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Research paper

The experiences of family members of a person with a head injury

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Abstract

The aim of this study was to understand what the family members of a person with a head injury go through during the pre-hospitalization, hospitalization and rehabilitation period. The objective set for this study was to explore and describe the experiences of family members of a person with a head injury.
A purposive sample was selected from the records of the Intensive Care Unit at the Intermediate Hospital Oshakati where the addresses of the head injury patients were identified. A qualitative explorative, descriptive and contextual research design was conducted utilizing individual in-depth face-to-face interview to gather data from family members of a person with a head injury. Data was analyzed using Tech's method for content analysis.
The results of this study showed that family members of a person with head injury had varied and different experiences varying from different feelings, challenges and support to them.
Recommendations based on the findings were made for both health care providers and family members of a person with a head injury.

Keywords: *Experiences; Families; Head Injury; Person.*

1. Introduction

Head injuries are common occurrences world-wide and can have debilitating effects on a person and family units as well. The causes of head injury vary in developing and developed countries. Sometimes injury results from a blow to the head that may be suffered in a motor vehicle accident such as when a person is swung through the wind screen, from a fall, causing a closed head injury, or from a gunshot causing an open wound. According to answers to questions by members of head injury patients, Hutchison and Hutchison (2009) pointed out that head injury may also occur as a result of lack of oxygen, such as during drowning, or as a result of lack of blood supply to the brain, such as following a cardiac arrest. Tidy (2007) cites that head injury is usually referred to as traumatic brain injury (TBI) or acquired brain injury (ABI) which occurs when a sudden trauma causes damage to the brain. Head injury may also be as a result of a concussion (when the brain is shaken) or a contusion (bruise on the brain).
In developed countries head injuries are a major medical and social problem and is the leading cause of mortality and morbidity especially in the under 5 and 15-24 age groups. These causes challenge not only for the Government to establish and maintain rehabilitation services for patients and other medical costs, but also for the patients themselves and their family members (Tidy, 2007); (Elbaum & Benson, 2007).
In the UK, according to a study by Sinnakaruppan, Downey and Morrison (2005) it is estimated that 5.2 people out of every 10 000 suffer serious head injury each year; whereby an estimated number of ±20% of head injury individuals die prior to admission to hospital. The authors further pointed out that it is family carers who undertake the responsibility for the life-long care of their relatives with head injuries. Such a caring role has adverse effects that make family members to suffer high levels of anxiety, depression and distress and a family unit may become dysfunctional.
Mokhosi and Grieve (2004) indicated that like in many developing countries, it is estimated that the incidence of TBI in the Republic of South Africa is higher than the worldwide average and a figure of 316 per 100 000 a year for the Johannesburg area has been reported. They further highlighted that TBI could have both negative and positive effects on both a person with head injury and family functioning.
Namibia is a developing country, thus its socio-economic spheres are under-developed and home and road accidents are of common occurrence. Motor vehicle accidents (MVA) and home accidents, like falls, especially under children, are a cause of morbidity and mortality especially in the under10 years age groups and amongst older people of 70 years and above. The Intensive Care Unit (ICU) in Intermediate Hospital Oshakati (IHO) recorded 42 head injury related admissions between June 2009 and May 2010 of which 14 were fatal (MOHSS statistics, 2010). Common causes of these injuries are motor vehicle accidents, falls and common assaults.
Head injuries are not only challenges to victims alone, but also to family members and the Health Services. Nearly US$100 billion is spent annually on hospitalization and lost productivity because of trauma in the United States (USA) alone (Thelan, Lough, Urden, & Stacy, 2006). Although the costs spend on head injuries in Namibia are not known, these cannot be less than the costs in developed countries like the USA, because of her under developed services. Family members spend lots of money on hospital bills, transport to and from hospitals and other hidden costs on a hospitalized member, and sometimes have to foot bills for funerals

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resulting from such injuries. Family members also suffer not only physically, but also psychologically during the time of hospitalisation, bereavement or rehabilitation as they are trying to come to terms with new and difficult changed situations.
They may also not fully understand explanations or intentions of health professionals regarding the extent of the injury, because their perceptions of accidents, or head injury in particular, may differ from those of health professionals and may also be distorted by senses of guilt, regret, anxiety, disbelief, hopelessness, loneliness or frustration as situational support might be inadequate or non-existent. Family members may not think rationally because an expected death or possible disability confronts them. Their distorted thoughts and emotions may further be aggravated by disfigured and swollen heads of loved ones who might be lying motionless in a coma or under the influence of sedatives during the first days of hospitalization. The environment of the ICU itself is a strange place. It may be perceived as hostile, formidable, stressful and frightening with its alarming machines (Thelan et al, 2006).
According to Bond, Rae Lee Draeger, Mandleco and Donnelly (2003), about 10%, of head injury patients sustain moderate traumatic brain injury and may be admitted to an Intensive Care Unit (ICU) for observation, while 10% who have severe traumatic brain injury, require rapid intervention and stabilization in an ICU.
Admissions of patients to hospital, especially to the ICU, are stressful for family members of any patient, and a sudden unexpected onset of a traumatic head injury makes them more vulnerable. This is caused by the unstable nature of the injury and a strong possibility of death. Many thoughts go through their heads when thinking about the fate of a loved one and what they might have to face. Under such circumstances, health professionals, especially nurses, who many at times have to deal with family members of head injury patients, need to have an understanding of diverse behaviours, which may even be irrational or unacceptable according to hospital rules, and need to exercise a lot of patience to maintain calmness, offer support and keep order in the units.

1.1. Problem statement

Any stressful unexpected event, of whatever nature, may threaten lives of family members and may destabilise the homeostasis of a family unit. The experiences of each member might differ during such stressful life events and if there are inadequate support to enable them to cope with it, distress or even ill health might result. In the case of a crisis because of a head injury, each member might experience it in a unique way. Thus, the experience of a spouse will differ from that of siblings and from that of children. For this study, the researcher investigated how family members experience difficult times of having a family member who sustained a head injury, either during hospitalization or after discharge. Furthermore, the researcher has not found any studies conducted in Namibia that are exploring the experiences of family members of a person with a head injury.
The question for the study therefore was: What are the experiences of family members of a person with a head injury?

1.2. Aim of the study

The aim of this study was to understand what the family members of a person with a head injury go through during the pre-hospitalization, hospitalization and rehabilitation period.

1.3. Research objective

The objective of this study was to explore and describe experiences of family members of a person with a head injury.

1.4. Significance of the study

This study will provide knowledge about the experiences of family members of a person with a head injury. This information will assist family members of a person with head injury to understand, assist and support this person diagnosed with a head injury. The findings of the study may also be useful to researchers who want to conduct a study on the topic so as to generalise the findings and add to the understanding of the phenomenon.
The study may also be useful in the formation of a support group of family members of a person with a head injury.
Furthermore, the findings of the study may be applied in nursing education and training to better prepare nurses to care, support and understand family members of persons with head injuries.

2. Study design and methods

The researcher adopted a qualitative, explorative, descriptive and contextual study design based on the phenomenological approach to data gathering (De Vos, Strydom, Fouche & Delport, 2009).
The research population for this study comprised of family members of persons with head injuries who have been treated in the intensive care unit at the Intermediate Hospital Oshakati.
A purposive sampling was utilized to collect data as the researcher consciously selected participants purposefully or according to the judgment that the sample would provide the needed information to address the research question. The sample for this study consisted of family members of persons diagnosed with a head injury and who had been treated at the intensive care unit in Intermediate Hospital Oshakati (IHO) between 1 June 2001 and 31 May 2002.
Ten family members were interviewed, 6 mothers, 1 grandparent and 3 siblings. Eight of the participants had a secondary or a tertiary education background and two were uneducated; and were from different religious denominations.
The researcher made use of the phenomenological in-depth face-to-face interviews as a means of data collection. The in-depth interviews lasted between 40 – 50 minutes.
The researcher and the independent coder analyzed the data to develop themes and sub-themes. Coding was done according to Tesch to reduce the data into themes and sub-themes (Creswell, 2003).

3. Results and discussions

Three themes emerged from the data analysis. The themes and categories that have been identified are shown below in table1. Each theme will be discussed, verified with the necessary direct quotations from the interviews with the participants and relevant literature control will be cited to back up the findings from this study.

Table 1: The Three Main Themes and the Sub Themes of the Study

Themes	Sub-themes
3.1. Feelings of varied emotions experienced by family members of a person with a head injury	3.1.1. Negative feelings experienced by family members of a person with a head injury Psychological shock because of the news/sight of a family member with a head injury. • Fear and uncertainty because of the appearance and possible impending death of the person with head injury. • Hopelessness and powerlessness because of the condition of a family member with a head injury. • Disbelief, loss and grief because of the death of the person with a head injury. 3.1.2. Positive feelings experienced by family members of a person with head injury • Relief because of the improvement in the condition of the person with a head injury. 3.2.1. Limited transport for the family members to go to and from the hospital. 3.2.2. Ineffective interpersonal communication between the nurses and family members of a person with a head injury. • Lack of information regarding the condition of the person with head injury, the extent and possible outcome of a head injury.

	• Ineffective coping by family members of a person with a head injury. 3.3.1. Effective social support provided to family members of a person with head injury by relatives and friends. 3.2. Lack of support through counseling of family members of a person with head injury.
3.2. Challenges family members of a person with head injury. 3.3. Varied degrees of support experienced by family members of a person with head injury.	

4. Discussion of the findings

4.1. Theme 1: Feelings of varied emotions experienced by family members of a person with head injury

The participants experienced different feelings that were both positive (pleasant) and negative (unpleasant). These feelings were experienced at different levels and with varied intensity and evoked varied emotions. Negative feelings that the family members experienced included psychological shock, fear, uncertainty and disbelief, hopelessness and powerlessness that lead to desperation and anxiety; while the positive feeling was relief because of the improvement that they observed in the condition of the person with the head injury.

4.1.1. Negative feelings experienced by family members of a person with a head injury

The negative feelings in family members/carers of a person with a head injury developed after the accident has occurred. Some family members had these feelings because of the nature of the injury, or the manner in which the news was received and the general condition in which the head injury patient was found by family members/carers.

Psychological shock because of the news/sight of a family member with a head injury

Macnair (2009) argues that psychological shock may be caused by hearing bad news such as the death of a loved one, being involved in a traumatic event like MVA, or being the victim of crime, violence or otherwise.

This is reflected in the following remarks by the participants:

"I was crying even before the time I was told what happened by the boys who accompanied him to the clinic". [Mother].

"I was shocked to such an extent that I didn't want to go see him in the hospital". [Mother].

"I was so shocked to such an extent that I didn't know what to do when I came to the accident scene as blood was flowing from his ears and head … I didn't know where to touch him…" .[Mother].

Such intense reactions are considered as similar to posttraumatic stress disorder (PTSD) when such an extreme or frightening event occurs (Thompson, McFarland, Hirsch and Tucker 2002). Shock may be experienced immediately following a loss and this state may last for several days. Some participants used gestures with the hands to illustrate to the researcher the state of shock they were in and how they were left numb.

Because of psychological shocks participants developed feelings of fear and were uncertain as to what might happen to their loved one who had sustained a head injury.

- Fear and uncertainty because of the appearance and possible impending death of the person with head injury

The results revealed that participants experienced moderate to severe feelings of fear and uncertainty. While, some of the participants experienced fear at the accident scene, others experienced fear during the time of hospitalization, because of the ICU environment or because of the changes they had already observed in the person with a head injury and some were uncertain of the future of the person with a head injury or what they could do.

This was manifested by the following comments

"Blood was flowing from his ears and head and this has frightened me very much". [Mother]

"I was so afraid and didn't know where to touch her". [Grandmother]

"I was afraid that he may die as his face was very much swollen". [Mother]

"I was having a heavy heart, because maybe after you left the child dies"". [Mother]

"… perhaps my child's brain has been crashed as I heard that if a person has been injured in the head and blood has made contact with the brain, it could lead to death…"" [mother]

Fear is "an emotion or feeling of apprehension aroused by impending or seeming danger, pain, or other perceived threat. The fear may be a response to something that has already occurred, in response to an immediate or current threat, or in response of something the person believes will happen" (Kozier Erb, Bergman& Snyder, 2008, p. 1064). Fear may result in anxiety. Anxiety is an emotion and is subjectively experienced by an individual and is communicated interpersonally and is experienced when the demands of life require capabilities that seem to exceed resources or when people feel the threat of loss and exposure.

The following statements are evident of the numb feelings because of the fear these participants experienced:

"as a mother looking at my child like that … [then silence, crossing her fingers with a facial expression of agony] I was having a heavy heart and didn't know what to do …". [Mother]

The results revealed that participants experienced mild to moderate anxiety as some of the participants could not express their feelings in words as there were bouts of silence and bodily expressions like facial expressions of frowning coupled with lifting up of shoulders in despair.

The Intensive Care Unit (ICU) environment itself and previous unpleasant experiences in the ICU evoked fear in the participants because it was foreign and frightening to them. The alarms from the many machines and monitors, or what the participants see, like the underwater drainage bottle with its contents or connecting lines lying over the head injury patient, make them to be more afraid.

Statements as these are evident of that fear:

"Oh! I felt like running away. I do not know whether it was the machine I was afraid of or …, Oh!" (Demonstrating by showing all over her body with her hands). [Mother].

"I was afraid as I didn't know what all that means. As I was looking at all those "things" and hear many sounds I was thinking maybe she is not going to be with us any longer". [Sibling]

This is also confirmed by Thelan et al (2006) who described the ICU environment as a cause of stress to family members having loved ones being treated there.

Some participants were uncertain as to what was going on with the person with a head injury during the time of hospitalization in the ICU. Moreover, some participants observed changes in the way the person was behaving towards them, disorientation to the environment or the way the person is talking and was a cause of fear and worry. These changes were observed during the time the person with a head injury was still in the ICU and after discharge.

This is evidenced by the following remarks by participants:

"… We were feeling a bit worried because she was saying she doesn't recognize us. In the mean time we were told to go back to the waiting room. First she said she did know us, but now she doesn't know us any longer". [Sibling]

"One could tell when he speaks; you could see that his brain was very much affected as he was talking about things that were not appropriate and confusing. He was asking questions like: "Mom, where am I"?" [Mother].

This uncertainty that results in worries can easily result in anxiety, hopelessness and powerlessness as the person may feel that there is no future to the person with a head injury.

- Hopelessness and powerlessness because of the condition of a family member with a head injury.

The results showed that participants felt hopeless and powerless as they were unable to think, understand or able to do anything for their beloved ones, as they felt incapable of doing anything for him/herself. The following statements are evidence of this:

"I touched the child, but she was not moving". [Grandmother at the scene of accident]

"I lost hope because the nurse who escorted us doubted whether we will reach the hospital …" [and] I could see [that the] condition was deteriorating, therefore I lost hope that I had her no more". [Guardian].

"… He is no longer the same person he was before the accident. He gets very angry easily, he has pain that never stops, and after four to five days he changed". [Mother, one year after her child was discharged from hospital after sustaining a head injury].

Some participants became more powerless as the family life was already having other internal problems to deal with. One participant stated:

"Hmmm? You know, men sometimes do not really care. He doesn't say anything [silence]. Men … what can they do? If he comes home and has drunk beer, hmmm. Everything is shifted on your shoulders and you struggle on your own with your child". [mother]

The feeling of hopelessness and powerlessness may result both in physical and psychological exhaustion and the person may feel angry for no apparent reason and may socially isolate him/herself. Some participants felt hopeless and powerless because of the death of a loved one, before they could visit him in the ICU resulting in disbelief, sense of loss as they grieved his passing on.

- Disbeliefs, loss and grief because of the death of the person with a head injury

Grief is expressed through different reactions that may include crying, anger, denial, despair and feelings of powerlessness. People derive comfort, hope and power from their religious beliefs and spiritual convictions. Any loss is painful, frightening, and it triggers an array of emotional responses like sadness (through crying), depression, loneliness, and questioning of beliefs.

One participant explained her feelings and reactions after finding out about the death of a loved one, by expressing herself as follows:

"I cried because it was not easy to see with my own eyes and it hurts … I was feeling bad. I did not have words to say when I looked at him lying there". [Sibling].

Perry and Potter (1999) assert that grief is manifested in a variety of ways that are unique to any individual and is based on personal experiences, cultural expectations and spiritual beliefs. In many cultures it is normal to cry after someone who is close and dear to you is no more, and the grief may take few months to years, before one can resume normal life and move on without the person.

In every culture and tradition there are rituals people carry out when they found themselves faced with death. Christians too have rituals they carry out in difficult situations such as praying and singing when a loved one passed away. Mokhosi and Grieve (2004) also quoted Mbiti (1969) in their study they conducted in a rural set-up in South Africa that African families believe that God is called upon in attempts to explain what is difficult for the human mind to understand and to comfort those affected by bad luck – like losing a loved one to death.

This correlates with the following statement from one of the participants as she states:

"As I am a Christian I made a sign of the cross on my forehead and prayed for him to God and then realized that it is done and finished". [Sibling].

The results further revealed that some participants started to grief even long before the worst had taken place as highlighted by Degeneffe (2001) in his article on Family care giving and TBI on the findings of a research he conducted, that families often demonstrate a variety of grief reactions when trying to come to terms with the reality of the injury immediately after such injury. This impending loss may make the person become uncontrollable.

One participant's own words verify this as she states:

"I was crying bitterly… when I arrived at the relative's house, where I stayed, I was still crying uncontrollably …" [a mother after her child sustained a severe head injury and was admitted to the ICU in a critical condition].

The participants did not only experience negative feelings, but also had positive ones as the condition of the person with head injury showed improvement.

4.1.2. Positive feelings experienced by family members of a person with head injury

As the condition of the person with a head injury improved, negative feelings faded and relief took over. This helped the participants gain hope for recovery of the loved one and were all smiles as the person with a head injury was eventually discharged from the ICU or from the hospital.

- Relief because of the improvement in the condition of the person with a head injury

The results from this study showed that participants experienced feelings of relief after the person with a head injury showed improvement; either in hospital or when the person had been discharged from the ICU or hospital. This was evident in the following statements:

"…The more he got better, the less frightened I felt as I began to have an expectation that there is a possibility for him to get out of the ICU". [Mother]

"I felt better as he started speaking very well because initially he was not speaking at all and then … he was mumbling …" [sibling]

"… eventually I was feeling good when she opened her eyes as she was not breathing very well nor talking …" [grandmother]

Relief is the removal of stress and discomfort, or the feeling that is associated with the removal of stress and discomfort (Kozier et al 2008). The family members who were stressed because of a threatening situation, felt relieved when the stress to which they had been exposed was reduced as the person with a head injury showed improvement.

Although the participants were relieved from their stress and fears they experienced several challenges.

4.2. Theme 2: challenges experienced by family members of a person with head injury

This theme was supported by two categories; firstly, limited transport for the family members to go to and from the hospital. Secondly, ineffective interpersonal communication between the nurses and family members of a person with a head injury.

4.2.1. Limited transport to go to and from the hospital

The results from this study revealed that some of the participants experienced challenges of limited transport to take the injured to the health facility as they had to wait for some time before they could get public transport to get the patient to a hospital or to go and visit the loved one in hospital.

The following comments that were made provide evidence relating to this particular challenge

"When she got injured I stopped a taxi to take us to the hospital …" [grandmother]

"The day when we were told … we were not having any transport …" [sibling]

These statements indicate that limited transport was a challenge to the participants as they could not go to the hospital immediately, either to take the person with head injury to the hospital or to go and see the person after being injured.

Besides the limited transport challenge, some participants were faced with the challenge of ineffective interpersonal communication, especially with the health personnel attending the person with head injury.

4.2.2. Ineffective interpersonal communication between the nurses and family members of a person with a head injury

The results showed that nurses and doctors did not provide adequate information with regard to the extent of injury, treatment regimen, prognosis, rehabilitation, or possible outcome deficits or what to do or where to go in case any unpleasant/unfavorable outcome deficits were observed.
The following statements are evident of this:
"The information that I received was that the child is in a better condition". [Mother].
"From the hospital staff they used to tell us: "He is getting better, he is getting well". [Sibling]
"madam, the child is well, just accept his situation, the child is fine. He is not injured that much". [Mother]
Nurses may feel that because the family members are worried because of the condition of their relative, they feel that they only need to assure them and calm them down. They forget that the family members are also observing the patient and make their own conclusions which many times are inaccurate or totally wrong as they have little or no medical knowledge on the condition – in this case head injuries.
Nursing is not only concerned with the person who is sick, but also with those who are well and includes the family members of the patients, like the person with head injury. Quinn and Hughes (2007) underscore the importance of giving clear information, using language that is familiar to patients and their families and the need to ensure that the information provided is understood.
Ineffective interpersonal communication undermine the trust relationship that need to be between the nurse, the patient and family members of the patient for effective caring of the whole person as indicated by Mulaudzi, Mokoena and Troski (2000).
Sometimes the information that was provided was dubious, and in the medical terms that is not well understood by participants or was contradictory. Statements like the following are evident:
"He [the doctor] told those who were present and they told me and explained to me that apparently the child is not well". [mother].
"They told me that the child's condition was somehow. I don't know how…"
A lay person would hardly make any head or tail (sense) from such communication from a professional nurse. In their study on the needs of family members of patients with severe traumatic brain injury (TBI) Bond et al (2003) cited some of the possible reasons why information was not provided that included time restrictions and shortages of staff, or nurses may consider interaction with patients family members a low-order priority. However, the family members of a person with head injury are not totally ignorant. They expect adequate information and proper counseling.
One participant stated the following:
"Ideally, I wanted one of the staff members to take me to a quiet place to explain what the problem is, whether he could be treated or not and that he was likely to develop complications". [Mother].
Lack of information revealed in this study is contrary to the results in a research study conducted by Watanabe, Shiel, McLellan, Kurihara, Hayashi. (2001), where they evaluated the views of families living with TBI patients about the nature of the problems they experienced as a result of TBI in Japan and the United Kingdom (UK). The findings in their study was that the families in the two countries had experienced almost the same problems; but the families in the UK were likely to have more information about TBI, while those in Japan experienced increased social embarrassment in respect of social relations. This contradiction may be attributed to differences in cultural perspectives of these countries and Namibia, being a third world country, might not be at the stage were family members having access to all types of needed information.
A study conducted on the African families" perceptions of TBI by Mokhosi and Grieve in 2004 in South Africa illustrates that there are many factors that influence the way people perceive and understand TBI and one of these factors is the level of education. The better educated the caregiver (which is mostly a family member), the better the understanding (Mokhosi & Grieve, 2004).
The results of this study also revealed that nurses did not provide information with regard to reasons why certain actions were not permitted with regard to the head injury patient, like keeping to the minimum stimulation or extensive communication with the head injury patient. This is evidenced by the following statement:
"On the second day, he opened his eyes and responded. However, the nurses told me not to disturb him as he was injured and that I should just check on him and leave him without going further than that".
As participants lacked information in respect of head injury, this made the family members vulnerable and caused them to cope ineffectively with head injury deficits they observed.

- Ineffective coping by family members of a person with a head injury

The results of this study showed that participants had varied challenges to cope with the outcome of head injury at different levels – when in hospital and at home after the person with head injury had been discharged. Coping is described by Kozier et al (2008) as dealing with change successfully or unsuccessfully; while Feldman explains it as the effort to control, reduce or tolerate the threats that lead to stress (Feldman, 2000).One participant put it eloquently as follows:
"Hmmm! I was not able to do the work every day … Even when I have to be at home my thoughts were occupied asking myself how she was doing. Sometimes you are not doing anything because of the many thoughts". [Grandmother]
„She still gets angry very easily even, it is only a slight thing done to her, she gets very angry". [Grandmother]
The participants are challenged by these head injury outcomes and are worried which could cause distress and despair in respect with their futures and those of their loved ones. This might also hamper normal functioning of family units.
Although the participants experienced many challenges, they also had some sort of support in one way or another.

3.3. Theme 3: varied degrees of support experienced family members of a person with head injury

This theme is supported by two categories; namely effective social support provided to family members of a person with head injury by relatives and friends, and lack of professional support for family members of a person with a head injury. These categories will be discussed in the next paragraphs.

3.3.1. Effective social support provided to family members of a person with head injury by relatives and friends

Support to another person may be physical, emotional, social, religious or financial. Social support comes from people around us; being those we live with or outside the house. The results revealed that some participants enjoyed social support from relatives, friends and some professionals.
It is evidenced by the following statements:
"… The police put the injured one, together with the other neighborhood children, in the police van and took him to the hospital".
This indicate professional support that the family members of a person with head injury received.
"We were with the neighbours who escorted us to the hospital …" [mother].
The neighbours escorted the mother providing emotional support as they left the accident scene when her child sustained a head injury.
"Some nurses are relatives of our neighbours and they told me to keep myself busy as they looked after her on my behalf and promised to inform me to come urgently if her condition deteriorated". [Sibling].
"My sister together with my family at home assisted me. They kept bringing what we needed". [Mother]

"…some sent cards; some wrote letters to her quoting Bible scripts and some sent anything they wanted to give". [Sibling]
These are evidence of effective and strong social support systems the participants enjoyed from the accident scene, during hospitalization of the person with head injury and even at home as friends came to visit.
The results of this study show that the participants enjoyed and appreciated such support. Other support that was cited by the participants was financial support. When illness or an accident strikes unexpectedly, family members might be struggling to meet the needs, especially when it comes to finances.
As one participant commented:
"The person that did something was our lastborn sister who gave us some money to buy food for the child". [Mother]
Generally, family has the responsibility to assist each other in many aspects depending on the need. Where one is unemployed or having a low income, others who have financial means or who are better off are expected to assist when the need arises.

3.3.2. Lack of support through counseling of family members of a person with head injury

The results of the study revealed that there was lack of support through counselling by health professionals like doctors and nurses to family members of the head injury patient.
The following statements provide evidence of this concern:
If possible, there is a need for counselors in the Intensive Care Unit to counsel the visitors, especially, the parents". [Mother]
"During visiting times one comes and stays in a certain room first. They could see that I was always afraid so they use to crack some jokes with me to lessen my fear".
Searle (2008, p. 261) pointed out that "too often the nurse forgets that the patient's family is concerned for his welfare and may express their fears rather forcibly, or make a so-called " „nuisance"" of themselves". Sometimes nurses take it very lightly when family members expose fear and uneasiness as they visit a loved one in the ICU. The family members may interpret these jokes as a mockery and can negatively affect the building and maintenance of a trusting relationship. Some research findings indicated that some nurses considered interaction with the patient"s family members a low-priority (Bond et al, 2003).
Lack of professional support through counseling gives a negative image of the nursing profession in the community and the goals of nursing services will not be accomplished. PHC aims also at community participation and this will be achieved if family members are to be involved in the care and support of a person with a head injury, even during the time of hospitalization. The study revealed that participants felt bad as they did not receive the professional counseling needed in this stressful situation.

5. Recommendations

- Since family members experience varied feelings that cause distress, a multi professional approach to address the plight of the family members of a person with head injury is recommended.
- A Critical Care Family Assistance Program (CCFAP) need to be developed and instituted to enable a systematic and logical way of flow of information to and from both the family members of a person with a head injury and health care providers. The CCFAP can also serve as an effective therapeutic tool that can formalize a powerful collaborative relationship between the family members and health care providers that can maximize the family members" adjustment in a traumatic life altering situation (Klonoff, Koberstein, Talley & Dawson, 2008).
- In-service training: Nursing services management in health facilities with a unit dealing with persons with head injuries need to implement an in-service program that enlighten and improve nurses" knowledge regarding assisting and supporting family members of a person with head injury (during hospitalization and during the rehabilitation period).
- Nurses need to demonstrate to family members during the bed-wash sessions, or during daily multi-disciplinary information sharing sessions or during visiting times on how to meet the basic needs when the condition of the patient allows.
- A further research is needed to determine challenges experienced by nurses when caring a person with a head injury in hospitals in Namibia.

6. Limitations of the study

The interviews were conducted in the local language, Oshiwambo, and afterwards translated into English; the possibility of losing some of original expressions of the participants during the translation process cannot be ignored. Furthermore, at some homes of the participants there were occasional interruptions from other family members and noise of the blowing wind as building structures were made of straw/grass and at some homesteads rooms were constructed from corrugated iron. This might have caused losing some of the data as flow of thoughts might have been disturbed or the participant might forgot some of the information needed by the researcher.

7. Conclusion

The findings of this study revealed that family members of a person with a head injury experienced varied feelings and challenges causing them to develop anxiety as they identified head injury outcome deficits and were afraid of the untimely death of the loved one. Nurses can alleviate the stress of the family members of a person with a head injury by providing information in respect of coping strategies, extent of head injury and possible head injury outcome deficits, initiating or referral to available support services and how to live with a person with a head injury

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Competing interests

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