Perspective and experience of nurses and physicians employed at ED and ICU to family presence during cardiopulmonary resuscitation

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Aim and objectives
Presence of family member during cardiopulmonary resuscitation (CPR) has long been controversial among health care professionals worldwide. In recent years, the presence of family during CPR received increased attention and organizations such as ENA and EFCNa presented clinical guidelines on the subject (Egging et al., 2011; Fulbrook et al., 2007).

The aim of this study was to explore nurses’ and physicians’ perspective and experience towards family presence during resuscitation, employed at the Emergency Departments and Intensive Care Units at the Landspitali University Hospital. In addition the purpose was to bring attention and open discussion on this subject.

Methods
Descriptive quantitative methodology was used and electronic questionnaire was send to participants. The two research questions were: 1) What is the nurses’ and physicians’ perspective towards family presence during resuscitation of the loved ones? 2) What is the nurses’ and physicians’ experience of family presence during resuscitation of the loved ones?

The sample size consisted of all employed nurses, nursing students, physicians and medical students with an active email address at the two Emergency Departments (G2 and 10D) or Intensive Care Units (E6 and 12B) at the Landspitali University Hospital (N=314). The data collection was conducted in January 2012 over three weeks period. The response rate was nearly 53% (n=166).

Results
The main results showed that almost 44% of the participants (n=77) supported family presence during CPR of the love ones, see figure 1 and 2.

Over 56% of the participants (n=93) had been in situations where family member were present during CPR. Over 82% (n = 136) had never invited family to be present during CPR, nearly 16% (n=26) had invited family member to be present during CPR and 2% (n=3) were not sure.

More than 74% (n=122) had never denied family member to be present during CPR or dismissed them. About 21% (n = 34) claimed to have denied family member to be present during CPR and nearly 5% (n=8) were not sure.

Almost 33% (n=53) of the participants reported a positive experience of family members being present during CPR and nearly 12% (n=19) reported a negative experience. With over 55% (n=90) of the participants, the question was not applicable or they were uncertain about their experiences.

Table 1. Perspective of nurses and physicians to the presence of family during cardiopulmonary resuscitation

<table>
<thead>
<tr>
<th>Questions about perspective. % (n)</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presence of family member during CPR increases the stress level in the resuscitation team.</td>
<td>12.1 (20)</td>
<td>53.9 (89)</td>
<td>13.9 (23)</td>
<td>17.6 (29)</td>
<td>2.4 (4)</td>
</tr>
<tr>
<td>Presence of family member during resusculation interferes the work of resuscitation team.</td>
<td>7.2 (12)</td>
<td>27.8 (44)</td>
<td>31.5 (52)</td>
<td>30.3 (50)</td>
<td>3.0 (5)</td>
</tr>
<tr>
<td>Resuscitation team is more likely to prolonged resuscitation attempt if family member are present at resuscitation.</td>
<td>7.2 (12)</td>
<td>36.9 (61)</td>
<td>28.6 (44)</td>
<td>26.0 (43)</td>
<td>3.0 (5)</td>
</tr>
<tr>
<td>One member of the resuscitation team should have the only role to support family.</td>
<td>47.2 (77)</td>
<td>30.6 (50)</td>
<td>9.8 (16)</td>
<td>4.9 (8)</td>
<td>7.3 (12)</td>
</tr>
<tr>
<td>Family member who have been present at resuscitation will suffer from long-lasting negative psychological symptoms.</td>
<td>1.2 (2)</td>
<td>2.4 (4)</td>
<td>54.6 (89)</td>
<td>30.6 (50)</td>
<td>11.0 (18)</td>
</tr>
<tr>
<td>The presence of family member will help túchcian to deal with grieving process, if the patient do not survives the CPR attempts.</td>
<td>6.1 (10)</td>
<td>43.5 (71)</td>
<td>41.7 (68)</td>
<td>7.9 (13)</td>
<td>0.6 (1)</td>
</tr>
</tbody>
</table>

Conclusion
The perspective towards family member presence during CPR varies. Many were unsure about their own perspective which supports the importance of evidence based discussion about this topic among health care professionals. Many have experienced family member presence during resuscitation but, in general, not invited the relatives to be present, nor denied them, instead it seems that their presence comes automatically. It is very important for the health care professionals to be alert towards the family wellbeing and needs, at the same time they reflect upon offering the family members to be present the resuscitation of their loved ones. It may be concluded, based on this research’ findings that family presence is often agreeable but every case has to be individually explored.

References