



ORIGINAL ARTICLE

A qualitative study about experiences and emotions of emergency medical technicians and out-of-hospital emergency nurses after performing cardiopulmonary resuscitation resulting in death[☆]

I. Fernández-Aedo (RN, PhD)^a, I. Pérez-Urdiales (RN, MSc)^a,
S. Unanue-Arza (RN, MPH)^a, Z. García-Azpiazu (RN, MPH)^a,
S. Ballesteros-Peña (RN, MPH, PhD)^{a,b,*}

^a Universidad del País Vasco/Euskal Herriko Unibertsitatea, Leioa, Bizkaia, Spain

^b Hospital Universitario de Basurto, Bilbao, Bizkaia, Spain

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KEYWORDS

Out-of-hospital cardiac arrest;
Cardiopulmonary resuscitation;
Qualitative analysis;
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Abstract

Objective: To explore the experiences, emotions and coping skills among emergency medical technicians and emergency nurses after performing out-of-hospital cardiopulmonary resuscitation maneuvers resulting in death.

Method: An exploratory qualitative research was performed. Seven emergency medical technicians and six emergency nurses were selected by non-probability sampling among emergency medical system workers. The meetings took place up to information saturation, achieved after six individual interviews and a focal group. The meetings were then transcribed and a manual and inductive analysis of the contents performed.

Main results: After a failed resuscitation several short and long-term reactions appear. They can be negatives, such as sadness or uncertainty, or positives, such as the feeling of having done everything possible to save the patient's life. Emotional stress increases when ambulance staff have to talk with the deceased's family or when the patient is a child. The workers do not know of a coping strategy other than talking about their emotions with their colleagues.

Conclusions: Death after a failed resuscitation can be viewed as a traumatic experience for rescuers. Being in contact with the suffering of others is an emotional, stress-generating factor

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* Corresponding author.

E-mail address: sendoa.ballesteros@ehu.eus (S. Ballesteros-Peña).

PALABRAS CLAVE

Paro cardíaco extrahospitalario; Resucitación cardiopulmonar; Análisis cualitativo; Emociones; Actitud frente a la muerte

with direct repercussions on the working and personal lives of emergency staff. Nevertheless, structured coping techniques are not common among those professionals.

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Estudio cualitativo sobre las experiencias y emociones de los técnicos y enfermeras de emergencias extrahospitalarias tras la realización de maniobras de reanimación cardiopulmonar con resultado de muerte

Resumen

Objetivo: Explorar las experiencias, emociones y estrategias de afrontamiento de las enfermeras y técnicos de emergencias extrahospitalarias tras la realización de maniobras de resucitación con resultado de muerte.

Método: Estudio de análisis de contenido cualitativo. Participaron 7 técnicos en emergencias y 6 enfermeras seleccionados mediante muestreo no probabilístico entre los trabajadores del ámbito de las emergencias sanitarias del País Vasco. Se realizaron reuniones hasta saturación de la información, lográndose tras realizar 6 entrevistas individuales y un grupo focal. Se procedió a la transcripción de las reuniones y se realizó un análisis de contenido de las entrevistas de forma manual e inductiva.

Principales resultados: Tras una reanimación fallida afloran diversas reacciones a corto y a largo plazo. Pueden ser negativas, como la tristeza o la incertidumbre, o positivas, como la sensación de certeza con respecto a haber hecho todo lo posible por salvar la vida del paciente. El estrés emocional aumenta a la hora de interactuar con la familia del fallecido o cuando el paciente es un niño, pero los profesionales no contemplan técnicas de afrontamiento más allá de compartir sus emociones con los compañeros de trabajo.

Conclusiones: La muerte tras una reanimación cardiopulmonar fallida puede suponer una experiencia traumática para los reanimadores. Convivir en contacto con el sufrimiento ajeno es un elemento generador de estrés emocional con implicaciones directas sobre la vida profesional y personal de los trabajadores de emergencias. A pesar de ello, las estrategias de afrontamiento estructuradas no son habituales en este colectivo profesional.

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What we know

More than 80% of people suffering from cardiopulmonary arrest outside of a hospital environment die where they are, despite the cardiopulmonary resuscitation efforts performed by emergency services. Continuous contact with death and the process thereof may present an impactful experience for healthcare professionals resulting from their work in the health emergency system.

What's the effect?

The emotional impact seen in healthcare personnel after a failed resuscitation is a variable phenomenon depending on multiple factors. Healthcare professionals lack standardized coping strategies after experiencing a traumatic or stressful situation.

Implications of the study

It is important not to underestimate the emotional effects experienced by professionals working in the area of emergency health services. Reporting bad news or providing psychological support to the families of the deceased are aspects to be improved.

Introduction

Every year in the Basque Country, Emergency Services admit approximately 850 patients with cardiorespiratory arrest outside hospital settings, with over 80% of patients passing away at the healthcare facility despite the cardiopulmonary resuscitation (CPR) techniques applied by health professionals.¹

Basic life support (BLS) or advanced life support nursing (ALS_n) units participate in over 80% of out-of-hospital actions for cardiac arrest recorded in our community. These

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