

Family Presence During Resuscitation: To Be or Not To Be



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Euro Nursing 2015- July 29, 2015

Outline

This presentation will discuss the findings of our phenomenological study that was undertaken to describe “the lived experiences of families who were present during cardiopulmonary resuscitation (CPR)” in the emergency department setting.

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

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 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

Analysis

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

Focal Meanings

Meaning Units

- Feeling there but not there
- Desire to be ^{there} but concerned about being in the way

"Unsureness"

P1
VSA

Helen

P2
Ex
Inpt
↓
Arrest

• Grateful for staff telling her everything during resus + having person ~~with~~ ^{to provide support} her

• Looked like they were hurting her but appreciating they were fighting hard to save her

• I need to be there for me & for my family - Self protection / protect grandma

Susan

• Terrible experience but necessary for her
["be ^{there} her, see ^{her} own eyes, ^{to see grandma}]

Fear of abandoning her family member

Shirley

• Shocked + scared but grateful that everything possible done

• Fearful of unknown had she not been at the resuscitation

• Tremendous need to know + share with family about what happened

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)

Acknowledgements

- Participants
- Funders – Nursing Research Challenge & Krembil Funding
- Study Team
 - Shirley Strachan-Jackman; Sheila Foggie; Sharon Foskett; Licinia Simoes; Tim Stewart; Helen Kelly*
- Consultants: *Dr. Debra Bournes, Nadine Cross, Dr. Sue Bishop; Dr. Amadeo Giorgi,*
- TWH – ER Staff

Toronto- Pan/ ParaPan Games



Thoughts? Questions?

