

Original Article

Healthcare Professionals' Perceptions Towards Family Presence During Resuscitation at Tertiary Care Hospital, Islamabad

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ABSTRACT

OBJECTIVE

Healthcare professionals have a role to treat patients with dignity and respect and at times, the presence of family members makes it stressful for the health care providers, especially when the patient needs either invasive monitoring or resuscitation. We wanted to see the perception of nurses and doctors who deal with these situations regarding family presence during resuscitation (FPDR).

METHODS

A descriptive cross-sectional study was done through a consecutive sampling of the nurses and doctors of a tertiary care hospital in Islamabad. An adapted, self-administered, valid questionnaire was used after the pilot study. The survey was administered in 4 weeks' time. The result was analyzed in SPSS version 21.

RESULTS

Out of 214 possible participants, 190 were approached and 185 completed the survey. About 70% of the participants were nurses and

30% doctors. The mean age of the study participants was 28.32 with a minimum of 21 years and maximum of 48 years. Out of all participants, 56% were males and 44% were females. On the question of allowing the family to be present in the resuscitation area, 74.6% of nurses disagreed along with 74% of the doctors. Both nurses and doctors (52.3% and 55.9% respectively) felt that family presence during CPR would result in more risk as compared to benefit.

CONCLUSION

Presence of family during the resuscitation of the patient is not seen as beneficial by most nurses and doctors. Although the healthcare professionals felt confident in communicating in difficult circumstances, yet they felt that it confers more risk as compared to benefit and it is not feasible to have family present during the resuscitation.

KEYWORDS

Family presence in CPR, Resuscitation, Family witnessed resuscitation

INTRODUCTION

Physicians and nurses dealing with critically ill patients must counsel and communicate with the patients as well as family members. At times, it is to get the consent for any invasive procedure and at other times it is to convey the condition and expected outcome. It becomes challenging when the patients are not doing well, and the family must be informed of the outcome and possible discussion regarding resuscitation must occur. The normal practices in Pakistan are that the family is kept away from the area of resuscitation and they are not allowed to witness the process.

It is debatable to have the family present at the time of resuscitation. Healthcare professionals want to avoid the presence of the family during these times, but it has not reached a consensus yet. The opinion of the families is also divided. In Pakistan, this debate has not yet taken place and there is no policy or guideline regarding their

presence.

According to the Society of critical care medicine in the USA, more than 5 million patients are admitted to intensive care units and they need passive monitoring under nurses and doctors. This comes out to be around 55,000 critically patients which are seen in the critical care areas daily. The presence of family during resuscitation is becoming a daily routine although it is a challenge for the healthcare professionals. The opinion of the people providing the resuscitation usually is quite different. Since the doctors and nurses work hand in hand with the patients and their families and are accountable for the care given to the patients, it is worthwhile to investigate understanding of these professionals and see what they think about the family presence in the process of resuscitation.

Creating a balance would depend upon the

patient and family-centered approach (PFCC) when it comes to resuscitation as it promotes dignity and respect and also gives closure to the families. ⁽¹⁾ It also puts trust in the system and the care when they see that their loved ones are treated in respectable ways as the family has generally cared for the patients at home and they were part of every decision. Advancement in the technology has somehow created a distance between the caregiver and the patients as well as treating professionals. ⁽²⁾

Resuscitation is carried out through instituting advanced cardiac life support (ACLS), and it is provided by the trained healthcare professionals through managing their airway, breathing and circulation and also stabilizing the cardiac rhythm. ⁽³⁾ There is no place for the presence of a family member in the process of performing ACLS but now family presence is gaining increased importance. Plenty of research had been done to see the risk versus benefit of the presence of family during the resuscitation process and as per Chapman et al, there was positive feedback from the families who were allowed to witness the resuscitation of their loved ones. ⁽⁴⁾ The most important factor at that time is the communication

METHODOLOGY

A descriptive cross-sectional study done through consecutive sampling. All nurses and doctors working in critical care areas were included in the study. These areas included emergency department, intensive care unit, medical step down, neuro step down, surgical intensive care unit and surgical step-down. An adaptive, self-administered questionnaire was used as an instrument. It comprised of three parts, which were demographic data, risk versus benefit scale and self-confidence scale. Content and face validity were done, and Cronbach's alpha was acceptable. All questionnaires were given after taking informed consent and taken back on the same date. Ethical approval was taken from the Institutional Review Board (IRB) of Shifa International Hospital. Data were analyzed in SPSS version 21.

RESULTS

A total of 190 participants were approached with 5 people refusing to enroll, so the study population was 185. (Table 1) While questioning on the perception of nurses and doctors on the overall risk versus benefit of family presence during the resuscitation, 52.3 % of nurses and 55.9%

Characteristics	Nurses (n)	Doctors (n)
Respondents	130 (70.3 %)	55 (29.7 %)
Gender		
Male	78 (42.2 %)	26 (14.1 %)
Female	52 (28.1 %)	29 (15.7 %)
Age		
(21-30 years)	111 (85.38%)	36 (65.45 %)
(31-48 years)	19 (14.61 %)	19(34.54 %)
Working experience		
(0 -6 years)	112 (86.15%)	42(76.36%)
> 6 years	18(13.84%)	13(23.63%)
Lifesaving certification		
BLS	130 (100 %)	55 (100 %)
ACLS	55(42.30 %)	55(100 %)
BTLS	5(3.84 %)	13(23.63 %)

Table 1: Study Population Demographic Characteristics.

between the health professionals and the patient/caregiver.

Although plenty of work had been done globally, only one study has been conducted in Pakistan regarding military nurses' perspectives on FPDR concluding that nurses with higher education were more confident and perceived greater benefit than risk in these situations. ⁽⁵⁾ As healthcare professionals have different views, understandings and beliefs, therefore, it was necessary to understand healthcare professional perspectives on the presence of family during resuscitation.

of doctors disagreed that it is beneficial as compare to risk. Table 2

In Self-confidence part of the questionnaire, there were 17 items to determine health care professionals' perceptions on five points Likert scale which was converted into 3 points Likert sale for overall analysis as shown in table 3. On the question of allowing the family to be present at the resuscitation area, 74.6% of nurses disagreed along with 74% of the doctors (Table 4). Looking at the reasons for not allowing family during the resuscitation process, we are including those reasons with more than 50%

Characteristics	Nurses (n=130)	Doctors (n=55)
Benefits versus Risk items	Percentage (%)	Percentage (%)
Agree	35.5	30.4
Neutral	12.2	13.8
Disagree	52.3	55.9

Table 2. Nurses and Doctors perception of risk v/s benefit overall percentage on 3-Likert scale

Characteristics	Nurses (n=130)	Doctors (n=55)
Self-confidence items	Percentage (%)	Percentage (%)
Agree	49.7	46.5
Neutral	11.6	18.0
Disagree	38.6	35.6

Table 3. Nurses and Doctors perception on self-confidence overall percentage on 3 point Likert scale

#	Characteristics Items description	Nurses (Percentage)			Doctors (Percentage)		
		Agree	Neutral	Disagree	Agree	Neutral	Disagree
1	Family should be given option to be present during resuscitation.	23.1	2.3	74.6	20.0	3.6	76.4
2	Family may panic if witness resuscitation.	73.1	3.8	23.1	89.1	3.6	7.3
3	Difficulty in adjustment / long term emotional impact if witness resuscitation.	74.6	7.7	17.7	80.0	10.9	9.1
4	Family may be disruptive if witness resuscitation.	57.7	13.1	29.2	60.0	18.2	21.8
5	Team may will not function well if family present in room.	53.1	7.7	39.2	56.4	5.5	38.2

Table 4. Nurses and Doctors perception of major risks with the percentage

agreement by both nurses and the doctors.

DISCUSSION

Our understanding of the problem from the literature search was that the physicians and nurses may like to have the patients' family present at the place where their loved ones are being resuscitation. This study result shows the different understanding of the doctors and nurses in Pakistan. Only 23% of nurses and 20% of physicians agreed for the presence of family when there is ongoing resuscitated. A study conducted by Wacht et al showed similar result to our study.⁽⁶⁾ The study done by Chapman et al contradicts our finding with the perception of more benefit in the presence of family during resuscitation.⁽⁴⁾ In their study, the perception of the doctors and nurses was that the presence of family was positive with more benefit for the patient as well as the family and the doctors. Abbas S Almutair et al in 2012 also saw the negative perception of nurses towards the presence of family during the resuscitation, as they perceived it a very

traumatic experience for the family members.⁽⁷⁾ Similar results were seen by De Beer et al in 2007 done in Saudi Arabia.⁽⁸⁾

Our study showed no difference in perception of the nurses or the doctors when it comes to family presence in resuscitation. The study findings vary from the study "Hearing the Voice of Jordanian Health Professionals" in which nurses were more willing than other professionals to give family members the option of witnessing CPR.⁽⁹⁾ Another study reported that nurses had more tendencies to accept the family presence during the resuscitation then doctors but the ratio of acceptance is increased amongst doctors with age and experience.⁽¹⁰⁾

Previously an American study that explored nurses' perceptions determined that registered nurses and specialized nurses are more in favor of FPDR than non-specialized nurses.⁽¹¹⁾

Our study showed that nurses in 23.1% percent of cases and doctors in 20.0% of cases agree that family should be given the option to witness resuscitation. The reason seen in the study behind lack of acceptance of family for witnessing the resuscitation is the fear of lawsuits, family long-term adjustment, interference in teamwork and families might be getting panicky or disruptive.

Holhauzer et al found out that presence of family during resuscitation improved communication and was also perceived as beneficial by the attendants.⁽¹²⁾ It was reported that experienced nurses and doctors support family's presence during resuscitation perceived more benefits, lower risks and reported a greater level of self-confidence to manage and invite family during the resuscitation efforts. The Wacht et al showed similar reasons for not supporting family presence during resuscitation as in current study and those concern are about family blame, the pressure that would be put on the staff members, fear of litigations, fear of damaging the feelings of the families.⁽⁶⁾ Similarly, Moreland et al reported that resuscitative patient's relatives would increase the stress levels of health care providers and disrupt the resuscitation efforts.⁽¹³⁾ However, Boyd and White et al contradicted the findings regarding the stress levels of healthcare professionals.⁽¹⁴⁾ Similar to the current study, reasons found in this meta-analysis were that it may affect the quality of resuscitation, the family may experience post-traumatic stress and may take health professionals to court. Moreover, it was further reported in some studies that nurses are reluctant to the concept of family presence during resuscitation due to fear of violence by family and interference in work.⁽¹⁵⁾

CONCLUSION

The study shows that the health professionals feel uneasy regarding the presence of family during resuscitation, and they would restrict the presence of family in times of resuscitation. Healthcare professions have enough self-confidence in their skills and communication however, they rejected the concept due to lower benefits and higher risks of the presence of family during resuscitation. In the present situation, more education and training are required before we can expect family presence during resuscitation. Hospitals should create a suitable and safe environment for the family and treating health professional for this concept to further get acceptance.

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