Title:
Nurse’s Self-Confidence of Family Presence During Resuscitation in Japanese Pediatric Emergency and Critical Care Field

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EBP PST 1: Friday, 28 July 2017: 10:00 AM-10:45 AM
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Keywords:
Family presence during resuscitation, Nurse’s self-confidence and Pediatric emergency and critical care

References:


Abstract Summary:
Japanese nurses who work in pediatric emergency and intensive care field had lower self-confidence managing family presence during resuscitation than other country’s nurses. To improve their self-confidence, we need guideline for family presence during resuscitation and development of family’s support system and advanced education for nurses in each hospital.

Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<tbody>
<tr>
<td>・You will be able to find Japanese nurse’s self-confidence characteristics when the patient family is present.</td>
<td>Participants reported low score of FPS-CS as compared to the previous researches, we need guideline adapted to the Japanese medical system for family presence.</td>
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<tr>
<td>・You will also be able to find the way to improve nurse’s self-confidence managing family presence during resuscitation.</td>
<td>The findings suggest the need for the development of family’s support system and</td>
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</table>
Abstract Text:

〈Introduction〉

According to the 2015’s JRC (Japan Resuscitation Council) guidelines, family members of children under going resuscitation should be given the option of presence at the bedside. And in order to do that, it is necessary to build a system to provide enough family support. However in general, the family is guided away from their loved one into waiting room during patient’s resuscitation in Japan. Furthermore, it is found that the system to support the family is undeveloped.

In the literature, nurses who invited family into resuscitations reported significantly higher self-confidence in their ability to manage it those that did not. To date, no researches have yet examined this issue and how to support to improve their self-confidence in Japan.

〈Objective〉

The purpose of this study was to measure nurse’s self-confidence of family presence during resuscitation and to identify assistance to increase their self-confidence in Japanese pediatric emergency and critical care field.

〈Methods〉

Design: The study was a cross-sectional survey using questionnaire.

Subjects: Our study’s subjects were Japanese nurses who work in pediatric emergency and intensive care unit.

Materials: The questionnaire collected basic personal demographic data and each hospital facilities characteristics.

Scale: Japanese-language version FPS-CS (Family Presence Self-Confidence Scale)

We request and granted from the original author to use the tool of Japanese version. After having done back translation, we evaluate the reliability and validity of the scale. As a result of analysis, Cronbach’s reliability was 0.94, and ICC was 0.85.

Analysis:

We tasted differences according to demographic, staff characteristics and facility characteristics using the t tests for two group comparisons. Analysis of variance was used to examine differences in scores on the FPS-CS on the nurses and facility characteristics. SPSS Statistics Version 22 was used for all analyses. Significance was set at p < .05.

Ethical considerations:

This study was approved by University of Tsukuba Faculty of Medicine, Ethics Committee. A letter was sent to each participants containing an ethical consideration, and their consent was implied on return of questionnaire.
(<Results>)

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

Self-confidence for direct patient care was significantly greater in nurses who had experienced 10 or more resuscitation events (p<.001, d=0.85), had experienced family presence during resuscitation (p<.001, d=0.68), had experienced 5 years or more medical practice in emergency or intensive care unit (p<.001, d=0.64), or had experienced 5 years or more medical practice as a nurse (p=.001, d=0.61). Self-confidence for managing family presence during resuscitation had a similar result. In addition participants who work in hospital that had education of family care for after the bereavement (p=.007, d=0.46), and had a system of family support for after the bereavement reported significantly more self-confidence for family assessment and support.

(<Discussion>)

Similar to overseas study, more than half of participants provided the opportunity for the family to be present. However they reported 1 point or more low score of FPS-CS as compared to the previous researches. One reason for this finding could be the specific influence of Japanese culture. In addition, the presence of family by the bedside during resuscitation is uncommon in Japan. And this finding could be related to lack of guideline for family presence and family support systems.

Using a skill-based experience within simulation training could be developing nurse’s self-confidence for direct patient care and managing family presence during resuscitation. The findings suggest the need for the development of family’s support system and advanced education for nurses in each hospital to improve nurse’s self-confidence for family assessment and support. Further, we need developing family presence facilitators who support the family and the staff providing direct care in Japan.

Reference:


