

Family Presence During Pediatric Resuscitations: A Metasynthesis

Jamie Rivera, PhD, RN, CPN



Introduction

- Family Presence During Resuscitation

“the presence of family in the patient care area, in a location that affords visual or physical contact with the patient during invasive procedures or resuscitation events” (Henderson & Knapp, 2005, p. 24).

- Only 5% of hospitals in the United States have a policy to support family presence during resuscitations (AACN, 2016)

Who Supports Family Presence During Resuscitation?

- Emergency Nurses Association (ENA)
- American Academy of Pediatrics (AAP)
- American Academy of Critical Care Nurses (AACN)
- American Heart Association (AHA)
- American College of Emergency Physicians

Family-Centered Care

- Creating a Partnership Between The Family and Healthcare Provider
- Allowing Family Input and a Sense of Control When Making Decisions
- Being Open, Objective, and Unbiased

Aim Of This Study

1. To gather family witnessed resuscitation of pediatric patients in qualitative research studies in order to contribute to improving family and healthcare experiences.
2. To affect future research and guide clinical practice.

Method - Procedure

- Comprehensive Review of the Literature
 - PRISMA Flow Diagram
- Inclusion Criteria
 - Family Member Who Has Witnessed a Pediatric Resuscitation
 - Qualitative Studies
 - Mixed Methods Studies (Qualitative Portion)
- Articles Excluded
 - Hypothetical Studies

Method - Sample

- Eight Research Studies
- Four Different Countries
- Qualitative Research Designs
 - Descriptive Phenomenology
 - Interpretive Phenomenology
 - Mixed Methods (Qualitative Portion)
 - Grounded Theory
 - Case Studies



Table 1. Demographic Characteristics of Individual Studies Included in the Metasynthesis					
<i>Authors/ Year</i>	<i>Setting</i>	<i>Sample</i>	<i>Country</i>	<i>Resuscitated Family Member Expired or Survived</i>	<i>Witnessed Resuscitation or Procedure</i>
Adams, S. (1994)	Pediatric hospital	N=1	United Kingdom	Expired	Sister witnessed her brother's resuscitation
Anno, K. (1993)	Pediatric Emergency Room	N=5	United States	Expired	All participants witnessed resuscitation
De Stefano, C., Normand, D., et al. (2016)	Various hospital settings	N=30	France	Not indicated	All participants witnessed resuscitation
Dill, K., & Gance-Cleveland, B. (2005)	A room in the hospital	N=2	United States	Expired	Parents witnessed resuscitation
Leske, J. S., McAndrew, N. S., et al. (2013)	Level I trauma center	N=28	United States	Survived	All participants witnessed resuscitation
Mangurten, J., Scott, S.H., et al. (2006)	Pediatric emergency department	N=22	United States	N=2 expired	N=20 witnessed resuscitation or a procedure
Maxton, F.J. (2008)	Pediatric Intensive Care Unit	N=8	Australia	Survived	Not delineated
Megahey-Oakland, P., Lieder, H.S., et al. (2007)	Large pediatric tertiary hospital	N=10	United States	All 10 children expired	7 parents witnessed resuscitation

Table 2. Methodological Characteristics of Individual Studies used in the Metasynthesis				
<i>Authors/ Year</i>	<i>Type of Sample</i>	<i>Research Design</i>	<i>Data Collection</i>	<i>Data Analysis</i>
Adams, S. (1994)	Purposive	Case study	Face-to-face interview	Not identified
Anno, K. (1993)	Purposive	Descriptive Phenomenology	Single, audio-taped interviews	Colaizzi (1978)
De Stefano, C., Normand, D., et al. (2016)	Purposive	Qualitative, interpretive approach guided by grounded theory and based on a technique of constant comparison	Semi-directed telephone interviews	Not identified
Dill, K., & Gance-Cleveland, B. (2005)	Purposive	Case study	Face-to-Face interview	Not identified
Leske, J. S., Mcandrew, N. S., et al. (2013)	Convenience	Descriptive, qualitative	Open ended, face-to-face interviews	Content Analysis
Mangurten, J., Scott, S.H., et al. (2006)	Purposive	Mixed Methods	Phone interviews	No identified
Maxton, F.J. (2008)	Purposive	Interpretive Phenomenology	Telephone interviews	van Manen (1990)
Mcgahey-Oakland, P., Lieder, H.S., et al. (2007)	Purposive	Descriptive, Retrospective Mixed Methods Study	Semi-structured, audio-taped, face-to-face and telephone interviews	Strauss and Corbin (1998)

Table 3. Individual Study Metaphors as Related to Overarching Themes

<i>Authors/Year</i>	<i>Theme 1: With You Till The End</i>	<i>Theme 2: Providing Comfort in the Midst of Chaos</i>	<i>Theme 3: Seeing is Believing</i>	<i>Theme 4: Finding Solace in the Unimaginable</i>
Adams, S. (1994)	“I was close to him in his time of need”		Witnessed efforts to save his life	“Insisting on staying with Richard has helped me to come to terms with his death”
Anno, K. (1993)	“If anything was going on surely I would be there. I am his mother. That was my child.”	“It felt good to touch him”	A “genuine” attempt was made at saving their child. “Everyone worked really hard to save my child.” “Worked as hard as humanly possible”	“I remember thinking that maybe it would work if they kept going. Yet I knew when I saw him there, that John was probably dead. Being there I felt more at peace with it.”
De Stefano, C., Normand, D., et al. (2016)		“I held his hand to reassure him.”	Ability to see efforts of the resuscitation team	Awareness of death at the arrival of the emergency room. “It’s then that I started to understand that ... well, that it was over!”
Dill, K., & Gance-Cleveland, B. (2005)	Being present might make the child fight harder to survive. “Daddy’s here baby. We love you Anna.”	Wanted the child to hear their voice.	A feeling of appreciation for the attempt to save their child.	

Leske, J. S., Mcandrew, N. S., et al. (2013)	“I needed to be there, it was very important to me that she knew I was there, very important!”	“My son knew I was there...it helped him not to worry.”	Being informed and watching everyone work hard. “All hands on deck.”	Lessened the family anxiety
Mangurten, J., Scott, S.H., et al. (2006)	A parent’s obligation Inherent instinct to be present	Keeping the child calm. “She gets scared when we’re not in the room.”		
Maxton, F.J. (2008)	“...I was there from when he was born till the day he died.” A fundamental need to be present. Desperate not to abandon. The need to advocate.	Being able to touch their child.	Leaving no stone unturned	Maintaining hope. A need to cry
Mcgahey-Oakland, P., Lieder, H.S., et al. (2007)	Being present to say a final goodbye. A parent’s right	“.... I wanted to tell her I loved her even though she might not hear me.” Giving permission to die. To lessen the child’s fears	All exhausted efforts were made Doubts dispelled No mystery when doors are open	Finding closure “I felt that was very good. It gave me time to handle myself and gave me time to realize what just happened.”

Results

Four Themes

- ❖ With You Till The End
- ❖ Providing Comfort in the Midst of chaos
- ❖ Seeing IS Believing
- ❖ Finding Solace In The Unimaginable

With You Till The End

- Supported in Seven Articles
- Innate Desire To Be With Their Child During Resuscitation
- The “right” to be with Their Loved One

“...if someone says you’re baby’s going to die, you want to be there with your baby....you’re not going to leave, like they’d have 300 people trying to drag me out, I wouldn’t leave....you want to be there and that’s it...” (Maxton, 2008, p. 3170-3171).

Providing Comfort In The Midst Of Chaos

- Supported In Seven Articles
- Being Able To Communicate And Touch
- Physical Presence Provides Strength

“I was so grateful to be able to comfort my son...he was crying due to pain. I needed to reassure him and tell him not to worry about the car. I wished I could have gotten in sooner and had been more assertive to be near my son.” (Leske, 2013, p. 77).

Seeing IS Believing

- Supported In Seven Articles
- Staff Collaborating and Working Together
- Staff Giving Their Best Effort

“... I recall driving to the hospital, they were taking Cam out of the ambulance into the hospital. They were working on him. The doctors and nurses were right there, waiting. They brought him into a room. I followed and was watching. Everyone was doing something for him” (Anno, 1993, p. 42-43.)

Finding Solace In The Unimaginable

- Supported In Six Articles
- Finding Closure
- Provided Comfort and Healing For The Caregiver

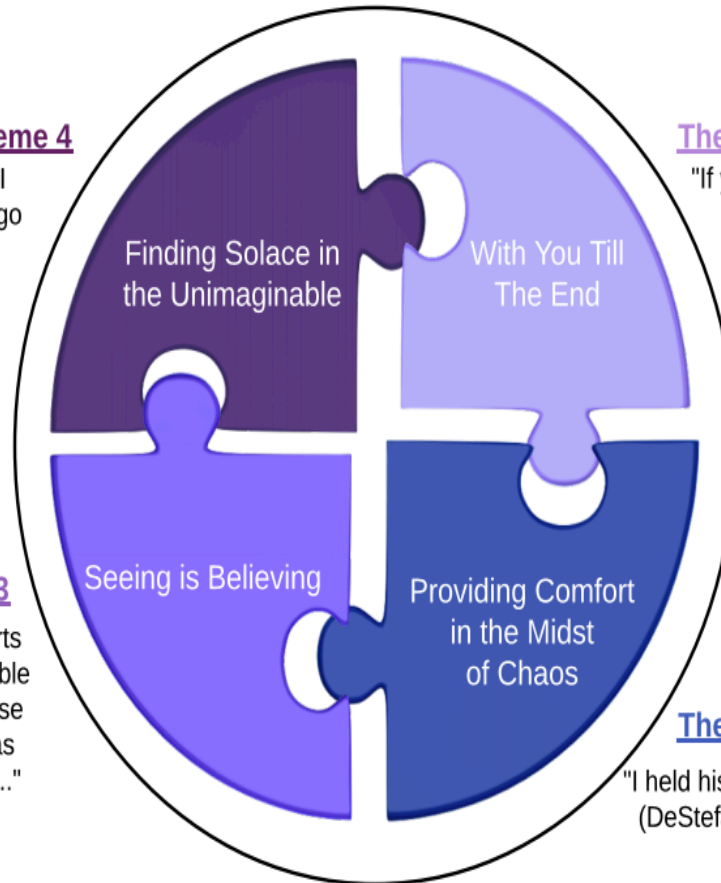
“Insisting on staying with Richard has helped me to come to terms with his death, although it did upset me that people constantly tried to remove me. I am sure that if I had allowed myself to be ushered out, it would have been impossible to return” (Adams, 1994, p. 2)

Discussion

- Revisiting Fears and Resistance With Staff
- Early Interventions With Families
- Creating Practice Documents
- Key Components To Implementation
 - Education
 - Policy Development

Theme 4
"I whispered in his ear that I loved him and that he could go peacefully and that I was right there with him"
(McGahey-Oakland, et al., 2007, p.221).

Theme 3
"...we really know in our hearts that they did everything possible and like there was nothing else that could be done and it was just the thing that happened..."
(Maxton, 2008, p. 3171).



Theme 1
"If you are the parent, you have every right to be with your child...nothing should be hidden from you, especially if it's a life-threatening situation"
(McGahey-Oakland, et al., 2007, p. 220).

Theme 2
"I held his hand to reassure him"
(DeStefano, et al., 2016, p. 7)

Family Centered Care

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