Intensive & Critical Care Nursing xxx (2018) xxx–xxx

Contents lists available at ScienceDirect

Intensive & Critical Care Nursing

journal homepage: www.elsevier.com/iccn

Family presence during resuscitation – The experiences and views of Polish nurses

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ARTICLE INFO

Article history:
Accepted 5 February 2018
Available online xxxx

Keywords:
Cardiopulmonary Resuscitation
Family presence during resuscitation
Attitudes of healthcare personnel
Intensive care nurses

ABSTRACT

Understanding healthcare professionals perceptions of family presence during resuscitation (FPDR) may help in choosing an effective strategy of implementing this concept in everyday clinical practice.
Objectives: To determine the experiences and views of Polish nurses about family witnessed resuscitation.
Design: A cross sectional survey study.
Setting: Delegates (n = 720) attending the Polish Association of Anaesthesia and Intensive Care Nurses conference participated in the study. A total of 240 questionnaires were correctly completed and returned.
Main Outcome Measures: Validation of the Polish version of the tool was undertaken. Exploratory factor analysis extracted three main factors: staff opinions on the benefits of FPDR (α-Cronbach 0.86), opinions on the negative effects (α-Cronbach 0.74) and general views on this practice (α-Cronbach 0.54). These three extracted factors were defined as dependent variables.
Results: Out of the sample, 113 (47%) nurses worked in adult intensive care units (ICUs) and 127 (53%) in other acute clinical settings. ICU nurses reported having experiences of FPDR (n = 66, 54%); out of this group 12 (10%) had positive encounters and 46 (38%) reported negative ones. ICU nurses had undetermined opinions on the benefits and potential negative effects of FPDR. Having positive experiences with FPDR influenced ICU nurses' views on the negative effects of FPDR ($Z = -2.16$, $p < 0.03$).
Conclusion: A positive experience of FPDR influences a nurse's views and attitudes in this evolving area of practice.

Implications for Clinical Practice

- The process of changing attitudes towards family presence during resuscitation requires positive work environments where positive experiences would be acquired by health care professionals.
- Evidence supports that introducing educational strategies and building healthcare professionals' self-confidence are important factors influencing opinions and attitudes towards family presence during ressuscitation.
- The results of this study suggest that there is a need for a wide-spread professional debate on in Poland in order to reassure health care professionals.

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https://doi.org/10.1016/j.iccn.2018.02.002
0964-3397/

Please cite this article in press as: Gutysz-Wojnicka, A., et al. Family presence during resuscitation – The experiences and views of Polish nurses. Intensive & Critical Care Nursing (2018), https://doi.org/10.1016/j.iccn.2018.02.002

Introduction

The concept of family presence during resuscitation (FPDR) has been presented and analysed in research since the 1980s. The idea of FPDR originated in 1982 in Foote Hospital in Jackson, Michigan, the United States of America (USA) after a patient's family requested it (Doyle et al., 1987). It was the patient's family and the awareness of their expectations that inspired Doyle et al. to initially take steps to scientifically verify the benefits and dangers connected with FPDR. Since then, a number of studies have examined issues associated with FPDR mostly in terms of benefits and possible harms that it may cause to healthcare staff, family members or patients.

Many authors have reported evidence suggesting benefits of family witnessing resuscitation. Robinson et al. (1998) claimed that there were no detrimental psychological effects of FPDR and that family members were satisfied with the opportunity to be at the patient's bedside during cardiopulmonary resuscitation (CPR). The study of Holzhauser et al. (2006) supported the findings of Robinson et al. (1998), identifying that relatives find it beneficial to be present in the resuscitation room. They identified FPDR helped communication between staff and family and helped relatives to cope with the situation. They also found that family members present during CPR were satisfied with being offered such a chance and there were no complaints made about the experience. Research identifying FPDR may also help families to build trust with health professionals and fulfil their needs for information (Leske et al., 2013).

Studies exploring the intensity of post-traumatic stress disorder (PTSD) symptoms and depression between the families who were present and those who were absent during CPR, found no significant differences between the two groups (Compton et al., 2011). Jabre et al. (2013) also observed that PTSD symptoms occurred significantly more often in family members who declined to be present than those who attended CPR. Moreover, at one year following the event, those who agreed to witness the resuscitation of a family member adjusted emotionally and in terms of bereavement, adjusted to the loss (Jabre et al., 2014). Additionally, a recent systematic overview and meta-analysis of three studies (Oczkowski et al., 2015a) concluded that moderate quality evidence indicates that FPDR for adult patients does not translate to long term emotional problems, but may improve the process of bereavement.

As a consequence of a growing international body of evidence, a number of societies have developed or revised their practice guidelines related to family presence during resuscitation (Table 1).

Background

The analysis of literature indicates that healthcare professionals (HCPs) recognise the benefits and risks of FPDR, but views vary between countries. The practice has become accepted to some extent in Canada (McClement et al., 2009), USA (Tudor et al., 2014), the United Kingdom (Grice et al., 2003) and Australia (Chapman et al., 2013). However, in Iran (Kianmehr et al., 2010), Jordan (Hayajneh, 2013), Germany (Koberich et al., 2010), Israel (Wacht et al., 2010), Turkey (Güneş and Zaybak, 2009), Hong Kong (Leung and Chow, 2012), Spain (Enriquez et al., 2016), and Singapore (Ong et al., 2007) the practice of FPDR is not viewed as clinically acceptable due to potential physical threats of harm to staff. The views on FPDR also vary between healthcare professionals, for example, nurses tend to be more positive about FPDR than doctors (Grice et al., 2003; McClenathan et al., 2002; Weslien and Nilstun, 2003).

Despite existing worldwide recommendations, the practice of FPDR remains challenging to implement in Poland (Sak-Dankosky et al., 2015).

Aims of the study

The aims of the study were:

1) To determine the experiences of FPDR from anaesthesia and intensive care nurses attending the conference of the Polish Association of Anaesthesia and Intensive Care Nurses (PTPAiIO).
2) To explore delegates' perceptions of the risks and benefits associated with FPDR.
3) To establish factors influencing delegates' general view of the risks and benefits of FPDR.

Methods

Study design

A cross-sectional survey study design was used among anaesthesia and intensive care nurses attending a national conference to determine their experiences and opinions on FPDR. No nationwide studies have yet been carried out in Poland on the concept of FPDR, so the survey technique was used to provide a wide view of the issue.

Table 1
Practice guidelines and recommendations related to family presence during resuscitation.

Society	Recommendations	Source
American Association of Critical-Care Nurses	Family Presence During Resuscitation and Invasive Procedure. AACN Practice Alert	American Association of Critical-Care Nurses (2016)
American Heart Association	Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Part 3: Ethics	Morrison et al. (2010)
Canadian Association of Critical Care Nurses	Position Statement Family Presence During Resuscitation	The Canadian Association of Critical Care Nurses (2005)
Canadian Critical Care Society	Family presence during resuscitation: A Canadian Critical Care Society position paper	Oczkowski et al. (2015b)
Emergency Nurses Association	Clinical Practice Guideline: Family Presence During Invasive Procedures and Resuscitation	Emergency Nurses Association (2012) Revised 5/2014
European Federation of Critical Care Nursing Associations, European Society of Pediatrics and Neonatology Intensive Care, European Society of Cardiology Council on Cardiovascular Nursing	Join Position Statements: The Presence of Family Members During Cardiopulmonary Resuscitation	Fulbrook et al. (2007)
European Resuscitation Council	Guidelines for Resuscitation 2015 Section 11. The ethics of resuscitation and end-of-life decisions	Bossaert et al. (2016)

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