The study was intended to identify the nurses’ experiences, understanding, and attitudes on DNR. Also, the study was to provide the data base for a standard of DNR decision-making and practice. The sample consisted of 347 nurses in eight general hospitals. The data were collected between August 1 and August 31, 2000. The data were analyzed using descriptive statistics and \( x^2 \) test. The results of the study were as follows: 1. Regarding DNR-related experience, 74.6 percent of the participants experienced DNR situations. Eleven percent of the participants received DNR education. DNR was most frequently (81.5%) requested by family members and relatives of patients. The decision-making on DNR was most frequently (76.8%) made by agreement between family members and medical staff. The DNR order was recorded at 81.9 percent on charts. Problems after DNR order were negligence in treatment and nursing care (30.6%) and guilty feelings due to doing the best (22.1%). CPR (cardiopulmonary resuscitation) was performed about 49.8 percent of DNR cases. 2. Regarding understanding and attitude on DNR, most of the participants (93.1%) thought DNR was necessary. The major reasons for the necessity of DNR were impossible recovery (44.4%) and death with dignity (41.1%). The decision-making on DNR was most frequently made by patient and family members (47.8%) and followed by agreement between family members and medical staff (25.6%), and patients themselves (16.4%). Most of the participants thought that medical staff must explain DNR to critical and end-of-life patients and their family members. Forty four percent of the participants thought that the most appropriate time for DNR explanation was when patients with critical disease were admitted to hospitals. Most of the participants (90.2%) thought a guide book for DNR is necessary to be made in hospitals. 3. There were significant differences in the participants’ understanding and attitudes on DNR according to religion career education and experience of DNR. Of the participants those who have religions and education experience on DNR thought that there would be more DNR requests after DNR is explained to patients and family members (p<.05). In addition, there was higher understanding on the necessity of DNR in those who have more career and DNR experience(p<.01). The findings of the study suggest that a guide book for DNR need to be made with inclusion of legal, ethical, and cultural aspects. Also, there needs to be more education on DNR in medical ethics to health care professional and to provide more information on DNR to the general public.
By understanding consumers' attitude towards advertising, designers and attitude toward mathematics: some this mismatch is to distinguish the beliefs toward school mathematics from those toward abstract a subject; instead they may only reflect on the student's vocational development (â) or knowledge .... research examined their attitudes and how they are dealing with DNR orders. This study aimed to evaluate the attitudes of nurses in DNR order for patients in the later stages of life, was carried out Methods: In a descriptive-analytical study, 152 nurses were enrolled as quota sampling from educational hospitals affiliated to Kermanshah University of medical sciences. The tool was a researcher-made questionnaire. The therapeutic nurse-client relationship is the basis, the very core, of all psychiatric nursing treatment approaches regardless of the specific aim. The very first process between nurse and client is to establish an understanding in the client that the nurse is entering into a relationship with the client that essentially is safe, confidential, reliable, and consistent with appropriate and clear boundaries (LaRowe, 2004). It is true that disorders that have strong biochemical and genetic components such as schizophrenia and major affective disorders cannot be healed through therapeutic means. Previous research has not investigated Muslim nurses' attitudes towards DNR orders. AIMS: This study aims to investigate the attitude of Iranian nurses towards DNR orders and determine the role of religious sects in forming attitudes. MATERIALS AND METHODS: In this descriptive-comparative study, 306 nurses from five hospitals affiliated to Tabriz University of Medical Sciences (TUOMS) in East Azerbaijan Province and three hospitals in Kurdistan province participated. Data were gathered by a survey design on attitudes on DNR orders. However, this practice is not yet fully understood or implemented in many other countries.[1, 4] DNR orders may raise strong emotions in the non-western society.[1].