Family Perception of and Experience with Family Presence during Cardiopulmonary Resuscitation

An Integrative Review

Sigma Theta Tau International
29th International Nursing Research Congress
Melbourne, Australia
July 22, 2018

Susan A. LaRocco PhD, MBA, RN, FNAP
Dean and Professor
Mount Saint Mary College
Newburgh, NY USA
Disclosures

Authors:

Coleen E. Toronto, PhD, RN, CNE
Associate Professor
Curry College
Milton, MA, USA

Susan A. LaRocco PhD, MBA, RN, FNAP
Dean and Professor
Mount Saint Mary College
Newburgh, NY, USA

No funding was received for this work.
The authors declare that they have no conflict of interest.
Learner Objectives

1. identify family members’ perceptions of family presence during resuscitation of a family member

2. describe family members’ experiences when they witnessed resuscitation of a family member

3. discuss nursing policy, education and research implications related to the results of this review
Historical Perspective

Cardiopulmonary Resuscitation

• Defibrillation was shown to benefit persons who had experienced a sudden cardiac arrest (Kouwenhoven et al., 1957)

• Kouwenhoven et al. (1960) reported the successful results of closed chest cardiac massage
Family Presence

• First discussed by Doyle et al. (1987)

• First discussed in the nursing literature by Hanson and Strawser (1992)
Emergency Nurses Association (US)
  • *Family Presence at the Bedside During Invasive Procedures and/or Resuscitation* (1994 position statement)
  • *Presenting the Option for Family Presence* (1995)

American College of Emergency Physicians
  • *Family Presence Fact Sheet* (2012)

*International Emergency Cardiovascular Care (ECC) and Cardiopulmonary Resuscitation (CPR) Guidelines* (2000)
Health Care Providers

- Extensive research worldwide on health care providers perceptions of family presence

- Issues raised include
  - resuscitation may be too traumatic for family to observe
  - team members might experience performance anxiety
  - limited space is available in the room

Support for family presence includes
- family member may be able to advocate for continuation or cessation of CPR
- presence may facilitate the grieving process when the outcome is unfavorable
Research Questions

1. What are family members' perceptions of family presence during resuscitation (FPDR)?

2. How do family members describe their experiences when they witnessed resuscitation of a family member?
Integrative Review
conducted following the methodological steps recommended by Whittemore and Knafl (2005)

- identifying the problem
- conducting a structured literature search
- appraising the quality of the data
- extracting and analyzing the data
- synthesizing and presenting the findings
Methodology

- **Inclusion dates:** 1994 to March 2017

- **Databases used:** Cumulative Index of Nursing and Allied Health Literature (CINAHL), PyschINFO, Academic Search, SocINDEX, PubMed, ProQuest databases and Google Scholar

- **Ancestry search** was done on selected articles.

- **Search terms:** family perceptions, family presence, AND resuscitation

- **Search limiters:** published in English, abstract available, peer reviewed
Methodology

Inclusion criteria
• qualitative, quantitative and mixed methods research (including dissertations)
• family members’ perceptions and/or experiences of family presence with pediatric or adult patients during resuscitation

Exclusion criteria
• studies that focused only on healthcare providers’ perceptions of family presence during resuscitation
• findings that only focused on invasive procedures
• resuscitation efforts that occurred outside of the hospital setting
Figure 1. PRISMA Flow Diagram

Records identified through database searching: CINAHL, PsychINFO, SocINDEX, Academic Search, Pub Med (n = 108)

Additional records identified through other sources: Ancestry (n=13); Google Scholar (n=6); ProQuest (n=1) (n= 20)

Records after duplicates removed (n = 100)

Records screened (n=100)

Records excluded (n =67)

Full-text articles assessed for eligibility (n = 33)

Full-text articles excluded, (n = 21)
Not focused on family perspective/experiences (n=20)
Review article (n=1)

Studies included in qualitative synthesis (n = 12)

Studies included in quantitative synthesis (meta-analysis) (n = 0)
Selected Characteristics of Studies

Total number of studies included: 12

Published between 1998 and 2016
(search years 1994 to March 2017)

Countries represented:
  USA  8
  Australia 1
  Belgium 1
  Hong Kong 1
  Sweden  1

Sample size of studies ranged from 6 to 150
Methodological rigor of the studies appraised using tool developed by Hawker et al. (2002)

Evaluated on 9 items:
1. title and abstract
2. introduction and aims
3. methods and data
4. sampling
5. data analysis
6. ethics and bias
7. findings/results
8. transferability/reliability
9. implications and usefulness
Range of potential scores: 9 to 36
- 9 to 12 would be considered poor
- 13 to 24 were fair and those
- above 24 were considered good

Studies appraised by both researchers independently

Studies presented in this review ranged from 27 to 36

No studies were excluded based on quality appraisal
Question 1

What are the family members’ perceptions of family presence during resuscitation?

Themes derived from 7 studies

- Fundamental right
- Psychological impact
How do family members describe their family presence during resuscitation experiences?

Themes derived from 7 studies

- Being there for the patient
  - Sharing information
  - Providing physical, emotional, and spiritual comfort to the patient
- Seeing is believing
• Health care organizations should have clear published policies related to family presence, based on evidence and guidelines from professional organizations

• These policies should include the role of the family support person
Education Implications

- Nurses and other health care professionals should receive training in providing support for family members who wish to be present during resuscitation.
- Nursing students and other health care students should be made familiar with the literature that supports family presence.
Research Implications

• Similar studies in other countries to ascertain differences in cultural norms regarding family presence

• Studies that help to determine best practice for educating health care professionals to implement family presence

• Studies that examine the role of the family support person during resuscitation
Limitations of the Review

- Limited number of countries and cultures represented
- Lack of comparability of the studies
Limited to articles included in the study
Other references available on request from ctoronto0712@curry.edu


