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Nurses' Assessment of Family Presence during Resuscitation of Patients: A Study at Komfo Anokye Teaching Hospital, Ghana

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Authors' contributions

This work was carried out in collaboration among all authors. Author TAAA designed the study, contributed to data acquisition, analyzed and interpreted the data with author AO under the supervision of author GD. Authors AO and TAAA wrote the first draft of the manuscript. All authors read and approved the final manuscript for publication.

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ABSTRACT

Introduction: Family presence during resuscitation (FPDR) is supported by multiple professional organizations as a means of implementing family-centered care during life-threatening situations. Patient- and Family-centered care is central to professional nursing practice.
Objective: This study sought to assess nurses' attitude, practice and the factors that influence family presence during resuscitation (FPDR) of patient in emergency care in Komfo Anokye Teaching Hospital (KATH). And recommend protocol for its implementation in order to suit this current era of ensuring family centered and holistic care.
Methodology: The study was a descriptive with quantitative approach conducted between May to September, 2018. Convenient sampling method was used to select a sample 103 nurses who works at the emergency and accident department of KATH. Data was analyzed with the use of SPSS version 16 statistical package.
Result and Findings: From the study a few number of the respondents 23 (22%) has never had

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resuscitation in the presence of family during Cardiopulmonary Resuscitation (CPR). About, 70% of respondents would want to be present during resuscitation of a close family member, and 65% of the respondents will want family member to be present if they were being resuscitated.
Among factors influencing FPDR were found to include; FPDR pose threat to the confidentiality of patients' information (54%), make healthcare workers more liable to malpractice suits during invasive procedures (55%) and resuscitations (52%). Again, nurses believe family presence will neither disrupt the organization of the resuscitation nor create emotionally difficult during resuscitation except in invasive procedures were nurses believe that it will make family members anxious. The practice of FPDR is high among nurse as majority of respondents (78%) have practiced family presence during resuscitation before.
Conclusion: It was concluded that the behavior of nurses toward FPDR is very encouraging. Besides invasive procedures where nurse believe could be traumatic to patient's relative, nurses are willing to practice FPDR. Factors revealed in the study to influence the practice of FPDR is perceived stress to family members, invasive procedure resuscitation and possible malpractice suits.

Keywords: Nurses; family; resuscitation; patients; Komfo Anokye teaching hospital.

1. INTRODUCTION

Resuscitation is a procedure designed to restore normal breathing after cardiac arrest that includes the clearance of air passages to the lungs, the mouth-to-mouth method of artificial respiration, and heart massage by the exertion of pressure on the chest [1]. It is a great means to revive a patient in critical situation where every second counts. Globally cardiac arrest which call for the initiation of resuscitation accounts for more than 17.9 million deaths per year in 2015, a number that is expected to grow to more than 23.6 million deaths by 2030, from the American Heart Association .The incidence has been seen to be high in Africa countries with 3.8 to 13 per 1000 admissions, from a studies conducted in Kenya with a lot of death been attributed to it [2]. Despite the increase morbidity and mortality resulting from hospital cardiac arrest, less is been done especially in sub-Saharan Africa .In Ghana there is no available records with regards to cardiac arrest, in Komfo Anokye Teaching is estimated that 3 to 10 per 96 admission in the accident and emergency department have to be resuscitated (Admission and Discharge Book).The surest means to mitigate these unfortunate figures is through effective implementation of resuscitation steps to restore health within the shortest time frame.

Health care givers continue to respect the role family members' play in restoring health to the sick and helping to restore their love one to their formal state of health. Patient – and family – centered care is central to professional nursing practice and health outcome of the patient [3] , as the family is seen to play key role, providing support to the sick both physical and psychological. It is a result of this that has led to the evolution of Family Presence During Resuscitation (FPDR) as a means of implementing family-centered care during life-threatening situations.

There are numerous cases of resuscitation in critical care settings and numerous instances where FPDR could be implemented as a component of family centered care. Yet, research has demonstrated that nurses, including emergency nurses, do not always fully support FPDR, and it is not commonly implemented at the bedside by nurses [4].

Some of the challenges associated with the practice of FPDR are performance anxiety which is commonly cited as a concern of clinicians. The risk of litigation would be increased if mistakes occurred during the resuscitation process [5]. Furthermore, the untrained family members might not understand the resuscitation treatment if no staff was able to accompany them and provide explanations. Staffs reportedly fear that, as a result, the presence of family members during resuscitation procedures would only induce psychological trauma to the families [2].

Despite the disadvantages, there are reports that family participation supports physical and emotional needs as well as the integration of spiritual care in complex nursing practice. Notwithstanding the above there seem to be some amount of benefit supported by a study done by Meyers (2004) show, more than 95% of the family members who had participated in FPDR stated that they would like to have FPDR

again if necessary, and none of them were found to have traumatic memories 2 months after the FPDR event.

Also other studies show that FPDR is desired by both patients and families, and can promote positive outcomes in most emergency cases such as; increased comfort, improved understanding, and facilitation of the patient health of the grieving process [6].

Moreover, the staff's professional image was enhanced when they knowledgeably and skilfully performed the resuscitation process in front of the patient's families. Some nurses mentioned that they could fulfil the nurses' role for family members through the practice of FPDR, including giving comfort and reassurance, providing emotional and spiritual support, providing knowledgeable explanations, assisting in end of life decision making and facilitating grieving [5].

Some studies found that more nurses were in favour of FPDR practice than physicians, when the attitude of the members of the American Association for the Surgery of Trauma (AAST) and the Emergency Nurses Association (ENA) towards FPDR were examined. It was found that more members of the ENA (64%) than the AAST (18%) indicated that FPDR was beneficial and that more AAST members considered FPDR to be inappropriate during all phases of resuscitation [7].

FPDR is an evolving topic; one that continues to create debate. It first emerged in the literature 25 years ago when Doyle et al. (1987) published a pioneer study that shows families who experienced FPDR were supportive of it. Following this open up study, numerous professional organizations have declared their support for FPDR due to published research depicting it as beneficial to family members. Beginning with the Emergency Nurses Association (ENA) in 1993, support for FPDR has mounted and multiple national and international professional organizations have developed policies and position statements in favour of FPDR.

Before 2004, the study of FPDR practice was restricted to Western countries in the United States and Europe. In recent years, the healthcare professionals of the non Western countries became aware of the importance of this practice and conducted studies to assess the attitudes of their staff and patients' families towards the practice of FPDR. These studies showed that the majority of the healthcare staff in Singapore, South Africa and Turkey did not accept the practice of FPDR. While in Hong Kong, the practice of FPDR is still a relatively new concept and an uncommon practice [5]In the large number of research studies conducted overseas, there are both positive and negative opinions from nurses (healthcare staff) and family members with regard to FPDR practice. Resuscitation is considered a common procedure in adult critical care units. The views of the different personnel have been broadly studied; very little research appears to have been conducted in the factors associated with FPDR and attitude of emergency nurses. The present study was designed to provide an insight into emergency nurses attitudes in FPDR and to identify the predictors or factors that facilitate and hinder the practice.

The aim of FPDR is to meet the patients' and their family members' emotional needs.

In Africa, family plays very vital role in health, and in emergencies situations; because they are ready to take the initiative to support without thinking of any form of returns. Again, in Africa and in Ghana in particular; family ties are the pillars of the societies and so therefore cannot be overemphasize (Daniel, 2016).

1.1 Problem Statement

In the world at large, numerous professional healthcare organizations (Emergency Nurses Association (2005), the American Association of Critical Care Nurses (2004), the American College of Critical Care Medicine (2007), American Academy of Pediatrics Committee on Pediatric Emergency Medicine, American College of Emergency Medicine (2006), and the American Heart Association (2005)) have recommended that families be offered the option of being present during cardiopulmonary resuscitation and invasive procedures.

Since is a way of ensuring patient- and family-centered care which is a nursing duty. The emergency nurse trying to be selective in certain instances to uphold the preferences and needs of patients and families is not in line with patient- and family-centered care which calls for collaboration at all times and all levels of care (Conway et al., 2006) .Also the nurses attitude in trying to solve the problem of stress on family by preventing them from been there with the patient

during resuscitation end up rather leaving the family in a more distress situation at the waiting room. This study addressed this gap by focusing on emergency nurses' attitude and self-confidence for FPDR.

Another major gap noted in the FPDR research is a lack of consensus regarding the dependent variables of importance to measure. The majority of research has been conducted using variables without a theoretical basis [4].

Although in recent time there has been a study on the attitude of nurses and healthcare providers towards FPDR but it focuses on the retrospective surveys of staff, which shows mixed opinion about the value of their practice and attitude. With very few published reports that deals with the actual studies on attitude and practice of nurses for effective strategies for the change of practice and attitude towards FPDR [8]. The absence of the studies have lead to family members losing the benefits associated with FPDR such as increase knowledge of patient's medical condition, knowing all medical intervention given, providing support and help to the patient that the patient was not alone, reducing fear and anxiety and being able to say goodbye and facilitating graving process. In one of the first reports in the medical literature, 40 families and 21 healthcare providers were surveyed after an experience with family presence. 76% thought that being present facilitated their adjustment to the patient's death. This study evaluated the impact of nurses' attitude, practice and factors that influence FPDR using valid and reliable measurement scales grounded in theory and the literature in order to address this gap.

2. METHODOLOGY

2.1 Research Design

The research design employed in this study was the quantitative research design. A quantitative research is "a systematic process of obtaining formal objective data to describe the variables and their relationships. Quantitative research uses structured tools to generate numerical data and uses statistics to interpret, organize and represent the collected data" [9]. In this study, the research design was quantitative as the researcher used a structured questionnaire format to collect data from the respondents. This method allowed the researcher to ask all the respondents the same questions, which allowed objective data to be collected throughout the study. For the purpose of this study, the questionnaire was used as a data collection instrument. It was designed to draw out differing responses from the respondents, ranging from gender, ward, rank, and years of practice in the emergency department.

An anonymous, self-administered questionnaire was distributed to the nurses working at the emergency at a various ward to assess their attitude of FPDR., values, practice and factors such as risks, and benefits were assessed with a 20 item family presence risk-benefit scale and a 16 item family presence self-confidence scale utilizing the tool created by Dr. Renee Twibell [10].

Respondents were sent a consent form explaining the purpose the study, as well as the voluntariness, risks and benefits, confidentiality and whom to contact with questions. The respondents were informed that their participation was voluntary and consent was provided by return of a completed questionnaire. Convenience sampling was used to gain access to an adequate sample size.

2.2 Study Setting

The setting for this study was Komfo Anokye Teaching Hospital (KATH) located in Kumasi, the Regional Capital of Ashanti Region with a total projected population of 4,780,380 with a bed capacity of 1200 bed state. It geographical location makes it central place due to the road network of the country and commercial nature of Kumasi make the hospital accessible to all the areas that share boundaries with Ashanti Region and others that are further away.

As such, referrals are received from all the northern regions (namely, Northern, Upper East and Upper West Regions), Brong Ahafo, Central, Western, Eastern and parts of the Volta Regions. The hospital have a nursing population of thousand four hundred and fifty nurses providing services from all the directorate such as Medical, Surgical, anaesthesia and intensive care, family planning, obstetrics and gynaecology, ear, nose and throat, emergency, public health and trauma.

Komfo Anokye Teaching hospital (KATH) has emergency department that provides care for patient with acute condition at the facility. KATH also offered inpatient nursing department which consisted of Medical and Surgical emergencies and Intensive Care Unit. KATH was chosen as

the setting as it possesses the most modernize emergency department in Ghana.

2.3 Target Population

The target population for this study was registered nurses (RN) licensure in Ghana and working in KATH, but currently working in the emergency department.

2.4 Sample Size and Sample Techniques

The respondents of the study were obtained through convenience sampling due to their accessibility. Respondents were registered nurses or licensed practical nurses. The target sample was recruited by asking each nurse.

The sample size was determined using the standard formula for sample size calculation with total population of 210, margin of 5% and confidence level of 95% (z-score 1.96).

Sample size= [*p (1-p)]//1+ [*p (1-p)]/*N] (https://m.wikihow.com**)**

-N=population size (210)
-Z= z-score (1.96)
-e= margin of error (0.05)
-p= standard of deviation (0.5)

The survey was distributed to approximately 103 nurses after computing into the above formula with population size of 210.

2.5 Tool for Data Collection and Instruments Well Described

The questionnaire used, was designed, based on survey instruments used by the researches.

In the Staff Perceptions of Family-Witnessed Resuscitation questionnaire was modified and uses to collect data for this study. Also, pre-test was done to review the instrument to assess whether the questions asked were enough to elicit the needed responses to achieve the research objectives. Consequently, minor modifications were made to the questionnaire before its final administration. The survey required the respondents to rate their agreement with the items using a four point Likert scale which ranged from strongly disagree (1) to strongly agree (4). The higher scores which indicated the greater level of positive attitude towards FPDR was awarded. The self-confidence scale with higher scores indicated a greater level of self-confidence in managing family presence during resuscitation.

2.6 Procedure for Data Collection and Ethical Considerations

The data was collected through face-to-face interaction with the respondents from September 2018 to October 2018. Ethical approval was sought from School of Medical Science/ Komfo Anokye Teaching Hospital committee on Human Research, Publication and Ethics and receives in September 2018. An introductory letter from Ghana College of Nurses and Midwives was given after ethical clearance from the college and sent to the various administrative such as the research unit of KATH, head directorate of emergency and the head of nursing at the emergency department. Respondents were obtained through convenience sampling. The target sample was recruited by asking each nurse manager at the wards of the emergency department (ED) permission to share the questionnaire to the staff nurses during morning professionals meetings and daily huddles. Each staff nurse was given a copy of the consent and the questionnaire. Respondents were also informed of their right to withdraw from the study anytime they wish, but no incidence of withdrawal was recorded. Questionnaires filled by respondents were collected immediately they were later processed for analysis.

The study proposal was submitted to the college department. Upon approval it was sent to KATH for approval, the respondents were given a consent form explaining the purpose and procedure of the study. Respondents were given a consent form explaining the purpose and procedure of the study. Each respondent was informed that their participation is voluntary and that they could refuse to participate, discontinue participation, or skip any questions they will not wish to answer at any time. They were informed that their decision would not affect their employment. The risks and benefits were explained as they may experience some mild, temporary discomfort relating to answering some questions on the questionnaire as they concerned their feelings and attitudes. Their confidentiality was up held and only the principal researcher would have access to research results associated with their identity if any. The respondents was also given the contact information for the researcher for any questions regarding the research study [11].

2.7 Validity /Trustworthiness

In order to increase validity, the research themes were based on accepted theory and have a relation with the literature of FPDR. A standardize tool was used to gather data and right statistical analysis procedure was used. The questionnaire was pretested at the Emergency department of South Suntreso Government Hospital.

The pre-test feedback was used to reframe the questionnaire to arrive at appropriate wording, format and length until it was ready for data collection. The pre-test helped to ensure that all ambiguities were removed and that the questions are understood by respondents. The findings of the study were compared to other studies done in the study area to verify reliability. Respondents were allowed to answer the questionnaires independently.

2.8 Method of Data Analysis

The collected survey data was coded and visually checked for completeness, then double-entered into separate computer files by the researcher. The two sets of data was visually inspected for inconsistencies, and if found, the original instrument was reviewed and corrections were made. Frequencies were obtained for demographic data SPSS version 22 statistical package was used for all data analyses and the results presented in tables, graphs and charts.

2.9 Integrated as Suggested

2.9.1 Study generalization

Although selection of respondents was done through their availability at work at the emergency department, the study findings may not represent those working at other critical areas who are not working at the emergency department. Another thing that can affect the generalization was if an adequate amount of the respondents do not complete their questionnaire.

2.9.2 Findings

The study sought to assess the practice, factors and attitude of nurses towards Family Presence during Resuscitation of Patients (FPDR). This chapter presents the outcome of the study which was analyzed using descriptive and statistical measures. These results of the study are arranged with reference to the demographic characteristics of the respondents and the specific objectives of the study. The information about the results was provided with appropriate illustrations in the form of frequencies, percentage, and mean. The data was analyzed using Statistical Package for the Social Sciences (SPSS) statistical software version 22. One hundred and three (103) respondents were conveniently selected and questionnaires were administered to them at the Accident and Emergency Department of Komfo Anokye Teaching Hospital.

2.10 Socio-Demographic Characteristics of Respondents

A total of 103 respondents made up of 49 (47.6%) males, and 54 (52.4%) females were sampled from different wards in the Accident and Emergency Department of Komfo Anokye Teaching. Table 1 captures the frequency distribution of respondents on professional qualification almost all the respondents (94%) are general nurses'. The obtained demographic information revealed almost equal gender distribution (48% male and52% female). The study reveal about 22% of the respondents have worked for more than 10years. The respondents are almost equally distributed among the wards of work with 38%, 33% and 29% that is red, yellow and orange respectively. The Orange facility has the least number of respondents (29%). Majority of the respondents (70%) has degree as the level of education, this shows the level at which nursing is moving in recent time relation to education. It was also evident from the survey that majority (66%) has no training on FPDR and 34% respondents have had training. In all 21.4% have had between 11to 20 number of resuscitation and 7.8% have had one resuscitation.

2.10.1 Attitude of nurses towards FPDR

The attitude of nurses towards families' presence during resuscitation is of great importance, since majority of the team members that perform resuscitation are nurses. The first objective was to assess the attitude of nurses towards FPDR. Respondents, answered questions on staff members' presence during resuscitation, their support, and the presence of family during invasive procedure. Table 2 represents the frequency and percentage respondent's (nurses) attitude towards FPDR.

Findings from the study revealed that 47.6% agree and 13.6% strongly agree (Sixty one

percent of the respondent) will support FPDR. Equal numbers of respondents (14%) strongly agrees as well as strongly disagree to the practice of FPDR among nurses. In addition, almost similar percentage of (47.6% agree and 15.6 strongly agree) 63.2 will want family members accompanied by a staff member should be allowed to be present during resuscitations. The study revealed that 47.6% (37.9% agree and 9.7 strongly agree) will support family presence during invasive procedures for resuscitation. The number who strongly agree 9.7% almost double to family presence during invasive procedures for resuscitation as to those who strongly disagree to it 17.5%.

Table 1. Shows the distribution of respondents' socio-demographic data from the various wards

Variable	Frequency (N = 103)	Percentage (%)
Gender		
Male	49	47.6
Female	54	52.4
Profession		
State Registered Nurse	6	5.8
Registered General Nurse	97	94.2
Years in Practice		
0 to 5	46	44.7
6 to 10	34	33.0
11 to 15	14	13.6
Above 16	9	8.7
Practice Facility		
Red	39	37.9
Yellow	34	33.0
Orange	30	29.1
Education level		
Diploma	31	30.1
Degree	72	69.9
Training or Education on FPDR		
Yes	35	34.0
No	68	66.0
Number of Resuscitation		
1	8	7.8
From 2 to 5	8	7.8
From 6 to 10	12	11.7
From 11 to 20	22	21.4
From 21 to 30	8	7.8
Above 30	45	43.7

Source: Field Data, 2018

Table 2. Nurses' attitude

Variable	Frequency (N =103)	Percentage (%)
Family members accompanied by a staff member should be allowed to be present during resuscitations		
Strongly disagree	12	11.7
Disagree	26	25.2
Agree	49	47.6
Strongly agree	16	15.5
I would support family presence during resuscitation		
Strongly disagree	14	13.6
Disagree	26	25.2
Agree	49	47.6
Strongly agree	14	13.6

Variable	Frequency (N =103)	Percentage (%)
I would support family presence during invasive procedures for resuscitation		
Strongly disagree	18	17.5
Disagree	36	35.0
Agree	39	37.9
Strongly agree	10	9.7

Source: Field Data, 2018

2.10.2 Practice of FPDR among the nurses

To find out the practice of FPDR among nurses, respondents were questioned on their personal values which have direct bearings on their practice. Respondents were asked, when resuscitated will you allow family presence as an option as part of treatment, during invasive procedure, when close relative resuscitated will respondents wants to be present, and when respondents is resuscitated should family members be present. In assessing the practice of FPDR among nurses' personal values of the respondents were use, it was revealed that about fifty percent of respondents 54% will agree to family to have the option of being present when they are being resuscitated. 20% strongly disagrees with family having the option to be present as against 16% who strongly agrees to family having the option to be present.

Generally, there is not much difference between those who are against this preposition representing 46% of the respondents. However, a higher percentage of the respondent 70% (agree 42.7% & strongly agree 27.2%) would want to be present during resuscitation of a close family member whilst a lesser percentage of the respondents 65% will want family member to be present if they were being resuscitated. This finding indicates that nurse will prefer to watch family member being resuscitated than family member watching them being resuscitated. Findings further revealed that most of the respondent representing 66%, which 27% strongly, would want to be present during an invasive procedure of a close family member.

On personal values, it can be said that respondents will prefer to be present during resuscitation during of family member or a family member present during their resuscitation more as a policy or mandate rather than option as a higher percentage of 54% agrees to have FPDR as option. The responses obtained have been displayed in Table 3 below.

2.10.3 Factors influencing the practice of FPDR

To find the possible causes that mighty influence FPDR respondent were asked of the rights of both parents and family if it poses a tract, legal implications of the practice of FPDR, family and staff stress, and the benefit of FPDR to the family and the patient. The patient's right as reveal in the study included: The patient has a right for his/her family to be present during a medical resuscitation (72%), patient has a right for his/her family to be present during trauma resuscitation (67%), and patient has a right for his/her family to be present during an invasive procedure (55%).

The results obtained are illustrated in Tables 4 to Table 9.

Table 3. Practice of FPDR among the nurses- personal values

Variable	Frequency (N = 103)	Percentage (%)
If I were being resuscitated, I would want my family to have the option of being present		
Strongly disagree	21	20.4
Disagree	26	25.2
Agree	40	38.8
Strongly	16	15.5
I would want to be present during an invasive procedure of a close family member.		
Strongly disagree	5	4.9
Disagree	30	29.1
Agree	40	38.8
Strongly agree	28	27.2
I would want to be present during resuscitation of a close family member		
Strongly disagree	9	8.7
Disagree	22	21.4

Variable	Frequency (N = 103)	Percentage (%)
Agree	44	42.7
Strongly agree	28	27.2
If I were being resuscitated, I would want my family member to be present		
Strongly disagree	11	10.7
Disagree	26	25.2
Agree	46	44.7
Strongly agree	20	19.4

Source: Field Data, 2018

Table 4. Factors - patients' rights

Variable	Frequency (N = 103)	Percentage (%)
The patient has a right for his/her family to be present during a medical resuscitation		
Strongly disagree	12	11.7
Disagree	16	15.5
Agree	55	53.4
Strongly agree	20	19.4
The patient has a right for his/her family to be present during trauma resuscitation.		
Strongly disagree	14	13.6
Disagree	20	19.4
Agree	51	49.5
Strongly agree	18	17.5
The patient has a right for his/her family to be present during an invasive procedure		
Strongly disagree	16	15.5
Disagree	30	29.1
Agree	35	34.0
Strongly agree	22	21.4

Source: Field Data, 2018

2.10.4 Factors - the rights of family members

Family members' rights include: Family members have a right to be present at some point during resuscitation (71%), the patient's families have a right to be present during a medical resuscitation (57%), and the patient's family have a right to be present during trauma resuscitation (57%) and the patient's family has a right to be present during an invasive procedure (53%). This depicted in Table 5.

2.10.5 Factors - legal issues

Possible legal issues to emanate from the practice of FPDR according to respondents were revealed from the findings. Almost equal number of respondents, 18 and 19 respectively strongly disagree and strongly agree that family presence during resuscitation poses a threat to the confidentiality of patients' information. In totally, 54% of respondents agree family presence during resuscitation poses a threat to the confidentiality of patients' information. Furthermore, 55% of respondents believe that family presence during invasive procedures would make nurses more liable to malpractice suits.

A few respondents strongly representing 14% strongly disagree with this stance. However, more than half (52%) of the respondent disagree that family presence during resuscitations would make nurses more liable to malpractice suits.

2.10.6 Factors - family's benefits

The findings from the study as depicted in the Table 7 shows that, more than half of the respondent representing 54% believe that family presence during resuscitations is helpful for families. However, 54.4% (10.7% strongly disagree and 43.7% disagree) of respondents disagree that having a family member present during the resuscitation is good for the patient.

2.10.7 Factors - family's distress

From the findings, 30% strongly believe and agrees that Family members might be upset watching residents being taught during resuscitation. In addition, almost half of the respondents (45%) agree to this assertion. Therefore, perceive family distress associated

with FPDR could be a set back to the practice of allowing family presence during resuscitation and invasive procedures.

2.10.8 Factors - staff nurses' distress

Findings from the study reveals that respondent representing over fifty percent (13.6% strongly disagree and 44.7% disagree) disagree family presence during resuscitation is emotionally difficult for staff. Majority (61%) of the respondents revealed that the presence of family would negatively affect the performance of the resuscitation team. This, however, contradicts finding from the study where 52% (9.7% strongly disagree and 44.7% disagree) of respondents disagrees that presence of the family may disrupt the organization of the resuscitation. The presence of family members during resuscitations would not make nurses anxious according to 70% (12.6% strongly disagree and 57.3% disagree) respondents. Most of the respondents (63.1%) rather believe that presence of family members during an invasive procedure would make them anxious as represented with Fig. 1.

3. DISCUSSION

3.1 Introduction

This section discusses the results of the study based on the set objectives as stated in chapter one, and had linked the findings from the study from previous literatures of other scholars to be able to brings out issues with regard to the study strength and gaps in relation to other studies that had been conducted in the study field.

The discussion of the findings of this study was done under the following major headings, namely:

- Socio-Demographic Characteristics of Respondents
- Attitude of nurses' toward the FPDR
- Level of practice of FPDR among nurses
- Factors influencing the practice of FPDR

Table 5. Factors - family's rights

Variable	Frequency (N = 103)	Percentage (%)
Family members have a right to be present at some point during resuscitation.		
Strongly disagree	14	13.6
Disagree	16	15.5
Agree	64	62.1
Strongly agree	9	8.7
The patient's family has a right to be present during a medical resuscitation.		
Strongly disagree	22	21.4
Disagree	22	21.4
Agree	50	48.5
Strongly agree	9	8.7
The patient's family has a right to be present during an invasive procedure		
Strongly disagree	22	21.4
Disagree	26	25.2
Agree	50	48.5
Strongly agree	5	4.9
The patient's families have a right to be present during trauma resuscitation		
Strongly disagree	18	17.5
Disagree	26	25.2
Agree	48	46.6
Strongly agree	11	10.7

Source: Field Data, 2018

Table 6. Factors - legal issues

Variable	Frequency (N = 103)	Percentage (%)
Family presence during resuscitation poses a threat to the confidentiality of patients' information		
Strongly disagree	18	17.5
Disagree	29	28.2
Agree	37	35.9
Strongly agree	19	18.4
Family presence during invasive procedures would make healthcare workers more liable to		

Variable	Frequency (N = 103)	Percentage (%)
malpractice suits		
Strongly disagree	14	13.6
Disagree	32	31.1
Agree	40	38.8
Strongly agree	17	16.5
Family presence during resuscitations would make healthcare workers more liable to malpractice suits		
Strongly disagree	12	11.7
Disagree	41	39.8
Agree	35	34.0
Strongly agree	15	14.5

Source: Field Data, 2018

Table 7. Factors - family's benefits

Variable	Frequency (N = 103)	Percentage (%)
Family presence during resuscitations is helpful for families		
Strongly disagree	16	15.5
Disagree	31	30.1
Agree	44	42.7
Strongly agree	12	11.7
Having a family member present during the resuscitation is good for the patient		
Strongly disagree	11	10.7
Disagree	45	43.7
Agree	37	35.9
Strongly agree	10	9.7

Source: Field Data, 2018

Table 8. Factors - family's distress

Variable	Frequency	Percentage (%)
Family members might be upset watching residents being taught during resuscitation		
Strongly disagree	8	7.8
Disagree	19	18.4
Agree	46	44.7
Strongly agree	30	29.1
Family members might be upset watching residents being taught during invasive procedures		
Strongly disagree	6	5.8
Disagree	20	19.4
Agree	51	49.5
Strongly agree	26	25.2
Family presence should not be permitted because it is too traumatic for family members		
Strongly disagree	9	8.7
Disagree	29	28.2
Agree	50	48.5
Strongly agree	15	14.6

Source: Field Data, 2018

Table 9. Factors - staff nurses' distress

Variable	Frequency (N = 103)	Percentage (%)
Family presence during resuscitation is emotionally difficult for staff.		
Strongly disagree	14	13.6
Disagree	46	44.7
Agree	32	31.1

Variable	Frequency (N = 103)	Percentage (%)
Strongly agree	11	10.7
The presence of the family may disrupt the organization of the resuscitation		
Strongly disagree	10	9.7
Disagree	44	42.7
Agree	34	33.0
Strongly agree	15	14.6
The presence of family members during resuscitations would make me anxious		
Strongly disagree	13	12.6
Disagree	59	57.3
Agree	20	19.4
Strongly agree	11	10.7

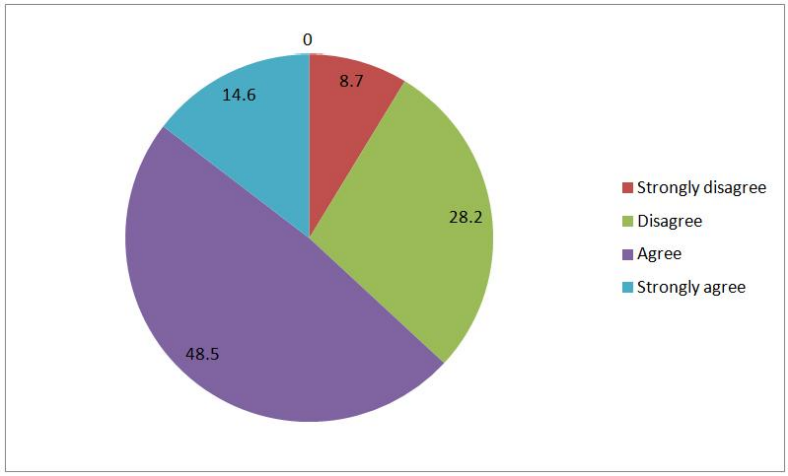

Fig. 1. Bar chart on the presence of family members during an invasive procedure would make me anxious

Source: Field Data, 2018

3.2 Attitude of Nurses' toward the FPDR

The first objective was to assess the attitude of nurses towards FPDR. The study showed that 69.9% (agree 42.7% & strongly agree 27.2%) would want to be present during resuscitation of a close family member of the respondent will support FPDR as revealed in the study. In addition, almost similar percentage of 63 will want family members accompanied by a staff member should be allowed to be present during resuscitations.

The conceptual framework for this study talks about the attitudes and approaches adopted to care given by nurses. There are three basic components of the framework, which involves the premises or the assumptions on which family centered care is base, and the guiding principle and the elements that are involved in family centered healthcare [12]. This finding which reveals that nurses are receptive to FPDR indicates that nurses are willing to ensure that family centered care is achieved. Although this is a sharp contradiction to a study conducted in Israeli among ninety nine critical nurses on attitudes towards FRDR which revealed that majority (81.4%) felt that FPDR is unacceptable [12].

The findings from the study were in congruence with other researchers, and have shown that the practice of FPDR is accepted mostly by nurses (79%) in areas where FPDR are practice, which related to findings from Clark, Aldridge, Guzzetta, Nyquist-Heise, Norris, Loper & Voelmeck [13].

However, when it comes to invasive procedures for resuscitation, respondent had different of

opinion, as 47.6% of respondent disagree to family presence during invasive procedures for resuscitation.

This finding is consistent with report nurses that revealed that nurses were not in support of families' presence during an invasive procedure by Mian et al [14]. Almost double of the number who strongly agree 9.7% (10%) to family presence during invasive procedures for resuscitation as to those who strongly disagree to it 17.5% (18%).

3.3 Level of Practice of FPDR among Nurses

The objective is to find out the practice of FPDR among nurses, personal values was used , it was revealed that more than half had agree to family to have the option of being present when they are being resuscitated. There is not much difference between those who are against this preposition representing 46% of the respondents. However, a higher percentage of the respondent 70% (agree 43% & strongly agree 27%) would want to be present during resuscitation of a close family member. These however relate to findings by Clark, Aldridge, Guzzetta, Nyquist-Heise, Norris, Loper & Voelmeck [13] and as well as other studies conducted by Al-Mutair, Plummer & Copnell [15].
Again, from the current study a lesser percentage of the respondents of about two-third from the study will want family member to be present if they were being resuscitated. This finding indicates that nurse will prefer to watch family member being resuscitated than family member watching them being resuscitated. The current study findings further revealed that most of the respondent representing 66%, which 27% strongly agreed, would want to be present during an invasive procedure of a close family member. These findings again could be related to the findings by Duran, Oman, Abel, Koziel & Szymanski [6] citing that family member presence during resuscitation promote patient comfort, increased health and recovery processes of the patient in emergency healthcare, and as well as critical intensive care for patients.

On personal values, from the current study it can be said that respondents will prefer to be present during resuscitation, and as well as family member presence during resuscitation or a family member present during their resuscitation more as a policy or mandate rather than option as a lower percentage of 54% agrees to have FPDR as option.

3.3.1 Factors influencing the practice of FPDR

Numerous studies have been completed to examine the factors that affect FPDR. A study conducted in Israel discussed the views of healthcare professionals regarding the factors influencing the family presence during resuscitation on both the healthcare professionals performing the resuscitation and the relatives who witness it (Itzhaki, Bar-Tal, and Barnoy, 2012).

The study was also to determine factors influencing nurse's practice of family presence during resuscitation (FPDR) as reported per literatures and from this current study. The discussions of the findings on the factors were done under the following headings:

- Patients' Rights and Patients' Family's Rights
- Legal Issues
- Family's Benefits and Family's Distress
- Staff Nurses' Distress

3.3.2 Factors - patients' rights and patients' family's rights

The patient's right as reveal in the study included: The patient has a right for his/her family to be present during a medical resuscitation (72%), patient has a right for his/her family to be present during trauma resuscitation (67%), and patient has a right for his/her family to be present during an invasive procedure (55%). This was however found to be supported by studies by Mian, Warchal, Whitney, Fitzmaurice, & Tancredi [14]; and Bassler (1999).

Also other findings on family members' rights include: Family members have a right to be present at some point during resuscitation (71%), the patient's family have a right to be present during a medical resuscitation (57%), the patient's family have a right to be present during trauma resuscitation (57%) and the patient's family has a right to be present during an invasive procedure (53%).

Patients' rights and patients' family's rights to be present during an invasive procedure appears to have least number of respondent, an indication that presence during invasive procedure was not all that receptive among respondents. Patient rights have to be upheld for their families to be

present during resuscitation as was evidence by research conducted that shows that 71% of nurses were supportive that patient family have to be present during invasive procedures and trauma resuscitations and was equally positively related to Clark, Aldridge, Guzzetta, Nyquist-Heise, Norris, Lope & Voelmeck, [13]. This finding is consistent with the current findings from this study and required nurses to be more proactive with FPDR towards family centered health care.

3.3.3 Factors - legal issues

Possible legal issues to emanate from the practice of FPDR according to respondents were revealed from the findings. Almost equal number of respondents, 18 and 19 respectively strongly disagree and strongly agree that family presence during resuscitation poses a threat to the confidentiality of patients' information.

In totally, 54% of respondents agree family presence during resuscitation poses a threat to the confidentiality of patients' information. Furthermore, 55% of respondents believe that family presence during invasive procedures would make nurses more liable to malpractice suits.

A few respondents strongly representing 14% strongly disagree with this stance. However, more than half (52%) of the respondent disagree that family presence during resuscitations would make nurses more liable to malpractice suits.

Findings from study reveal that family presence during resuscitation and invasive procedure poses threat to confidentiality and liable to malpractice suits respectively. Malpractice and break in confidentiality are issues in the health sector that is liable to law suit and this can be a hindrance to the practice of FPDR. According to Porter et al [16], among others, fear of litigation is a perceived threat to the practice of FPDR and play significant role in nurses not practicing FPDR.

3.3.4 Factors -family's benefits and family's distress

More than half of the respondents(nurses) representing 54% (42.7% agree and 11.7% strongly agree) believe that family presence during resuscitations is helpful for families, the finding from the study contradicts some finding by Mian et al [14], where 66% responded that is not helpful.

However, 54.4% (10.7% strongly disagree and 43.7% disagree) of respondents disagree that having a family member present during the resuscitation is good for the patient. This finding is consistent with the study which revealed that the majority of the respondents said that the presence of family would negatively affect the performance of the resuscitation team [15].

Considering family distress, 30% strongly believe and agrees that Family members might be upset watching residents being taught during resuscitation. In addition, almost half of the respondents (45%) agree to this assertion.

Furthermore, 75% of respondent agrees that family members might be upset watching residents being taught during invasive procedures and 63% family presence should not be permitted because it is too traumatic for family members. This finding is consistent with the study by Mian et al [15] which revealed that 94% of respondent agrees that family members might be upset watching residents being taught during invasive procedures Therefore, perceive family distress associated with FPDR could be a set back to the practice of allowing family presence during resuscitation and invasive procedures, and was in relation to Clark, Aldridge, Guzzetta, Nyquist-Heise, Norris, Loper & Voelmeck [13] study citing similar reasons.

3.3.5 Factor- staff nurses' distress

Findings from the study reveals that respondent representing over fifty percent (58%) disagree family presence during resuscitation is emotionally difficult for staff. As revealed by The Al-Mutair et al,2012 in his study, majority of the respondents revealed that the presence of family would negatively affect the performance of the resuscitation team, and was found to have been equally cited by Al-Mutair, Plummer & Copnell, [15] as factors influencing the implementation of FPDR among nurses.

This, however, contradicts finding from the study where 52% of respondents disagrees that presence of the family may disrupt the organization of the resuscitation. The presence of family members during resuscitations would not make nurses anxious according to 70% respondents. Most of the respondents (65) believe that presence of family members during

an invasive procedure would make them anxious, and was in contrarily to findings from [15]. There were also approved process and guideline recommendations in accordance to these findings by other international association such as Emergency Nurses Association which can be adopted and modified to suit our settings [6].

4. FINDINGS

The purpose of the study was to assess nurses' on family presence during resuscitation (FPDR) of patient in emergency care in Komfo Anokye Teaching Hospital (KATH). The study was a descriptive cross-sectional study which used quantitative variables. Convenient sampling methods were used to select a sample 103 nurses who works at the accident and emergency department of KATH.

Findings from the study reveal that the majority of the respondents (45%) have up to 5 years of nursing experience also 33.3% of the respondents have 6 years to 10 years of nursing experience. In terms of exposure to resuscitative education, majority 66% of the respondents has no training or education on FPDR and 34% respondents have had training. A few number of the respondents 23 (22%) has never had resuscitation in the presence of family during Cardiopulmonary Resuscitation (CPR).

About, 70% of respondents would want to be present during resuscitation of a close family member. 66% of the respondents will want family member to be present if they were being resuscitated. However, 54% will want family to have the option of being present when they are being resuscitated.

Findings from the study reveals that most respondent support FPDR and 63% will want family members accompanied by a staff member should be allowed to be present during resuscitations. Yet when it comes to invasive procedures for resuscitation, more than half of respondent (53%) disagree to family presence during invasive procedures for resuscitation.

Furthermore it was revealed from study that patient has a right for his/her family to be present during a medical resuscitation (72%), trauma resuscitation (67%), and an invasive procedure (55%). Also, Family members have a right to be present at some point during resuscitation (71%), a medical resuscitation (57%), trauma resuscitation (57%) and an invasive procedure (53%).

FPDR pose threat to the confidentiality of patients' information (54%); make nurses more liable to malpractice suits during invasive procedures (55%) and resuscitations (52%). Family presence during resuscitations is helpful for families (54%) but not good for the patient (55%). The study reveals that allowing family presence during resuscitation of family member can be traumatic to the relative as well as make them upset.

However, apart from invasive procedure where 65% of nurses believe that it will make family members anxious, most nurses believe family presence will neither disrupt the organization of the resuscitation nor create emotionally difficult during resuscitation.

5. CONCLUSION

Most respondents from the study have had between 0 to 5years and 6 to 10 years of practice 44.7% and 33.0% respectively (77.7%). And only 34% had received training on FPDR. With regards to nurses' beliefs and attitudes, found more than a third to have agreed that family members should be presence during resuscitation, support family presence during invasive procedures.

With practices, respondents were found to have agreed to being resuscitated with a close family member. Factors that influenced nurses assessment of FPDR was cited by respondents to involved patients' rights of been present during trauma resuscitation and during invasive procedures, as well as family members' rights of been present during trauma and invasive resuscitation.

Again legal issues of family members presence during resuscitation to pose threat to confidentiality, making workers more liable to malpractice, and nurses fear of emotional difficulties, family presence during resuscitation may disrupt organization of resuscitation, and as well as would make staff anxious were among factors that make nurses not to implement the FPDR during emergency and intensive critical care.

From the study too, the attitude of nurses toward FPDR is very encouraging. Besides invasive procedures where nurse believe could be

traumatic to patient's relative, nurses are willing to practice FPDR. The practice of FPDR is high among nurse as majority of respondents (78%) have practiced family presence during resuscitation before.

Factors revealed in the study to influence the practice of FPDR is perceived stress to family members, invasive procedure resuscitation and possible malpractice suits. This presents an opportunity to investigate the possibility of a policy or procedure on this issue.

6. RECOMMENDATIONS

The following suggested recommendations are recommended to stakeholders and policy makers, and they include

6.1 Teaching Hospital (Komfo Anokye)

The studies and the literature published showed a definite need to address this FPDR, and so therefore the following should be look at:

1. The first approach is to establish a facility policy and procedure (protocol) to ensure a positive family presence during resuscitation (FPDR) for the patient, family, and health team.
2. The second approach is to ensure that there is plan training and yearly assessment for nurses and other team members to enhance nurses' regular practice of FPDR.
3. The emergency physician, patient, and family members' beliefs/ attitude and all other team members are instrumental in this process of ensuring FPDR is practice. Each has a large impact on this scenario and their beliefs/ attitude should be study. Further research should be completed on this area.

6.2 Ghana Health Service

1. The Ghana Health Service and affiliated bodies should intensify sensitization and education of the general public on FPDR to support it practice at the emergency unit.
2. There should also increase in-service training of critical care nurses and emergency unit staff on family presence during resuscitation (FPDR) to contribute to the implementation of family centered healthcare at our various hospitals

CONSENT

As per international standard or university standard, respondents' written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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