

Nurses' views regarding cardiopulmonary resuscitation (CPR) decision making

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Introduction

The decision not to resuscitate a patient is a complex issue and there is little guidance for nurses on how such a decision is to be made. This research study was concerned with cardiopulmonary resuscitation (CPR) decision making on acute surgical wards in a public general hospital in Malta.

Aim and Objectives

The aim of the study was to explore the views of surgical nurses regarding this decision making process. The study sought to address this through an exploration of the nurses’ views regarding: (a) The people involved in decision making and the final decision maker, (b) Initiating the decision making process and the person to start discussions, (c) Documenting discussions and decisions, and (d) Satisfaction with current practice.

Method

A questionnaire, developed by the researcher, was distributed to the total population of surgical nurses involved in acute care at the local general hospital. The gathered data were analyzed using a qualitative approach.

Results

Whilst the findings found in the data collection cannot be generalized, the results do provide pointers to what, and how, aspects of the decision making process may be developed. The respondents thought that the patient, relatives, and the nurse should play a predominant role in CPR decision making, however, the ultimate responsibility for the decision rests with medical staff. The data suggest that in order to make appropriate ‘do not resuscitate’ decisions, and to avoid rash decision making in cases of actual arrest, early decision making once a patient’s condition starts to deteriorate is suggested, along with various strategies as to how nurses could make a more significant impact on the decision making process.

Conclusion

It is hoped that the results and recommendations of the study will have a favourable impact and influence on the decisions made regarding resuscitation in Malta, so that health professionals would be able to provide optimal quality end-of-life care for patients.