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Original Article

Pak Armed Forces Med J 2017; 67 (Suppl-2): S154-57

FAMILY WITNESSED RESUSCITATION: A DESCRIPTIVE STUDY ON THE PERCEPTION OF PAKISTAN ARMY NURSES

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ABSTRACT

Objective: To evaluate the perception and self-confidence of Pakistan Army nurses regarding family presence during resuscitation of a family member.

Study Design: Descriptive cross-sectional study.

Place and Duration of Study: Inpatient departments of AFIC/NIHD, CMH and MH Rawalpindi Pakistan from 15th to 31st Mar 2016.

Material and Methods: A sample of 100 nurses was selected through purposive convenience sampling consisting of nurses from inpatient departments of AFIC/NIHD, CMH and MH Rawalpindi. A structured pre-tested questionnaire was applied including following variables: personal characteristics (Rank, name, age, and professional qualification), responses of participants towards family presence during resuscitation and the self-confidence of nurses at that time.

Results: Fifty three (53.0%) participants of the study were General nursing diploma holders and 47 (47.0%) were BScN Generic degree holders with a mean age of 29.95 ± 7.1 years. Nurses' self-confidence and perceived benefit of family presence were statistically significant (p=0.01). Self-confidence was significantly greater in nurses who had completed training in BSc Nursing. Barriers to family presence included fear of interference by the patient's family, lack of support for the family members, fear of emotional trauma to family members, and performance anxiety.

Conclusions: Changing the practice of family presence will require strengthening current policy, identifying a team member to attend the patient's family during resuscitation, and requiring nurses to complete education on evidence that supports family presence and changes in clinical practice.

Keywords: Family presence, Perception, Resuscitation, Self-confidence.

INTRODUCTION

The practice of allowing family members to be present at the resuscitation or invasive procedure of their relative is one that has been discussed over the past few decades[1]. With the rise of family-centered care, family input into healthcare decisions has increased and strict visitation policies have relaxed, even including family at the bedside during invasive procedures and resuscitation. Involving patients' families in routine patient care can improve patient safety and satisfaction and are accepted as common practice[2]. When emergencies occur, however, controversy exists among health care providers about family presence during resuscitation (FPDR). Research is needed to test the relationship between risks, benefits, and self-confidence in managing family presence during resuscitation[1,2].

This concept was first presented in the early 1980's when Foote Hospital in Michigan began a program to facilitate the practice of family member presence during resuscitation as a response to demands by families[3,4]. Despite of nurses' professional obligation to meet the needs of patients and patients' families, FPDR remains highly controversial among healthcare providers and thus is far from the norm in practice

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settings[5]. Supporters of FPDR tend to emphasize the basic human right of patients and patients' families for the families to be present. Opponents of FPDR are concerned with possible disruption of the code team, traumatic memories for patients' families, and the risk of litigation[6].

MATERIAL AND METHODS

This cross-sectional study was carried out at the inpatient departments of AFIC/NIHD, CMH and MH Rawalpindi Pakistan from 15th to 31st March, 2016.The study population consisted of Pakistan Army nurses working in inpatient departments of selected hospitals. Purposive convenience sampling was used and a sample of 100 nurses was recruited into the study over a period of two weeks. Data was gathered using two sets of comprehensive and pretested questionnaires. The questionnaires sought such information as socio-demographic characteristics like rank, age, name and professional qualification. Other information elicited from the participants included perceived risks, benefits and other related factors regarding family presence during resuscitation of a loved one. Self-confidence of the nurses during a resuscitation process with family present was also evaluated through their responses to the questions. Data analysis was done in SPSS version 21 software computer program. Pearson correlation significance test was applied to analyze the data. Cross tabulation of variables were made where feasible, to determine statistical significance of variables.

RESULTS

The study included total 100 nurses working at inpatient departments of selected hospitals. Mean age of the participants was 29.9 ± 7.18years.

Maximum participants were in the age group of 25 to 30 years (fig-1). Amongst them 53 (53.0%) were general nursing diploma holders and 47 (47.0%) were BSc nursing degree holders. Nurses' self-confidence and perceived benefit of family presence were statistically significant (p=0.01).

Self-confidence was significantly greater in nurses who had completed training in BSc Nursing (fig-2).

Barriers to family presence included fear of interference by the patient's family, lack of support for the family members, fear of emotional trauma to family members, and performance anxiety (fig-3).

DISCUSSION

This study showed that most of the nurses were in favor of family centered care and supported the concept of family presence during resuscitation of a patient despite of limitations in practicing it. Nurses were also self-confident performing resuscitation[7] of the patient including

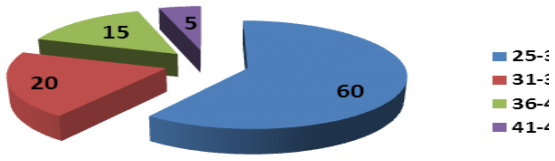

Figure-1: Showing age of participants.

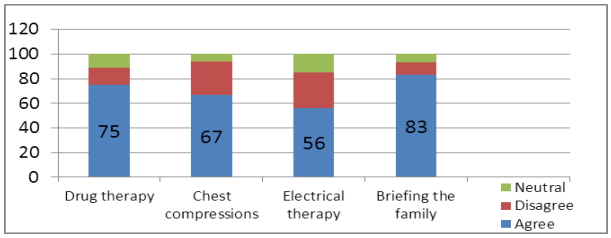

Figure-2: Showing responses of nurses regarding activities of cardiopulmonary resuscitation.

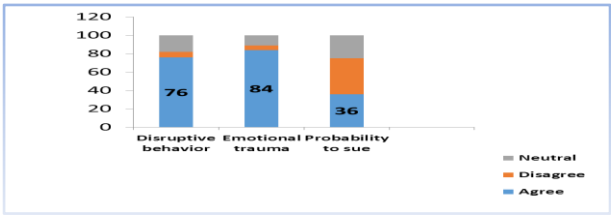

Figure-3: Showing nurses responses towards barriers to family presence during cardiopulmonary resuscitation.

drug administration, electrical therapies, chest compressions and other related tasks in front of a family member[8]. Most of the nurses in favor of FDPR were more self-confident while attending

the patient during resuscitation with family members present. Most of the nurses who were in support of family witnessed resuscitation were holding a graduation degree in nursing which indicates that perception of nurses about family witnessed resuscitation is dependent on the level of education as well. During CPR, patients' families seek information and proximity and expect staff to "do their job". As staff controls events around CPR, families lose autonomy when negotiating their way into the resuscitation room. Denying access to patients' families inhibits the families' role to watch out for and protect their loved one[9,11]. Providing information to families during CPR is critical so that they can determine what is going on and cope effectively. However controversies exist in two groups of health care providers i.e. in favor of FDPR and against it[8,12]. Supporters may perceive benefits of family presence during resuscitation. According to supporters, family presence during resuscitation can provide an opportunity to educate the family about patient's condition[9,10]. It may facilitate participation of patient's family in care of patient and can allow patient's family to support patient and staff. FDPR can remove doubt for patient's family about what is happening to patient and reinforce that everything possible was done. By involving family during resuscitation of a patient, health care providers can reduce fear and anxiety among patient's family members. It will remind the staff of patient's personhood and encourage the staff members to behave professionally.

Bonding and connectedness of patient and family relationship is sustained and moreover it will facilitate the grieving process in the hospital and later at home[11]. People who are against this concept express their point of view many arguments like family might interfere with resuscitation efforts and show emotional and behavioral responses that may be disruptive[10,11]. Resuscitation team cannot care for patient and the family at the same time and someone in team needs to be assigned to care for the family[12,13]. Lack of public knowledge regarding what to expect at the time of resuscitation (blood, tubes, invasive instruments, and electrical therapies) can also be a reason for some health care providers to remain against the family presence during resuscitation[13-16]. At the same time, if resuscitation team or a member of team is not self-confident and is suffering from performance anxiety by attending the patient in front of family, risk of litigation might be increased.

CONCLUSION

The majority of attitudes toward family witnessed resuscitation were positive. FPDR appears to offer many benefits with few drawbacks or adverse effects to patients, patients' family members, and healthcare providers. Policies against FPDR may not meet needs of patients' family members. Routine exclusion of patients' family members from the resuscitation room may no longer be appropriate. Nurses are challenged to take care of dying patients a step further. Attitudes of nursing staff are significantly affected by providing education on how to provide FPDR to patients' families. Proper policy making, relevant education of staff members and resource allocation is recommended in this regard.

ACKNOWLEDGEMENT

The author wishes to express profound gratitude and deep regard to Brig Samina Javed for her exemplary support and guidance in carrying out this study. I would also like to give my sincere gratitude to all staff members of Emergency department AFIC/NIHD and Tanzeela Maqsood for their support and immense help throughout this research project.

CONFLICT OF INTEREST

This study has no conflict of interest to declare by any author.

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