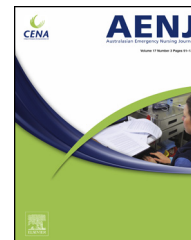




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RESEARCH PAPER

Development, reliability and validity of a tool, to measure emergency department clinicians' attitudes towards family presence (FP) during acute deterioration in adult patients



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Summary Despite many studies of family presence during resuscitation, no validated tool exploring the attitudes and beliefs of healthcare staff towards family presence has been published. The aim of this paper is to describe the development of a tool to accurately measure the attitudes and beliefs of emergency department staff towards family presence in the deteriorating adult patient, present the results of validity and reliability testing, and present the final validated tool.

Twenty-nine items were developed, informed by themes from the literature and unvalidated published tools related to family presence during resuscitation. The tool was piloted on a sample

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of 68 emergency nursing and medical staff. Content validity and face validity were established using feedback from participants. Reliability was established by unidimensionality, exploratory factor analysis and internal consistency.

Sixteen items were deleted from the original tool due to low item-to-total correlations and low communalities. Exploratory factor analysis of the remaining items revealed four factors with acceptable correlation coefficients and appropriate explanation of variance. Cronbach's alpha for each factor was >0.7 indicating a high degree of internal consistency. The four factors were labelled and arranged in a logical order to form the final tool, the Emergency Department Family Presence Survey.

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What is known

- Family presence during resuscitation is reported to benefit the patient's family, the healthcare team, and the patient undergoing resuscitation. Benefits include reduced levels of anxiety for family, emotional support for the patient, and improved communication among the healthcare team and families surrounding the patient's health, primary presenting complaint and health wishes. Further, there is no evidence that the presence of families during resuscitation has a negative impact on team performance or interferes with patient care. Despite a plethora of research related to family presence during resuscitation, there are no published studies related to the role of families during episodes of acute deterioration occurring in the ED. Further, while there are a number of studies detailing ED clinician's attitudes towards family presence during resuscitation the attitudes of ED clinicians towards family presence during episodes of acute deterioration are unknown. A search of the literature also highlights that there are no validated tools to enable exploration of ED clinicians' attitudes towards family presence during episodes of acute deterioration.

What this paper adds?

- This paper presents the EDFP survey, which is a valid and reliable measure of attitudes of ED clinicians towards family presence during acute deterioration of adult ED patients.

Introduction

Family presence during resuscitation has created much debate among healthcare professionals and been the subject of many research studies in recent years.^{1–10} Until now, family presence during emergency care has been focused on active resuscitation and has been defined as the presence of one or two family members in the resuscitation room while a family member is undergoing resuscitation.¹ Resuscitation in this instance refers to patients undergoing

cardiopulmonary resuscitation (CPR) or an invasive procedure such as intubation.^{2–4}

Family presence during resuscitation is reported to benefit the patient's family,^{1–8,10} the healthcare team,^{4,6} and the patient undergoing resuscitation.^{1,2,6,7,9} Benefits include reduced levels of anxiety for family,^{1,6–8,10} emotional support for the patient,^{1,3,6,7,9} and improved communication among the healthcare team and families surrounding the patient's health, primary presenting complaint and health wishes.^{3,6,9} Further, there is no evidence that the presence of families during resuscitation has a negative impact on team performance or interferes with patient care.^{1,4,7,11} Despite clear evidence of benefit for both families and healthcare professionals, key themes in the literature to date highlight that many healthcare professionals believe that families would find witnessing resuscitation emotionally traumatic,^{2,12} and that they may interfere with patient care.^{2,12} Further, healthcare professionals expressed feelings of increased performance anxiety when families were present during resuscitation.^{2,12,13}

With the increased focus on recognising and responding to deteriorating patients, the incidence of cardiac arrests is decreasing in hospital patients largely due to rapid response systems (RSS) such as Medical Emergency Teams (METs).^{14,15} The high mortality rates associated with in-hospital cardiac arrest and the preventability of the vast majority of cardiac arrests has resulted in a shift in focus from resuscitation to preventing cardiac arrests through recognising and responding to acute deterioration.¹⁵ The Australian Commission for Safety and Quality in Health Care have recognised family as an important part of detecting and responding to clinical instability.¹⁶ The National Safety and Quality Health Service Standards: Standard Nine Recognising and Responding to Clinical Deterioration mandates that all publicly funded acute care hospitals in Australia enable patients, families and carers to initiate an escalation of care response.¹⁶ Systems such as the REACH program are currently being introduced nationally in Australia to empower families to formally escalate care and activate an RSS when they feel the patient is deteriorating.¹⁷ With formal systems starting to occur for recognising and responding to deteriorating emergency department (ED) patients and enabling families of ED patients to activate RSS systems, it is likely to increase the incidence of family presence during the acute deterioration of adult ED patients.

Despite a plethora of research related to family presence during resuscitation,^{1–10} there are no published studies

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