

Examining family members and nurses attitudes and beliefs towards family presence in Saudi Emergency Departments Existence Vs Resistance

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Background

The presence of Family Members (FMs) in Emergency Departments (EDs) during the carrying out of resuscitation and other invasive medical procedures is a relatively new concept in the health service field. Led by nurses, family presence has gained significant support over the last two decades from international healthcare organisations. Almost universally FMs across a variety of cultural contexts believe it is their right to witness invasive medical procedures performed on their immediate FM, however healthcare professionals still tend to have conflicting opinions over this issue. The previous research in this area has demonstrated that advocates for family presence have justified that support for the practice goes hand in hand with family centered health care practices, while opponents, largely healthcare professionals repeatedly cite safety concerns, extra work load burden attributable by understaffing, interruptions to procedures, FMs misinterpretation of healthcare actions, unnecessary prolonging of resuscitation efforts, medico-legal issues and psychological harm to FMs as their reasons to prevent FMs from witnessing invasive procedures.

In the past two decades, a number of leading healthcare organizations, mainly from U.S, such as the Emergency Nurses Association (ENA) and the American Heart Association (AHA) endorse the practice, through developing position statements and written policies for their members. However very few hospitals to date have adapted their hospital based policies with decisions regarding the presence or absence of FMs being made according to individual circumstances.

Purpose

The primary purpose of this paper was to examine the experiences, attitudes and beliefs of Saudi FMs and EDs' nurses towards family presence during invasive medical procedures in the ED. The current study draws on specific cultural and religious characteristics of FMs as well as the unique demographic constitution of the nursing workforce in Saudi Arabia (SA).

Design and Method

A cross sectional descriptive exploratory design study employing quantitative methodology was undertaken. Two independent self completed survey questionnaire were employed to gather data from two independent groups in two separate phases; (a) in phase 1, immediate FMs (n=294) were surveyed, who had attended invasive medical procedures performed on FM patient ED; and (b) in phase 2, EDs' nurses (n= 97) were surveyed. In both phases participants completed a survey questionnaire ascertaining previous experiences with family presence, policy preference and the associated cohorts' attitudes and beliefs about the family presence.

Analysis

The same quantitative analysis strategy was conducted in phase 1 and phase 2 of the research using the Statistical Package for Social Sciences (SPSS) software, version 19. Descriptive analysis of data was conducted for descriptive data. Principal Axis Factoring was performed to extract the factors from the pattern matrix and non parametric Kruskal-Wallis tests were applied to test the median scores and the correlations between the variables.

Results

In phase 1 almost all FMs had strongly supportive attitudes towards family presence. Saudi FMs believed it was their right to be with the patient regardless of the acuity of their condition, reporting negative experiences about the ED being unsupportive environment to their specific cultural and spiritual needs during the performance of invasive procedures. Male, older age in particular, FMs had, statistically significant, more positive attitudes and beliefs toward family presence; and their cultural and spiritual needs during invasive procedures were also higher than female as well as younger FMs.

In phase 2 the EDs' nurses showed negative attitudes toward family presence practice, were generally against the idea of allowing FMs' presence and never facilitated the practice although demanded by FMs.

The nurses surveyed claimed that they refused to allow FMs to witness invasive procedures for such reasons as lack of policy, guidelines, consideration to colleagues and lack of cultural awareness. EDs' nurses reported negative experiences with family presence and preferred to have a policy that mandated against the practice. Senior, experienced and nurses with higher educational qualification had more positive, statistically significant, attitudes and beliefs towards family presence compared to less experienced and junior nurses in the EDs.

Recommendations

The study recommends the development of a family presence policy that is culturally specific and gradually introduced then carefully evaluated in conjunction with a shift in core hospital philosophy toward family centered care. This would serve the purpose of enabling consideration to the cultural and religious backgrounds of SA. Introducing the family presence practice in the current SA hospital based EDs training and resuscitation courses is recommended as an ideal starting point. The current SA and indeed international nursing curriculums related to family care, emergency nursing and advanced practice should include units on FMs rights to witness invasive procedures and provide guidelines for nurses in support of such presence during invasive procedures. It is imperative to include cultural and spiritual awareness within nursing and medical education in future educational reforms in SA and the Middle East. Future research is recommended within the Middle Eastern context to identify qualitatively and in more depth the religious and cultural imperatives and experiences with family presence.

Keywords: Family presence, Emergency Department, Saudi Arabia, Attitudes and Beliefs, Resuscitation and Invasive Procedures