Healthcare provider beliefs and attitudes towards family witnessed resuscitation in Saudi Arabia

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Introduction

There is a trend in healthcare towards allowing families to be present during resuscitation. Family presence during resuscitation or invasive procedures promotes the principles of patient and family centered care. This study was undertaken at a medium-sized community hospital and its outlying facilities in Saudi Arabia. The researchers sought to determine if healthcare providers in Saudi Arabia had similar beliefs and attitudes to those previously reported in the literature regarding family witnessed resuscitation (FWR).

Research Question

What are the beliefs and attitudes of healthcare providers in Saudi Arabia towards family witnessed resuscitation? Does age, gender, nationality, profession, unit, years in profession or years in the hospital affect beliefs and attitudes?

Methods and Materials

This study is based on a quantitative cross sectional descriptive survey using the Emergency Nurses Association’s (ENA) Health Care Provider Attitudes and Beliefs Toward Family Patient Presence Assessment Survey. Content validity was established by the ENA, Combach’s α=0.8, Convenience sample with n = 393, α = 0.05, CI = 95%

Setting

Medium-sized hospital and outlying facilities in the Eastern Province of Saudi Arabia.

Inclusion Criteria

Healthcare providers (HCP) working in intensive care, emergency, operating rooms, day surgery, and general and pediatric wards including physicians, nurses, paramedics, and respiratory therapists (RT).

Exclusion criteria

All personnel not employed in the aforementioned units, all other types of healthcare workers, the researchers, and families.

Results

1) The majority of respondents were female (66%), over 40 years of age (67%) from emergency departments and intensive care units (51%). The profession with the most respondents was nursing (78%). Most participants (65%) have more than 6 years experience in their professions (table 1).

2) There were moderate to high overall attitudes towards FWR among all respondents (table 1).

3) There was statistical significance among units and professions (table 2) regarding beliefs and attitudes towards FWR in which the mean scores of physicians and nurses were higher in attitude factors than paramedics and RTs.

4) There was also statistical significance among HCPs in pediatrics, day surgery, and the emergency department with mean scores higher in attitude factors than in other units.

5) Comparison of mean scores for age, gender, length of employment in the hospital, years in the profession, and nationality were not statistically significant (table 2).

Conclusion

The majority of HCPs in Saudi Arabia are expatriates and thus cultural and language barriers may impact care during resuscitation. Adopting evidence based research recommendations would enable more culturally sensitive practices regarding FWR. The results of the study found moderate to high attitude towards FWR, which indicate that FWR would be an acceptable practice in this hospital.

Limitations of the study included possible gender bias as well as a relatively poor response rate from professions other than nursing. Results were borderline statistically significant and may have been impacted by study limitations.

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References