





NURSING STUDIES

International Journal of Nursing Studies 44 (2007) 83-92

www.elsevier.com/locate/ijnurstu

Family presence during CPR: A study of the experiences and opinions of Turkish critical care nurses

A. Badir^{a,*}, D. Sepit^b

^aKoc University School of Health Sciences, Guzelbahce Sok. No: 20, Nisantasi, Istanbul, Turkey
^bSemahat Arsel Nursing Education and Research Center, Koc University School of Health Sciences, Guzelbahce Sok. No: 20,
Nisantasi, Istanbul, Turkey

Received 30 March 2005; received in revised form 22 November 2005; accepted 22 November 2005

Abstract

Background: The concern over family witnessed cardiopulmonary resuscitation has been a frequent topic of debate in many countries.

Objectives: The aim of this descriptive study is determine the experiences and opinions of Turkish critical care nurses about family presence during cardiopulmonary resuscitation and to bring this topic into the critical care and the public limelight in Turkey.

Methods: Study population consisted of critical care nursing staff at four hospitals affiliated with the Ministry of Health, three hospitals affiliated with universities and three hospitals affiliated with Social Security Agency Hospitals. A total of 409 eligible critical care nurses were surveyed using a questionnaire which is consisted of 43 items under 3 areas of inquiry.

Results: None of the hospitals that participated in this study had a protocol or policy regarding family witnessed resuscitation. More than half of the sample population had no experience of family presence during cardiopulmonary resuscitation and none of the respondents had ever invited family members to the resuscitation room. A majority of the nurses did not agree that it was necessary for family members to be with their patient and did not want family members in resuscitation room. In addition, most of the nurses were concerned about the violation of patient confidentiality, had concerns that untrained family members would not understand CPR treatments, would consider them offensive and thereby argue with the resuscitation team. The nurses expressed their concern that witnessing resuscitation would cause long lasting adverse emotional effects on the family members.

Conclusion: This study reveals that critical care nurses in Turkey are not familiar with the concept of family presence during cardiopulmonary resuscitation. In view of the increasing evidence from international studies about the value of family presence during cardiopulmonary resuscitation we recommend educational program about this issue and policy changes are required within the hospitals to enhance critical care in Turkey.

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Keywords: Family witnessed resuscitation; Critical care unit; Critical care nurses; Experiences; Opinions; Family members

What is already known about the topic?

*Corresponding author. Tel.: +902123112609. *E-mail address:* abadir@ku.edu.tr (A. Badir). Even though the option of family presence during invasive procedures and resuscitation is permitted by health care professionals in some countries, family member's requests to witness resuscitation were usually disapproved for various reasons.

- Several studies report the advantages of family member presence during resuscitation.
- The concern over family witnessed CPR, which is a frequent topic of debate in other countries, is yet to be brought into the public limelight in Turkey.

What this paper adds

- This study reveals that critical care nurses in Turkey are not familiar with the concept of family presence during cardiopulmonary resuscitation.
- Educational program about family presence during CPR can be developed to inform culturally appropriate policy and practice changes within hospitals.
- Turkish nurses need ongoing professional education in relation to this topic in order to contribute to policy and practice change that will enhance critical care in Turkey.

1. Introduction

Family members play a significant role in the health and well being of the patient and their involvement is an integral part of the patient recovery process. Cardio-pulmonary resuscitation (CPR) is an emergency procedure that is often employed after cardiac or respiratory arrest. Presence of family members during resuscitation of a loved one still remains controversial, in spite of studies reporting the experiences and opinions of health care professionals, family members and patients regarding family witnessed CPR.

1.1. Background

In North America, the exclusion of family members from resuscitation procedures has been brought to attention in the 1980s and early 1990s. In Europe, the issue was called into question in 1996 only after an article (Adams et al., 1994) was published following a series of equestrian related injuries in the United Kingdom.

Several studies report the advantages of family member presence during resuscitation. According to these studies, family members reassure themselves that everything possible was done for their loved one and feel supportive to the patient and the staff. Advocates of family witnessed CPR also state that families share critical information with the staff regarding patient status. In addition, family member's anxiety and fear may be lessened and their presence may assist their grief process (Doyle et al., 1987; Robinson et al., 1998;

Meyers et al., 2000; MacClean et al., 2003). Several published articles investigated whether families would elect to be with their loved one during resuscitation. In a recent quantitative study by Wagner (2004), participating family members of patients who received CPR were interviewed. The study revealed that most family members struggle with the decision about whether they should remain with their loved one during resuscitation.

Even though the option of family presence during invasive procedures and resuscitation is permitted by health care professionals in some countries, family member's requests to witness resuscitation were usually disapproved for various reasons. Health care professionals have expressed concerns for the psychological trauma to the witnessing family members and performance anxiety of the resuscitation team. They also feared that family members may impede clinical care and act inappropriately if they became too emotional. In addition, there were concerns over crowded emergency rooms, and shortage of nurses who would assist the family members during the resuscitation procedures (Redley and Hood, 1996; Eichhorn et al., 1996; Belanger and Reed, 1997; Rosenczweig, 1998; Meyers et al., 2000; Eichhorn et al., 2001; MacClean et al., 2003; McClenathan et al., 2002; McGahey, 2002; Fulbrook et al., 2005). Families who witnessed invasive procedures or CPR state they would choose to be present with their loved one should the situation arise again (Belanger and Reed, 1997; Hanson and Strawser, 1992; Meyers et al., 2000). In addition, certain studies report that during invasive procedures and CPR, families did not experience any adverse psychological effects nor did they lose control and disrupt the performance of the critical care providers (Doyle et al., 1987; Belanger and Reed, 1997; Robinson et al., 1998; Boyd and White, 1998; Meyers et al., 2000; Kidby, 2003).

Emergency Nurses Association (ENA) (2001) of the United States adopted a resolution in 1993 to support the option of family presence during CPR attempts. ENA expressed the need for further research related to the presence of family members during resuscitation and supported the development and dissemination of educational resources for critical care personnel concerning policies, practices and programs supporting the option of family presence. Supported by new research in the field, ENA published their written policies in 1994 advocating the option of family member presence during CPR and invasive procedures. In 2000, the American Heart Association and the International Liaison Committee released their guidelines for CPR advocating family witnessed resuscitation and recommending that family member presence be allowed during CPR attempts. Similarly, the issue of family member presence during CPR is included in the basic life support manual released by the European Resuscitation Council. Some researchers have been tried to do some research enhance

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