Family Presence During Pediatric Resuscitations: A Meta-Synthesis

Jamie Rivera, PhD, RN, CPN
Westfield State University and Connecticut Children's Medical Center, Springfield, MA, USA

Title: Family Presence During Pediatric Resuscitations: A Meta-Synthesis

Introduction: Family presence during a child resuscitation has become a contentious topic in the recent past. Despite recommendations to create policies to mirror patient and family centered care, family presence during a child resuscitation is not the standard of care. While qualitative studies have provided rich data from families supporting a call for change, very few hospitals have listened to this request from families.

Background: The Emergency Nurses Association (ENA), American Academy of Pediatrics (AAP), American Association of Critical Care Nurses (AACN) and the American College of Emergency Physicians are all organizations that support family presence during a resuscitation. Despite these professional organizations supporting family presence during resuscitation, it is not a practice routinely implemented by health care providers working in critical care areas. Even with published guidelines to help transition a practice change, hesitation and varying opinions still exist. Several barriers continue and many of these barriers are from health care providers, including nurses. Many providers feel that families can be distracting, cannot handle the seriousness of the situation, increase staff stress, will critique their performance, and may initiate litigation. Staff also expressed worrying of not being able to handle the psychological burden or the raw emotions that may be expressed by the families if they were present.

Method: The sample for this meta-synthesis identified nine research studies published between 1993 and 2018. Using Noblit and Hare’s 1988 approach, a meta-synthesis of these qualitative studies of family presence during resuscitation was conducted. This method comprised of a series of seven steps that overlapped and recurred as the meta-synthesis progressed.

Results: Four overarching themes emerged that reflected the families perspectives: (a) being with you till the end, (b) providing comfort in the midst of chaos, (c) seeing is believing, and (d) finding solace in the unimaginable.

Conclusion: This meta-synthesis begins to represent the experiences of families who have witnessed a resuscitation of their child. The findings from this research help support the need for additional qualitative research, creating standards of care, and allowing families the option to be present with their child during a traumatic event.

Title:
Family Presence During Pediatric Resuscitations: A Meta-Synthesis

Keywords:
family presence, pediatric and resuscitation

References:
Adams, S. (1994). A sister’s experience. (should relatives be allowed to watch resuscitation?).

British Medical Journal, 308,1687.


Abstract Summary:
Family presence during a child resuscitation has become a contentious topic. Family presence during a child resuscitation is not the standard of care. Four overarching themes emerged that reflected the families’ perspectives. The findings support allowing families the option to be present with their child during a traumatic event.

Content Outline:
1. Introduction
   1. Despite recommendations to create policies to mirror patient and family centered care, family presence during a child resuscitation is not the standard of care.
   2. While qualitative studies have provided rich data from families supporting a call for change, very few hospitals have listened to this request from families.
   3. Using Noblit and Hare’s 1988 approach, a meta-synthesis of nine qualitative studies of family presence during resuscitation was conducted.
2. Overview of Emerged Themes
   1. Theme 1: With you till the end
   2. Theme 2: Providing comfort in the midst of chaos
   3. Theme 3: Seeing is believing

Families wanted to be with their child.

- a) Families had an innate desire to be next to their child during resuscitation.
- b) Many families believe it is their right, duty and obligation to be at the child’s side.
- c) Provided families with a sense of control by being present

Theme #2: Providing comfort in the midst of chaos

It was important for families to comfort the child during the resuscitation.

- a) Many families spoke to their child during the resuscitation to comfort them.
- b) Being able to touch their child was important
- c) Families

1. Theme #3: Seeing is believing

Families wanted to see the resuscitation.

- a) Families expressed comfort in observing everyone’s role during the resuscitation.
•  b) Families stated that it helped with their healing to see that every stone was uncovered during the resuscitation.

1. Theme #4: Finding solace in the unimaginable

Being involved in the resuscitation was the beginning of accepting the death of their child.

1. a) Having a physical connection during the resuscitation process helped in the comfort and healing for them.
2. Having the final moment and giving permission for their child to die was an incomprehensible but necessary step for some families.

3. Conclusion

a) The findings from this research help support the need for additional qualitative research, creating standards of care, and allowing families the option to be present with their child during a traumatic event.

First Primary Presenting Author
Primary Presenting Author
Jamie Rivera, PhD, RN, CPN
Westfield State University and Connecticut Children's Medical Center
Assistant Professor of Nursing and ER Nurse
Springfield MA
USA

Author Summary: Jamie Beth Rivera is a certified pediatric nurse from Springfield, MA. Jamie has held various roles in the pediatric emergency department at Connecticut Children's Medical Center in Hartford, Ct where she remains clinical active in per diem status. Jamie is currently an assistant professor of nursing at Westfield State University in Westfield, Massachusetts. She received her PhD from the University of Connecticut with a research focus on pediatric behavioral health.