Introduction

- JRC (Japan Resuscitation Council) guidelines 2015
- Family members of children undergoing resuscitation should be given the option to be present at the bedside. In order to do that, it is necessary to build a system to provide enough family support.
- The current state of Japan
- The family is guided away from their loved one into a waiting room during the patient's resuscitation. Furthermore, it is found that the system to support the family is undeveloped.
- Nurse's self-confidence of family presence during resuscitation
- In the literature, nurses who invited family into resuscitations reported significantly higher self-confidence in their ability to manage the situation than those who did not.

Objective

To measure self-confidence of nurses when family members are present during resuscitation and to identify assistance to increase their self-confidence in Japan.

Methods

Design: The study was a cross-sectional survey using a questionnaire.
Subjects: Japanese nurses who work in pediatric emergency and intensive care units.
Materials:
- The questionnaire collected basic personal demographic data and the characteristics of the hospital facilities.
- Scale: Japanese version FPS-CS (Family Presence Self-Confidence Scale). The scale developed by Twibell and coworkers. The scale is used to evaluate staff perceptions of their self-confidence with family presence during resuscitation. The FPS-CS requires participants to rate with 17 items using five point likert scale.

Results

- 326 nurses employed in 24 wards of 19 different hospitals completed the questionnaire. (response rate was 65.1%)
- 57.8% of the nurses provided the opportunity for the family to be present during the resuscitation procedure.
- Japanese version FPS-CS
- Mean total score was 2.53 (SD = 0.62)
- Self-confidence with family assessment and support score was 1.94 (SD = 0.64), the lowest score among three domains.

Discussion / Conclusions

- The nurses provided the opportunity for the family to be present at a frequency similar to other countries.
- The nurses reported 1 point or more low score of FPS-CS as significantly different. Type of clinical unit. Experience of pediatric fields. Qualifies for PALS. Wish of FP for their own family.

Analysis:

We tested the differences according to demographics, staff characteristics and facility characteristics using t-tests for two group comparisons. Analysis of variance was used to examine differences in scores on the FPS-CS (each three domains) on the nurses and facility characteristics.

References: