



## ORIGINAL ARTICLE

# The opinion of health professionals regarding the presence of relatives during cardiopulmonary resuscitation<sup>☆</sup>



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### KEYWORDS

Cardiopulmonary resuscitation;  
Professional-family relations;  
Critical care;  
Emergency nursing;  
Emergency medical services

### Abstract

**Background:** The latest recommendations from the American Heart Association and the European Resuscitation Council invite allowance for the presence of relatives (PR) during cardiopulmonary resuscitation (CPR) as an extra measure of family care.

**Objective:** To discover the opinion of health professionals on the PR during CPR.

**Method:** Cross-sectional observational study through an online survey in Spain, based on a non-probability sample (n = 315).

**Results:** 45% consider that the PR during CPR is not demanded by users. 64% value the implementation of this practice in a negative or a very negative way. 45% believe that the practice would avoid the feeling of abandonment that is instilled in the relatives, this being the most widely perceived potential benefit. 30% do not believe that it can help reduce the anxiety of relatives. The majority remarked that PR would cause situations of violence, psychological harm in witnesses, and more mistakes during care. 48% feel prepared to perform the role of companion.

**Conclusions:** Most professionals perceive more risks than benefits, and are not in favour of allowing PR due to a paternalistic attitude, and fear of the reactions that could be presented to the team. Extra-hospital emergency personnel seems to be the group most open to allowing this practice. Most professionals do not feel fully prepared to perform the role of companion.

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**PALABRAS CLAVE**

Resucitación cardiopulmonar;  
Relaciones profesional-familia;  
Cuidados críticos;  
Enfermeras clínicas;  
Servicios médicos de Urgencias

## La opinión de los profesionales sanitarios sobre la presencia de familiares durante las maniobras de resucitación cardiopulmonar

**Resumen**

*Introducción:* Las últimas recomendaciones de la American Heart Association y de la European Resuscitation Council invitan a permitir la presencia de familiares (PF) durante la resucitación cardiopulmonar (RCP) como un cuidado familiar más.

*Objetivo:* Conocer la opinión de los profesionales sanitarios sobre la PF durante las maniobras de RCP.

*Método:* Estudio observacional descriptivo transversal realizado a través de una encuesta online en España, elaborada con muestreo no probabilístico (n = 315).

*Resultados:* El 45% cree que la PF durante la RCP no es una demanda de los usuarios. El 64% valora de forma negativa o muy negativa la implantación de esta práctica. El 45% opina que evitaría el sentimiento de abandono que se instala en los allegados, siendo este el beneficio potencial más percibido. El 30% no cree que pueda ayudar a reducir la ansiedad de los familiares. La mayoría señala que la PF provocaría situaciones de violencia, daño psicológico en los testigos y más errores durante la atención. El 48% se siente preparado para desempeñar el papel de acompañante.

*Conclusiones:* La mayoría de los profesionales percibe más riesgos que beneficios, mostrándose desfavorables a permitir la PF debido a una actitud paternalista y al miedo a las reacciones que estos pudieran presentar hacia el equipo. El personal de Urgencias y Emergencias extrahospitalarias parece el colectivo más abierto a permitir esta práctica. La mayoría de los profesionales no se sienten del todo preparados para desempeñar el papel de acompañante.

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### What is known/what is the contribution of this?

The latest publications, including the 2015 updates of the AHA and ERC, recommend allowing family members to be present during CPR manoeuvres due to the possible benefits of this practice.

This is a study of the opinions of doctors and nurses who work in Spain regarding allowing family members to be present during CPR manoeuvres, identifying and analysing the perceived benefits and barriers of this practice as a part of family care.

### Implications of the study

This work will be useful in aiding Emergency Department managers to plan protocol updates based on the latest recommendations of the AHA and ERC, given that the success of the measure depends on the involvement of all professionals. It offers a highly interesting basis for new studies, as well as the key points to understand doubts that healthcare personnel may feel about this proposed change to clinical practice.

### Introduction

Outpatient cardiorespiratory arrest is a potentially reversible catastrophic event that is highly important due to its very low average survival rate. In European countries the latter stands at 10.3% at 30 days, half of the corresponding figure in Spain. Thanks to cardiopulmonary resuscitation (CPR) manoeuvres spontaneous circulation is recovered in 28.6% of cases in Europe, although considerable differences exist between countries. The figure in Spain stands at 33%. The average rate of incidence in the continent is 84 cases per year and 100,000 inhabitants (although this is far lower in Spain, at 28 cases).<sup>1</sup>

Events of this type mean that healthcare professionals need to display great skill to prevent or reduce associated damage as far as is possible, as well as to minimise the emotional impact they have on family members.

More than 2 decades ago the question started to be raised about whether family members should be allowed to be present during CPR manoeuvres. According to the data available then there was hardly any evidence to the contrary, and it also helped the family to accept a death, if this occurred, while eliminating doubts about whether everything possible had been done. It was also said to make the family feel useful, reducing depression and anxiety. There was abundant evidence in favour of this practice up to 2010, although possible negative effects of resuscitation in the presence of the family in Emergency departments were also in question. It was then said that it would be desirable for staff to feel free to request the family to leave for a while.<sup>2,3</sup>

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