ANALYZING THE ATTITUDE OF FIRST DEGREE ENTOURAGES OF PATIENT IN RELATION TO PRESENCE OF FAMILY MEMBERS AT THE TIME OF CARDIOPULMONARY RESUSCITATION BEDSIDE THE PATIENT

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Abstract

Introduction: Every member of care and treatment team during their clinical experience may have many times faced with cardiac arrest for their clients. No study has been proposed yet based on non-presence of family members at CPR time and it needed further studies. Therefore, this study has been done with the aim of analyzing the attitude of first degree entourages of patient in relation to presence of family members at the time of cardiopulmonary resuscitation bedside the patient.

Procedure and Methods: In this descriptive-analytical study that was done at treatment sectors of Chabahar’s Imam Ali Hospital subordinate of Zahedan University of Medical Sciences, 60 persons of first degree relatives of patients were participated that were enrolled in the study incensus method. Data collection tools was researcher made questionnaire that was designed according to study and review on the studies which was consists of two parts: demographic information and clinical experience of family presence during resuscitation and attitudinal part. The obtained results were analyzed by 19Spss software and descriptive statistical methods and inferential statistics (Mann-Whitney U tests, Pearson correlation, t-test and ANOVA).

Results: the results showed that allentourages were men. Their average age was 28.3 ± 4. 45.7 percent of them had had the experience of cardio pulmonary resuscitation of one of their family member. 8.7 percent of them had a negative attitude, 67.4 percent of them neutral attitude and 23.9 percent of them positive attitude. There was also significant relationship between the kind of attitude and positive experience of families’ presence as well as the record of family.
request to attend in resuscitation operation and they respectively are (p= 0.009)) and (p = 0.001). And there was no significant relationship between other variables.

**Conclusions:** the results of present study showed that the high percentage of patients’ family have had a neutral view about the presence besides the patient during cardiopulmonary resuscitation and a few percentages of them have had a positive attitude.

**Key words:** presence of patient’s family members, cardiopulmonary resuscitation, entourages of patient

**Introduction:** Cardiopulmonary interruption can occur unexpectedly at any time and place. Every member of care and treatment team during his clinical experience may have faced many times with it for their clients (1). This event is one of the main causes of death in the world (2-4). In developed countries, the survival rate of cardiac arrest that occurred in the hospital and outside of it; respectively is less than 30 percent and less than 10 percent (5). In developing countries, including Iran cardiovascular diseases also has caused 80 percent of deaths and it is expected it will get the high rate of death in the countries with low and middle income by 2020 and it will cause about 4.6 million deaths in age group of 39-60 years old. This group of diseases is one of the risk factors for cardiac arrest in people. But due to incorrect documentation, there are no exact statistics and numbers of cardiac arrest, cardiopulmonary resuscitation, survival rate and short-term and long-term consequences after resuscitation of these patients in Iran (6, 7). Cardiopulmonary resuscitation is the most effective remedy for cardiac arrest that related back to 50 years ago and hundreds of thousands of lives have been saved by it (8, 9).

The ultimate goal of cardiopulmonary resuscitation is to survive a healthy and capable human. Therefore, it is worthwhile the factors that effect on the cardiopulmonary resuscitation to be identified and to be used (10-12). Heart monitoring rate, presence of an experienced anesthesiologist in resuscitation team, cardiopulmonary resuscitation during office hours, quick start of CPR especially chest compressions and rapid intubation are considered as factors that increase the survival rate of patients till the time of discharging (13). Discussing about the presence of family members in time of cardiopulmonary resuscitation was started at Michigan United States from 1980 (14, 15). No study has been proposed yet about non-presence of family members at CPR time (16, 17) and it needed further studies. Therefore, this study has been done with the aim of analyzing the attitude of first degree entourages of patients in relation to presence of family members at the time of cardiopulmonary resuscitation beside the patient.
Procedures and Methods

The present research is a descriptive-analytical study that was done at therapeutic sector of Chababar’s Imam Ali hospital, the subordinate of Zahedan University of medical sciences. 60 persons of first degree relatives of patients were participated that were enrolled in the study incensus method. The mean for first degree relatives are father, mother, and brother and sister who are older than 18 years old. Data collection tools of questionnaire were researcher made, it was designed according to study and review on the studies which was consists of two parts: demographic information and clinical experience of family presence during resuscitation (6 questions) and attitudinal part (18 questions). Attitude questions were designed in 4 areas include the impact of family presence on performance of team (6 questions), the effect of family presence on family members (3 questions), attitude toward certain conditions (5 questions), and attitude towards decision making responsibility about presence of family (4 questions). Participants’ attitude toward the presence of family members during resuscitation was designed according to 5 point Likert scale in the form of questions with the response of I agree (3 points) to I disagree (1 point). Higher scores of attitude indicate more positive attitude and lower scores indicate a negative attitude to this issue. Content validity of it was calculated based on Waltz and Basel index by 10 numbers of physicians. To investigate the reliability of questionnaire tools it was referred to 15 numbers of nurses and 15 numbers of entourages of chronic patients in a pilot form and reliability coefficient of it was obtained by retest. The obtained results were analyzed by 19Spss software and descriptive statistical methods (frequency distribution table and central indexes) and inferential statistics (Mann-Whitney U tests, Pearson correlation, t-test and ANOVA).

Results: The results showed that all entourages were men. Their average age was 28.3 ± 4. 45.7 percent of them had had the experience of cardiopulmonary resuscitation of one of their family member. 47.8 percent of them had had the experience of presence in cardiac and pulmonary resuscitation. 8.7 percent of them had been faced with the request of presence during cardiopulmonary resuscitation by family of patient. 34.2 percent of them had allowed the patient’s family to presence in resuscitation operation and 17.8 percent of them had a positive attitude toward presence of family members. 8.7 percent of them had negative attitude and 67.4 percent of them neutral attitude and 23.9 percent of them positive attitude. There was also significant relationship between the kind of attitude and positive experience of families’ presence as well as the record of family request to attend in resuscitation operation and they respectively are (p = 0.009)) and (p = 0.001). And there was no significant relationship between other variables.
Discussion:

The result of present study showed that high percentage of patients had neutral view in relation with the presence besides the patient during operation of cardiopulmonary resuscitation and lower percentage also had positive view. The presence of family members besides the patient is considered as a need, this need is felt in real form in all painful moments of life. Paying attention to this issue is important that human is a sociable creature and he or she should not died alone (18, 19).

There are different opinions in our country about the presence of patient’s family members beside the patient during operation of cardiopulmonary resuscitation. Some people find it useful and they consider it the right of patient and some of them find it harmful (20, 21). The main reasons of opponents are the increase of mental stress of family members and resuscitation team, uncontrollable moaning, pressure from the patient’s family to continue the operation when it is ineffective, lack of space for presence of family members, ethical and legal issues like increase of complaints of the resuscitation team (22-26).

Given to advances in the field of CPR and advanced medical care and immediate help, the survival rate of patients with cardio-respiratory arrest has had a significant increase in the last recent years. So that progressive process of it has been visible in developed countries and those countries that are pioneer in medical field (27, 28).

At the same time, the measures such as public education, basic principles of CPR, to reduce the response time of emergency medical centers, equipping ambulances, continuous trainings of advanced resuscitation for medical staff and to establish a united group for cardiopulmonary resuscitation operation, can cause to improve the performance of cardiopulmonary resuscitation and to increase the survival rate of the diseases (29).

One of the research’s limitations was that the views of those first-degree relatives who were lack of literacy were not investigated.

Conclusion:

The results of present study showed that high percentage of patients’ entourages had neutral view in relation with the presence besides the patient during cardiopulmonary resuscitation operation and lower percentage also had positive view. It is better a clear plan to be prepared in every hospital in relation with presence of family members during resuscitation operation and they should be explained the behaviors of family members during cardiopulmonary resuscitation operation before the time of event.
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References:


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