



Family in the resuscitation room

Polish and Finnish nurses' experiences and attitudes towards family-witnessed cardiopulmonary resuscitation in a hospital setting

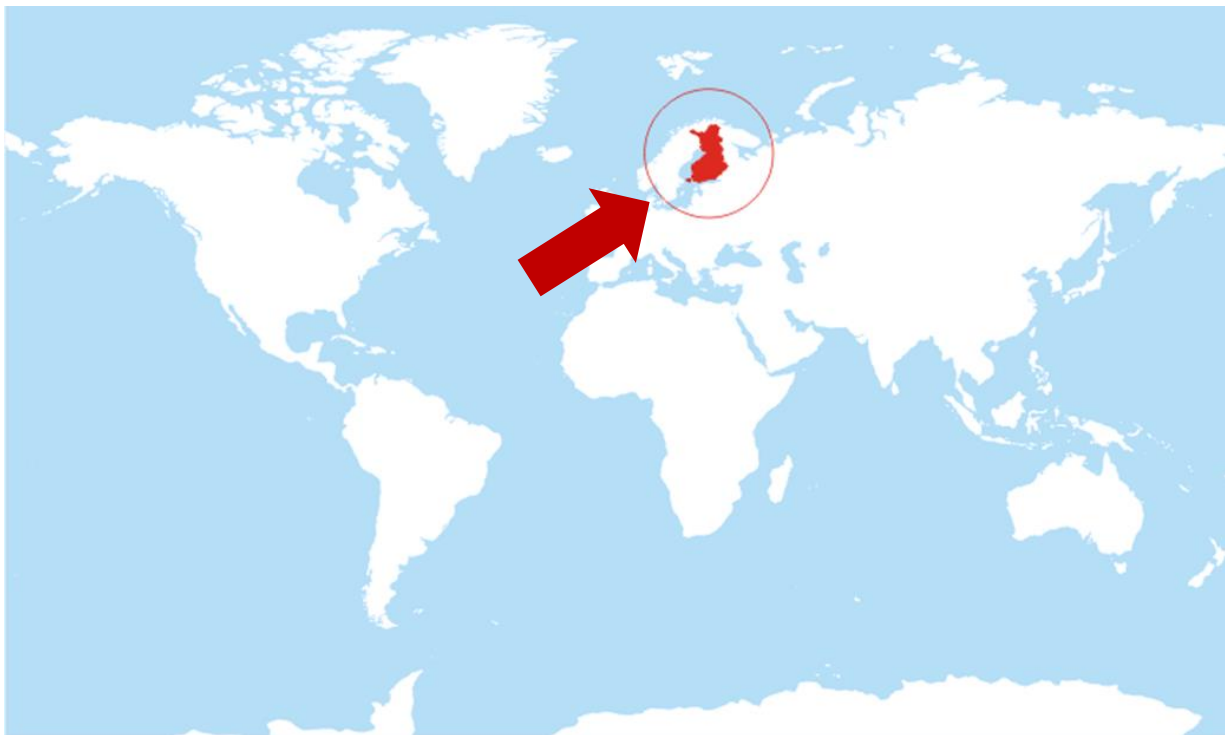
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Finland



FINNISH SEASONS

in a nutshell



WINTER-WINTER



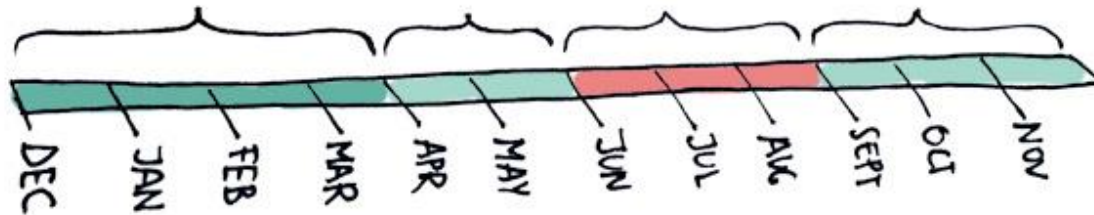
WINTER



SPRING



WINTER



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Objectives



1. To inform about family-witnessed resuscitation phenomenon
2. To demonstrate different experiences and attitudes towards this practice
3. To continue professional debate on this topic
4. To inspire listeners to seek for more knowledge regarding family-centered care in a critical setting
5. To contribute to enhancing clinical outcomes of family-centered care

Family-Witnessed Resuscitation (FWR)

Family Presence During Resuscitation (FPDR), Family Presence (FP)

- offering the choice to a patient's family to be present in a location that affords visual and/or physical contact with the patient during cardiopulmonary resuscitation (CPR)¹
- **1982-** Foote Hospital (Jackson, MI)²
- Pediatric vs. Adult patients

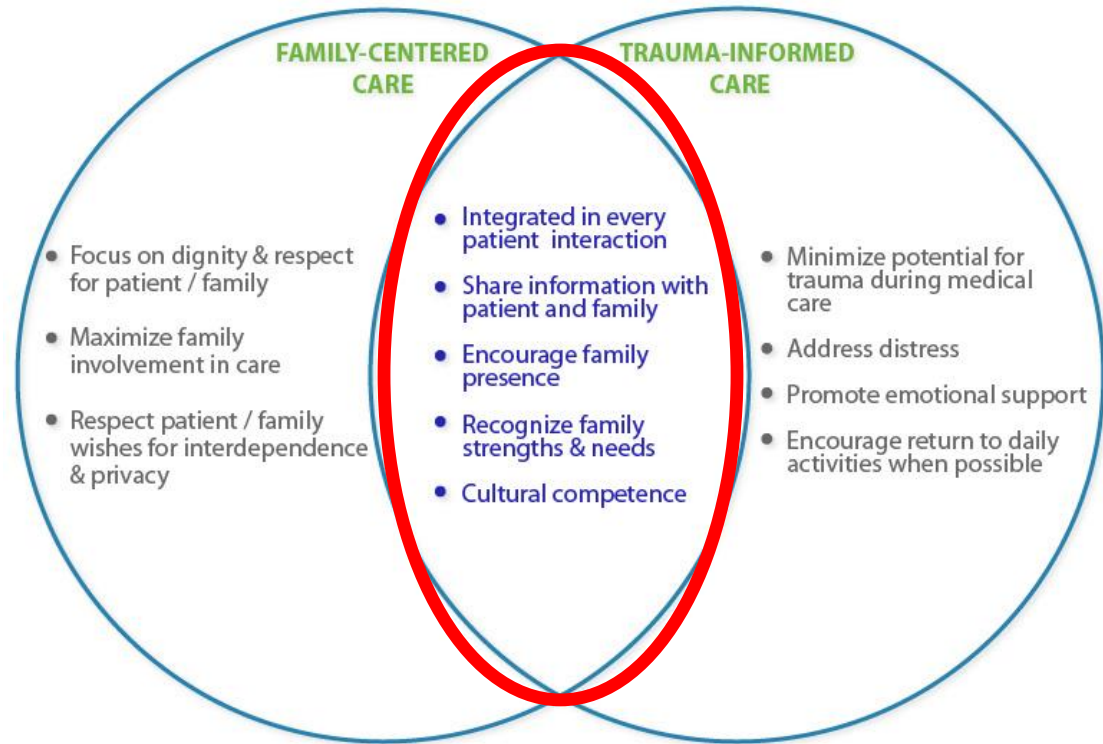


¹ ENA (2007) Presenting the Option for Family Presence. 3rd ed. Des Plaines, IL: *Emergency Nurses Association*

² Hanson, C.& Strawser, D (1992) Family presence during cardiopulmonary resuscitation: Foote Hospital emergency department's nine-year perspective. *Journal of Emergency Nursing*, 18:104-106.

Family-Witnessed Resuscitation

- FWR beneficial for family, patients and staff
- Family-Centered Care (FCC) Theory





European Council on Cardiovascular Nursing and Allied Professions



European Resuscitation Council



Emergency Nursing Association



American Association of Critical Care Nurses



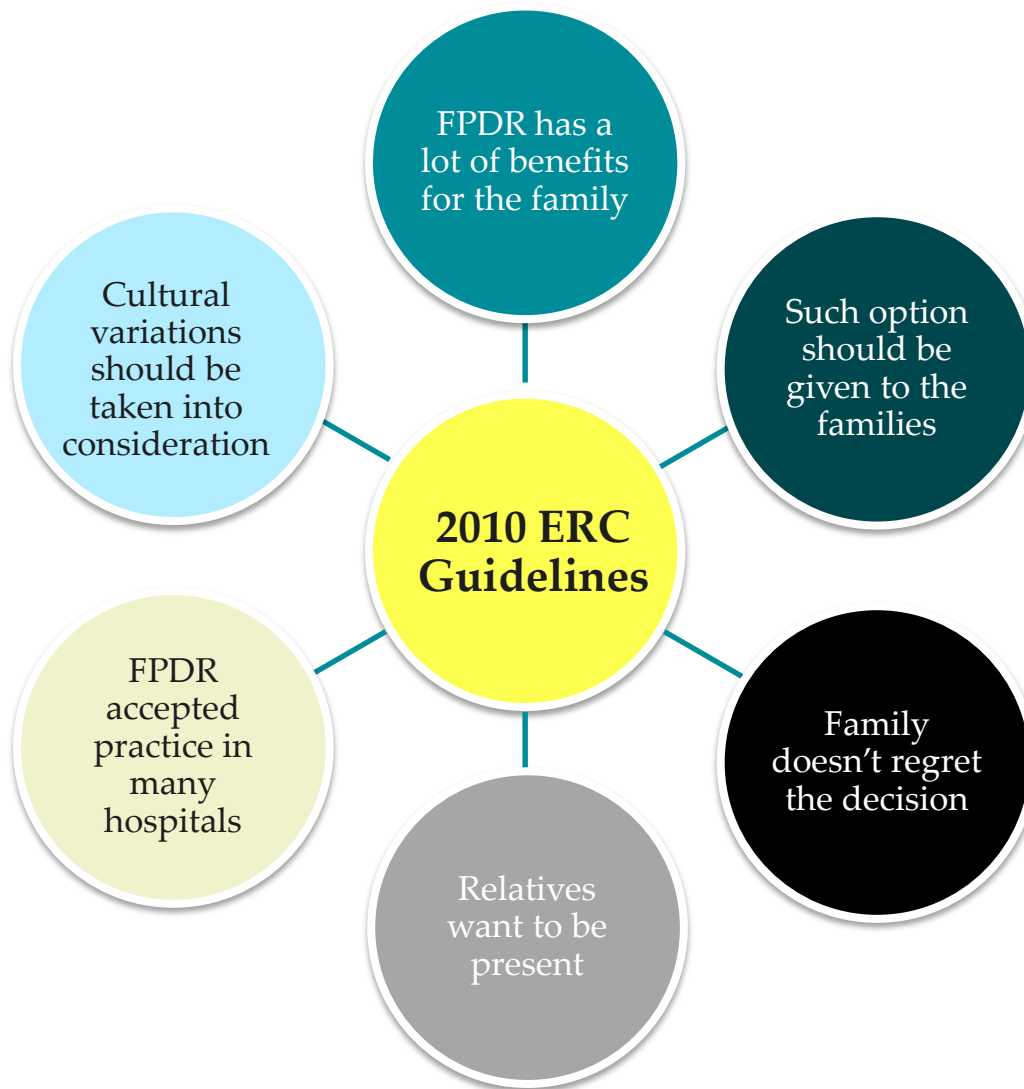
American Heart Association



Society of Critical Care Medicine



American Association of Critical Care Nurses



Why not widely implemented?

- Controversial and complex phenomenon
- Requires solid preparation and individual approach
- Staff attitudes vary across the world
- Factors related to more different attitudes towards FWR:
 - Country
 - Educational background
 - Years of working experience
 - Complementary Education and Training
 - Previous FWR experience ^{1, 2, 3}



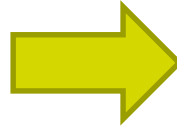
¹Sak-Dankosky N. et al (2015) Factors associated with experiences and attitudes of healthcare professionals towards family-witnessed resuscitation: a cross-sectional study. *Journal of Advanced Nursing*.(71)11, 2595-2608

²Sak-Dankosky N. et al (2014) Integrative review: nurses' and physicians' experiences and attitudes towards inpatient-witnessed resuscitation of an adult patient. *Journal of Advanced Nursing* (70)5, 957-974

³Ganz F.D. & Yoffe F. (2012) Intensive care nurses' perspectives of family-centered care and their attitudes toward family presence during resuscitation. *Journal of Cardiovascular Nursing* 27(3), 220-227

Purpose of the study

1. Describe Finnish and Polish ER and ICU nurses' experiences and attitudes regarding adult FWR
2. Determine whether there are differences in experiences and attitudes towards this practice



- Bring this topic into public limelight
- Set a direction for understanding barriers towards FWR
- Understand why it is not implemented
- Contribute to policy and guidelines development

Methods and data collection

- **270 ER and ICU nurses**
- **6 university hospitals: 3 in Poland and 3 in Finland**
- **July – December 2013**
- **Structured questionnaire¹**
 - Part I – sociodemographic characteristics
 - Part II – experiences in FWR
 - Part III – attitudes towards FWR
 - » Decision-making
 - » Process
 - » Outcomes



¹Fulbrook P., Albarran J.W & Latour J.M. (2005) A European survey of critical care nurses' attitudes and experiences of having family members present during cardiopulmonary resuscitation. *International Journal of Nursing Studies* 42(5), 557-568.

Questionnaire items - examples

Decision-making	Process	Outcomes
FWR should be a standard practice	Family members are very likely to interfere with the CPR	FWR helps family to understand that everything possible has been done
Staff wants relatives to be present during CPR	Staff finds it difficult to concentrate when family is watching	FWR helps family with the grieving process
If present, family is more likely to accept decision to withdraw treatment	Staff might say things which would upset family members	Family will suffer long-term negative emotional effects after FWR
Family should be involved in decisions	Most bed areas are too small to have a family member present during CPR	FWR will increase legal actions against staff

Results

Country		Finland	Poland
Gender	Female ♀	80 %	88 %
	Male ♂	20 %	12 %
Age	Mean (SD)	39 (±10)	40 (±9)
Highest Education	MSN	2 %	24 %
	RN	98 %	76 %
Specialty Area	ER	37 %	27 %
	ICU	63 %	73 %
Working Experience	Mean (SD)	13 (±9)	18 (±10)
Main Practice Role	Clinical Practice	93 %	95 %
	Education	1 %	1 %
	Management	4 %	4 %
	Research	2 %	-

Have you ever experienced FWR?

	Country		Total
	Poland	Finland	
YES	44	32	76
NO	73	121	194
Total	117	153	270

- Majority of nurses (72%) have never experienced FWR
- Polish nurses have significantly ($p=0.003$) more experience in FWR than Finnish nurses

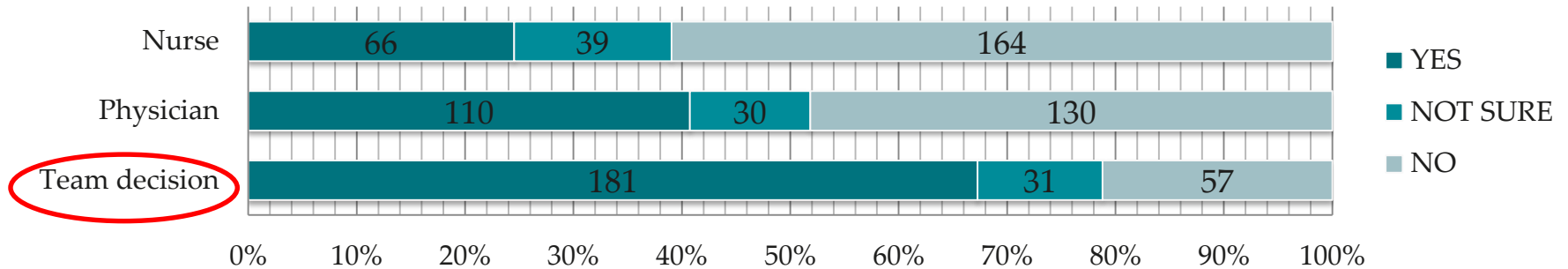
Should FWR be a standard practice?

	Country		Total
	Poland	Finland	
YES	11	14	26
NO	90	115	205
Not sure	16	23	39
Total	117	153	270

- Majority of nurses (76%) disagrees that FWR should be a standard practice
 - No significant difference between countries ($p=0.375$)

Decision-making process

Who should decide?



Who is responsible for CPR decisions?

Physician - 74%

Should family be involved in decision making process?

No - 78%

Attitudes towards FWR

- Family will interfere CPR process → 74%
- FWR too distressing for the family → 80%
- Family will distract staff → 70%
- FWR will positively influence performance of the staff → 7%
- FWR is beneficial for the patient → 5%

Attitudes towards FWR

- There is not enough staff → 86%
- There is not enough space around the bedside → 90%
- FWR might cause problem of confidentiality → 20%
- FWR might cause conflicts between staff and family → 12%
- Staff will prolong CPR because of the family → 18%
- FWR only if somebody takes care of the family → 77%

Attitudes Towards FWR

	Decision-making	Process	Outcomes
Poland vs. Finland Mann-Whitney U test	$p=0.133$	$p=0.031$	$p=0.111$

- Polish nurses agree more with the negative process-related consequences of FWR than Finnish nurses

Summary

- FWR is not a common practice in Poland and Finland
- There are some differences between Polish and Finnish nurses regarding FWR
- Attitudes towards FWR are rather negative
- Nurses think that FWR will negatively affect work flow and the family
- Nurses are not sure about the positive effects of FWR on the family
- There are no conditions to perform FWR

Conclusions

- Limitations
- Between-country differences in health care systems and work organization vs. experience and attitudes
- Need for organizational changes
- Complementary FCC training and education
- More in-depth research to increase understanding of current situation (cross-sectional, intervention, qualitative, simulation)
- Evidence-based guidelines development



Thank you!

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