

Nurse's Barriers When Becomes a Member of Code Blue Team

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Abstract—The code blue system consists of a team formed specifically to treat patients with emergency conditions who are often referred to as the code blue team. But this system is inseparable from problems that sometimes pose challenges for the code blue team and the hospital. **Objective:** The aim of this study was to explore the experiences of nurses when become a member of code blue team. **Research Methods:** This research was a qualitative study using an interpretive phenomenological approach. **Participants** in this study were 8 people who were coded blue nurses at Wava Husada Hospital. The participants were selected using purposive sampling technique. The method used in this study is an in-depth interview supported by a guide to semi-structured interviews and open-ended questions. **Results:** The results of this study obtained 3 themes, namely: 1) nurses who have limited knowledge and skills; 2) long taken decisions by family; 3) application of the code blue system has not been maximized. Many factors make code blue nurses feel difficult when they have to do help on patients in the room. The difficulty comes not only from the patient's family, but also from nurses, and from the code blue management system at the hospital. **Conclusion:** Nurse as a member of code blue team must be able to provide optimal service in the midst of difficulties they sometimes feel. However, they went through that difficulty, in order to save the lives of their patients.

Keywords— Nurse's, Barriers, Code, Blue Team

I. INTRODUCTION

Cardiac arrest is when the heart loses its function suddenly, unpredictable time[1]. There are more than 7,000 adolescents under the age of 18 experiencing cardiac arrest in the United States [2]. The Indonesian Heart Association (2015) states that the annual rate of cardiac arrest reaches 300,000 - 350,000 events. The data shows that cardiac arrest is a global problem that requires attention and handling quickly and accurately[3].

One effort that can be done to improve the survival of cardiac arrest patients is to use a system or code that helps the process of handling cardiac arrest patients in the hospital. The hospital emergency code is a code to

convey information about emergency conditions quickly[4]. This code is often called code blue. Code blue system implementation is inseparable from the problem. The results of a preliminary study interview were conducted on code blue nurses at Wava Husada Hospital and it was found that the evaluation of code blue system implementation was rarely carried out. Another thing that was expressed by participants was the code blue team had not done much training on code blue management. Research that aims to explore the experience of nurses in the scope of emergency services code blue system has not been done much so that further research is needed on this matter. Qualitative research with a phenomenological approach is the most appropriate method to be carried out so that the experiences of the participants will be known in depth.

II. METHODS

This research is a qualitative study using an interpretive phenomenological approach. Participants in this study were nurses who had been members of the code blue team for ± 2 years, had attended ACLS training, where willing to become participants by signing the consent form. The number of participants are 8 people and were selected by using purposive sampling technique with inclusion criteria. This research was conducted in March 2019 at Wava Husada Hospital. The method used in this study is in-depth interviews which are supported by guidelines for semistructured interviews and open-ended questions. Data analysis was performed using Interpretative Phenomenology Analysis (IPA). This research has obtained the approval and ethical feasibility of the Health Research Ethics Commission, Faculty of Medicine, Brawijaya University Malang with number 64 / EC / KEPK - S2 / 02/2019.

III. RESULTS

From the data analysis of the results of interviews conducted to 8 participants relating to their experience of being code blue, 3 themes were found, namely:

A. Nurses who have limited knowledge and skills This theme illustrates the participant's experience while doing the rescue process.

Experiencing difficulties with room nurses who have limited knowledge and skills answering the specific purpose of research exploring nurses' experiences when experiencing obstacles when doing help.

This theme is formed from two sub-themes, which are annoyed when the code blue call does not comply with the rules and argues that not all nurses have full knowledge.

Subthemes get annoyed when code blue calls do not follow the rules illustrating that sometimes code blue nurses feel hampered when there are code blue calls that don't match. This is in accordance with the following participant's statement:

"If there are room nurses, there are a number of problems. Then the gap is incorrect code blue. Sometimes the patient continues to call from there, not indicated. His knowledge is still lacking. It's annoying, but it's a little, right?" (P3).

Participants' statements above show that code blue nurses sometimes find it difficult when there are problems in the form of incorrect code blue calls. According to participants, incorrect code blue calls occur when the room nurse does not really understand the procedure or an indication that the code blue is activated.

Subthema: argues that not all nurses have full knowledge illustrates that not all nurses, especially nurses in the room have equitable and comprehensive knowledge. This is implied in the following participant's statement:

"There was a time when I went there and there were friends (room nurses) who were still confused because there were many, many new ones, old ones who might replace it ... First panic, secondly maybe the people didn't understand how much they understood. That is usually in the room" (P7).

The participants' statements above show that not all room nurses have the same knowledge, especially knowledge about emergency care. Success in carrying out tasks for a nurse is determined by the knowledge he has. When nurses have good knowledge so they can complete the task effectively, it is also evidence that nurses have the potential to be able to be responsible for carrying out their duties in accordance with existing procedures (Zuhriana, 2012).

B. Long taken decisions by family

This theme illustrates the participant's experience while doing the rescue process. Feeling hampered by the patient's family who took a long time to make a decision. This theme is formed from one sub-theme, which is feeling difficult with the patient's family. This is in accordance with the following participant's statement:

"Because is a unique experience, sometimes an old family ... taking too long to make a decision. Most are waiting for other families. That's what sometimes makes me annoyed. We want it to be fast, right, right? If it's not that fast, it's not life, not

days ... not hours. So yes, that's what makes me happy" (P2).

The participant statement above shows that sometimes families get annoyed when they make decisions for a long time even though the decision is very important and very necessary to follow up the process of treatment that will be done for patients. The participant's statement implies that the old family made the decision because they had to wait for the other family first, even though the decision taken by the family was related to the safety of the patient's life.

The patient's family is often involved in the process of treating patients with cardiac arrest. They are involved in decision making, but according to participants sometimes the family cannot give a decision quickly. This is because the family also has to wait for decisions from other families. Research conducted by Rahmawati (2013) states that one of the factors that causes delays in the referral process is the decision making process by the family[5]. The decision making process by the family is usually carried out by way of negotiation and takes a long time, especially if the party that is considered as a 'decision maker' is not in place so that it causes delays in the referral process. The family has an important role in the process of patient care, including providing spiritual support, providing emotional support, and decision making[6]. The family has a large role in decision making but sometimes there are many obstacles that families face when having to make a decision related to the patient, for example family members may have values and priorities that are different from the patient's condition[7].

C. Application of the code blue system has not been maximized.

Many factors make code blue nurses feel difficult when they have to do help on patients in the room. The difficulty comes not only from the patient's family, but also from nurses, and from the code blue management system at the hospital. This theme illustrates the participants' feelings towards the implementation of the code blue system that is already running. This theme is formed from one sub-theme, which is not satisfied with the existing system.

Subthema: feeling dissatisfied with the existing system illustrates that participants feel there is something missing with the code blue system that is currently running. This is in accordance with the following participant's statement:

"If I do ... I am disappointed there must be but what to do with it again, the problem is the relationship is not with me. Unless if arrived at the emergency room like that, directly did not repeat the same one that held the patient, how come until he was not captured like this. If the relationship is with the whole hospital, I want to say it's not my right either, that is ... Yes, disappointed, but what can I do about it again" (P4).

Disappointment is a negative feeling that is felt by a person related to failure or as a restrained emotion due to

obscurity, uncertainty[8]. Clancy et al. (2012) in his study mentioned that people who are disappointed in the organization, are seen as victims of circumstances that they think are beyond their control. This is consistent with the participant's statement which implies that he felt disappointed because he did not have the authority to improve the existing system.

Disappointment can also be related to dissatisfaction. If someone feels dissatisfied with their work situation, dissatisfaction will affect their emotions and work[9].

IV. CONCLUSION

It's not easy to be a part of Code Blue nurses. Many things they experienced and felt during their time as code blue nurses, including obstacles, such as difficulties with room nurses who have limited knowledge and skills, hampered by families of patients who have long made decisions, and feelings of disappointment because the application of the code blue system has not been maximized. That is the kind of thing they feel when they become part of the code blue team.

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