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**CARDIOPULMONARY RESUSCITATION:
ATTITUDES AND KNOWLEDGE
OF
MEDICAL AND NURSING STAFF**

A thesis presented in partial fulfilment of the requirements for the degree of
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Abstract

End of life issues, in particular the use of cardiopulmonary resuscitation (CPR) with the intention of prolonging life, remain a problem for many doctors and nurses. Research indicates that survival rates have not significantly improved over the last 30 years and that certain predictors prior to the cardiac arrest or during the cardiac arrest point to likely survival chances (Marik & Craft, 1997; Sanders, 1999; van Walraven, Forster & Steill, 1999). The attitudes and knowledge of doctors and nurses may influence CPR decision-making and practice.

Cardiopulmonary resuscitation and the issues that surround CPR are complex, and each context is unique. The role of doctors and nurses in discussion and decision-making concerning CPR is likely to be influenced by many factors. Such decision-making continues to be highlighted by both doctors and nurses as their foremost ethical dilemma, even though their roles in CPR may differ (Oberle & Hughes, 2001). This study explores the attitudes of doctors and nurses, and searches for any relationships between attitudes, knowledge and decision-making in CPR.

The data for the study was collected from 141 doctors and nurses working in a tertiary, teaching hospital. The investigator following a review of the research literature developed a questionnaire aiming to measure the attitudes and knowledge of doctors and nurses. Analysis of the data from the questionnaire was performed using the Statistical Software Package for Social Sciences (SPSS), and included descriptive inferential statistics, using chi-square analysis and logistic regression.

The results of this study showed a general lack of knowledge amongst doctors and nurses about CPR survival outcomes; however doctors did demonstrate a higher level of knowledge than nurses. Discrepancies were evident in the perception of roles in CPR decision-making particularly

amongst nurses. There were also a number of doctors who did not consider decision-making in CPR to be their role. Nurses and doctors differed in their perception of their roles, with nurses primarily viewing initiation of CPR as their role and only some nurses considering their role to be decision-making during CPR. The study also confirmed the differences in attitudes by doctors and nurses towards end of life issues, and confirmed that health professionals would like to discuss resuscitation more with their patients.

Findings are discussed and related to the literature surrounding CPR, in particular, the general patterns of findings from the sample which pointed to a knowledge deficit in some doctors and nurses in relation to CPR and may impact on other areas such as discussion of end of life issues. The implications of these findings for practice, research and education are then outlined with recommendations. The general limitations of the study are also discussed with implications for future research.

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Glossary of Abbreviations

ACLS	Advanced Cardiac Life Support
AHA	American Heart Association
CPR	Cardiopulmonary Resuscitation
CCU	Coronary Care Unit
DNAR	Do Not Attempt Resuscitation
DNR	Do Not Resuscitate
ECG	Electrocardiograph
EMD	Electro-Mechanical Dissociation
ED	Emergency Department
GP	General Practitioner
MOSS	Medical Officer
MI	Myocardial Infarction
NHS	National Health System
NFR	Not For Resuscitation
NZ	New Zealand
ICU	Intensive Care Unit
RN	Registered Nurse
SD	Standard Deviation
SPSS	Statistical Package for Social Sciences
VF	Ventricular Fibrillation
VT	Ventricular Tachycardia