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INVESTIGATING THE ATTITUDE OF NURSES TO THE PRESENCE OF FAMILY MEMBERS DURING CARDIO PULMONARY RESUSCITATION (CPR)

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Abstract

Introduction: In many cases cardio-respiratory arrest is recoverable with rapid operation of cardiopulmonary resuscitation. The importance of family members' presence has recently been considered in eastern countries. Certainly, this is true that the cultural background of Asian countries' resident is different from other populations which it requires much more research about the attitudes of employees to presence of family members during resuscitation. Therefore, this study has been done with the aim of investigating the attitude of nurses to the presence of family members during Cardio Pulmonary Resuscitation (CPR).

Procedures and Methods:

The present research is a descriptive-analytical study that was done at Chabahar from April to June of 2016 in sectional form. 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 (frequency distribution table and central indexes) and inferential statistics (Mann-Whitney U test, Pearson correlation, t-test and ANOVA).

Results: The results showed that the 19.2 percent of nurses were men and 80.8 percent of them were women. Their average age was 24.7 ± 2.17 . 12.3 percent of them have had the experience of Cardio Pulmonary Resuscitation of one of their family member. 84.9% of them have had experience of presence in cardiac and pulmonary resuscitation. 32.9

percent of them have faced with request of presence during cardiopulmonary resuscitation from patient's family. 34.2 percent of them have allowed patient's family to presence in resuscitation operation and 17.8 percent of them have had a positive experience of presence of family members in resuscitation operation. 31.5 percent of them have had a negative attitude, 64.4 percent of them neutral attitude and 4.1 percent of them positive attitude.

Conclusions: The results show that the high percentage of nurses had had a neutral attitude to presence of family member during cardio pulmonary resuscitation and a few percentages of them had a positive attitude that this attitude also in patient family respectively is neutral, positive and negative.

Key words: Presence of patient's family, Cardio Pulmonary Resuscitation, nurses

Introduction: Cardio respiratory arrest is considered one of the most common cases that lead to death that may occurs unexpectedly at any time or any place and is responsible for the half of all deaths (1). Because, cerebral hypoxia due to interruption of cardiopulmonary causes to permanent brain damage within 3-5 minutes (2). According to one of the various definitions for cardiopulmonary arrest, cardiac arrest is the sudden stop of effective ventricular contractions; in-hospital cardiac arrest is a common and dangerous problem so that approximately there are 370-750 thousand patients in United States' hospitals with cardiac arrest who underwent resuscitation procedure (3-5). It has been reported that the rate of cardiopulmonary arrest in North America is about 55 people per 100,000 per year (6, 7). Nevertheless, in the immediate initiation of cardiopulmonary resuscitation many of these people may be saved (8,9). Cardiopulmonary resuscitation is an emergency treatment action for patients with cardiopulmonary arrest (10). In this emergency procedure, following the pressure of hand to the chest, the heart and lungs are forced to operate. Cardiopulmonary resuscitation will be used when the heart's ability to pump blood is lost due to various causes including diseases, drugs and trauma (11, 12). In many cases cardio respiratory arrest is recoverable with rapid operation of cardiopulmonary resuscitation; but for various reasons, the rate of survived patients with cardiopulmonary resuscitation is very low (13, 14). Immediate action for CPR is very important. The most successful time for resuscitation is in the first 5 minutes of collapse (15, 16). The ultimate goal of performing cardiopulmonary resuscitation is to survive a healthy and capable human, therefore; it is worthwhile that the factors that affect on the cardio-pulmonary resuscitation to be known and to be used (17, 18). The importance of family members' presence has recently been considered in eastern countries. Certainly, this is true that the cultural background of residents of Asian countries is different from other populations which it requires much more research about the attitudes

of employees to presence of family members during resuscitation (19, 20). Therefore, this study has been done with the aim of investigating the attitude of nurses to the presence of family members during cardio pulmonary resuscitation.

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 in sectional form from April to June of 2016. The under studied sectors are emergency room, ICU, CCU, internal and surgery. The number of employed nurses who were qualified for the study according to inclusion criteria of study were 73 persons; they were enrolled in the study in census methods. An entry criterion for nurses was at least 1 year record of service in clinical and nursing bachelor's degree or higher. A data collection tool of questionnaire was researcher made, it was designed according to study and review on the studies which 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's 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 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 the questionnaire tools it was referred to 15 numbers of nurses in pilot form and reliability coefficient of it was obtained by retest. After permission of the hospital administrator, nursing management and hospital security, participants were given the questionnaire by researcher. The aim of the research was mentioned in the questionnaire in writing form. Participants were asked to complete the questionnaire if they wish. They were assured that their information will be remained secret. The obtained results were analyzed by SPSS 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 the 19.2 percent of nurses were men and 80.8 percent of them were women. Their average age was 24.7 ± 2.17 , as the average of their record of service was 49.3 ± 3.7 months well. 98.6 percent of them

have a bachelor's degree and 1.4 percent of them have master's degree. 12.3 percent of them have had the experience of Cardio Pulmonary Resuscitation of one of their family member. 84.9 percent of them have had the experience of presence in cardiac and pulmonary resuscitation. 32.9 percent of them have faced with request of presence during cardiopulmonary resuscitation from patient's family. 34.2 percent of them have allowed patient's family to presence in resuscitation operation and 17.8 percent of them have had a positive experience of presence of family members in resuscitation operation. 31.5 percent of them have had a negative attitude, 64.4 percent of them neutral attitude and 4.1 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 results of this study showed that only 4 percent of nurses had a positive attitude toward the presence of family members in operation of cardiopulmonary resuscitation. The research's results of Dabiriyani et al showed that only 5 percent of employees had direction to presence one of the members of family during resuscitation in the ward and none of the physicians and nurses who are employed in emergency room could have received permission in this regard(21). But, in a study that has been done over 4 groups of nurses with associated degree and bachelor's degree, general and specialist physicians, most of them (nearly 60 percent) considered useful the presence of family and only technicians had more negative attitude in comparison with others (22). The most concern for employees following the presence of family in resuscitation is that there is a possibility that patient's family members ask many questions or they may intervene in resuscitation or they may tolerate stressful conditions and it causes to transfer their stress to the members of resuscitation team in time of resuscitation action. (21,23). But it must be borne in mind that the presence of family cause to disappear the sense of fear that exist when they are alone in the waiting room, without knowing what is going on to be happened. (24, 25).A lot of people also blame themselves for the reason that they could not been able to spend bedside their patient (26, 27). It is recommended that more studies to be done in this area.

Conclusions:

The results showed that the attitude of high percentage of nurses toward the presence of family member during cardiopulmonary resuscitation is a neutral attitude and a few percent of them had positive attitude, that this attitude in

patient's family respectively is neutral, positive and negative. As a result, holding of justification workshops in relation with management and to organize the presence of patient's family during resuscitation so that they may not interfere the process of medical team, as well as supportive system for families during resuscitation operation and creating appropriate relationship with them can play an important role in attitude of nurses to the presence of patient's family in time of resuscitation.

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