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Family presence during resuscitation (FPDR): A survey of emergency personnel in Victoria, Australia

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Summary
Background: Family presence during resuscitation (FPDR) has been endorsed internationally by resuscitation councils since the year 2000; however, the extent to which FPDR is practiced in emergency settings requires further investigation.
Methods: Emergency personnel ($n = 347$) from 18 participating emergency departments across the state of Victoria, Australia completed a 10-page questionnaire, which was designed to develop an understanding of the current practice and implementation of FPDR and to ascertain the differences in practice between adult and paediatric resuscitations.
Results: Emergency personnel update their adult and paediatric advanced life support qualifications annually with 87% of nurses and 65% of doctors completing adult life support and 72% of nurses and 49% of doctors completing paediatric advanced life support training. The majority of nursing staff reported support for FPDR (83%) with over 70% indicating that it is apart of their current practice. There was strong agreement from both nurses (79%) and doctors (77%) that the family have the right to be present. A family support person was deemed as essential by nurses (92%) and doctors (89%) when allowing family to be present. A factor analysis was conducted on participant statements, revealing four codes; impact on professional practice and performance, personnel beliefs about FPDR, professional satisfaction and the importance of a support person and saying goodbye.

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Conclusion: A family support person was highlighted as essential to the successful implementation of FPDR, together with the development of a comprehensive training the education program for emergency personnel. FPDR continues to be a significant issue and further investigation into FPDR practice and implementation in the ED is warranted.

What is known?

- Family presence during resuscitation has been endorsed by regulatory bodies nationally and internationally.
  Emergency personnel support the practice of FPDR.
- Training and education have been highlighted as essential to successful implementation and practice of FPDR.

What this paper adds?

- FPDR remains dependent upon the availability of sufficient staff and expertise.
- There is currently no formal training and education available to emergency personnel in Victoria.
- FPDR is widely practiced and supported in paediatric resuscitations, but not in adult resuscitations.
- Both nurses and doctors highly recommend a designated support person during resuscitations to liaise with family members.

Introduction

Family presence during resuscitation (FPDR) has been debated among health professionals since early publications in the 1990s, such as the Foote Hospital's nine-year study.[1] This significant study brought FPDR to the world's attention and questioned traditional FPDR practice within emergency department's (ED). It also highlighted the need to evolve our understanding of the role the family play in practicing patient centred care. Although this seminal study was published in 1992 those identified barriers remain today to FPDR implementation and practice. There have been several studies since that have focussed on staff attitudes towards FPDR, all of which were seeking to ascertain the extent to which FPDR is endorsed[2–5]; however no data collection tools covered the extent to which emergency staff receive training and/or education.

Data collection measures identified in the literature vary in design and delivery and include semi-structured phone surveys, multi-item paper based surveys and conference surveys.[1–5] Although there are a number of studies that addressed staff attitudes towards FPDR none explored the relationship between resuscitation team roles and the implementation of FPDR programs. The research foci have tended to be staff attitudes, and the perceived barriers and benefits to FPDR.

Using a questionnaire, Marcy ascertained staff members' participation in resuscitation attempts, preferences and feasibility of FPDR; however, there was no consideration given to staff training requirements.[8] Other studies have focussed on the existence of a formal FPDR policy.[9–11] Following a review of available tools in the literature, the authors decided to develop a new questionnaire in order to establish an understanding of resuscitation team roles and training and education practices available for medical and nursing staff in the context of adult and paediatric resuscitation attempts. The current literature identified benefits, barriers and enablers to FPDR implementation and practice but did not address training and education.

In an international study using a series of statements, Fulbrook et al. asked participants to identify current barriers and benefits to the practice of FPDR.[6]

Comparisons were then made to ascertain the differences in attitude and practices between UK and European nurses. Further, in a randomised clinical trial, Holzhauser and Finucane compared family members attitudes towards being present (experimental group) and those who were excluded (control group).[7] Neither study explored the differences between adult and paediatric resuscitations or the impact that FPDR has on professional practice and performance. Although the Australian Resuscitation Council[29] has recommended that family members be offered the opportunity to be present, little is known about the impact implementation has on emergency personnel. There remains a gap in the current literature regarding the impact FPDR has on staff working in emergency clinical settings. The aims of this paper were to describe the development, and piloting of a FPDR survey tool and present findings of a statewide survey of emergency personnel. Further, the study aimed to investigate the extent to which FPDR was supported, the impact on professional practice and performance and to ascertain differences in practice between adult and paediatric resuscitations.

Method

Instrument development

Based upon previously validated questionnaires[6] aiming to identify emergency personnel's opinions on FPDR a multi-item survey was developed. The focus included; demographics, qualifications, resuscitation team roles and responsibilities, FPDR and training and education. The survey consisted of thirty eight items which included; dichotomous questions (yes/no), 26 statements using a five-point Likert scale (greatly agree to greatly disagree), open ended responses, multiple choice questions and a series of responses based on the strength of agreement (0—100%).