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The Effects of Family Presence during Resuscitation: A Literature Review

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Bayly L. Perry[1], Stephanie J. Todd[1], Samuel P. Abraham[2*]

[1]Bethel University School of Nursing at Grace College Campus, Winona Lake, Indiana, USA

[2]Associate Professor of Nursing, Bethel University School of Nursing, Mishawaka, Indiana, USA*

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ABSTRACT

Background: Families want the option to be close to their loved ones during critical moments in their hospitalization, such as when they may need resuscitation to survive. However, there has been controversy over the concept of family presence during resuscitation (FPDR) and how it can affect the families' satisfaction with care. **Purpose**: The purpose of this review was to gather research associated with family presence during resuscitation and analyze the best practices. **Method:** A literature review was performed to gather information on this topic. The primary question was: for family members of patients who are being resuscitated, does allowing the family to be present compared to not being allowed to be present affect family satisfaction? **Result:** The review consisted of 10 studies from two databases that go in-depth on the following identified themes: (1) family presence during resuscitation increases the risk for post-traumatic stress disorder (PTSD), in family members, (2) family presence during resuscitation creates a distraction to healthcare workers, (3) and family presence during resuscitation lacks current policies and education. **Conclusion:** It can be concluded that family presence during resuscitation can have a negative effect on family satisfaction.

1. INTRODUCTION

Cardiopulmonary resuscitation frequently happens in the healthcare setting. The process occurs in severe situations, such as cardiac arrest and potentially fatal cardiac dysrhythmias. The main goal is to preserve life and restore health while limiting suffering and maintaining patient confidentiality [1]. In recent years, many professional organizations' support the policy of family presence during resuscitation. However, family presence is still a controversial issue, resulting in a lack of implementation in the healthcare setting. The purpose of this study was to determine if family presence during resuscitation has a positive or negative effect on family satisfaction of care. The question was: for family members of patients who are being resuscitated, does allowing the family to be present compared to not being allowed to be present affect family satisfaction?

2. BACKGROUND

Historically, when resuscitation attempts occurred, family members were not permitted in the room. The first reported case of family presence during resuscitation occurred in 1983 at Foote Hospital in Michigan when two family members refused to leave the patient's side [2]. This experience ultimately led to positive outcomes with both the family members and the medical personnel. As a result, in 1993, the American Emergency Nurses Association refined its written guidelines to implement evidence-based practices [2]. They highly encouraged the presence of family members. In recent years, the Emergency Nurses Association, and the American Heart Association have continued to support the policy of having a family presence during resuscitation [1]. Despite the professional organizations' support, many hospitals have failed to implement family presence due to fear of its potential negative impacts.

Many facilities and medical personnel worry that family presence may negatively impact the outcome of resuscitations. Having a distraught family member present could result in distractions and anxiety. There are concerns about the amount of space in the patient's room, violating patient confidentiality, and not having enough medical personnel to assist the family members [1]. Furthermore, presence during resuscitation could lead to trauma and post-traumatic stress disorder in family members. However, many family members still prefer to stay with the patient because it allows them to be informed on the patient's condition, witness all of the care that

could be provided, and decrease fear and anxiety that often accompanies resuscitation [1]. Family presence may also provide a sense of closure. While many families prefer to be present, facilities continue to be wary, resulting in a lack of policy implementation.

3. METHOD

The method of research was a literature review on family presence during resuscitation. EBSCOhost and The National Center of Biotechnology (NCBI) are the two databases used for this review. The keywords used to find studies were family presence during resuscitation, impact of family presence, PTSD in patient families, policies on family presence during resuscitation, policies on FPDR, and perception of FPDR. Using the phrase "family presence during resuscitation," EBSCOhost retrieved 231 studies, and NCBI retrieved 324 studies published between 1993 and 2020. Published studies collected for this review were published between 2015 and 2020. The data from the studies included in this review were collected through interviews, controlled trials, research studies, and qualitative studies.

Figure 1 displays the levels of evidence hierarchy used in this review, with level 1 being the highest and level 7 being the lowest. These levels are commonly referred to in nursing research. Studies in the top four tiers of the evidence hierarchy were used for the study.

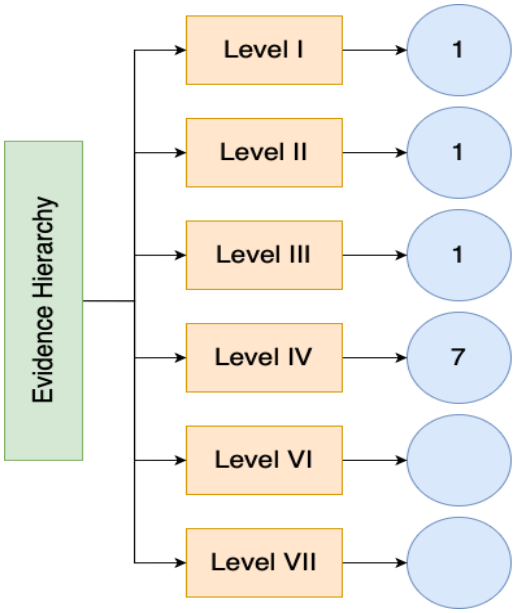

Figure No. 1: Evidence Hierarchy for Studies of Family Presence During Resuscitation

Research on family presence during resuscitation is limited due to the nature of the topic and many hospitals lacking policies. The 10 research studies chosen for this study were selected because of their relevance to the impact of family presence during resuscitation. In this review, it was analyzed whether family presence during resuscitation has a positive or negative effect on family satisfaction. Reasons that studies were excluded for consideration include the article being too broad or too narrow in focus, the article being published before 2015, or the article not being within the top four levels of the evidence hierarchy (see Figure 2).

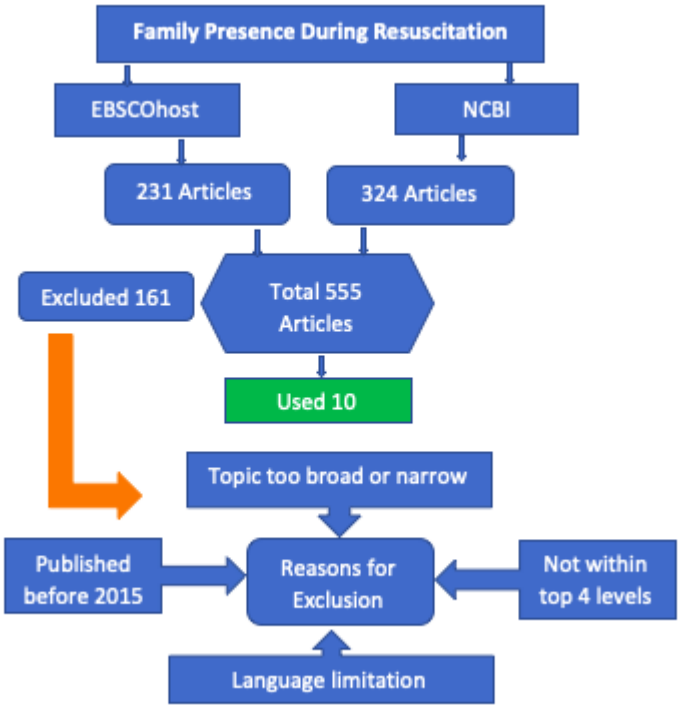

Figure No. 2: Inclusion and Exclusion Criteria for Family Presence During Resuscitation

4. LITERATURE REVIEW

The purpose of this review was to determine the effect that family presence during resuscitation has on family satisfaction. Ten studies relating to the impact of family presence during resuscitation were collected and analyzed for this review. The following themes and opposing viewpoints were identified in the literature review and impact family satisfaction.

4.1 Increased Risk of PTSD in Family Members

Post-traumatic stress disorder, commonly referred to as PTSD, is a mental health disorder that often follows a traumatic event or a severe injury. Losing a loved one can be a very emotional time for family members as they grieve. However, there can be a risk for PTSD when the family members watch resuscitation be performed. Of the 10 studies, five of them included information on the risk for PTSD with family presence during resuscitation. Three of those five studies expressed concern about the increased risk for PTSD. Erogul et al. [3] found that regardless of whether the resuscitation attempt was successful or not, the family still showed an increase in signs of PTSD one month following the event. This was a study conducted by phone interviews with families that had both been present or not been present during resuscitation.

In another study, Twibell et a. [4] found that less than half of the physicians in their study would invite family members into the room during a resuscitation attempt due to the risk for emotional trauma. This study used a convenience sample of physicians from diverse specialties. It gave them a survey to determine their thoughts on the perceived risks, benefits, and self-confidence regarding FPDR. The results of this study indicated that physicians believed there is more risk than benefit with FPDR. Niemczyk et al. [5] also concluded that the main reason for not supporting FPDR was the risk for long-term emotional trauma following the attempt. This conclusion was made after a study was conducted where 500 patients and 500 patient family members were surveyed on their opinions and knowledge regarding FPDR.

4.1.1 Opposing Viewpoint

The other two studies regarding the risk for PTSD with FPDR had an opposing viewpoint. De Stefano et al. [6] found conflicting attitudes towards the risk for PTSD and FPDR due to the family's desire to be present if or when the patient does die. In the study consisting of 75 interviews, a common theme present was the desire to choose whether the family wanted to be present. Some families believe that it is their right to be present and, by being so, would result in a healthier grieving process. In one study, Soleimanpour et al. [7] found that 72% of family members who were not present believed that they would have been able to cope better if they were present. Family satisfaction could be improved by enhanced communication with the medical team and by seeing the interventions performed.

Soleimanpour et al. [7] also discussed a study that was performed with 65 participants. The participants were divided into two separate groups, those who were present and those who were not present during resuscitation. After 30 and 60 days, there was no difference between the groups regarding the degree of PTSD and depression. These results reflect that family presence during resuscitation would not increase PTSD, as many healthcare facilities believe. Furthermore, the studies highlight the controversy regarding family presence during resuscitation.

4.2 Increased Distraction During Resuscitation

Another theme found was an increase in distraction for healthcare workers during resuscitation when family members are present. Due to this reason, these studies did not support FPDR. These studies suggest that allowing the family to be present during resuscitation can lead to potential disruption in resuscitation attempts due to emotional family members becoming a distraction.

Erogul et al. [3] conducted a study that found distraught family members can ultimately cause a potential disruption of resuscitation. As mentioned before, this was a study done via phone interviews to family members who both had and had not experienced family presence during resuscitation. Niemczyk et al. [5] also surveyed family members who had and had not experienced FPDR. The study found that patient's families can be emotionally unstable during resuscitation efforts, which can ultimately interfere with patient care. Finally, Kenny et al. [8] found results through a randomized control trial consisting of 72 nursing students that showed compressions were better in terms of timing and pressure when family members were not present during resuscitation attempts.

4.2.1 Opposing Viewpoint

While some studies point to an increase in distraction if the family is present during resuscitation, other studies provide contradictory evidence. Goldberger et al. [9] discovered, in a study consisting of 41,568 participants, that family presence did not impact the ability of medical personnel to provide resuscitation. Survival rates, drug administration, duration of the resuscitation attempt, and the shock delivered were not impacted. This study shows that family presence does not impact resuscitation and is not a distraction for the medical personnel. Twibell

et al. [4] found that physicians who had more experience with FPDR had more positive family perceptions. This finding shows that the more experienced the medical team is with the family presence, the more comfortable, focused, and prepared during resuscitation.

4.3 Lack of Current Policies and Education

Policies and education are implemented in healthcare facilities to promote consistent quality of care and decrease the chance for error. Many studies in the review included concern or attributed their results to a lack of current policy over the issue and education of FPDR. The studies supported the implementation of policies and education over FPDR for various legal reasons and patient rights.

In the Powers and Candela [11] study of 124 critical care nurses, it was found that 73% worked in hospitals with no current hospital policy on FPDR. Along with this, the study found that 38% of them had received education over FPDR. To determine the importance of education over FPDR, Mureau-Haines et al. [10] conducted a study. They found that participants reported an increase in knowledge about FPDR and how to support families during this time. This study was completed as a training session for family support staff in a healthcare facility. Even when hospitals do have policies in place, Goldberger et al. [9] found that FPDR policies were poorly implemented and varied in how they were being applied. Results were collected through an observational cohort study over 252 hospitals in the United States.

Niemczyk et al. [5] found in their study that there was a knowledge deficit regarding the rights of the patient and their family during resuscitation. The study concluded that changes need to be made regarding clinical implications. They include implementation of policies over FPDR that are currently lacking, education for all parties involved, and support for the family, whether they are present during the resuscitation attempt or not.

Giles et al. [12] analyzed 20 interview transcripts with 15 registered nurses, two doctors, and three paramedics. The results showed that decision-making for FPDR usually took place in the absence of institutionalized guidelines and were based on what the medical professional deemed was best, even if the family did not agree. The study concluded that guidelines or policies should be implemented to provide consistent and safe care.

Twibell et al. [4] found through their study that there is more concern about possible litigation when the family is allowed to be present during resuscitation. This can be a concern for physicians when deciding whether to allow the family to be present and possibly influence their decision. Policies implemented into healthcare facilities over FPDR could aid in protecting healthcare workers from this and make the decision process more straightforward.

4.3.1 Opposing Viewpoint

The lack of current policies regarding FPDR is a major problem. Powers et al. [11] found that 62% of critical care nurses had never received education on FPDR. This study shows an important need for proper education and training. Mureau-Haines et al. [10] conducted a study that consisted of 67 social workers and spiritual care providers who participated in a four-hour training session for a family support staff position. At the end of the training session, all participants reflected an increase in knowledge on how to best care for the participant's family. With this knowledge, the family can better be supported, regardless of whether they were present during resuscitation or not. This has been shown to result in decreased levels of PTSD.

4.4 Summary of Findings

Multiple research studies were used to assess the effects of family presence during resuscitation. The purpose of this study was to determine if family presence during resuscitation has a positive or negative effect on family satisfaction of care. Three common themes emerged: an increased risk for PTSD, increased distraction and a lack of policies and education (see Figure 3).

The studies used were in the top four tiers of the evidence hierarchy (see Figure 1) and showed the controversy regarding FPDR. The overarching themes reflected that most of the studies reflected that family presence can negatively impact family satisfaction. This results in a lack of implementation in the healthcare setting.

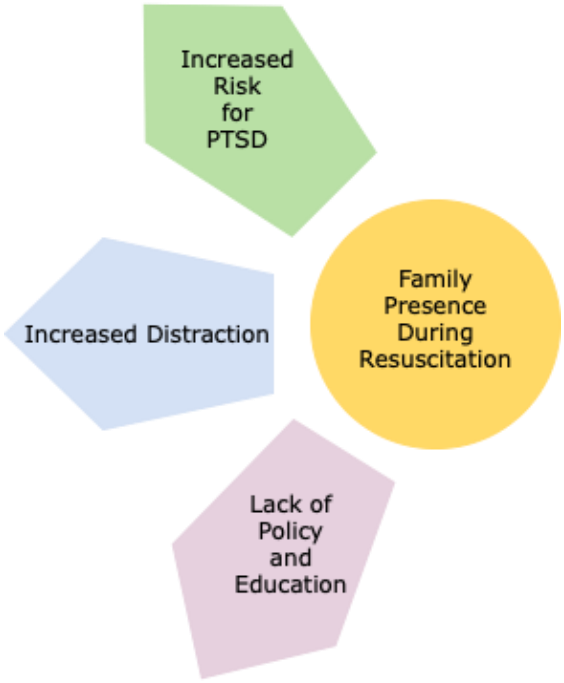

Figure No. 3: Emerging Themes of Family Presence During Resuscitation

Overall, the research findings indicate controversy regarding FPDR. Some of the studies show an increased risk for PTSD due to the trauma of watching a family member be resuscitated [11] However, other sources indicate that FPDR provides a healthier grieving process, resulting in a decreased risk for PTSD. Furthermore, the research findings display different perceptions of whether FPDR resulted in increased distraction. Some studies indicated that allowing the family to be present causes potential disruption in resuscitation attempts, such as timing and depth of compressions. Other studies stated the opposite, indicating that family presence does not impact the medical personnel's ability to provide resuscitation, as survival rates, drug administration, and duration of resuscitation attempts were not impacted [9]. One common concept that is agreed upon is the lack of current policies and education within the healthcare setting regarding FPDR.

5. DISCUSSION

The current literature review aims to answer the question: for family members of patients that are being resuscitated, does allowing the family to be present compared to not being allowed to be present affect family satisfaction? Most of the studies revealed that FPDR was not favorable;

however, there were arguments against each of the identified themes. During a resuscitation attempt, family presence could negatively affect the family members' satisfaction by leaving them with PTSD symptoms from trauma or negatively impacting the resuscitation attempt's effectiveness by being a distraction. A combination of the implementation of policies and education can prevent situations where family satisfaction can be jeopardized. Overall, family presence during resuscitation has more risk than benefits to the family and their satisfaction and should not be recommended unless there are certain exceptions [4]. Exceptions to the recommendations can include an available support person to manage the family, approval from the physician and other healthcare professionals making an attempt, and implementing policies to protect all parties involved that allow the family to be present if they choose.

5.1 Strengths of the Study

The strengths of the study were that the literature review contained studies in the first four levels of evidence. Throughout the study, stand-out themes were identified and analyzed, as well as the opposing viewpoints. Most of the studies found that FPDR could lead to PTSD, increase distraction during a resuscitation attempt, and lack set policies and education.

5.2 Weaknesses of the Study

A major weakness identified in the literature review is the lack of research on this topic specifically. Along with that, the lack of hospital policies and education on FPDR leads to a lack of evidence regarding its failure or success. The studies in this literature review were mainly done by interviews based on opinion or personal experiences, so further quantitative and mixed method studies are recommended to evaluate the effects of FPDR further.

Another limitation expressed in the literature review was the lack of previous resuscitation experiences and how they affect the opinions on FPDR. Twibell et al. [4] found issues with assessing the perceptions of physicians on FPDR because they were unaware of how past resuscitation experiences affected their responses to the survey. The past experiences that healthcare providers were not analyzed or included in the results.

Lastly, many times due to the lack of policies set in place in healthcare facilities, families can be given the option to take part in FPDR or not. Erogul et al. [3] found that immediate family

members with closer bonds to the patient were more likely to choose to witness the attempt. This finding signifies an increased risk for PTSD and a skew in the results of their survey.

5.3 Recommendations

More research is needed to determine the policies and education that should be implemented. From the analysis, the focus on policies and education should be placed on who can be present during resuscitation and how healthcare staff can support the family. Results from the literature review indicate that hospitals lack policy on this, resulting in healthcare staff to make the decision regarding FPDR. Specific education goals for staff and policies indicating clear guidelines regarding family presence during resuscitation would lead to more consistent care. Decisions on these guidelines and education goals should be made with research to support it.

In addition to furthering policies and education, the effects of a chaplain or support person being present with FPDR, and how that can help prevent PTSD. Preliminary results found in this literature review indicate an increased risk for PTSD with FPDR. This is likely due to the emotional nature of the situation and the trauma that can be involved with it. Hospital staff, such as a chaplain, are hired to aid in cases like this but may not be able to explain the process to the family in the way that a healthcare professional assigned to support the family during this time could. Results from further research on this topic could guide future hospital policy regarding FPDR.

6. CONCLUSION

The healthcare team has varying perceptions of FPDR. However, systemic reviews resulted in three major themes. These themes were increased risk of PTSD in family members, increased distraction during resuscitation, and a lack of current policies and education. Most of the results reflected that family presence during resuscitation could have a negative effect on family satisfaction. Nonetheless, there is still controversy about its effects within the healthcare setting. The review helped determine the varying perceptions of family presence during resuscitation.

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	**Bayly L. Perry** *Bethel University School of Nursing at Grace College Campus, Winona Lake, Indiana, USA*
	**Stephanie J. Todd** *Bethel University School of Nursing at Grace College Campus, Winona Lake, Indiana, USA*
	**Samuel P. Abraham– *Corresponding Author*** *Associate Professor of Nursing, Bethel University, 1001 Bethel Circle, Mishawaka, Indiana, USA*