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The impact of an educational program on knowledge, attitude and practices of healthcare professionals towards family presence during resuscitation in an emergency department at a tertiary care setting, in Karachi, Pakistan

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Background: Family Presence During Resuscitation (FPDR) has remained a controversial issue since the early 1980s. Traditionally, FPDR has not been encouraged by healthcare professionals (HCPs), especially physicians and nurses. Although, the concept of FPDR is gradually gaining recognition in western countries, it is rarely considered in Asian countries. The debate on FPDR has re-surged and its merits have been highlighted by a number of international healthcare organizations. In Pakistan, the concept of FPDR is not well known; therefore, HCPs do not practice it. There are no guidelines or policies in Pakistan to guide HCPs in their practice regarding FPDR. However, over time patients' and families' rights have gained recognition and healthcare has progressed to become more patient-family centered.

Objectives: The objective of this study was to evaluate the impact of an educational program on the Knowledge, Attitude, and Practices (KAP) of healthcare professionals (HCPs) towards FPDR in ED, at a tertiary care setting, in Karachi, Pakistan.

Method: This research study was conducted in the ED of a private tertiary care hospital in Karachi, Pakistan, and a quasiexperimental pre-test and post-test design was used. Universal sampling was done, and all ED nurses and physicians were selected for the study. The KAP of nurses and physicians were assessed before (pre-test), immediately after (post-test I), and at two weeks' interval (post-test II), after the intervention. One hour of same educational program was offered as an intervention to both nurses and physicians separately.

Results: The findings of the study revealed that the mean scores of knowledge and attitude of HCPs at all three points (pretest, post-test I, and post-test II) were found to be a statistically significant (p-value=0.05). Hence, the implementation of an educational program was found effective in improving knowledge and in changing the attitude of HCPs, whereas, practice remained unchanged.

Conclusion: The study findings recommend that the educational program on KAP for HCPs needs to be offered on an ongoing basis. Moreover, studies need to be conducted in other hospital settings to evaluate the impact of such a program in other settings, and to explore HCPs, families, and patients, perspectives regarding FPDR. Moreover, training modules need to be developed for the staff, and formal guidelines need to be proposed for FPDR, which should be structured through a multidisciplinary team approach, to expand the concept of FPDR in hospitals.

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