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Readiness of doctors and nurses towards family witnessed cardiopulmonary resuscitation in emergency department

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ABSTRACT

Introductions: Presence of family during cardiopulmonary resuscitation is debatable. Doctors and nurses locally believe that family should be kept out of resuscitation. This study explores the attitude of doctors and nurses towards presence of family during resuscitation.

Methods: This was a cross-sectional descriptive study conducted at Patan Hospital emergency in January 2017. Medical personnel working in emergency were given a set of questionnaires. The result was descriptively analyzed.

Results: Sixty-four doctors and nursing staffs participated in the survey. Fifteen (23%) said that they would never allow presence of family during resuscitation, 37 (58%) said sometimes and 13 (20%) said always. Perception of health workers were, 32 (50%) thought it interferes with work; 25 (39%) legal problem; 33 (51%) bad reaction to the team; 35 (54%) psychological trauma to family; 23 (36%) difficult to stop resuscitation; 23 (36%) offence to family; 17 (26%) increase staff stress; 8 (12%) not culturally acceptable and 6 (9%) had no such practice observed.

Conclusions: Family presence during resuscitation was not desirable for majority of medical person working at emergency department of Patan Hospital.

Keywords: cardiopulmonary resuscitation, emergency physician, family presence

INTRODUCTIONS

Presence of family during Cardiopulmonary resuscitation (CPR) is increasingly accepted practice in western society and American Heart Association (AHA) advocates family witnessed resuscitation (FWR) and recommends to allow them as far as possible.¹ In developing countries, it is less accepted and controversial.^{2-4,6} Study regarding FWR is lacking locally. Our population has unique socio-cultural values⁷ and findings in other parts of the world cannot be fully copied. Exclusion of family members during CPR is common practice in our region.⁸

Proponents of FWR claim that it helps in grieving process, alleviates anxiety, depression, post-traumatic stress disorder and thereby acknowledge to the healthcare efforts.^{5,10-11} Opponents of FWR claim that it increases the liability and staff stress, may disturb the patient care, compensate patients' confidentiality and cause psychological trauma to family.⁸

The purpose of this study was to find out the acceptance of FWR among doctors and nurses working in emergency department at Patan Hospital, Kathmandu, Nepal.

METHODS

This was a cross-sectional observational study conducted at Emergency department of Patan Hospital, a tertiary care university teaching hospital of Patan Academy of Health Sciences (PAHS), Lalitpur, Nepal, during January 2017. Structured questionnaire was given to doctors and nursing staff working in emergency department. Written consent was taken from all. Participants were briefed about the questionnaires and advised to fill up in free time not under pressure. The questionnaire had two parts; 1st demographic and 2nd in-depth views with 15 questionnaires. Responses were calculated in percentage and subgroups analysis was done on available demographic data

RESULTS

Out of 78 doctors and nurses working in emergency department of Patan Hospital, 65 completed the questionnaire. Male were 29 (45%) and female 36 (55%). House officers were 29 (45%), nurses 26 (40%). Thirty-nine (60%) had clinical experience of less than one year in emergency. Twenty-two (34%) participants were involved in less than four CPR.

Fifteen (23%) said that they would never allow presence of family, 37 (58%) said sometimes and 13 (20%) said always. However, if medical staff's near ones needed CPR, 39 (60%) agreed to witness it. Psychological trauma to the present family member and bad reaction to CPR team when unsuccessful, topped the list for not allowing FWR, (Figure 1).

DISCUSSIONS

This study found 80% of the healthcare workers do not agree to FWR which is similar to a Turkish study by Demir in 2008 that identifies 82% of physician and nurses working in emergency department and intensive care units felt that it was inappropriate for the family members to witness resuscitation.⁹ Likewise, an Iranian study in 2010 found that out of 200 respondents 77% did not favor family presence during CPR.³

In our study, 51% believed that it interferes with work, 32% said it increases stress to the team, and 43% thought it will prolong CPR. In a study on 214 respondents in Trinidad and Tobago, reports that 81% felt relatives will be traumatized by witnessing CPR, 64% felt that it decreases staff performance, 71% believed that it prolong resuscitation and 72% said it will increase the stress to the team.⁴

Table 1. Acceptance of family witnessed resuscitation (FWR) among doctors and nurses (n=65) working at emergency department

Acceptance of FWR					
Category	Never	Always	Sometimes	Sub-Total	Percentage
Participants (n=65)					
Male	7	6	16	29	44.62%
Female	8	7	21	36	55.38%
Age (years)					
20-25	9	2	18	29	44.62%
26-30	6	6	13	25	38.46%
30-35	0	2	2	4	6.15%
35-40	0	1	3	4	6.15%
>40	0	2	1	3	4.62%
Designation					
Nurse	8	7	11	26	40.00%
Medical officer	7	3	19	29	44.62%
Medical Student	0	1	1	2	3.08%
Intern	0	2	2	4	6.15%
Faculty	0	0	4	4	6.15%
Experience of cardiopulmonary resuscitation (n=63)					
< 4	3	5	14	22	34.92%
4-8	7	4	17	28	44.44%
> 8	5	4	4	13	20.63%
Experience working in emergency (n=63)					
Less than 1 year	12	6	21	39	61.90%
1-5 year	2	3	8	13	20.63%
More than 5 years	1	4	6	11	17.46%



Figure 1. Causes not to allow FWR

CONCLUSIONS

The attitude of healthcare workers in emergency department of Patan Hospital does not support family witnessed CPR.

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