

## Family Presence During Resuscitation Efforts a Critically Appraised Topic (CAT)

PICOT Question:

In the opinions of health care providers, is family presence during resuscitation viewed as an advantage or a disadvantage?

**Clinical bottom line based on literature appraisal below:**

Family presence during resuscitation efforts has more positive attributes than no family presence at all.

Search strategy implemented:

Databases used: PubMed/EBSCO/CINAHL/MEDLINE    Search terms: family presence during resuscitation

Search outcome:

166 articles found, 7 papers researched, 5 papers utilized and relevant

Synthesis of relevant studies:

Author, date, country, and industry of funding	Patient Group	Level of Evidence (Oxford) / Strength of Evidence (GRADE)	Research design	Significant results	Limitations
Baumhover & Hughes 7/2009 US Funding not disclosed	108 participants (73 nurses, 31 physicians, and 4 physician assistants) 2 groups were formed (nurses and physicians/	5/D consistent with level 5 evidence	Exploratory, descriptive, and correlational	A significant positive relationship was found between spirituality and support for family presence during resuscitative measures ( $r=0.24$ , $p=.05$ ). A significant negative correlation was found between support for family presence and the age of health care providers ( $r=0.27$ , $p=.01$ ). A significant positive correlation existed between spirituality and viewing family presence as a patient's right ( $r=0.33$ , $p=.01$ ). A significant positive correlation was	More than half of the participants work only in the adult patient setting, and it is well recognized that the adult provider population is less accepting of family presence during resuscitation. Another limitation is the lack of exploration of extraneous variables that could have influenced the support for family presence. The study was held during religious holidays, and this could have influenced participant's spirituality views. Therefore, the validity of the

	physician assistants)			<p>noted between viewing family presence as a patient's right and viewing family presence as a family's right (<math>r=0.52</math>, <math>p=.01</math>).</p> <p>Among the nurses, a significant positive correlation was noted between the total participant SAS scores and a question that asks health care provider believes he/she provides holistic care to the patient (<math>r=0.31</math>, <math>p=.01</math>).</p> <p>Overall, the study found that 58% of nurses and 34% of physicians and physicians assistants strongly agree that family presence is the patients right.</p>	<p>results could have been compromised.</p> <p>A larger and more equal number of health care providers could have made the study stronger.</p>
<p>McClement &amp; Fallis &amp; Pereira 4/2009 Canada Funding: Spacelabs</p>	<p>944 nurses belonging to CACCN received an online survey</p> <p>450 nurses completed the survey (48% response rate noted)</p>	<p>5/D consistent with level 5 evidence</p>	<p>Descriptive and qualitative</p>	<p>Nurses feel it is beneficial to families to be present because they witness it firsthand, provide a comforting presence, and are able to say goodbye.</p> <p>The respondents viewed family presence as a benefit because it affirms the patient as a person to the health care team.</p> <p>Another perceived benefit of family presence is the acceptance of family to discontinue efforts.</p> <p>Nurses viewed psychological trauma as a possible risk factor for family presence.</p> <p>More perceived risks by respondents included feelings of clinical inadequacy, liability concerns, inability to use coping strategies, and disruption or distraction of the family</p>	<p>Because the study was an online survey, the authors were unable to clarify any responses or able to collect information regarding any nonverbal behavior.</p>

				present.	
Mitchell & Lynch 11/1997 United Kingdom Funding not disclosed	103 questions were sent 81 A&E nurses and physicians of all disciplines completed the questions (78.6% response rate)	5/D consistent with level 5 evidence	Descriptive and qualitative	63% of the respondents were not supportive of family presence in resuscitation. A significant finding was noted in that nurses were likely to accept family presence and physicians were more likely with increasing seniority ( $p < 0.001$ ). More participants were accepting of family presence if they were more experienced, confident, and competent. 86% of respondents believe that relatives would be distressed by the resuscitation. 79% of respondents feel that the relatives will impede the resuscitation. 70% believe the team could be intimidated by the relatives presence.	Questionnaires were sent to A&E nurses only and a broader nursing population could add to more validity of the study.
Twibell et al 3/2008 Funding not disclosed	375 RN's and LPN's from a regional medical center	5/D consistent with level 5 evidence	Qualitative and correlational	A significant correlation existed between nurses self confidence and nurses acceptance of family presence ( $r=0.56$ , $p < .001$ ). More than half of the participants agreed that family presence was the right of the patient and the family member ( $r=0.72$ , $p=.008$ ). Nurses who belonged to a professional organization and certified nurses had a greater self confidence than non members and non certified	The focus of the study was on nurses perceptions of family presence and not on their past experience with family presence. The majority of the nurses in the study had 6+ years of experience. Therefore, it would have had more validity to study the actual experiences the nurses had with family presence during resuscitation. Also, a more ethnic sample would have added diversity, thus allowing

				<p>nurses (<math>p &lt; .001</math>).</p> <p>LPN's reported less self confidence and believed family presence had more risks than benefits (<math>p &lt; .001</math>).</p> <p>Emergency nurses reported more self confidence and perceived significantly fewer risks and more benefits with family presence (<math>p &lt; .001</math>).</p> <p>A correlation was noted among nurses who had invited family presence and nurses who had not. The more the nurses invited the family to be present, the more benefits and self confidence was noted (<math>p &lt; .001</math>).</p>	<p>the study to be more inclusive, because the study consisted of 90% white participants.</p>
<p>Ellison 2003 Funding not disclosed</p>	<p>250 surveys were sent 208 hospital nurses and ENA members completed the survey</p>	<p>5/D consistent with level 5 evidence</p>	<p>Descriptive and correlational with a qualitative component</p>	<p>A significant relationship existed between the nurses educational preparation and attitude toward the acceptance of family presence (<math>r = 0.216, p &lt; .01</math>).</p> <p>A positive correlation was noted between specialty certification and accepting family presence (<math>r = 0.216, p &lt; .01</math>).</p> <p>A positive correlation was noted with nurses from a specialty area (ER) (<math>r = -0.234, p &lt; .01</math>).</p> <p>A significant correlation was made among RN's and LPN's. RN's were less accepting of family presence than LPN's (<math>r = -0.199, p &lt; .01</math>).</p> <p>A linear regression displayed that the education, specialty certifications, professional designations and areas the nurses worked were all</p>	<p>The study limits generalization because the participants were taken from one hospital and one professional organization. A larger number of healthcare providers over a broader area could add to the studies validity.</p>

				significant towards the acceptance of family presence (r=0.096, p<.001).	
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Commentary:

Family presence during resuscitation continues to be a debate among health care providers. Little research generates results that suggest family presence creates more risks than benefits. In fact, the literature implies that a growing number of health care providers are accepting family at the bedside of their patients. Overall the studies reveal that the more education and certifications, the more providers are willing to accept family at the bedside. Also, physicians tend to be more reluctant than nursing staff to offer family presence. The Emergency Nurses Association developed guidelines supporting family presence in 1994. Those guidelines were revised in 2005 maintaining favor of family presence. With more professional associations adopting this trend, it is our responsibility as health care providers to continue to be open minded to these new practices. Future research is necessary in all areas of nursing, for example pediatric nursing.

Authored by:

Stephanie Carter BSN, RN, CCRN

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