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# Clinician Attitudes, Beliefs and Perceptions of Current Practices of Family Presence During Management of Acute Deterioration in the Emergency Department.

Megan Youngson<sup>1,2,3</sup> Judy Currey,<sup>1,4</sup> Julie Considine,<sup>1,4,5</sup>

<sup>1</sup> School of Nursing and Midwifery, Deakin University, Victoria, Australia

<sup>2</sup> Northern Health, Victoria, Australia

<sup>3</sup> Ballarat Health Service, Victoria, Australia

<sup>4</sup> Centre for Quality and Patient Safety Research, Deakin University, Victoria, Australia

<sup>5</sup> Eastern Health, Victoria, Australia





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# BACKGROUND



- Family presence during resuscitation is well researched.
- Epidemiology of acute clinical deterioration has changed over past 3 decades.
- Introduction of Rapid Response Teams (RRTs).
- NSQHSS recognise the importance of family involvement.
- Lack of research pertaining to family presence during acute clinical deterioration.





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# AIM



- To explore healthcare clinician attitudes, beliefs and perceptions of current practices surrounding family presence during episodes of acute deterioration in adult Emergency Department patients.





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# METHODS - Design



- Survey
  - Emergency Department Family Presence (EDFP) survey
  - Previously published, validated and reliable tool
  - 17 item tool
    - 13 item EDFP survey
    - 4 additional statements deemed pertinent to the aims of the study
  - 5 point Likert scale with neutral choice





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# METHODS - Setting



- 50-bed ED of a major urban hospital in Victoria, Australia
- Utilise an RRT known as Clinical Instability Criteria (CIC)
  - Similar to MET activation on the wards but utilises a local ED team
- 76 RRT activations per month





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# METHODS - Participants



- Inclusion criteria:
  - All clinicians on the ED medical and nursing roster including casual nurse bank
- Exclusion criteria:
  - Agency nursing staff
  - Locum doctors
  - Clinicians who were on leave
- 222 potential participants
  - Survey was distributed over 3 weeks to 165 participants
  - 156 surveys returned
  - Response rate 94.5%





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# RESULTS



- Participant characteristics
  - 45(28.9%) medical and 111 (71.2%) nursing
  - 114 (73.1%) female and 42 (26.9%) male
  - 12 levels of appointment
  - 60 (54.1%) of nurses had postgraduate qualification
  - Median years of general experience was 7.0 years
  - Median years of emergency experience was 4.0 years
  - 27 different countries of birth





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# RESULTS



- Disagreed that family presence would interrupt (59%) or interfere (61.5%) with patient care
- 65.4% agreed that family may misinterpret interventions and patient care
- 44.9% agreed that family presence would result in complaints about quality of patient care
- Disagreed that family presence would increase a patients level of anxiety (62.9%) and stress (66.7%)
- Agreed that family would find family presence emotionally traumatic (82.1%) and stressful (89.1%)
- Agreed that family presence would increase clinician anxiety (37.1%) and stress (44.9%)







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# RESULTS



- 77.6% clinicians included family presence in their day-to-day practice
- 80.2% felt comfortable providing psycho-social-spiritual support to family members





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# RESULTS



- Explored relationships between participant characteristics and participant responses
- Chi Square test
- Fisher's exact test
- Kruskal-Wallis test
- Statistical significance  $p < 0.05$





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# RESULTS



- Females had a more positive attitude towards family presence when compared to males
- Nurses had a more positive attitude towards family presence when compared to doctors
- Australian and New Zealanders had a more positive view towards family presence than those born in other countries
- Nurses with postgraduate qualifications had a more positive attitude towards family presence when compared to those without postgraduate qualifications
- Those with more years of experience (general of emergency) had a more positive attitude towards family presence.





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# CONCLUSION



- Clinicians had predominantly positive attitudes towards including family during episodes of acute patient deterioration within the ED
- Clinicians perceived family presence during acute deterioration to be a common day-to-day practice within the ED
- Gender, profession, country of birth, education level and years of experience all impacted on clinicians attitudes, beliefs and perceptions of family presence during an adult patient's episode of acute deterioration.





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# CONCLUSION



- First Australian study of family presence during acute deterioration among adult ED patients.
- Provides important findings about clinicians attitudes, beliefs and perceptions of family presence during management of the deteriorating adult ED patient
- Implications
  - Inform policy development
  - Clinician education
- Future Research
  - Other areas of care within acute care hospitals
  - Study of actual practice
  - Patient's and family member attitudes towards family presence





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