tuberculosis |
| | Van Wijk et al. (2014) | Phenomenology | Health care center for rape victims | 9/purposive | Parents, aunts, and grandparents | HIV/AIDS |
| | Mokgothu et al. (2015) | Qualitative explorative descriptive | Hospital, mental health ward | 9/purposive | Male intimate partners | Rape |
| | Botes & Langle (2016) | Quantitative, design not stated | Hospital, emergency | 100/convenience | Immediate family | Mental illness |
| | Kisorio & Langley (2016) | Qualitative explorative descriptive | Hospital, ICU | 17/purposive | Parents, spouses, partners, adult children, siblings, and significant others | Injured |
| | Oyegbile and Brysiewicz (2017a) | Cross-sectional survey | Hospital, ICU | 162/census | Parent, spouse, adult child, sibling, and niece | End of life |
| | Oyegbile and Brysiewicz (2017b) | Grounded theory | Hospital, ICU | 9/convenience and theoretical | Blood relatives, significant others | Critical illness |
| | Direng (2017) | Cross-sectional survey | Hospital, ICU | 100/purposive | Parents, spouse, adult child and sibling | Critical illness |
| | Tlhowe et al. (2017) | Phenomenology | Hospital, ICU | 15/purposive | Parents, spouse, adult children, sibling, and significant other | Critical illness |
| | Chironda and Bhengu (2018) | Qualitative case study | Hospital, OPD | 6/purposive | Parents and siblings | Mental illness |
| | | | Hospital, renal unit | | Spouse, adult child, parents, and sibling | Chronic Kidney disease |

(continued)

Table 3. (continued)

| Country of study | Author, year of publication | Research design | Setting | Sample (n) /sampling | Family member(s) involved | Focus condition |
|--|--|-------------------------------------|-------------------------------------|-----------------------------|--|---------------------------------------|
| Swaziland | Kay et al. (2018) | Qualitative explorative descriptive | Not stated | 8/purposive | Parents, spouse, adult child, and uncle | Mental illness |
| | Porgijer & Maree (2018) | Qualitative descriptive | Hospital, cancer care center | 11/purposive | Spouses and adult children | Cancer |
| | Maree et al. (2018) | Qualitative descriptive | Hospital, not stated | 20/purposive | Immediate family | Cancer |
| | Kahonde et al. (2019) | Grounded theory | Community | 25/convenience and snowball | Parents, aunt, and uncle | Intellectual disability |
| | Emmanally and Brysiewicz (2019) | Survey | Hospital, ED | 353/purposive | Parents, spouse, grandparent, siblings, guardian, and significant others | Emergency illnesses |
| | Temane et al. (2019) | Phenomenology | Hospital, mental health institution | 9/purposive | Couples | Mental illness |
| | Emmanally et al. (2020) | Qualitative descriptive | Hospital, ED | 6/purposive | Spouses and adult children | Emergency illnesses |
| | Hlungwani et al. (2020) | Qualitative explorative descriptive | Hospital, mental health ward | 8/purposive | Parents | Substance abuse |
| | Meinijes & Nolte (2015) | Qualitative case study | PHC facility | 10/purposive | Parents | Atopic eczema |
| | Mool & Ncama (2020) | Qualitative descriptive | Home-based care | 4/purposive | Immediate family | Chronic critical-related malnutrition |
| Nigeria (n = 8, 9.4%) | Mothwa et al. (2020) | Qualitative descriptive | Hospital, mental health ward | 9/purposive | Parents and siblings | Mental illness |
| | McCreary et al. (2004) | Qualitative explorative | Home-based care | 21/convenience | Spouses, adult children, relatives, and neighbors | HIV/AIDS |
| | West African region (single-country studies) (n = 12, 14.1%) | | | | | |
| | Aziato & Adejumo (2014) | Qualitative explorative | Hospital, surgical ward | 12/purposive | Parents, spouses, fiancé, and adult children | Surgical procedure |
| | Adama et al. (2018) | Phenomenology | Home-based care | 30/purposive | Parents | Premature neonates |
| | Ohene et al. (2019) | Qualitative descriptive | Hospital, pediatric ward | 19/theoretical | Parents | Road traffic accidents |
| | Kusi et al. (2020) | Phenomenology | Hospital, oncology unit | 15/purposive | Mother, spouse, adult child, siblings, and friend | Cancer |
| | Fatoye et al. (2006) | Cross-sectional survey | Hospital, medical ward | 103/purposive | Spouse, adult children, relatives, and friends | Stroke |
| | Akpan-Idiok & Anarado (2014) | Cross-sectional survey | Hospital, OPD oncology | 210/purposive | Spouses, partners, and parents | Cancer |
| | Achema & Ncama (2016) | Grounded theory | Hospital, pediatric unit | 8/purposive | Parents | HIV/AIDS |
| East and West African regions (multicountry primary study) (n = 1, 1.2%) | Oyegbile and Brysiewicz (2017a) | Mixed-method | Hospital/renal unit | 96 and 15/purposive | Parents, siblings, and grandmothers | End-stage renal disease |
| | Oyegbile and Brysiewicz (2017b) | Qualitative descriptive | Hospital/renal unit | 15/purposive | Parents, spouses, siblings, and adult child | End-stage renal disease |
| | Faronbi (2018) | Cross-sectional survey | Community | 325/purposive | Parents, spouse & in-laws | Chronic diseases- |
| | Gabriel & Mayers (2019) | Quasi experimental | Hospital, OPD | 108/convenience | Parent, spouse, child, sibling, and friend | Cancer |
| | Falade-Fatila & Adebayo (2020) | Cross-sectional survey | Community | 367/multistage sampling | Male partners | Pregnancy care |
| | East and West African regions (multicountry primary study) (n = 1, 1.2%) | | | | | |
| | Adejoh et al. (2021) | Qualitative descriptive | Hospital, palliative care providers | 48/purposive | Spouses, parent, children, and siblings | Cancer |
| | Nigeria, Uganda, Zimbabwe | | | | | |
| | (continued) | | | | | |

Table 3. (continued)

| Country of study | Author, year of publication | Research design | Setting | Sample (n) /sampling | Family member(s) involved | Focus condition |
|--|---------------------------------|-----------------------|----------------|------------------------|---|---|
| Central, east, west, and southern regions* (multicountry secondary studies) (n = 4, 4.7%) | | | | | | |
| ***Botswana | McInerney and Brysiewicz (2009) | Systematic review | Desktop review | 14 articles/not stated | Spouses, adult children, female relatives, and neighbors | HIV/AIDS |
| Malawi | | | | | | |
| **South Africa | | | | | | |
| Swaziland (Eswatini) | | | | | | |
| Uganda | | | | | | |
| Cameroon, **Kenya, Malawi, Rwanda, Tanzania, Uganda, Zambia | Auvinen et al. (2013) | An integrative review | Desktop review | 18 articles/Not stated | Males | Preventing Mother-to child transmission |
| Ethiopia, Malawi, Mozambique, Nigeria, Senegal Tanzania, Uganda | Nkwonta & Messias (2019) | Scoping review | Desktop review | 18 articles/not stated | Males | Reproductive health interventions |
| ***Botswana, ***Kenya, ***Namibia, ***South Africa, Swaziland, Tanzania | Ntsayagae et al. (2019) | Meta synthesis | Desktop review | 10 articles/purposive | Parents, spouses, grandparents, siblings, nephew, and nieces. | Mental illness |

Note. PHC = primary health care; ICU = intensive care unit; NICU = neonatal intensive care unit; OPD = outpatient department.

WHO Afro-regions (n = 4) and included countries (n = 47). Context of single-study family nursing research in bold. *Contexts included in multicountry research.

***Middle-income countries

Central African region: (Angola, *Cameroon, Central African Republic, Chad, Congo Republic—Brazzaville, **Democratic Republic of Congo**, Equatorial Guinea, Gabon, São Tomé & Príncipe), **East African region:** (Burundi, Comoros, Djibouti, *Ethiopia, Eritrea, *Kenya, Madagascar, *Malawi, Mauritius, **Mozambique**, Réunion, *Rwanda, Seychelles, Somalia, Somaliland, *Tanzania, *Uganda, *Zambia, and *Zimbabwe), **Southern African region:** (*Botswana, Lesotho, *Namibia, *South Africa, *Swaziland), **West African region:** (Benin, Burkina Faso, Cape Verde, Côte D'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, *Nigeria, *Senegal, Sierra Leone, and Togo).

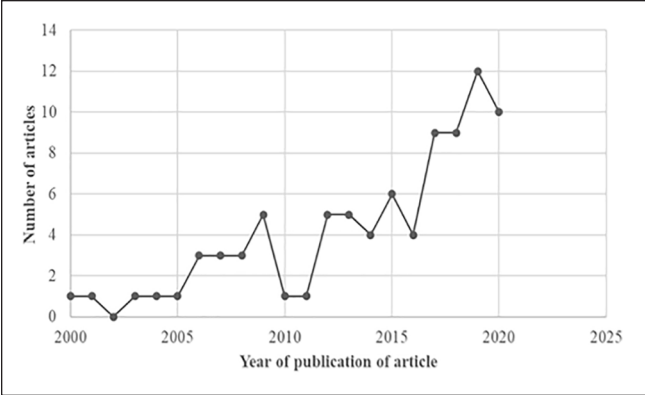


Figure 2. Publication Trends of Family Nursing Research in the WHO Afro-Region ($n = 85$)

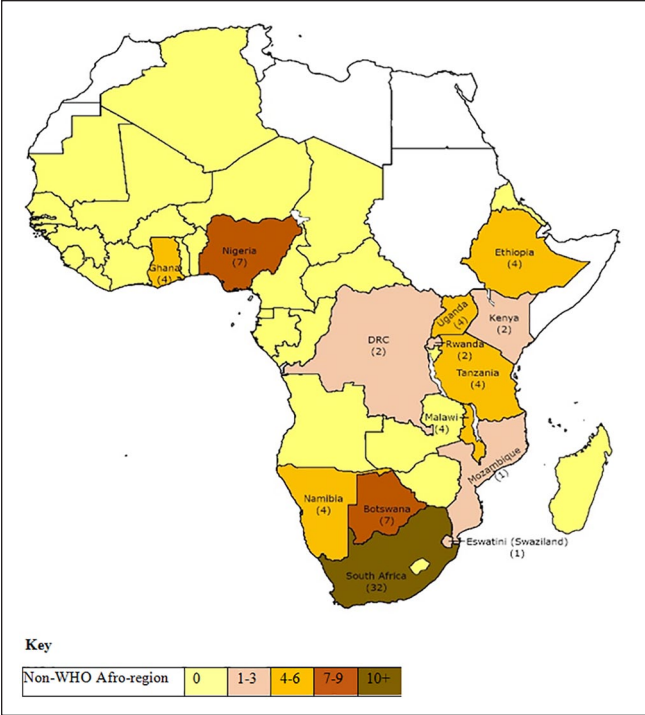


Figure 3. Number of Single-Country Studies in WHO Afro-Region States

Family Nursing Research Focus

A significant number of studies ($n = 53$) focused on family experiences. Other studies focused on family needs ($n = 7$), family support, burden, and stress showing similar numbers ($n = 6$), and family engagement ($n = 5$). Family caregiving and family-centered nursing were the words commonly used to describe the type of care nurses offered to families.

Discussion

The scoping review answered the five review questions, allowing the reviewers to synthesize and map the available

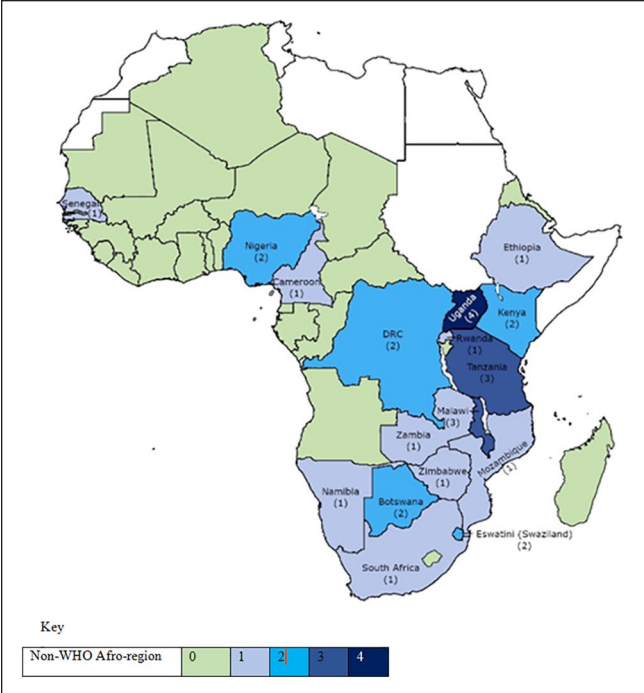


Figure 4. Number of Multicountry Studies in WHO Afro-Region States

literature sources ($n = 85$) on family-focused nursing research for the 46 WHO Afro-region member states (WHO, 2021) for the period 2000 to 2020. Conducting the scoping review proved challenging as evidence from the WHO Afro-regions showed variability in the definition of family.

Publication Trends, Country Distribution, and Research Designs

In comparison to high-income countries, where an increase in publications on family-focused research began in the 1980s (Bell, 2019; Hanson, 2005), this review revealed that the WHO Afro-regions started at a slower pace. However, through increasing publication trends (2006–2020) there appears to be an increased interest in family nursing especially within the middle-income countries in the WHO Afro-region (South Africa and Kenya). The increase in African family nursing research holds specific relevance as the top 10 countries involving family nursing studies are ranked as United States, Brazil, Australia, Canada, Sweden, England, Japan, Finland, Germany, and the Netherlands (Huang et al., 2021); thus, some of the evidence-based practice produced may not be applicable or transferable to African countries (Sun, 2015).

The availability of research capacity, coupled with the development of research centers within specific Southern and Eastern African regions has served to attract funders (Morel et al., 2018), hence higher research outputs from these regions. The Southern African region, especially South

Africa, showed accelerated growth from 2012 to 2020. Despite the evidence of growth, more than half ($N = 31$) of the countries within the WHO Afro-region do not have any family-focused nursing research outputs.

While there are limited family-focused publications within the WHO Afro-region, it is important to highlight the evidence of national, regional, and international multidisciplinary research collaborations (Adejoh et al., 2021; Aga et al., 2009; Fatoye et al., 2006; Hlungwani et al., 2020; Kululanga et al., 2012; McCreary et al., 2004; Musabirema et al., 2015; Nkosi et al., 2006; Nkwonta & Messias, 2019; Ntsayagae et al., 2019; Okumu et al., 2017; Outwater et al., 2012). However, despite the multidisciplinary involvement, compared with other health care professionals, nurses are often excluded and their voices are not considered in research (Holmes et al., 2020; Maree et al., 2017) despite being the front-line workers who deliver care. The observations of Holmes et al. (2020) and Maree et al. (2017) appear to hold true for family-focused research as evidenced by a significant number of articles being excluded from the review ($n = 49$) as they did not include a nurse author. Yet the nursing discipline is considered best suited to leading research of families that further informs policy for the health and well-being of families (Feetham, 2018).

In the clinical area, the absence of a skilled clinical research scholar (Conradie et al., 2018) and the shortage of nurses and midwives across the WHO Afro-regions (Sun, 2015) restricted research. Nonetheless, as the nurse might be less noticeable in multidisciplinary research, the majority of published research originated from academic institutions where nurse researchers are usually concentrated.

The recent external academic funding support for Masters and PhD students in Africa (Morel et al., 2018) may be the reason for increased research outputs from academic settings. However, Maree et al. (2017) have highlighted the difficulties which have arisen due to the shortage of knowledgeable faculty to supervise postgraduate students. Other authors have also provided reasons for a completed thesis/dissertation remaining as unpublished research due to limited availability of academics and students to develop a manuscript, the high rate of rejection by international journals regarding research from Africa, as well as the financial constraints in meeting publication costs (Bickton et al., 2019; Conradie et al., 2018).

Much of the included research was descriptive in nature, using a qualitative approach, similar to the findings of family nursing research reviews in high-income countries (Saveman, 2010; Østergaard & Wagner, 2014). A qualitative approach is predominant in nursing research (Doyle et al., 2020; Ganong, 2011), with the under-utilization of mixed-methods approach in family-focused nursing research not confined to Africa (Oyegbile & Brysiewicz, 2017a), suggesting nurse researchers' limited experience in utilizing this methodology (Younas et al., 2019). Similarly, family interventions (Gabriel & Mayers, 2019; Shimpuku et al., 2018) are scarce in the WHO

Afro-region. However, researchers are showing a growing interest in family nursing interventions, perhaps due to the highlighted importance globally of implementation research (Cassidy et al., 2021).

Family Member(s) Involved and Focus Conditions

The current scoping review explored who was defined in the research as family, in keeping with international criteria for research of families (Feetham, 2018). The family members included in the studies were parents, siblings, adult children, grandparents, other relatives (aunts and uncles), friends, and neighbors. Makiwane and Kaunda (2018) identified the aforementioned family members as the ones who make up families in most African countries. The inclusion of "neighbor" and "friend" matches the definition of family in the current scoping review, thus showing variations in the progressive alteration of traditional African family structures.

Western conceptualizations of family as expressed in a review of Danish family nursing research of family being bound by legal, biological, adoptive, and/or marital ties (Østergaard & Wagner, 2014), can prove to be restrictive in the current African communities (Erlingsson & Brysiewicz, 2015). While the majority of Danish family nursing research was carried out in pediatrics (Østergaard & Wagner, 2014), nursing research involving families in WHO Afro-region states predominantly involved families of adult patients/clients.

The focus conditions of the studies included in the review featured chronic communicable (HIV/AIDS) and noncommunicable diseases (mental health, cancer, and kidney disease) posing a major burden in the WHO Afro-region (Bigna & Noubiap, 2019; Ellapen et al., 2021; Juma et al., 2018; Kaze et al., 2018). It is also worth noting that family-focused research appears to be influenced by patterns of foreign aid in African countries. For instance, the focus on HIV/AIDS and cancer is possibly due to the high influx of donor funding over the past years (van de Ruit, 2020). Furthermore, the inclusion of mental health in the 2015 Sustainable Development Goals (SDGs) (Docrat et al., 2019) might explain the growth of studies on families with members exhibiting mental health problems. Cancer and critical care nursing are well-established specialties in Africa (Maree et al., 2017), thus explaining research in these areas.

Family Nursing Research Focus

There was a greater focus on family experiences of caring for various acute or chronic conditions within the different health care settings and communities than on family needs, support, burden, stress, and engagement. Not unique to the context of the WHO Afro-region, but similar to findings from a Swedish study (Saveman, 2010), the majority of African families experienced fear, physical, emotional,

spiritual anguish, pain, loss of control, sorrow, confusion, and despair coupled with alterations in daily activities of living as they cared for their ill family members.

The African caregivers were not paid nor compensated in any way, as the caregiver perceived this role as a cultural obligation. Again, it is essential to look after the health care needs of an ill family member, with this role continuing into the health care facilities because of insufficient nurses in African countries (Nkengasong et al., 2021). Simultaneously, a financial obligation follows with possible economic burdens as the family is often expected to visit the hospital daily, as well as purchase medical supplies before their loved one can be treated (Aga et al., 2009; Chironda & Bhengu, 2018; Lindsey et al., 2003; Oyegbile & Brysiewicz, 2017b). Health care professionals and other family members endeavor to provide social, psychological, and emotional support (Adama et al., 2018; Direng, 2017; Emmamally & Brysiewicz, 2019; Emmamally et al., 2020; Letlola-Motana, 2007). However, financial support appears less possible due to the predominance of low-income countries within the WHO Afro-region.

Family experiences of changes in needs (Brysiewicz & Chipps, 2017; Hamukwaya, 2019; Meleis, 2010; Mooi & Ncama, 2020; Munyiginya & Brysiewicz, 2014; Ramnath, 2007) were mostly centered on families with loved ones in intensive care unit (ICU). Similarly, Swedish families with admitted family members in ICU felt that to promote the recovery process, it was necessary to stay close to the ICU bedside and, most importantly, there was a need for support from each other, even beyond discharge (Saveman, 2010). While Swedish family nursing research identified hope, a positive attitude toward life, and attempting to live a normal life as a way to cope with the illness of a family member (Saveman, 2010), how families adjust and cope throughout the lifespan after the illness of a family member is not well researched in the WHO Afro-region.

Moreover, the increasing burden of chronic illnesses, home-based palliative care, and hospitalization of end of life individuals have been noted, with only a few studies (Fatoye et al., 2006; Gabriel & Mayers, 2019; Kisorio & Langley, 2016; McInerney & Brysiewicz, 2009; Oyegbile & Brysiewicz, 2017a; Philips & Lazenby, 2013) focused on these areas. Yet, more studies on home-based palliative care emanated from a family nursing research review done in Sweden over a decade ago (Saveman, 2010). Similarly, despite Africa's turbulent socio-economic political history, with an incumbent high mortality rate due to injuries and diseases, including the current Covid-19 pandemic (Iheonu et al., 2019; Lone & Ahmad, 2020), experiences involving family loss (Brysiewicz, 2008; Davhana-Maselesele, 2005; Outwater et al., 2012) are not well explored, evidenced by last published study in 2012 (Outwater).

In addition, compared with family nursing research in Finland, where family violence studies rank high as a focus area (Åstedt-Kurki, 2010), and interestingly counter to sub-Saharan Africa's (SSA) high violence prevalence (Cools

et al., 2005), there were only a scarce number of studies on family violence and abuse (Mugoya et al., 2020; Van Wijk et al., 2014). However, on the opposite side of the pendulum of violence, the classic African philosophy of *Ubuntu* encompassing compassion and humanity rooted in their beliefs, cultural influences and relationships, was only explored through three studies (Kahonde et al., 2019; Leuning et al., 2000; Temane et al., 2019). Similarly, Ganong (2011) reported limited family nursing research studies on cultural issues that affected families at a global level. It is interesting to note studies that emphasized the concept of family engagement (Falade-Fatila & Adebayo, 2020; Jaana et al., 2013; Nkwonta & Messias, 2019; Shimpuku et al., 2018) involved males in various programs that pertained to antenatal and reproductive care, thus indicating a growing interest by black African men in women's health.

Strengths and Limitations

To our knowledge, this is the first attempt to map the evidence of family-focused nursing research in the WHO Afro-regions. Three reviewers selected articles independently, which eliminated possible selection bias. Furthermore, gray literature sources in the form of completed academic theses and dissertations were examined to add to the evidence that was relevant to this scoping review.

Families have been part of nursing care since Florence Nightingale and nurse researchers have access to the scholarship of family science across disciplines. Hence, the use of family experiences terminology was an appropriate approach among African family nurse researchers. The articles described the definition and structure of the family in Africa per se, as opposed to reliance on research from non-African countries.

The review had some limitations in that, across all the published studies, there does not appear to be a common understanding of the concept of family-focused nursing. Therefore, it was challenging to define search terms that were sensitive to the central concept of family nursing research when "family focused nursing" is not an accepted nor well-understood term in Africa.

Family nursing is not a recognized specialty in the WHO Afro-region, hence, the unfamiliarity of using family nursing constructs among the nurse researchers. It then becomes challenging for the reviewers to identify family constructs within the research.

Only countries in the WHO Afro-region were included thus eliminating the North African countries belonging to the Eastern Mediterranean Region.

There have only been four similar national reviews focused on the science of family nursing (Denmark, Finland, Sweden, and Japan) (Østergaard & Wagner, 2014; Åstedt-Kurki, 2010; Ganong, 2011; Saveman, 2010), therefore, the reviewers had limited information against which to compare and contrast the current findings.

Only articles written in English were selected, meaning any publications in Portuguese, Arabic, Amharic, French, and local African languages could have been excluded. Articles without a nurse as either an author or co-author were excluded, and it is possible that some studies in which nurses participated were excluded.

Patient and public involvement in the research process of the extracted studies was not explored and warrants further investigation as this has been shown to improve the quality and end results of research (Tomlinson et al., 2019).

Implications for Family Nursing Practice

Despite the development of family-focused nursing at a global level, it is not formally recognized in the WHO Afro-regions. Hence, there is a need to introduce family nursing in nursing curricula in Africa. This could prepare and equip nurses with additional knowledge on how to engage with families and promote the implementation of family-focused nursing research, thus bridging the gap between research and practice. Many of the countries in the WHO Afro-regions, where there was no evidence of family-focused nursing research, might have perceived other health needs as priorities, offering a unique opportunity to concurrently address health needs and introduce family-focused nursing.

Implications for Research About Families

There is a paucity of literature on family-focused nursing research in the WHO Afro-region and the available research is primarily qualitative and descriptive in nature. However, the limited use of quantitative, mixed-methods, and specifically grounded theory, ethnographic, and case study qualitative research designs, suggests there is a larger scope needed in future research to build evidenced family nursing theory relevant to the African context. In addition, family nurse researchers need to focus on the impact of family nursing or family care and make use of more complex and sophisticated methodologies to create evidence-based practice for patients and their families within Africa.

In addition, findings from the current review may be used to strengthen research agendas related to family-focused nursing research by placing more emphasis on transforming the African nursing curricula to include the specialty of family nursing to facilitate the development of family nurse researchers in both academic and clinical settings. The review revealed that the majority of the WHO Afro-region member states hold the opportunity for the beginnings of research in family-focused nursing.

Conclusion

Despite the recent increase in family-focused nursing research in the WHO Afro-regions, further qualitative research including more complex methodologies and interventions, are still

required to extend family nursing research beyond the identified countries. Inclusion of family nursing into the nursing curricula will help to position the science and practice in the teachings of family-focused nursing education, policy development, and research and help build an evidence-based family nursing practice for the WHO Afro-region.

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