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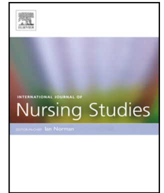

Predicting medical professionals' intention to allow family presence during resuscitation: A cross sectional survey

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ABSTRACT

Background: Family presence during resuscitation is an emerging trend, yet it remains controversial, even in countries with relatively high acceptance of family presence during resuscitation among medical professionals. Family presence during resuscitation is not common in many countries, and medical professionals in these regions are unfamiliar with family presence during resuscitation. Therefore, this study predicted the medical professionals' intention to allow family presence during resuscitation by applying the theory of planned behaviour.
Design: A cross-sectional survey.
Settings: A single medical centre in southern Taiwan.
Participants: Medical staffs including physicians and nurses in a single medical centre (n = 714).
Methods: A questionnaire was constructed to measure the theory of planned behaviour constructs of attitudes, subjective norms, perceived behavioural control, and behavioural intentions as well as the awareness of family presence during resuscitation and demographics. In total, 950 questionnaires were distributed to doctors and nurses in a medical centre.
Results: Among the 714 valid questionnaires, only 11 participants were aware of any association in Taiwan that promotes family presence during resuscitation; 94.7% replied that they were unsure (30.4%) or that their unit did not have a family presence during resuscitation policy (74.8%). Regression analysis was performed to predict medical professionals' intention to allow family presence during resuscitation. The results indicated that only positive attitudes and subjective norms regarding family presence during resuscitation and clinical tenure could predict the intention to allow family presence during resuscitation.
Conclusions: Because Family presence during resuscitation practice is not common in Taiwan and only 26.19% of the participants agreed to both items measuring the intention to allow family presence during resuscitation, we recommend the implementation of a family presence during resuscitation education program that will enhance the positive beliefs regarding family presence during resuscitation as they are a significant predictor of the intention to allow family presence during resuscitation. In addition, written policies and protocols for family presence during resuscitation are also needed to increase support from subjective norms regarding family presence during resuscitation practice.
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What is already known about the topic?

- The family presence during resuscitation is an emerging trend and a higher acceptance of family presence during resuscitation has been noted in the United States; however, the acceptance rate of family presence during resuscitation remains low in Asian countries.
- Family presence during resuscitation practices have been debated in many years in which positive and negative concerns of family presence during resuscitation have been discussed extensively.

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- Attitudes and experience of medical professional have a positive correlation with the acceptance of family presence during resuscitation.

What this paper adds

- This is the first large scale survey of family presence during resuscitation conducted in a single medical centre in Taiwan.
- The study is the first attempt to predict the intention of medical professionals to the acceptance of family presence during resuscitation.
- The positive attitudes and subjective norms of medical staffs and their clinical tenure are the strong predictors of intention to allow family presence during resuscitation.

1. Introduction

Family presence during resuscitation is the attendance of one or more family members in a location that allows visual or physical contact with the patient during attempted resuscitation (Eichhorn et al., 2001). The issue of whether to allow family presence during resuscitation has been debated ever since Foote hospital in Michigan, USA, initiated a family participation program in 1982 to support family presence during resuscitation (Boehm, 2008). Supportive arguments for family presence during resuscitation are as follows: (1) it is the right of the patient and his/her family (the autonomy principle); (2) it helps the patient to survive (the beneficence principle); and (3) it helps the family to understand the medical procedure being performed; and facilitates their grieving process (Belanger and Reed, 1997; Doyle et al., 1987; Hanson and Strawser, 1992; Meyers et al., 2000; Robinson et al., 1998; Sacchetti et al., 1996). However, concerns regarding the interruption of resuscitation procedures, emotional trauma experienced by the patient's family after witnessing the resuscitation, excess stress experienced by medical professionals, and potential lawsuits related to the procedures are negative arguments for family presence during resuscitation practice. Several healthcare associations, such as the Emergency Nurses Association (ENA), American Heart Association (AHA), European Resuscitation Council, and American College of Emergency Physicians (MacLean et al., 2003; Moons and Norekvål, 2008), have supported family presence during resuscitation practice. Although family presence during resuscitation has become an emerging trend, the development is very slow (Barrett, 2011). Even though the acceptance rate of family presence during resuscitation is reported to be around 77% in the US (Lederman and Wacht, 2014), there is still debate of family presence during resuscitation practice, not to mention in the Eastern countries where family presence during resuscitation practice is still not common as the reported acceptance rate is around 20% in Singapore and 10% in Hong Kong (Lam et al., 2007; Ong et al., 2004). In most countries, including Taiwan, no firm regulations and protocols regarding family presence during resuscitation have yet been established.

The issue of family presence during resuscitation has been studied from the patients' and medical professionals' perspectives (Chakel et al., 2005; Compton et al., 2006; Wacht et al., 2010). The review has shown inconsistent results of healthcare providers' support of family presence during resuscitation (Halm, 2005). However patients' satisfaction and coping is increased with the family presence during resuscitation practice (McAlvin and Carew-Lyons, 2014). Despite the development of a patients' directive, the approval of family presence during resuscitation might remain dependent on the judgment of healthcare professionals, especially in regions where family presence during resuscitation is uncommon. As previously mentioned, the concerns regarding family presence during resuscitation have been frequently discussed. However, factors affecting the intention to allow family presence during resuscitation have not been fully explored. Thus, the purpose of this study was to predict the intention of medical professionals to allow family presence during resuscitation in Taiwan by applying the theory of planned behaviour and to report the current status of family presence during resuscitation practice in Taiwan.

The theory of planned behaviour, developed by Ajzen (Ajzen, 1985, 1991), is a well-accepted theory that explains various types of human behaviours. Within the health care-related field of study, the theory of planned behaviour has been used to explain individual variability in behaviours such as women's consumption of dietary supplements (Conner et al., 2001), the use of voluntary HIV counselling and testing services (Kakoko et al., 2006), and nursing staff's intention to measure blood pressure accurately (Nelson et al., 2014). The theory of planned behaviour suggests that a person's future behaviour is strongly associated with his or her intention to engage in that particular behaviour. The intention captures an individual's motivation and willingness to perform the behaviour (Ajzen, 1991). Thus, the intention is often used as a proxy for future behaviour (Sheppard et al., 1988). In this study, the intention was considered for assessing the medical professionals' (i.e., doctors and nurses) willingness to allow family presence during resuscitation. The theory of planned behaviour postulates that an individual's intention or willingness to perform a particular behaviour is influenced by three main factors: the person's attitudes, subjective norms with regard to the behaviour, and the person's perceived behavioural control to engage in the focal behaviour (Ajzen, 1985, 1991).

Attitudes toward a behaviour refer to a person's evaluations, either favourable or unfavourable, regarding a particular behaviour (Elliot et al., 2003). The evaluations come from the individual's beliefs or considerations regarding the positive and negative aspects of performing the behaviour. Subjective norms reflect a person's external influences in the form of support or pressure from important others to engage in a particular behaviour (Ajzen, 1991). An individual receives substantial support or pressure from others to do something, which results in a higher intention to perform the behaviour. Perceived behavioural control reflects the perceived capability (in term of resources, time, knowledge, and supporting facilities)(Ajzen, 1991) of engaging in a particular behaviour. It denotes the self-efficacy and facilitating conditions for performing a particular behaviour.

2. Methods

A questionnaire was constructed by adapting items from relevant research to measure the four theory of planned behaviour constructs: attitudes (four items each for positive and negative attitudes) (Meyers et al., 2000; Lam et al., 2007), subjective norms (six items) (Lam et al., 2007; Walker, 1999; Williams, 2002), perceived behaviour control (six items) (Lam et al., 2007; Wright, 2004), and behavioural intentions (two items) (Lam et al., 2007) towards family presence during resuscitation. In addition, questions on the awareness regarding family presence during resuscitation practices and the demographics were included (see Appendix A for questionnaire content). Responses were scored using a 5-point Likert scale anchored from strongly disagree (1 point) to strongly agree (5 points). After the approval of the institutional review board of the hospital, the questionnaires were distributed to doctors and nurses working at a medical centre located in the fourth largest city in Taiwan. The surveyed hospital is the only medical centre operated by a national medical college in southern Taiwan. The population of this southern Taiwan city is approximately 1,886,000. The medical centre provides medical care to more than 100,000 emergency patients annually. The

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