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Family Witnessed Resuscitation in the Emergency Department

Introduction

This literature review was developed to examine the available research on the topic of family witnessed resuscitation. Resuscitation is defined as ‘restoration to life or consciousness of one apparently dead, or whose for whom respirations have ceased’ (Balliere’s Nursing Dictionary, 2005 p342). Family presence was defined as the attendance of one or more family members in a location that afforded visual or physical contact with a patient during an invasive procedures or Cardio Pulmonary Resuscitation. Family members were defined as people who were relatives or significant others with whom the patient shared an established relationship. (Ichors et al 2001). The literature reviewed here highlights the issues of Family presence during resuscitation in emergency departments is a relatively new concept among medical professionals, questioning the historical practice of families not being allowed present during medical procedures and whether this theory provides the holistic approach to care of the patient and their families (Axelsson, Zettergren, Axelsson, 2005, Madden and Condon 2007).

Justification of the author’s choice of the topic of family witnessed resuscitation in the emergency department comes from previous exposure to this issue during clinical placement in the emergency department. On this occasion a young man was admitted following a road traffic accident. His family were obviously in a panic and very upset. Following the death of the patient the family expressed their regret that they could not see him before he died. This prompted the author to enquire if there was a policy in place to deal with family members request to be in the resuscitation room. There was no written policy available to staff and the general feeling was it was not something generally done in the hospital. In the emergency department resuscitation is an organized event where every member of the multi-disciplinary team has an individual role to ensure the patient receives effective and immediate emergency care. Each nurse is assigned a job by the nurse in charge pre arrival of the patient however there is currently no written policy available on this issue.
A literature search was undertaken of the following databases CINHAL, Pubmed, Medline and Google Scholar, using the terms ‘Family presences’, ‘resuscitation events’, ‘ethics during resuscitation/CPR’ and ‘emergency department’. A number of studies were accessed dating from 1992 to 2008 and of the 19 research based studies on this topic only one was Irish based. Abstracts, conferences proceedings and anecdotal commentaries were excluded. The accessed studies were mainly a quantitative nature however two qualitative articles were secured. After an extensive search of international literature the four main themes that emerged from the literature were ‘nurses perspective’, ‘family perspective’, ‘patients perspective’. Relevant studies will be critiqued under these themes in this literature review.

Family presence during resuscitation was first introduced in Foote Hospital in the United States in 1992 following a nine year study where staff in the emergency department where educated on how to deal with the issues arising from family presence, and families who had witnessed or wished to witness the resuscitation of a loved one were evaluated to determine the long term psychological effects of this ordeal. A follow up study showed that both staff and family members benefited from this (Foote Hospital Survey, 1992). Staff had more compassion and professionalism towards the patient and family found that it was a method of letting go and helped with the grieving process The Foote Hospital study lead to a number of American, British and Australian hospitals implementing the same polices to give family members the right to chose to be presence. Following review of the literature critiqued, implications for nursing practice will be highlighted and areas for research identified along with some gaps in the literature.
Nurses’ perspective

Family presence during resuscitation is a long standing controversial debate among nursing and medical staff in the emergency department. Although many studies examine attitudes of nursing staff regarding this topic the general feeling of welcoming written policies is evident. This theme examines staff perspective on Family resuscitation including psychological issues.

The only Irish based study accessed was a quantitative study by Madden and Condon (2007) where 90 sample questionnaires there distributed to 90 nurses in one Cork based hospital to establish staff nurses views on the subject. The main findings from this study showed the need for development of written policies and guidelines regarding family witnessed resuscitation, along with the need for educational programme for nurses to enable them to deal with situations as they arise. The study showed 58.9% of nurses already do allow family members to be present during resuscitation however the majority are senior nurses where as 42% would prefer to see written policies in place. The limitations of this study require a follow up qualitative study to enhance findings while getting the nurses perception in detail. Fear seemed to be an ongoing theme in this study: fear of legal issues, pressure of being watched, hysterical family members interfering in procedures, lack of space in the resuscitation room and lack of staffing issues. Other authors (Twibell et al, 2008; MacLean et al, 2003; Redley and Hood, 1996; Hanson and Strawser, 1992) are in agreement with these findings.

In a qualitative study conducted by Ellison (2003) in a general hospital in New Jersey 208 nurses where interviewed. The aim was to evaluate nurses’ perception on Family witness resuscitation. One nurse stated “Lay people would not be able to deal with the memory of watching their loved one being intubated, defibrillated, IV punctures, etc. It would be too much of a traumatic experience for them”. Patients’ families have rationally been excluded from the resuscitation room due to a number of concerns among emergency room staff such as fears that families emotions may take over resulting in them interrupting care of the patient along with insufficient staffing levels and restricted room in the resuscitation room. The findings of this study showed that 58% of the nurses in the study were certified emergency nurses in the entire group, when asked if they themselves would like to be present during a
CPR attempt on members of their family (non health care workers) 87% indicated they would like to be present. The overall result of this study was in favor of family presence and had a much more positive attitude towards family presence. The sample used in this study was from one hospital and one organization therefore it limited generalization of the results.

A study by Robinson et al (1998) which examines the issues staff members’ experience. On 25 patients’ families who witnessed resuscitation showed the staff experience a common feeling intimidated is explored one example of an anesthetist unable to intubate a patient and was assisted by a senior more experienced staff this could have been a result of lack of confidence and their part. However the general finding of no intervention or comments from the relatives on the technical difficulties staff can experience during resuscitation.

With regards to hospital policy in two studies (Madden, Condon, 2007; MacLean, 2003) discuss the views of the nursing staff was that hospitals need a clear and relevant policy regarding family witnessed resuscitation and that staff members should receive sufficient education and training to combat the needs of the relative. Madden and Condon (2007) found that despite the lack of written policies 1 in 5 Irish nurses would take relatives into the resuscitation room and 17.8% would do so in the future. MacLean et al (2003) found only 5% out of the 951 nurses surveyed in a random sample of 1500 members of American Association of Critical Care Nurses had written policies in place and 51% of nurses allow family presences during resuscitation despite the lack of written policies. Findings from these studies indicate that the over all feeling of staff towards written policies for family presence is not relevant signifying the positive attitude of nurses towards the practice of family witnessed resuscitation. As the majority of nurses practice family presence during resuscitation despite the absences of written policies.

In regards to staff preferences, trauma staff members initially feel that the relatives could be visually and auditory disturbance by the experience with patients crying out in pain, hypoxic confusion or anxiety (Cole 2000). Maclean et al (2003) found that 39% of nurses found that family presences gave them the opportunity to promote open communication between family members and staff. To advocate for the patient, assist with end of life decisions, provide
emotional and spiritual support to the patient and facilitates closure and healing for the relative, leading to the term family presence is a ‘right not an option’. This feeling is echoed through the literature research done by Madden and Condon (2007), Axelsson et al (2005), Redley and Hood (1996). The author has not found any research supporting the historical practice of forbidding family presence during medical or emergency procedures. Ethical Issues “Ethical and cultural norms must be considered when beginning and ending a resuscitation attempt. Although Emergency staff must play a role in resuscitation decision making, they should be guided by scientifically proven data and patient preferences” American Heart Foundation (2005).

With reference to Patient Autonomy during resuscitation in many cases the patients ability to make decisions is compromised due to altered level of consciousness therefore the emergency team must make decisions based on the best interest of the patient. Ethical issues concerning the rights of relatives in such cases and therefore extending the patient advocacy to the next of kin or relative present is a common theme through the literature (Redley and Hood, 1996; Axelsson et al, 2005; Madden and Condon, 2007). Twibell et al, 2008 conducted a quantitative study in which 375 nurses in Muncie completed a survey on staff attitude towards patient autonomy. The findings of the survey indicate the decision to allow relatives in the resuscitation room lies with the personal preference of the nursing team. Whether they feel it is appropriate in a given situation. The need for further training and education is vital for staff to make an informed decision in the best interests of the patient and the effect on the family members.

Patients’ perspectives.

This theme examines the psychological effect on patients regarding family presence during resuscitation in the emergency department. However there are not many studies accessed or that appear to be completed to date dealing directly with the patients’ perspective on having their family members or loved ones present during their resuscitation as not many patients survive treatment
A quantitative study completed by Zakaria et al (2008) using surveys on 301 relatives the aim of this study was to highlights the views of surviving patients on their family being present and if they had the choice would they prefer them with them. However Zakaria et al (2008) found a number of discrepancies between health care workers and relatives regarding discouragement of family presences from the nurses. A review of literature by Axeksson et al (2005) suggests patients experience a sense of security when a familiar person is there and that they are humanized as the patients family members build a rapport with the staff taking care of them.

A mixed method study by Eichhorn (2001) in a university-affiliated level-1 trauma centre to determine the attitudes, benefits and problems associated with family presences during CPR. 43 patients who survived were interviewed and a questionnaire was given to recall experiences with family presences during resuscitation. The results showed that family witnessed resuscitation as a right. The general theme of family presence is a welcome one in relation to the patients’ perspective as they expressed feelings of being afraid, hurt, and in pain during the event they related feeling safer, less scared and comforted when family members were there. Feeling like they had a sense of hope and security appeared to help them giving them the strength to pull through reporting that their family members act as advocates during the event giving vital information regarding the patients condition to aid the emergency team to provide effective care and humanize the patient in the eyes of their careers. Limitations of this study were the amount of patients’ family that were not asked to be present but had to ask the nurse if they could be present. In this study the incidences’ of deaths following a resuscitation can be decreased significantly however this study does not mention the treatment received and which stage of resuscitation the patient was at.
Family’s perspective

This theme aims to examine the effects and views of family members regarding their presences in the resuscitation room. A nine year quantitative study complete by Hanson and Strawser (1992) in Foote Hospital, Jackson, Michigan recorded the effects of allowing 18 family members in the resuscitation room by contacting family members by telephone and sending them a survey to complete regarding their experience with family witnessed resuscitation. The results revealed that 72% of the families wished they had been present during a resuscitation attempt. The findings showed that relatives believed that being present helped them come to terms with the death of a loved one, just as it is common practice in present times to allow the relative to see the deceased body.

Meyers et al (1998) conducted a qualitative study in Dallas Texas, were 25 family members were interviewed over the telephone on the effects of losing a loved one and the results showed that the family members believed the nursing and medical staff did all they could to save their loved one, they were actually visually observing the event, making it easier to grieve, many suggested that it was ‘easier to know their loved one was not with strangers at their time of death’. The media also has its role to play in this scenario according to Meyers et al (1998) most relatives believe it is not a shock to see this event as they see it regularly on varies television programs so they know what to expect. This is echoed in Van De Woning (1996) resulting in family members no longer accepting the traditional method of ‘shielding’ the families. Cole (2000) presents arguments for and against family witnessed resuscitation suggests that these kinds of programs “graphically bring into the living room the close up workings of the emergency room”.

The study completed by Robinson et al (1998) on the psychological effects of witnessing resuscitation of the families members of 25 patients in the emergency department. On admission the patients were randomized to the family presences group and were accompanied by a member of the nursing or Chaplain staff to offer support and provided explanations regarding the resuscitation. Questionnaires were sent out one month, three months and nine months post event. Findings showed no evidence of any family members being frightened by
the experience, and seven of the relatives stated that they believed sharing the last moments with their loved one had eased their grief. Using a psychological assessment (Impact event scale, IES) (see Appendix 1) found that relatives showed lower degrees of intrusive imagery, post traumatic stress disorder and grief related symptoms if they were present. However this study was completed earlier then expected due to staff seeing the benefits of having relatives’ presents and therefore affecting the randomization process. Cole (2000) states that the wishes of family members should be respected by staff members regardless of their position. The overall views of the relatives appears to be in favor of witnessed resuscitation as in modern times the general public feel they are emotionally equipped to deal with the events as they take place.

Conclusion

The purpose of this literature review was to discuss the issue surrounding family witnessed resuscitation in the emergency department and if family presence has the potential to provide a more holistic approach to the care of the patient the nurse treating the patient as a person with a family and loved ones rather then just a patient. With regards to presences of a family member the literature shows that patients in particular prefer to have a familiar face there to support and give them a sense of hope during the life or death traumatic event. In all the literature reviewed the theme of positive family attitude is predominant, family members benefit more in the long term with little psychological effects on their mental health by being present to say their goodbyes, and give them a sense of being able to do something in a time of helplessness. The absences of written policies regarding family presences in the resuscitation room is predominate throughout the available literature nurses are primarily working on their experiences and initiative when the situation arise were a family member requested to be present. It is clear from this literature review the need for more written polices be provided to staff regarding this issue. The need for staff training is also a necessity when it comes to family members in the resuscitation room, staff should be equipped with the knowledge and skills to deal with the family members and the ability to answer their questions and talk them through the procedures. Nurses working in the best interest of the patient need to consider
each situation as it arises if the possibility for family presences arises the literature showed the majority of experienced nurses would promote the practice of taking the family into the resuscitation room. However the need for more Irish based studies on this issue is evident as the author was only able to recover one Irish based study. Family witnessed resuscitation is an ongoing debate in the medical and nursing profession the need to bring this issue to the four front of emergency care is apparent (Madden & Condon, 2007).
Reference list


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<tr>
<th>On __________________ you experienced ___________________________ (life event)</th>
<th>FREQUENCY</th>
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Below is a list of comments made by people after stressful life events. Please check each item, indicating how frequently these comments were true for you DURING THE PAST SEVEN DAYS. If they did not occur during that time, please mark the "not at all" column.

1. I thought about it when I didn't mean to.
2. I avoided letting myself get upset when I thought about it or was reminded of it.
3. I tried to remove it from memory.
4. I had trouble falling asleep or staying asleep, because of pictures or thoughts about it that came into my mind.
5. I had waves of strong feelings about it.
6. I had dreams about it.
7. I stayed away from reminders of it.
8. I felt as if it hadn't happened or it wasn't real.
9. I tried not to talk about it.
10. Pictures about it popped into my mind.
11. Other things kept making me think about it.
12. I was aware that I still had a lot of feelings about it, but I didn't deal with them.
13. I tried not to think about it.
14. Any reminder brought back feelings about it.
15. My feelings about it were kind of numb.

Intrusion subset = 1, 4, 5, 6, 10, 11, 14; avoidance subset = 2, 3, 7, 8, 9, 12, 13, 15.