

"Teamwork cooperation": Nurse's experience of cardiac arrest nursing care

Arif Wahyu Setyo Budi¹, Yati Afiyanti², Yustan Azidin³

¹Program Studi Ilmu Keperawatan Universitas Muhammadiyah Yogyakarta. E-mail: ayix_arif@yahoo.co.id

²Fakultas Ilmu Keperawatan Universitas Indonesia. E-mail: yatiafiyanti@yahoo.com

³Fakultas Ilmu Keperawatan dan Ilmu Kesehatan Universitas Muhammadiyah Banjarmasin.

Email: yustan_11@yahoo.com

Abstract

Background : Emergency conditions are conditions that occur suddenly and are very life-threatening, so help must be given quickly, precisely and correctly. One of the life-threatening conditions is cardiac arrest, which is a condition where the heart cannot function anymore, and requires collaboration between health personnel in providing help and this always ends in death. The incidence of cardiac arrest at the Ulin Regional General Hospital during May to June 2017 was 88 cases and most of the deaths occurred in patients. Cardiac arrest can still be saved by the correct nursing care process so that return of spontaneous circulation can occur.

Purpose : Identify and explore the experience of nurses doing nursing care for cardiac arrest.

Methods: This type of research is qualitative with a phenomenological approach. The number of participants in this study were 9 nurses in the emergency room and intensive care unit. The process of retrieving data using interview guides, and data analysis using Colaizzi.

Results: This study obtained a major theme, "Collaborative Teamwork" when providing nursing care for cardiac arrest. This theme was formed from two sub-themes namely "division of job teams", "collaboration" and KIE to the patient's family. The participant describing the existence of maintained teamwork can help smooth the process of nursing cardiac arrest so that patients can return to the condition of return of spontaneous circulation.

Keywords: Nurse's experience; Nursing Care; Cardiac Arrest; Teamwork

INTRODUCTION

Emergency or condition emergency is a condition that occurs suddenly and very threatening so it must be given help quickly, accurately and completely. One of the life-threatening diseases is heart disease which accounts for the highest mortality rate in the world. The most common cause is coronary heart disease which causes cardiac arrest due to sudden and sudden loss of heart function so that blood circulation throughout the body stops completely (American Heart Association, 2015).

Handling in patients experiencing cardiac arrest in the hospital consists of surveillance and prevention, recognition and activation of the emergency response system, immediate high-quality, rapid defibrillation and advance life support and postarrest care. The activation of the rapid response system in the case of cardiac arrest can save the patient and provide a clear path to the nurse when giving help (Chan, Jain, Nallamuthu

Berg, & Sasson, 2010; Salvatierra, Bindler, & Daratha, 2016). Giving high quality cardiopulmonary resuscitation correctly gives a return of spontaneous circulation (Cave, Gazmuri, Otto, Nadkarni, Cheng, Brooks, & Hazinski, 2010).

The incidence of cardiac arrest in the United States that occurred in the hospital by 200,000 each year in adults (Merchant, Yang, Becker, Berg, Nadkarni, Nichol, and Groeneveld, 2011). while the incidence rate in children shows an increase of 6,000 cases each year (Chan, Jain, Nallamuthu, Berg, & Sasson, 2010). The incidence in Ulin District Hospital from May to early September 2017 shows the number of incidents cardiac arrest of 88 cases.

The process of treatment in patients who experience cardiac arrest begins with a good communication system between health workers. activation of the system emergency Early can resuscitation provide information to the entire team to immediately take cardiopulmonary

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resuscitation (Salvatierra, Bindler & Daratha, 2016). The success of resuscitation is strongly influenced by leaders who lead the process of nursing care (McInnes, Sutton, Nishisaki, Niles, Leffelman, Boyle, & Nadkarni, 2012), in addition it requires good teamwork between health workers and clear communication in providing direction so that it can reach the patient's condition to return of spontaneous circulation (Cooper, Cant, Connell, Sims, Porter, Simmons & Liaw, 2016).

Based on observations obtained results during the process of handling cardiac arrest nursing care process of activating the emergency system using screaming techniques code blue. Then the lack of speed in which leaders come to lead the resuscitation process greatly affects the success of achieving return of spontaneous circulation. Communication between health workers is good enough, but data obtained on the attitude of mutual giving are less than optimal.

Based on the above phenomenon, researchers are interested in researching the work of the health team in providing nursing care District cardiac arrest at Ulin Hospital. The purpose of this study was to explore the experience of health care team in providing nursing care for cardiac arrest.

RESEARCH METHODS

This research method uses a qualitative method with a phenomenological approach to uncover and explore nurses' experiences in providing nursing care to patients experiencing cardiac arrest. Determination of participants using purposive sampling techniques where the deliberate selection of participants who have experience in accordance with the phenomenon of research (Afiyanti & Rachmawati, 2014).

Participants (P) in this study were nurses who stood guard in the emergency room and ICU Ulin Hospital as many as 9 participants. The process of collecting data using (in-depth interview sin-depth interviews) that use semi-structured interview guides and recorded using a digital voice recorder. In-depth interviews are a process of communication interaction carried out by at least two people, on the basis of availability and in a natural setting, where the direction of the

conversation refers to the goals that have been set by prioritizing trust as the main foundation in the process of understanding (Herdiansyah, 2013). Researchers also use field notes that are used to record reactions non-verba of participants (Moleong, 2014). The interview process uses a digital voice recorder that is carried out for approximately 60 minutes until the data obtained until the saturation point (Creswell, 2014).

RESEARCH RESULTS

The results of this study indicate a meaning in conducting nursing care cardiac arrest that is the creation of teamwork that is maintained when performing actions. This meaning is formed based on sub themes from the division of teamwork, collaboration and IEC to the patient's family. The expressions that support the above meaning related to the division of team work include the following:

"so calling a doctor is not the most appropriate with a doctor, being the leader of an ICU guard doctor" (P2) "The leader is usually we have a guard doctor who has a katim but there is another one who helps "(P5). "Later the doctor will direct what action will be given because the doctor here is the leader for cardiac arrest patients" (P9).

The third expression of the participants above shows the division of team work that begins with the division of leaders when carrying out actions cardiac arrest. In addition there is a division of team jobs for nurses who place in their respective positions when taking action. The following below shows the position placement statement:

"first do the RJP and then the other friends come in, the position of each can not be collided" (P3).

"Each of them, if it is already on the drug, means that it is holding compression if it is holding ambu baking, it means that it is already ventilated, taking the instrument" (P8).

"Well, later friends will position themselves, usually later there will be a part in the head, what is the name of holding a bag, and then there is an RJP compression" (P9).

Some participants revealed that there was collaboration with other health workers during

Arif Wahyu Setyo Budi¹ Program Studi Ilmu Keperawatan Universitas Muhammadiyah Yogyakarta

Email : ayix_arif@yahoo.co.id

Yati Afiyanti² Fakultas Ilmu Keperawatan Universitas Indonesia Email : yatiافیanti@yahoo.com

Yustan Azidin³ Fakultas Ilmu Keperawatan dan Ilmu Kesehatan Universitas Muhammadiyah Banjarmasin

Email : yustan_II@yahoo.com

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resuscitation. The phrase related to collaboration is as follows:

"we only give adrenaline advice or not, for example, we have two empty cycles, three more cycles of content we remind our docs to still be filled if the contents are only if not or not, because of their territory" (P3).

"For example, if the adda leader reminds the leader of Epinephrine or adrenaline, the second time is the time to be reminded" (P4).

The two participants explained that the nurse gave recommendations to the doctor when giving adrenaline. Collaboration activities are established until the patient experiences a return of spontaneous circulation related to the administration of drugs, here are some expressions from the participants:

"Well, the one who gave the doctor's medicine is what determines the ICU on-duty doctor here, the time that gave us our installation, the doctor gave advice only" (P2).

"Consul to the doctor about therapeutic problems, well, the nurses who gave it were nurses, we consulted to the doctor, the doctors gave advice, we consulted the specialists and we kept caring for patients" (P3).

"Medicines we wait for from the doctor's instructions" (P4).

During the process of teamwork the team that was awake while giving the action occurred a process of communication, information and education to the patient's family. This action is carried out by doctors and nurses based on directives from doctors. Here below are some expressions related to the way communication is carried out by the participant to the patient's family by calling the patient's family:

"I want the death sentence to be called at least one to accompany (P1)".

"When our heart stops, we call the family's cellphone number that we have requested or called through a loudspeaker" (P6).

Participants expressed ways of communicating slowly and patiently while communicating, some of the phrases are below:

"if I convey communication to the patient's family slowly and patiently so that the family is also comfortable" (P1).

"Even though there is a psychological problem for us sometimes there is also a problem so how to convey it really should be patient slowly and in detail to the patient's family" (P4).

"So, the communication must look at the current situation, it's an emergency, so you have to slowly convey it to the family" (P6).

Some participants expressed the communication process using language that was easily understood by the patient's family. Here below are some of the participant's expressions:

"If I communicate as much as possible, the Eee family can understand it using language that is easy for the family to understand" (P3).

"We do heart massage in layman's terms so that they understand, yes we explain it in language that is easily understood by the family" (P6).

"The language can be understood as much as possible by the patient's family" (P9).

Information-giving activities were also carried out by participants during resuscitation to the patient's family. The process of providing information is done by providing orientation and explanation related to the actions given to the patient. Following this are the expressions of some related participants about giving orientation:

"we try to explain first at the beginning" (P1). "We have explained our first informed consent has been explained that the condition of the patient" (P4), "for example with a family ventilator do not look at the ventilator it cures the disease so this ventilator only resolves the problem for example eee replacement as the lungs of the patient for his breathing" (P6). Provision of information related to the actions given by health workers to patients during resuscitation, is information given actions, these expressions are some of the phrases conveyed by the following participants:

"Provide information on the patient's current condition" (P1). "Suppose we mengRJP also explained what is the possibility of this, explained until the possibility of death was explained directly" (P3). "Informing this mother is the right thing to do

Arif Wahyu Setyo Budi¹ Program Studi Ilmu Keperawatan Universitas Muhammadiyah Yogyakarta

Email : ayix_arif@yahoo.co.id

Yati Afyanti² Fakultas Ilmu Keperawatan Universitas Indonesia Email : yatiafyanti@yahoo.com

Yustan Azidin³ Fakultas Ilmu Keperawatan dan Ilmu Kesehatan Universitas Muhammadiyah Banjarmasin

Email : yustan_II@yahoo.com

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now, this patient stops breathing. This patient stops heart, so we do a cardiac massage" (P7).

"Information related to the condition of the patient we explain that the patient is not aware of his heart stopped and should be given emphasis to the chest or chest pressed press the function so that the chest erroneous heart function again" (P9).

Participants revealed the process of providing education to the patient's family when the patient was in a state of death. The education given by the participants suggested to the patient's family to pray for or give talqin to the patient, below are some of the participants' expressions:

"educating how the patient is helped in listening to prayer readings" (P1) "I want to make death at least one call to accompany and support family to accompany reading prayers "(P2).

"Teach the family to read the prayer or talqin in the patient's ear" (P5). "Ask the family to guide prayers or mentalqin at the edge of the patient's ear with the words of the Creed or Allah Allah is enough" (P6)

DISCUSSION

Cardiac arrest condition is a condition where the heart cannot work optimally. This event can happen at any time and cannot be predicted. It takes the alertness of health workers both from nurses and doctors. Appropriate response or immediate response is needed to provide help. An immediate reaction is an immediate response or an internal response from the nurse and the patient's individual perception, thinking and feeling what the patient feels (Alligood & Tomey, 2014).

Immediate response by nurses always collaborates with other health workers such as doctors, when running nursing care inpatients cardiac arrest, this collaboration is always led by doctors in determining their decisions. Doctors are leaders in providing resuscitation measures. Leaders have an important role in leading resuscitation and should not be leaders negligent in leading resuscitation so that they can reduce the success rate of patients cardiac arrest (McInnes, Sutton, Nishisaki, Niles, Leffelman, Boyle, & Nadkarni, 2012).

A leader must be able to give the right decision in providing resuscitation, in order to achieve the condition of return of spontaneous circulation, a leader must be able to communicate well with fellow teams. The interprofessional attitude shown among health workers is very important by maintaining communication in team work which greatly influences the success rate of the team in carrying out resuscitation (Bradley, Cooper, & Duncan, 2009).

Good teamwork is also influenced by the availability of supporting facilities in carrying out the nursing care process cardiac arrest. The completeness of resuscitation equipment and communication between health workers and the presence of leaders who are able to direct in carrying out resuscitation are able to increase patient success, and by increasing skills greatly determine the success of the team.

Teamwork that is maintained by all health workers is shown to be related to the process of providing communication, information and education to the patient's family. This information and education communication process is very much needed to support the patient's family. The process of good and directed communication to the patient's family when a critical patient's condition shows a psychological-lowering effect on post-traumatic syndrome (Stefano Normand, Jabre, Azoulay, Kentish-Barnes, Lapostolle, & Vicaut, 2016).

The role of nurses in handling critical patients as reliable communicators addressed to patients, families and doctors. Nurses in communicating must convey in a language that is easily understood by the patient's family, able to understand the patient's psychological family so that in conveying using language that is slow and patient.

This attitude of communicating with the patient's family is useful to explain the patient's condition and one form of emotional support to the patient's family (Enggune, Ibrahim, & Agustina, 2014). The role of the nurse when communicating is recommended to provide information to the patient's family and present it next to the patient. The purpose and provision of information is to

Arif Wahyu Setyo Budi¹ Program Studi Ilmu Keperawatan Universitas Muhammadiyah Yogyakarta

Email : ayix_arif@yahoo.co.id

Yati Afyanti² Fakultas Ilmu Keperawatan Universitas Indonesia Email : yatiafyanti@yahoo.com

Yustan Azidin³ Fakultas Ilmu Keperawatan dan Ilmu Kesehatan Universitas Muhammadiyah Banjarmasin

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inform the patient's condition when given a rescue action. Explanations related to resuscitation measures and the effects that will occur in patients must be explained in detail. To increase the patient's family self-confidence when the patient is experiencing a critical condition, the nurse provides an explanation and information related to the actions that have been given, and presents the patient's family next to the patient at a critical time, this action is one form of nurses' efforts in caring for the family patients (Jainurakhma, Winarni & Setyoadi, 2017).

Forms of empathy that are given by nurses to patients or the patient's family can appear in the form of a statement to feel when the patient experiences pain, shortness of breath, and also to empathize with the sadness of a bereaved family because the patient as a family member died (Dedi, Setyowati & Afyanti, 2008).

The role of nurses in addition to providing communication and information on critical patient conditions is demanded to provide education to the patient's family. This educational attitude is shown by the nurse by suggesting the patient's family to recite prayers according to his religion or mentalqin beside the patient's ear. The aim of this education on the concept of caring for critically ill patients is that nurses prepare death for patients peacefully, even though patients still receive critical nursing actions (Schell & Puntillo, 2006).

Nurses have a role to facilitate and provide spiritual needs when dealing with critical patients, to improve end-of-life care for critical patients can be done by facilitating a dignified and peaceful(death Beckstrand, Callister & Kirchoff, 2006).

Nurses in understanding when providing care near death are helping patients die peacefully, presenting families to provide support and focus on providing spiritual guidance (Enggune, Ibrahim & Agustina, 2014). Nurses convey the presence of clergy in providing spiritual guidance can help nurses facilitate resuscitation and provide support to the patient's family with the condition that occurs (Cottle & James, 2008).

The education process by the nurse is a form of support for the patient's family. Prepare for near-

death care by providing spiritual guidance and presenting the patient's family next to the patient.

CONCLUSION

whole process of nursing care in patients experiencing cardiac arrest in the emergency room and ICU shows the meaning of the creation of teamwork that is maintained when performing resuscitation. This teamwork began with resuscitation, providing emotional and spiritual support to patients and their families, and handling post arrest care.

SUGGESTION

It is necessary to improve the interprofessional relations team system when handling cardiac arrest patients for hospitals. Procurement of equipment that is in damaged condition and the need for the addition of equipment that has not been met. Ethnographic research is needed with participants among health professionals when providing nursing care for cardiac arrest.

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Arif Wahyu Setyo Budi¹ Program Studi Ilmu Keperawatan Universitas Muhammadiyah Yogyakarta

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Yati Afyanti² Fakultas Ilmu Keperawatan Universitas Indonesia Email : yatiafyanti@yahoo.com

Yustan Azidin³ Fakultas Ilmu Keperawatan dan Ilmu Kesehatan Universitas Muhammadiyah Banjarmasin

Email : yustan_II@yahoo.com

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Arif Wahyu Setyo Budi¹ Program Studi Ilmu Keperawatan Universitas Muhammadiyah Yogyakarta

Email : ayix_arif@yahoo.co.id

Yati Afiyanti² Fakultas Ilmu Keperawatan Universitas Indonesia Email : yatiafiyanti@yahoo.com

Yustan Azidin³ Fakultas Ilmu Keperawatan dan Ilmu Kesehatan Universitas Muhammadiyah Banjarmasin

Email : yustan_II@yahoo.com