

**An analytical comparison between the opinions of physicians working in Emergency Departments in Tabriz, Iran and Vienna, Austria regarding the presence of patients' relatives during resuscitation.**

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**Abstract**

**Introduction:**

Presence of patients' relatives throughout the resuscitation is a controversial issue and patients' relatives are rarely asked to be present in the resuscitation. FPDR is highly dependent on the attitude of the medical staff. The present study evaluated the opinions of the physicians working in the emergency departments of Vienna-Austria and Tabriz-Iran regarding the presence of the patients' relatives during resuscitation.

**Methods:**

In a descriptive-analytical study, the data obtained from a questionnaire which had been distributed among all specialists and residents in Tabriz hospitals and Vienna emergency department were collected and evaluated. The questionnaire consisted of two sections aiming at demographic data, the general idea of the participants about supporting FPDR and multiple possible factors affecting participants' attitudes including health belief, signs and/or triggers that would assist the procedure, self-efficacy, intellectual norms of the participants, and behavior control. A question directly asked whether they approve FDPR or not. The answers to each of the questions on the acceptance of FPDR were evaluated based on Likert scale.

**Results:**

The mean Likert scores for the question 18 were  $4.31 \pm 0.64$  and  $3.57 \pm 1.31$  for the participants in Vienna and Tabriz universities, respectively; Austrian physicians disagreed with PFDR more than Iranian physicians significantly ( $P=0.018$ ). Of

the studied prognostic factors affecting concept of the Vienna university physicians, Health belief (P=0.000; B=1.146), Triggers (P=0.000; B=1.050) and norms (P=0.000; B=0.714) were significant. On the other hand, of the studied prognostic factors affecting concept of the Tabriz university physicians, Health belief (P=0.000; B=0.875), Triggers (P=0.000; B=1.11); Self-efficacy (P=0.001; B=0.5) and Perceived behavioral (P=0.03; B=0.713) were significant.

**Conclusion:**

Most physicians in Vienna and Tabriz Universities are not prepared to accept FPDR appropriately. Preparedness of the medical staff in the acceptance of FPDR seems to be an inevitable prerequisite prior to initiation of the FPDR policy.

**Keywords:** Emergency Department; Family Presence During Resuscitation; Cardiopulmonary Resuscitation.