# Family Perception of and Experience with Family Presence during Cardiopulmonary Resuscitation

## An Integrative Review

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## **Disclosures**



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# **Learner Objectives**



- identify family members' perceptions of family presence during resuscitation of a family member
- 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

# **Historical Perspective**



## Family Presence

- First discussed by Doyle et al. (1987)
- First discussed in the nursing literature by Hanson and Strawser (1992)

# **Professional Organizations**



## **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?

# Design



### **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



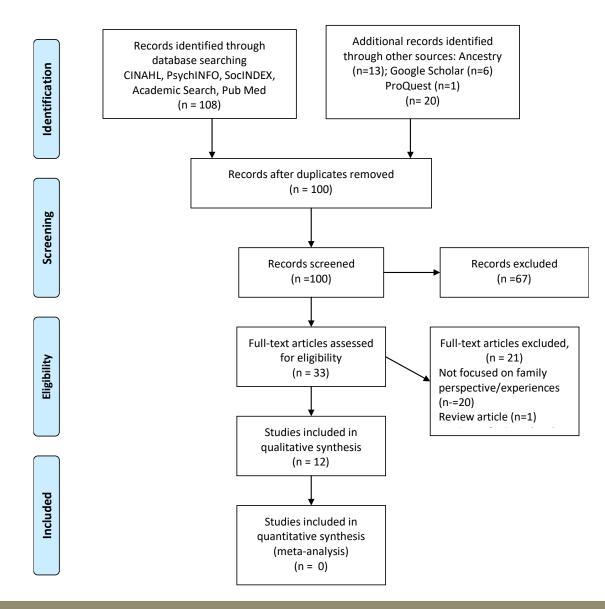
#### **Inclusion criteria**

- 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



## **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

# Appraising the Quality of the Data



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

# Appraising the Quality of the Data



## 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

## **Question 2**



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

# **Policy Implications**



- 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

## References



Limited to articles included in the study

Other references available on request from ctoronto0712@curry.edu

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