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Views on cardiopulmonary resuscitation among older Australians in care: A cross-sectional survey

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ABSTRACT

Background: Residential aged care facilities are common locations for out-of-hospital cardiac arrests to occur, yet survival to hospital discharge is poor.

Aim: This study aims to examine preferences and perceived outcomes of cardiopulmonary resuscitation among Australians receiving aged care.

Methods: A brief survey was provided to 187 residential aged care facilities and 34 home care providers throughout Australia for completion by aged care residents. Respondents were asked to answer three questions about understanding and desire for cardiopulmonary resuscitation on a five-point scale (from strongly agreed to strongly disagreed).

Findings: A total of 1985 residents in 163 residential aged care facilities across Australia, and 277 older Australians receiving care in the home from 24 providers responded. The majority of respondents were female (67.4%), and respondents in residential aged care facilities were significantly older (82.6% > 75 years) than those receiving care in the home (70.4% > 75 years) ($p < 0.001$). Among 2262 respondents over 80% expressed a good understanding of cardiopulmonary resuscitation and its implications. Over half of respondents desired cardiopulmonary resuscitation if they were to experience an out-of-hospital cardiac arrest, and the desire for cardiopulmonary resuscitation was strongly associated and correlated (Pearson's R test = 0.759) with a view that they would likely fully recover.

Conclusion: These findings highlight the need for older people to be better informed about cardiopulmonary resuscitation, including a clear understanding of what is involved in cardiopulmonary resuscitation and a realistic perception of outcomes.

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1. Introduction

Residential aged care facilities (RACFs) are the most common locations, outside of the home and public places, for out-of-hospital cardiac arrests (OHCA) to occur (Nehme et al., 2014). Compared to OHCA occurring in the non-RACF elderly population, OHCA occurring in RACFs have similar rates of attempted resuscitation by paramedics but half the rate of survival (Deasy et al., 2012). Additionally, quality of life in these survivors is extremely poor (Smith, Andrew, Lijovic, Nehme, & Bernard, 2015). Such figures highlight the importance of discussions with aged care residents and families about their preferences for cardiopulmonary resuscitation (CPR) in

the event of a cardiac arrest (Australian Health Ministers' Advisory Council, 2011).

Previous studies have reported on the preferences for CPR in older people and aged care residents, and found a significantly high proportion desire CPR as a treatment option (Albert et al., 2016; Godkin & Toth, 1994; Murphy et al., 1994; O'Brien et al., 1995; Zijlstra, Leenman-Dekker, Oldenhuis, Bosveld, & Berendsen, 2016). However, there have been no studies eliciting preferences from residents in RACFs in Australia. Therefore, our study aims to obtain contemporary information about the understanding, preferences and perceived outcomes of CPR among people receiving aged care both in the community (home care) and living in RACFs in Australia.

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Summary of relevance Problem

- Residential aged care facilities are a common location for out-of-hospital cardiac arrests (OHCA) to occur, with most aged care residents wanting cardiopulmonary resuscitation (CPR) as a treatment option. However, there is a disparity between the expectations of aged care residents in terms of OHCA survival and the observed poor survival rates of 5% in this group.

What is already known?

- Previous studies have found there is a significantly high proportion of residential aged care residents who desire CPR, however there have been no studies conducted in Australia.

What this paper adds?

- We provide contemporary information about the understanding, preferences and perceived outcomes of CPR among a broad cross-section of the aged care community in Australia.

2. Methods

2.1. Design and sample

This cross-sectional survey was conducted in conjunction with an annual consumer satisfaction survey delivered in April 2014–187 RACFs and 34 home care providers throughout Australia. RACFs refer to high-care facilities or nursing homes, as well as low care facilities and hostels. Home care providers provide support services to older persons living in their own home. Such services may include cleaning, gardening and shopping services, as well as more clinical services including medication and wound management. All aged care residents who were capable of completing the survey were eligible. Competency of the participants to complete the survey was decided by the staff administering the survey at each site. Staff were aware of the cognitive abilities of each resident as regular cognitive screening is a requirement of aged care services in Australia.

The survey was delivered as a supplement in an audit conducted by MOA Benchmarking using a combination of online and paper-based data collection. MOA benchmarking is a commercial auditing company with whom facilities and home care providers subscribe via membership to access monthly audits and surveys and receive reports which benchmark their results against peers. Facilities accessed the survey online and had the option of emailing out survey links or, more commonly, providing hard copies to their aged care residents

2.2. Data collection tool

Questions relating to knowledge and attitudes about CPR, in addition to a brief explanation of CPR were added to the annual consumer satisfaction survey. The questions were designed in consultation with a representative from Respecting Patient Choices Australia– a program aiming to develop promotion and capacity of advance care planning nationally. (Department of Health, 2017). The explanation of CPR read: “CPR is a combination of mouth-to-mouth rescue breathing and chest compressions. It helps to keep blood and oxygen circulating to the heart and brain of a person whose heart has stopped beating.” Respondents were asked to answer on a five-point Likert scale (from strongly agree to

strongly disagree) to three questions: 1) I understand what cardiopulmonary resuscitation is and what it means for me; 2) If my heart stopped beating, I would want to receive cardiopulmonary resuscitation; and 3) If my heart stopped beating and I received cardiopulmonary resuscitation, there is a good chance that I will recover to how I was before.

2.3. Data analysis

Descriptive statistics were conducted in addition to tests of association using the chi-squared statistic to compare groups. To assess the level of agreement between responses we calculated a Pearson's R and Concordance Correlation Coefficient. Statistical significance level was set at $p < 0.05$ and analysis was conducted with Stata (version 14.0, Stata Corp, College Station, Texas, USA).

2.4. Ethics

This study was granted an ethics exemption from the Monash University Human Research Ethics Committee (CF14/1401-2014000656).

3. Results

A total of 1985 residents in 163 RACFs across Australia, and 277 older Australians receiving care in the home from 24 providers responded to at least one of the CPR questions. There was a 71.1% and 49.0% response rate for those who participated in the satisfaction survey, for residential and home care respectively.

Of the 2262 respondents, 67.4% ($n = 1517$) were female, 32.4% ($n = 730$) were male, and 0.2% ($n = 3$) identified as a sex other than male or female (12 did not respond). People in RACFs were older than those receiving care in the home, 82.6% were over 75 versus 70.4% among people receiving care in the home ($p < 0.001$). The demographics of responders was not significantly different to non-responders; the proportion aged over 65 was 93.5% versus 95.2% ($p = 0.053$) and males were 32.4% versus 29.4% ($p = 0.138$) respectively.

As shown in Table 1, self-reported understanding of CPR was high, with the majority of residential (80.1%) and home care respondents (85.5%), indicating that they agreed ('strongly agreed' or 'agreed') with the statement “I understand what Cardiopulmonary Resuscitation (CPR) is and what it means for me.” Less agreed with the statement “If my heart stopped beating; I would want to receive CPR (Cardiopulmonary Resuscitation)”; among RACF respondents 55.1% agreed and for those receiving care in the home it was 65.3%. Responses were similar between sexes, however there was a higher desire ('strongly agree' and 'agree') for CPR among younger residents compared to older ones (64.2% among 75 and under, and 53.2% among those older than 75, $p < 0.001$).

The majority of respondents agreed with the statement “If my heart stopped beating and I received CPR; there is a good chance that I will recover to how I was before” (65.3% of home care and 55.1% of RACF residents). The majority of people receiving care in the home believed that they would recover to how they were before an arrest, with only 11% of home care and 20% of RACF residents disagreeing with the statement.

There was a strong association between the desire for CPR and the perceived likelihood of full recovery (Fig. 1). A strong positive correlation of 0.759 was also seen for these variables using the Pearson's R test and again with a Concordance Correlation Coefficient of 0.749. In addition to correlation, the latter test measures equality of measures and therefore has increased rigour (Lin, 1989). Of those who agreed that there was a good chance they would recover to how they were before, 94.8% of residential and 91.4% of home care respondents said that they would like to receive CPR if they had an

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