

# Family Presence During Resuscitation: To Be or Not To Be



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# Outline

- phenomenological research study
- Giorgi's Phenomenological Analysis
- “the lived experiences of families who were present during cardiopulmonary resuscitation (CPR)”

# Significance

A better understanding of family presence during resuscitation, will inform how care can best support the needs of individuals who wish to be at their family members bedside

# Question?

- Recommend family presence during resuscitation
  
- Recommend against family presence during resuscitation

# Background

- Family presence during resuscitation (FPDR) has gained increasing attention over the past few decades
- Routinely family members were not invited to be present
- Unit Council- families should be given the opportunity to be in the room during a resuscitation
- Research Challenge

# Research Question

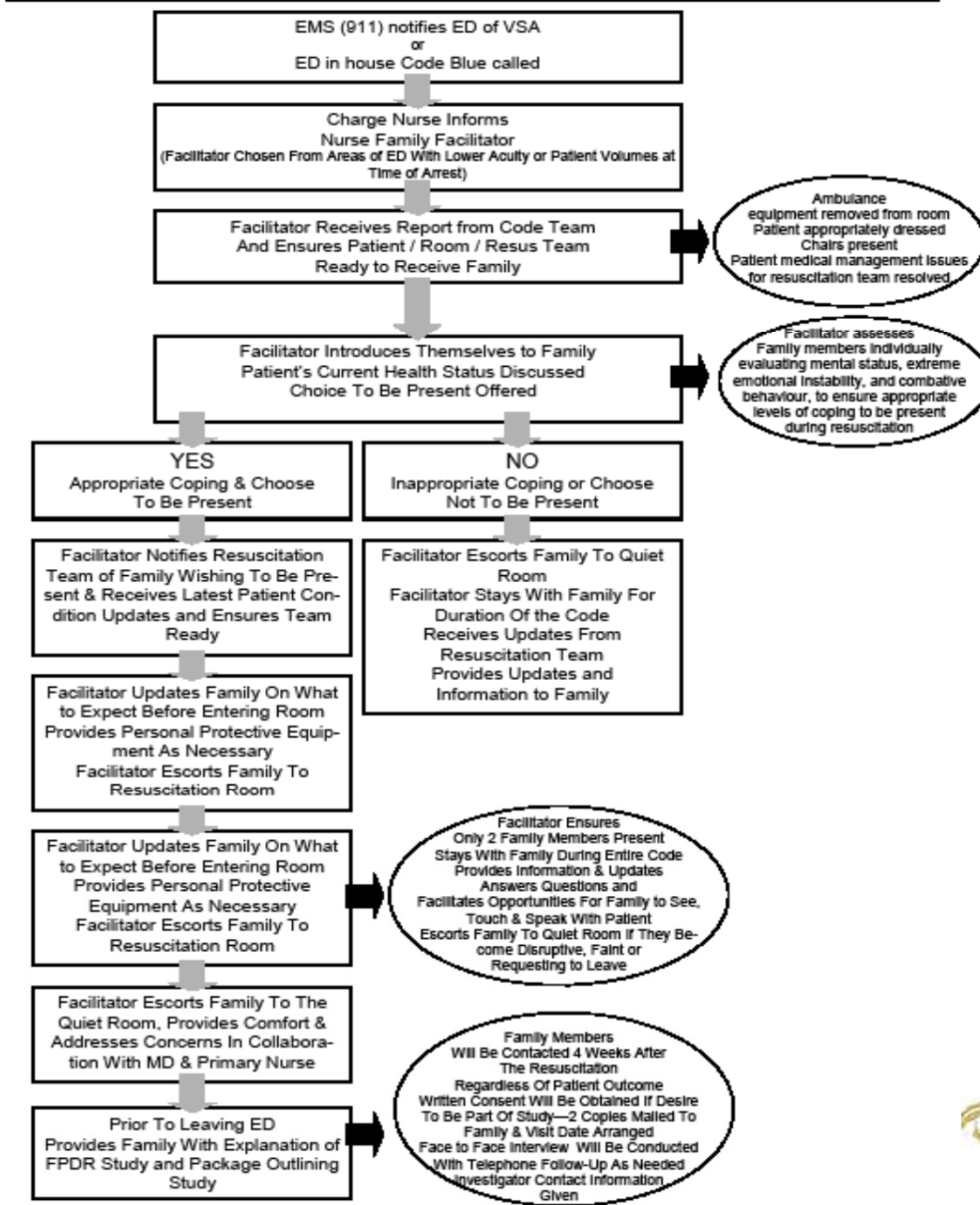
- What is the structural description of family presence during resuscitation in the emergency department?
- The purpose is to describe family members lived experiences when present during CPR of a loved one.
- Giorgi's Phenomenological Analysis
- Parse (2001) critical appraisal of qualitative research used to ensure the rigor and credibility

# Process

- Family members were given a choice
- Facilitator assigned to family
- Given a package outlining the study before leaving the department
- Called to see if they would participate- consent
- Interview



# Family Presence During Resuscitation Algorithm



# Family Facilitators

- Ensure that relatives understand that they can choose whether or not to be present during resuscitations
- Explain that someone will be designated to care for them, regardless of their choice
- Discuss the patients' illness or injuries and what the relatives will see when they enter the room
- Ensure relatives understand that they can leave and return at any time
- Explain resuscitation procedures in simple terms as they occur

# Interviews

- Six participants consented & interviewed by two study team members
- Interview location determined by participant
- Audio recorded
- Family member was asked one question-  
    “Describe your experience of being present during the resuscitation of your loved one.”
- Participants were emotional & able to talk about their experience in great depth

# Data Analysis: Four Basic Steps

- 2 study team members & 2 research experts in phenomenological analysis & telephone consultation with Giorgi
- Interviews were transcribed verbatim
- Over the course of 5 meetings:
  - 1) Read & re-read each transcripts
  - 2) Identified meaning units for each transcript
  - 3) Discussed meaning units and identified focal meaning(s)
  - 4) Focal meanings were discussed and transformed into language that best expressed the participants experience



# Meaning Units

- Feeling there but not there
- Desire to be there but concerned about being in the way
- Hard, difficult experience but necessary to see with their own eyes
- Grateful for staff telling her everything/ support
- Shocked and scared but grateful everything possible was done
- Looked like the staff was hurting the patient at times but appreciated that they were fighting to save the patient

# Meaning Units

- Fear of abandoning her family unit
- Fearful of the unknown if they had not been present
- Need to know and be able to share with family members what happened
- Wanting to be close to loved ones
- Being reassured by seeing everything possible was done
- Confusion, disbelief, denial

# Meaning Units

- “Like a movie”...there but not there
- Memories were haunting, remembering what she saw
- Afraid for their loved one
- Hoping and praying she would come back to life
- Emotional rollercoaster, relief when resuscitated
- Important role for English speaking family members to be able to explain what happened



# Focal Meaning

- Push/ pull- striking a balance
- Need to be guided in this foreign land/ foreign language by the facilitator
- Hard and difficult experience- intense and profound- but wanted to be there
- Expectations weigh heavily on the family member who is present, but was necessary in order to fulfill the family expectations
- Spiritual connections
- Vacillating emotions

# Study Finding:

## General Structural Description

“The essence of witnessed resuscitation is: A profound emotional experience where the onus on the witnesser demands in the moment, shifting of how to be within their role as conduit INTERMEDIARY between health care team and family during this critical incident in the patient’s and family’s life journey.”

# Recommendations

***Recognize that care is an opportunity to strengthen individuals during a critical time in a person/family's life journey, and positively impact on family's health***

## **Nurse Coach:**

- Focus on the Witnesser
- Appreciate individual as family
- Help them to negotiate how to be
- Address emotional issues as needed
- Provide information/interpret what is happening

# Recommendations

## Health Care Team –

- Recognize importance of witnesser who can provide information about the patient in the moment
- Information valuable to support care and decisions

# Limitations

- 6 participants
- older with chronic illness
- 2 successfully resuscitated but died within 3 months
- all female
- all non English speaking ( TWH Catchments )

# Summary

“Resuscitation teams often take for granted that they will be the last people to be in the presence of dying patients. But being present in these last moments is a privilege, and sharing this privilege may be the greatest comfort that healthcare professionals can offer grieving relatives” (Boucher, 2010)

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- TWH – ER Staff



Go Jays Go!!!





# Thoughts? Questions?

